CONCLUSION: Findings provide proof of principle that even a single high-intensity sprint can acutely perturb state anxiety and improve worry. Short-term SIT may elicit improved resting levels of anxiety and worry and response to a single high-intensity sprint in healthy young men.

1179 May 30 10:00 AM - 10:15 AM
The Effects of a Physical Activity Program on Mood States in College Students
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College students are at risk for adverse mental and physical health. Physical activity (PA) can reduce risks and promote positive mental health; however, less than half (49.9%) of college students meet the ACSM recommendations for PA (American College Health Association, 2017), reporting barriers such as lack of motivation, energy and time. Evidence-based, person-centered PA programs can overcome such barriers to enhance mood states and overall health.

PURPOSE: To implement and evaluate a PA program (#cnubwell) designed to enhance mood states and promote continued PA in college students.

METHODS: College students (n=10) participated in #cnubwell for 5 wks. Students completed pre and post measures of perceived health, PA (Godin), intrinsic motivation (IM), and mood states (POMS2), and a post program evaluation. Additionally, participants recorded Feeling Scale (FS) and Felt Arousal Scale (FAS) ratings before, during and after each weekly PA session.

RESULTS: Participants experienced significant (p<.05) increases in positive feelings (FS) and energy levels (FAS) during each of the #cnubwell PA sessions. Intrinsic motivation increased from pre (M=34.8) to post (M=37.4), but the difference was not significant (p=.05). Ratings of perceived health and mood states remained unchanged from pre to post. On the evaluations, participants reported feeling more autonomous, confident and connected; and that they enjoyed learning new workouts, exercising at their own pace/abilities (i.e., modifications provided), engaging in structured activities, and connecting with new people.

CONCLUSION: While notable positive feelings and energy levels were experienced by the participants during the PA sessions, pre and post measures of perceived health and mood states did not differ. Confounding factors such as participant illness and campus mourning (i.e., deaths of two students the week before) may influence results. Also, the study was conducted from beginning to mid-week, which is likely a more stressful time for students. Possibly, PA provided a coping strategy during those stressful times. Additional research with larger samples may provide greater insight into benefits of the program on mental health and wellness.

1180 May 30 10:15 AM - 10:30 AM
The Relationship Between Self-reported Lifestyle Habits and Depressive Symptoms in Older Adults ‘At Risk’ for Dementia
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PURPOSE: Depressive symptoms are now well-established as an independent risk factor for dementia, however the association between health-related lifestyle habits and depressive symptom severity remains unclear. As such, this study aimed to investigate the relationship between self-reported physical activity levels, sleep behaviour and diet quality, and self-reported depressive symptoms in older adults ‘at risk’ for dementia.

METHODS: Participants aged ≥50 years were recruited from the Healthy Brain Ageing Clinic at the Brain and Mind Centre, The University of Sydney, and underwent comprehensive psychiatric, medical and neuropsychological assessments. Self-reported symptoms of depression were assessed via the 15-item Geriatric Depression Scale. Participants completed questionnaires to quantify volume of physical activity, and to characterise sleep behaviour and diet quality.

RESULTS: A total of 90 participants (mean age=66.6±yrs) with subjective and/or objective cognitive impairment were recruited. Depressive symptoms were correlated with somnolence (r=0.342, p<0.001), greater symptoms of insomnia (r=0.270, p=0.010), greater meal portion size (r=0.252, p=0.029), and a lower intake of protective foods (r=-0.355, p<0.001). Of note, a trend between a higher number of bouts of moderate intensity physical activity and lower depressive symptoms was observed but did not reach significance (r=-0.208, p=0.052). Based on significant univariate correlations and age, a stepwise multiple regression analysis was performed. The regression model was statistically significant [R2=0.286, F(3,86)=11.483, p<0.001], and showed that age, somnolence and frequency of protective foods consumed each contributed 4%, 12% and 8% to the variance in depressive symptom severity, respectively.

CONCLUSIONS: Outcomes of this study demonstrate that age, somnolence and the intake of protective foods account for a considerable proportion (28.6%) of depressive symptom severity in older adults ‘at risk’ for dementia. These results support recent research highlighting the benefit of non-pharmacological interventions for depressive symptom management. Further research looking at the longitudinal relationship, underlying mechanisms and the possibility of a bidirectional relationship is now warranted.

1181 May 30 10:30 AM - 10:45 AM
Active Older Women Differentiated RPE while Affective Responses Remained Stable During Spontaneous or Prescribed Walking
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(No relationships reported)

PURPOSE: To compare psychophysiological responses and walking speeds between spontaneous, self-selected and prescribed conditions in elderly active women.

METHODS: Seventeen older active women participated in this investigation (66.9±5.0 yrs). The study consisted of six experimental sessions of 20-min walking: 1. spontaneous (S) where subjects performed their usual walking speed unaware that research data were being collected; 2. self-selected (SS) where subjects were instructed to walk at their "preferred intensity"; 3. self-selected reproduction (SR) where subjects used the same instructions as SS; 4. Prescribed Exertion (PE) where subjects walked at easy (PEE), moderate (PEM) and hard (PEH) exertion. The last three sessions were counterbalanced. Psychophysiological (RPE - OMNI scale, and affective valence (AV) - Feeling Scale) and heart rate (HR) were measured immediately after exercise, and distance was recorded to calculate average walking speed. One way ANOVA examined differences in dependent variables between conditions and post-hoc Tukey tests were used to decompose significant main effects (p<0.05).

RESULTS:

<table>
<thead>
<tr>
<th></th>
<th>S</th>
<th>SS</th>
<th>SR</th>
<th>PEE</th>
<th>PEM</th>
<th>PEH</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR (bpm)</td>
<td>130.5±14.6</td>
<td>136.2±7.7</td>
<td>138.9±6.0</td>
<td>114.8±7.3abc</td>
<td>138.6±4.4d</td>
<td>147.7±4.9abc</td>
</tr>
<tr>
<td>AV (FS -5 to +5)</td>
<td>4.6±0.6</td>
<td>4.8±0.3</td>
<td>4.6±0.5</td>
<td>4.6±0.5</td>
<td>4.5±0.5</td>
<td>4.8±0.4</td>
</tr>
<tr>
<td>RPE (0 -10)</td>
<td>6.2±1.7</td>
<td>6.2±0.8</td>
<td>6.5±0.8</td>
<td>4.3±0.7abc</td>
<td>6.1±0.8d</td>
<td>8.4±0.6abc</td>
</tr>
<tr>
<td>WS (m/s)</td>
<td>1.42±0.15</td>
<td>1.43±0.12</td>
<td>1.43±0.10</td>
<td>1.14±0.09abc</td>
<td>1.40±0.07d</td>
<td>1.61±0.07abc</td>
</tr>
</tbody>
</table>

S: spontaneous; SS: self-selected; SR: self-selected reproduction; PEE: prescribed exertion-easy; PEM: prescribed exertion-moderate; PEH: prescribed exertion-hard. *Differ from S; †Differ from SS; ‡Differ from SR; ‡Differ from PEE; *Differ from PEM (all p<0.05).