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**Adverse childhood experiences and age-trajectories of depressive symptoms in older adults from China**

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**Background:**

Adverse childhood experiences (ACEs) have profound lifelong consequences. Less is known about their impact on outcomes in late life, such as psychological distress in older adults. Moreover, there is a paucity of evidence on associations of ACEs with age-trajectories in depressive symptoms, especially with distinct patterns of trajectories. We investigated associations between ACEs and trajectories of depressive symptoms at mid-to-older ages in a Chinese population sample.

**Methods:**

We used the longitudinal data from the China Health and Retirement Longitudinal Survey (13846 participants  $\geq 45$ y). Depressive symptoms were measured by CES-D10 (Centre for Epidemiologic Studies Depression Scale) at four waves (2011-18). A range of ACEs ( $<17$ y) were retrospectively reported by participants. Growth Mixture Models were used to identify distinct age-trajectories of depressive symptoms and their associations with ACEs.

**Results:**

We identified two trajectory groups: (1) persistent high (men 14%; women 19.2%) and (2) low/normal levels of depressive symptoms. Several ACE measures were associated with increased risk of having persistent high levels of depressive symptoms (mid-to-older ages) after adjusting for other ACEs, sex, childhood SES (financial status, parental education, occupation), adult SES (education, financial status, urban/rural residence), health behaviors and limitations in daily activities. For example, adjusted OR was 1.35 (95% CI:1.17,1.55) for physical abuse (28.2%), 1.38(1.19,1.59) for domestic violence (24.3%), 1.48(1.23,1.78) for parental drinking, drug or mental health problems (9.4%), 1.59(1.38,1.84) for those had a bedridden parent (18.7%).

**Conclusions:**

ACEs have a long lasting effect on trajectories of depressive symptoms in older adults, independent of childhood SES and adult factors, highlighting the need to act early to reduce the long lasting impact on mental health in later life.

**Key messages:**

- Adverse childhood experiences are associated with persistent high levels of depressive symptoms from mid-to-older ages.
- Associations are independent of childhood SES and adult factors.

**Abstract citation ID: ckad160.1610**  
**Disparities in Quality of Life Among European Cancer Survivors Aged 50 and Over**

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**Background:**

This study aims to investigate regional disparities of quality of life (QoL) among older cancer survivors across European countries.

**Methods:**

This is a longitudinal study based on the Survey of Health, Ageing and Retirement in Europe (SHARE) project. European-level, regional and national QoL among cancer survivors were

investigated using mixed-effect regression models based on demographic and health-related factors.

**Findings:**

The prevalence of low QoL vary from 12.4 (Denmark) to 84.9 (Greece) for women and from 10.4 (Denmark) to 74.6 (Greece) for men. Cancer survivors had higher risks of low QoL (prevalence ratio (PR) = 1.59, 95% confidence interval (CI) = 1.47 - 1.71) than general population. Numbers of mobility limitations has the largest effects on QoL (NL mobility = 1: PR = 1.54, 95% CI = 1.45 -1.64; NL mobility  $\geq 2$ : PR = 2.59, 95% CI = 2.47 - 2.73), followed by several other factors (e.g., age, gender, BMI, civil status, employment status, education level and geographical region). Most of the effects kept stable or decreased slightly after subjects survived more than 5 years.

**Conclusions:**

Significant disparities of QoL were observed across Europe. Cancer survivors face a substantially increased risk of decreased QoL comparing to general population. Several factors were identified as risk factors for lower QoL.

**Key messages:**

- QoL in general population show significant disparities across Europe.
- Further steps should focus on improving QoL of cancer survivors simultaneously across European countries.

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**Beyond medication: Exploring social prescribing for mental ill health in Portugal**

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Mental ill health represents a priority challenge in public health due to its considerable burden on people's health and well-being, as well as economic consequences. Individuals with mental health problems have been presented with limited alternatives for improving their mental well-being, with medication being the most widely adopted solution. It is imperative that the focus shifts to prevention and the promotion of positive mental health. This can be achieved through non-medical alternatives, such as social prescribing (SP), a person-centered and intersectoral intervention. Some studies reveal that mental ill health is one of the most common reasons for referral to a SP service, with encouraging results about SP's benefits in mental health. SP has been implemented in Portugal since 2018, a country that had one of the highest prevalence of mental health disorders in the European Union. The aim of this study was to establish the prevalence of mental health-related referrals in Portugal and to describe the type of community services patients were referred to. Sociodemographic, health, and referral-related data was collected for 714 patients at primary healthcare units in Lisbon between 2018-2021. Results show that 53.6% of participants were aged between 26-65 and 66.9% were female. Approximately 20% were referred for mental health reasons and 65.5% had been diagnosed with a mental health disorder. Patients were referred to a range of third-sector organizations (associations, ONGs, municipalities) and activities (swimming, music classes, volunteering, pregnancy club), but no specific mental health services were identified among them. This could suggest that there is a lack of available mental health responses in the community or that they are not yet accessible to SP team. Further efforts are needed to map out these resources and reinforce the intersectoral work to create and promote mental well-being responses, to ensure access to mental health support for all.