depression, anxiety, general stress, and post-traumatic stress during the COVID-19 pandemic and the impact of diagnosis and sex.

Methods: The sample included 108 older adults (37 males, mean age=72.1 years): 71 older adults with normal cognition (NC) based on normal neuropsychological test performance and no psychiatric history, 21 rMDD participants based on DSM5 criteria, and 16 MCI participants based on NIA-AA criteria. Participants completed self-report measures of depression [Patient Health Questionnaire-9 (PHQ-9)], anxiety [Patient-Reported Outcomes Measurement Information System (PROMIS)], general stress [Perceived Stress Scale (PSS)] and post-traumatic stress [Impact of Events Scale Revised (IES-R)] through video- or teleconferencing. Prevalence rates of clinically significant psychiatric symptoms were expressed as the percentage of participants with total scores that exceed the normal cut-offs. Separate MANOVAs were used to examine the effects of diagnosis and sex. Non-normally distributed data (PHQ-9 and PROMIS total scores) were rank-transformed.

Results: Approximately 1/3rd of participants endorsed clinically significant symptoms based on scores exceeding the cut-off for normal: 33.7% on PHQ-9, 31.3% on PROMIS-Anxiety, 35.5% on PSS, 38.3% on IES-R. rMDD participants scored higher on all measures compared to NC participants (p's < .005) while MCI participants scored higher on the PSS compared to NC (p=.035). Women scored higher on all measures compared to men.

Conclusions: These rates of approximately 1/3rd reporting clinically significant symptoms of depression, anxiety, general stress, and post-traumatic stress are higher than those described in population surveys of older adults but are comparable to prevalence rates of psychiatric symptoms in the general adult population. The effects of diagnosis and sex indicate that older adults with previous depression or current MCI, as well as women overall, are particularly vulnerable to developing clinically significant psychiatric

FC45: Clinical profiles for motoric cognitive risk syndrome in rural-dwelling older adults: the MIND-China study

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Objective: Motoric cognitive risk syndrome (MCR), which is defined as a pre-dementia syndrome characterized by subjective cognitive complaints and slow gait in older individuals free of dementia and mobility disability, has

https://doi.org/10.1017/S1041610223001436 Published online by Cambridge University Press

been associated with increased risks of dementia, functional dependence, and mortality. The aims of this study were to describe the prevalence and distribution of MCR and to explore the clinical profiles associated with MCR in rural-dwelling older adults.

Methods: The population-based cross-sectional study included 5,021 dementia- and disability-free participants (age ≥60 years; 56.48% women) in the baseline assessments (March-September 2018) of the Multimodal Interventions to delay Dementia and disability in rural China (MIND-China). The MCR syndrome was diagnosed when the participants had subjective memory complaints and gait speed ≥1 standard deviation (SD) below the age- (<75 and ≥75 years) and sex-specific means. We estimated the age- and sex-specific prevalence of MCR. We used logistic regression models to examine lifestyle and clinical factors associated with MCR while controlling for age, sex, and education.
Results: The overall prevalence of MCR syndrome was 13.58%, with the prevalence being 11.53% in males and 15.16% in females (P<0.001). The prevalence of MCR was increased with age, from 10.43% in people aged 60-69 years and 15.97% in those aged 70-79 years to 21.71% among those aged ≥80 years. The demographic-adjusted odds ratio (95% confidence interval) of MCR was 1.30 (1.08-1.57) for being overweight (body mass index 24-27.9 vs. <24 kg/m^2), 1.65 (1.32-2.05) for having obesity (≥28 kg/m^2), 1.74 (1.41-2.15) for diabetes, 1.44 (1.20-1.73) for dyslipidemia, 1.59 (1.32-1.91) for having coronary heart disease, 2.17 (1.78-2.65) for having stroke history, 1.52 (1.24-1.86) for having osteoarthritis, and 3.40 (2.70-4.28) for having depressive symptoms. Ever (vs. never) smoking and alcohol consumption were related to odds ratio of 0.65 (0.48-0.86) and 0.71 (0.55-0.91), respectively, for MCR syndrome.

Conclusion: The MCR syndrome affects nearly 1 in 7 Chinese rural older adults, and the MCR prevalence appears to be higher in women than in men. Cardiometabolic risk factors (e.g., overweight/obesity, diabetes, and dyslipidemia), osteoarthritis, coronary heart disease, stroke, and depressive symptoms were associated with increased likelihoods of the MCR syndrome.

FC46: The effectiveness of a multicomponent intervention on caregiver burden and informal care time in home-dwelling people with dementia and their caregivers. Results from the stepped wedge randomized controlled LIVE@Home.Path tria

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https://doi.org/10.1017/S1041610223001436 Published online by Cambridge University Press