P175: Cohort differences in depressive burden in old age: role of psychosocial, behavioral, and functional factors

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Objective: Rapid societal changes occurred during the course of the 20th century. Previous literature has found an increase in depression over time for younger and middle- aged populations. Among older adults, the prevalence of major depression has been found to be stable over time, while for the milder forms, the findings are limited by the largely non-representative nature of analyzed samples. Given the dramatic secular changes in several factors linked to old-age depression, a careful examination of depressive symptom burden and prevalence of depression in representative cohorts of similarly-aged older adults separated in time is required.

Methods: We will analyze data on 2,041 older adults from the Swedish National Study on Aging and Care in Kungsholmen. Separate individuals, aged 60 and 81 years were assessed with a Comprehensive Psychopathological Rating Scale (CPRS) during detailed clinical examinations, separated in time by 15 years (2001 vs. 2016). Information on 21 depressive symptoms, is subsequently combined into diagnoses of *major* depression (presence of at least one core symptom [low mood and/or loss of interest], and at least five out of the nine symptoms); *minor* depression (presence of at least one core symptom, and two to four symptoms in total), and *subsyndromal* depression (presence of at least two symptoms in the absence of any other depression diagnoses). Psychosocial (loneliness, bereavement), behavioral (alcohol consumption, smoking), and functional factors (impairments in activities of daily living) are used as potential explanatory factors for any observed cohort differences in symptom burden or prevalence of depression.

Results: For the 60-year old age-group, comparison of symptom burden and diagnostic status will be done across 739 participants assessed in 2001 and 677 people assessed in 2013. For the 81-year old age- group, comparisons will involve 236 people assessed in 2001, 194 people assessed in 2010, and 195 people assessed in 2016.

Conclusion: Preliminary results are expected by March, once data entry and cleaning are completed. We hypothesize that the burden of depressive symptoms and the prevalence of depression will be lower in later born cohorts and that explanatory factors may account for some of the cohort effect.

P177: Motoric cognitive risk syndrome is associated with MRI-derived brain age: the Arakawa Geriatric Cohort Study

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Objective: Motoric cognitive risk (MCR) syndrome is characterized by slow gait speed and subjective cognitive decline, which could predict future dementia. Previous research reported the associations between MCR and gray matter volume reduction in total and specific cortical regions and increased white matter hyperintensities in the brain. However, knowledge is scarce on the relationship between MCR and neuroimaging-derived brain age. The present study explored the association between MCR and brain-predicted age differences.