confronts medical professionals with the challenge of assessing cognitive functioning in a population subgroup that often does not even speak English. We conducted a systematic review to identify valid instruments for assessing cognitive functioning in Hispanics. A systematic literature search was conducted in the databases pubmed and web of science on November 1, 2017 according to the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) standards. The quality of relevant studies was checked applying the STARD (Standards for the Reporting of Diagnostic accuracy studies) standards. The literature search revealed $n=40$ studies with adequate quality that tested and reported on the validity of an instrument for Hispanics. A total of 19 instruments were investigated. The mini-mental status examination (MMSE) was the most frequently investigated instrument with high sensitivity for dementia but also with significant differences for ethnicity and education. Studies on the Addenbrooke Cognitive Examination-revised (ACE-R), the Cambridge Cognitive Examination Test-Revised (CAMCOG-R), and the Syndrom-Kurztest (SKT) also report sensitivity $>90\%$, whereas naming tests did not seem to have a solid validity. Even though many studies evaluated the MMSE as an instruments for assessing cognitive impairment and dementia in older adult Hispanics, medical professionals should carefully select cutoffs by ethnic group and education. More research is needed study the practical use of cognitive assessments in the Hispanic population to avoid culturally biased under- or over-diagnosis.

SESSION 1770 (POSTER)

DEPRESSION, ANXIETY, AND MENTAL HEALTH

ASSOCIATION BETWEEN DEPRESSIVE SYMPTOMS AND TRADITIONAL CHINESE MEDICINE USE AMONG U.S. CHINESE OLDER ADULTS

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Purpose: Traditional Chinese Medicine (TCM) is a widely recognized complementary and alternative therapy. Depressive symptoms are common among older immigrants. However, there is a paucity of research regarding TCM use in older Chinese Americans. Hence, this study examined the association of the presence of depressive symptoms and TCM use among U.S. Chinese older adults. **Methods:** Data were from the Population Study of Chinese Elderly in Chicago (PINE) study. Participants were 3,157 Chinese older adults who were older than 60 years old (mean age = 72.8). The Patient Health Questionnaire (PHQ-9) was used to assess depression symptoms. The TCM use was assessed with eight-item scale. Logistic regression was used to analyze the data. **Results:** Seventy-six percent of participants reported any use of TCM within the past year. After controlling for potential confounding factors, participants with depressive symptoms were more likely to use acupuncture (OR: 1.030 (1.005–1.055), $p = 0.02$) and massage therapy (OR: 1.023 (0.998–1.048), $p = 0.07$). Participants with depressive symptoms were less likely to use herbal products (OR: 0.988 (0.970–1.006), $p = 0.17$), practice Tai Chi (OR: 0.996 (0.970–1.024),

$p = 0.80$), and use other traditional medicine (OR: 0.944 (0.921–0.967), $p = 0.00$). **Conclusion:** These findings imply TCM may alleviate the severity of depressive symptoms for older immigrants. Future research should further investigate the causal relationship between TCM use and mental health. Integration of TCM and Western medicine in Clinical practice is recommended to provide culturally patient-centered care for depressed Chinese older immigrants.

BARRIERS AND FACILITATORS TO DEPRESSION SCREENING IN OLDER ADULTS: A QUALITATIVE STUDY

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Nearly thirteen percent of adults aged 65 and older experience symptoms of depression. Despite the wide availability of effective treatments, depression in older adults remains underdiagnosed and undertreated. Depression is associated with loss in functional status and quality of life, and is a leading cause of loss in quality-adjusted life years in older adults. In order to better understand facilitators and barriers to depression screening for older adults, we conducted 43 focus groups with 106 providers and 247 beneficiaries or proxies: 13 focus groups with Medicare providers, 28 with older Medicare beneficiaries, and 2 with caregivers of older Medicare beneficiaries. There was widespread consensus among patient and provider focus group participants that depression screening was important. However, several barriers interfered with effective depression screening, including stigma, lack of resources for treatment referrals, and lack of time during medical encounters. Having an established relationship with and trust in a provider was the primary facilitator for depression screening. Providers that took the time to put their patients at ease and used lay language rather than clinical terms seemed to have more success getting their patients to open up about depression. Respondents stressed the need for providers to be attentive, concerned, non-judgmental, and respectful. Based on these findings, using person-centered approaches that build positive communication and trust between patients and providers could be an effective strategy for improving depression screening. Better screening can lead to higher rates of diagnosis and ultimately treatment of depression and enhanced quality of life in older adults.

COGNITIVE CHANGE AND ANTIDEPRESSANT TREATMENT IN DEP-MCI: DO RACE AND GENDER MATTER?

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Older adults with depression frequently present with symptoms of mild cognitive impairment (MCI). In evaluating cognitive change after antidepressant treatment in such patients (Dep-MCI), demographic information such as gender and race are frequently included as covariates but their impact on cognitive change does not receive as much interest. The purpose of this study was to evaluate cognitive