did NOx associated with clinical or biochemical data. There was a negative correlation between plasma concentrations of NOx and levels of the immune mediator IL17.

Conclusion

Evidence for a positive correlation between circulating NOx and IL17 is already present in the literature. But the negative correlation observed herein diverges from investigations described so far, mostly conducted under inflammatory conditions. Our assumption is that, in non-inflammatory conditions, basal IL17 may not display positive modulatory properties on NOx, due to either a biphasic effect or no effect at all of IL17. Our results do not support functional properties of the classic genotypes studied herein.

SESSION 3685 (POSTER)

MENTAL HEALTH AND SUBJECTIVE WELL-BEING

THE ROLE OF RELIGIOSITY AS A PROTECTIVE FACTOR OF SUICIDE ATTEMPTS IN ELDERLY BRAZILIANS

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Religion appears to bolster the subject in your search for meaning, assuming the function of giving meaning to human life, through the spread of convictions that are on the path toward meeting this sense to exist. This study aims to understand how religion can contribute to curb suicide attempts in elderly people. This work explores a multicentric research part entitled study on suicide attempts in the elderly from the perspective of public health, held from 2012 to 2015 with the support of the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq). This study was approved by the Research Ethics Committee of the National School of public health (ENSP) of Fundação Oswaldo Cruz (FIOCRUZ). 57 interviews were analyzed with seniors who tried suicide in the five Brazilian regions. The instruments are: personal and social identification form of the elderly; semi-structured interview. For analysis, we use the method-hermeneutical dialectic. The results showed that religion exerts an integrative function, promoting the construction of a path enabler for that subject encounter a significant universe and feel part of society. Such protective function didn't report pegged only to the fact of being associated with any institution of religious slant, but the role that religion has played, and to directions that assigned to the life of the respondents. It was noted that religious practices linked to careful with the inner life and the meeting with directions for maintenance of life can collaborate on the prevention of suicide.

CAREGIVER STRESSORS AND DEPRESSIVE SYMPTOMS AMONG OLDER HUSBANDS AND WIVES IN THE UNITED STATES

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Framed by Pearlin's Stress Process Model, this study prospectively examined the effects of three primary stress factors reflecting the duration, amount, and type of care (ADL, IADL, both) on the depressive symptoms of spousal caregivers over a two-year period. This study also measured whether the effects of these stressors differ between husbands and wives. We analyzed data from the 2004 and 2006 waves of the Health and Retirement Study, a nationally-representative sample of adults ages 50 and over in the U.S. The analytic sample included 774 community-dwelling respondents who were married/partnered and providing help to their spouses for Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs). We used multivariate regression models to examine the direct effects of primary stressors on depressive symptoms among the total sample and for husbands and wives. We found that none of the primary stressors were associated with depressive symptoms within the total sample. However, when examining these issues for husbands and wives, wives providing only personal care (ADLs) had significantly more depressive symptoms than wives providing only instrumental care, while husbands providing different types of care showed no significant differences in depressive symptoms. We conclude that wife caregivers' increased vulnerability to depressive symptoms when providing personal care may reflect different gender roles in caregiving. Future studies that directly address couples' relational dynamics and gendered experiences in personal care, including emotion work, may further illuminate strategies for reducing depressive symptoms experienced by wife caregivers engaged in personal care assistance.

THE EFFECTS OF PHYSICAL LIMIT AND NEIGHBORHOOD COMPOSITION ON DEPRESSIVE SYMPTOMS IN LATER LIFE

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As people age, they are more likely to have physical and functional limitations, so that the influence of the living area become greater in later life. Therefore, the present study examined the interaction effects between activities of daily living (ADL) and the rate of a low income household on depressive symptoms. Data from the Korean Longitudinal Study of Aging in 2012 and Household Data from the Department of Statistics in Korea in 2012 were used. The sample was 2,386 individuals over 65-years-old. Data was analyzed by using hierarchical linear multivariate (multilevel) analysis. Results showed that ICC was 2.75. This means that the variance of the neighborhood accounted for the 2.75% of total variance of depressive symptoms. The interaction effect between ADL and the rate of a low income household was significant. The influence of ADL was smaller in regions where the rate of low income households was higher than in regions where the rate was lower. In addition, the main effect of ADL on depressive symptoms was significant but the main effect of the rate of a low income household was not. These results highlight that the effects of ADL on depressive symptoms may differ depending on neighborhood composition. They imply there are contextual aspects embedded in depressive symptoms beyond individual characteristics. Implications and directions for future research are discussed.