DEPRESSION AMONG OLDER PEOPLE IN SRI LANKA: WITH SPECIAL REFERENCE TO ETHNICITY

A. Khaltar¹, N.G.W. Priyadarshani², N.Y. Delpitiya², C. Jayasinghe², A. Jayasinghe², A. Arai¹, Y. Obayashi¹, H. Tamashiro¹, 1. *Hokkaido University Graduate School of Medicine, Sapporo, Hokkaido, Japan*, 2. *University of Peradeniya, Kandy, Sri Lanka*

Sri Lanka, a multi-ethnic country, has been confronting with an ageing population. There is a gap in health among different ethnicities especially in older population. This study was to ascertain if the factors associated with depression differ among ethnic groups in community-dwelling older people in Kandy, Sri Lanka. A cross-sectional survey was conducted in people aged 60 years or over living in selected communities. The participants were asked about ethnicity (Sinhalese, Tamils, and Muslims), sociodemographic characteristics, and depression status by face-to-face interviews with a structured questionnaire. Depression was measured by 15-item Geriatric Depression Scale and the total score of 6 and above was considered as depression. The chi-square test and multivariate logistic regression with two-way interaction terms between ethnicity and other factors were performed. Participants (n=778) consisted of 56.0% of Sinhalese, 21.9% Tamil, and 21.2% Muslim. Of the participants, the prevalence of depression was 31.8%. The proportions of depression were 27.3% in Sinhalese, 42.1% in Tamils, and 32.9% in Muslims. Multivariate logistic regression analysis showed that low economic status, low perceived social support and having more than two self-reported diseases were significantly associated with depression. These associations and thus the factors did not differ among ethnic groups. The findings from this study would help practitioners uncover the older people with high risk and intervene its development or exacerbation among them.

SESSION 535 (POSTER)

DISABILITIES I

DEPRESSIVE SYMPTOMS AS A PREDICTOR OF DISABILITY AFTER NEW MEDICAL DIAGNOSES IN OLDER ADULTS

C. Wu, E. Skidmore, J. Rodakowski, *University of Pittsburgh, Pittsburgh, Pennsylvania*

Study: Older adults face negative life adversities, such as the onset of new medical diagnoses, which leads to disability and increased mortality risk. In this study, we aim to investigate whether depressive symptoms and cognitive function predict disability after controlling demographic and health-related factors in older adults with new medical diagnoses. **Methods:** We conducted a cross-sectional secondary data analysis of Survey of the Health and Retirement Study. Sample included 3100 older adults who self-reported for having new medical diagnoses within last two years. The hierarchical logistic regression analysis was used to examine the model fit of two blocks of variables: 1) demographic (age, gender, partnership, education level, race, ethnicity) and health-related (comorbidity, recent hospitalization) and 2) cognitive function and depressive symptoms. **Results:** Older adults have an average of 69.9 year-old (SD=10.4) with 58.8% female.

Older adults with disability were more likely to be female (OR = 1.86, $p < .001$), with lower education level (OR = 1.28, $p = .018$), having comorbidity (OR = 2.43, $p < .001$), and having recent hospitalization (OR = 1.70, $p < .001$). After controlling for demographic and health-related variables, depressive symptoms (OR=7.31, $p < .001$) and low cognitive function (OR=1.03, $p = .001$) were significant predictors of disability. **Conclusion:** Findings demonstrate that depressive symptoms and cognitive function are significantly associated with disability in older adults with new medical diagnosis. Depressive symptoms showed clinical meaningfulness by the high magnitude of effect size. **Significance:** Results will inform future investigations focused on interventions for older adults who are vulnerable to long-term disability to prevent by focusing on depressive symptoms.

PREDICTIVE VALUE OF DISABILITY FOR ALL-CAUSE MORTALITY IN THE ELDERLY

T. Peng, L. Wu, W. Chen, T. Kao, *Division of Geriatric Medicine, Department of Family and Community Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan*

Disability is regarded as an serious issue in elderly individuals that affects quality of life. This study aims to explore the relationship between disability and all-cause mortality in the National Health and Nutrition Examination Survey (NHANES 1999–2002). A total of 1,834 participants in the age range of 60–84 years were included. Five major domains of disability, including activities of daily living (ADL), general physical activities (GPA), instrumental activities of daily living (IADL), lower extremity mobility (LEM), and leisure and social activities (LSA) were acquired by self-reporting. We applied an extended-model approach with Cox (proportional hazards) regression analysis to investigate the relationship between different features of disability and all-cause mortality risk in the study population. During a mean follow-up of 5.7 years, 77 deaths occurred. An increased risk of all-cause mortality was identified in elderly individuals with disability after adjusting for potential confounders (hazard ratio [HR]: 2.23; 95% confidence interval [CI]: 1.29 to 3.85; $P = 0.004$). Participants with more than one domain of disability were associated with a higher risk of mortality ($P_{\text{trend}} = 0.047$). Adjusted HRs and 95% CIs for each domain of disability were as follows: 2.53 (1.49 to 4.31), 1.99 (0.93 to 4.29), 1.74 (0.72 to 4.16), 1.57 (0.76 to 3.27), and 1.52 (0.93 to 2.48) for LEM, LSA, ADL, IADL, and GPA, respectively. This study supports an increased association between disability and all-cause mortality in the US elderly population. Disability in LEM might be good predictor of high risk of all-cause mortality in the elderly subjects.

BODY MASS, COGNITIVE STATUS, AND FUNCTIONAL OUTCOMES IN OLDER MEN AND WOMEN

C.M. Germain¹, E. Vasquez², J.A. Batsis³, 1. *Psychiatry and Behavioral Sciences, Duke University, Durham, North Carolina*, 2. *University at Albany, Albany, New York*, 3. *Giesel School of Medicine at Dartmouth, Hanover, New Hampshire*