MORE NEGATIVE EMODIVERSITY IS ASSOCIATED WITH WORSE MENTAL ILLNESS DURING (BUT NOT BEFORE) COVID-19

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Relations between negative emodiversity (NED; the variety and relative abundance of negative emotions) with depression and anxiety were examined before and during the COVID-19 pandemic. Forty-five individuals (ages 25-65) participated in two ecological momentary assessments (EMA): pre-pandemic and during-pandemic (Fall, 2020). Participants reported how much they felt 6 negative emotions several times each day for 10 days (resulting up to 91 EMA "events"). Each event's NED was computed and then averaged using an adaptation of Shannon's entropy. Participants with higher levels of average NED had higher levels of concurrent depression and anxiety. When adjusting for average levels of negative emotion and other covariates, NED was a significant predictor of depression and anxiety only during the pandemic. These findings, which did not vary by age, suggest that having more diverse negative emotions on a moment-to-moment basis may hold greater significance for mental illness outcomes during times of extreme chronic stress.

THE LONGITUDINAL RELATIONSHIP BETWEEN ENGAGEMENT IN VARIOUS ACTIVITIES AND COGNITIVE FUNCTIONING

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Recent studies indicate that engaging in more diverse activities is related to higher cognitive functioning. Questions remain, however, regarding whether activity variety within different domains is important. We examined how overall activity variety across domains, as well as variety within cognitive, physical, and social domains are related to cognitive functioning. Data were drawn from Waves 2-3 of Midlife Development in the United States (MIDUS). In cross-sectional analyses (N = 3349), activity variety overall and within each domain were positively related to cognitive functioning regardless of activity frequency. In longitudinal analyses (n = 2054), participants with consistently higher activity variety overall and within the social domain over time (vs. those with consistently low or decreasing activity variety) exhibited better cognitive functioning at W3 after adjusting for cognitive functioning at W2. Findings suggest that engaging in a variety of activities that involve multiple cognitive processes might be beneficial for cognitive health.

VARIETY IN POSITIVE EXPERIENCE AND MENTAL HEALTH: EVIDENCE FROM TWO NATIONAL SURVEYS OF U.S. ADULTS

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Scheduling of pleasant activities is a core treatment component for various psychiatric disorders, but little is known about whether variety in positive experiences is associated with improved mental health and well-being. Here we demonstrate the benefits of diverse positive experiences. Using data from the Midlife in the United States (MIDUS) II (N = 1,233, Mage = 57yrs) and Refresher (N = 855, Mage = 52yrs) cohorts, we show that greater variety of positive events is associated with lower depression and anxiety, and fewer visits to mental health professionals. These associations remained robust to differences in sociodemographics (age, gender, race, education), personality (openness, conscientiousness, extraversion, agreeableness, neuroticism), and the frequency of positive events, and the results replicated across the two cohorts. The findings highlight the importance of activity diversity in older adults and suggest that efforts to increase engagement in diverse positive experiences could have beneficial effects on mental health outcomes.

Session 1070 (Paper)

End-of-Life Care Practice

CHANGE OF HEALTH AND CHANGE OF PREFERENCES ON LIFE-SUSTAINING TREATMENT: EVIDENCE FROM A LONGITUDINAL STUDY

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Background: Decision-making for end-of-life (EoL) care is not a one-off choice. Older adults may change their preferences for life-sustaining treatments along their health continuum. Guided by prospect theory, we hypothesize that perceived change in health status is a driver behind preference changes. Method: Health and Retirement Study Wave 2012 to 2018 data. Sample is limited to 5,646 older adults who reported whether they requested to limit treatment in living will during two waves of data. Two possible preference changes were tested: from limited to default care and from default to limited care. Change in health status was indicated by changes (1=same, 2=improve, 3=decline) in physical pain, general health, activities of daily living, instrumental activities of daily living (IADL), and number of diagnoses. Multilevel logistic regression models were used to understand how change of health status was related to changes in EoL preferences. Results: 700 older adults changed their preferences some time in 8 years. Those who changed their preferences are more likely to be older and not married, and to have lower socioeconomic background. Older adults who experienced deteriorated pain levels were more likely to change their preferences from default to limited care (OR=3.77, $p<.05$) and less likely to change from limited to default care (OR=0.63, $p<.05$). Change in IADL is also a significant predictor of change of preferences. Implication: The findings highlight the importance of periodic reassessment of EoL care preferences with older adults. We discuss policy and practice implications regarding health changes as underlying mechanisms of preference changes.