intervention, SPIRIT (Sharing Patient’s Illness Representations to Increase Trust), for PLWDs in early stages and their surrogates and assessed the feasibility/acceptability of the adapted SPIRIT. SPIRIT was adapted by the investigators and underwent expert panel review. The refined SPIRIT was then evaluated in a randomized trial with 23 dyads of PLWDs and their surrogates. Dyads were randomized to SPIRIT in-person (in a private room in a memory clinic) or SPIRIT remote (via videoconferencing from home). Participants completed preparedness outcome measures (dyad congruence on goals of care, patient decisional conflict, surrogate decision-making confidence) 2–3 days postintervention along with a semi-structured interview. PLWDs’ levels of articulation of end-of-life wishes during SPIRIT sessions were rated (3 = expressed wishes very coherently, 2 = somewhat coherently, 1 = unable to express wishes coherently). Fourteen PLWDs had moderate dementia, but all 23 were able to articulate their end-of-life wishes very or somewhat coherently during the SPIRIT session. While decision-making capacity was higher in PLWDs who articulated their wishes very coherently, global cognitive function did not differ by articulation levels. PLWDs and surrogates perceived SPIRIT as beneficial, but the preparedness outcomes did not change from baseline to postintervention in either group. SPIRIT for PLWDs and surrogates engaged them in meaningful ACP discussions. Further research is warranted to test its efficacy and long-term outcomes with a larger and diverse sample.

COMBINED EFFECT OF CMV SEROPOSITIVITY AND SYSTEMIC INFLAMMATION ON DEMENTIA PREVALENCE IN CANCER SURVIVORS

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Though cancer patients treated with multi-modal therapies demonstrate higher levels of systemic inflammation, which is associated with dementia, cancer survivors have not shown a consistent association with dementia. Since several studies reported an independent association between cytomegalovirus (CMV) infection, inflammation and dementia in non-cancer populations, we have evaluated whether CMV infection and systemic inflammation were associated with increased prevalence of dementia in cancer survivors in Health and Retirement Study (HRS). We evaluated prevalence of dementia (using score ≤7 on the 27-point scale) among 1607 cancer survivors, in whom we measured CMV seropositivity and two biomarkers of systemic inflammation: C-reactive protein (CRP) and neutrophil-lymphocyte ratio (NLR). The prevalence of CMV seropositivity was 68.26% (n=1097), while prevalence of increased systemic inflammation [CRP >5mg/L and NLR >4] was 4.23% (n=68). Using survey logistic regression, adjusted for age, race, gender, BMI (Body Mass Index) and sampling design, cancer survivors who were both CMV seropositive and had increased systemic inflammation had the highest odds of dementia compared to those who were CMV seronegative and had low levels of systemic inflammation (OR=6.59; 95% CI [2.81, 15.44]; p<0.001). Cancer survivors who were CMV seropositive without evidence of systemic inflammation had a lower but increased odds of dementia (OR=2.02; 95% CI [1.17, 3.47]; p=0.01). Odds of dementia among those who were CMV seronegative with elevated systemic inflammation was not significant (p=0.09). Our study demonstrates a possible role for ongoing CMV induced inflammation in determining dementia prevalence among cancer survivors that needs further confirmation.

DISCORDANCE IN GOALS OF CARE BETWEEN PATIENTS WITH ADVANCED CANCER AND THEIR CAREGIVERS: DOES AGE PLAY A ROLE?

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Cancer is considered a family disease as the caregivers (CGs)’ role extends beyond providing care as they can also help facilitate treatment decisions. While much has been reported in the literature about patient (PT) goals of care (GoC), little is known about discordance between PT and CG GoC and the impact of PT age. The variables of interest were PT and CG identified GoC using a 100-point visual analog scale (VAS) with anchors of quality of life (0) and survival (100). Discordance was defined as a > 40 point difference on the VAS. The GoC data reported here were those obtained at enrollment and prior to subject’s death. A sample of 235 PTs and CGs of PTs diagnosed with advanced cancers were included in the study. Mean age for the PTs was 64.7 (SD=10.5, range =21-88) with 54% being ≥ 65. At enrollment, 28.7% of the PT-CG pairs of those PTs 65 years (X2 (1)=1.06, p=.304). At death, 61.8% (X2 (1)=31.04 <.001, Φ=.49) with discord at enrollment had discord at death. For patients who were older, 66.7% who had discord at enrollment also had discord at death and for patients

FAMILY CAREGIVERS’ COMMUNICATION NEEDS AT THE END OF LIFE OF OLDER PATIENTS AT GERIATRIC FACILITIES

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Current literature on end-of-life communication (EOLC) between family caregivers (FCs) and health professionals (HPs) lacks reference to FCs’ communication needs and primarily addresses its formal aspects of communication such as offering advance directives. We explored FCs’ communication needs and developed a questionnaire to evaluate the quality of EOLC. Interviews were conducted with 152 Israeli FCs of patients from nursing care, skilled nursing care, assisted ventilation, and dementia units within four facilities (nursing homes and geriatric medical centers). Most participants were women (61%), married (78%), and were children of the patients (77%), with a mean age of 57.5 (S.D.=12.01, range: 29-88). Qualitative analysis yielded several themes: FCs’ concerns about the availability and accessibility of all types of HPs, information needs (e.g., the need for regular updates initiated by HPs), FCs’ need for emotional support, and difficulties stemming from differences in language and culture.
The need for improved communication in these spheres extended to all stages of hospitalization. Based on these needs, we developed a questionnaire to evaluate the quality of EOLC. Reliability was measured in a different sample, and ranged from Cronbach alpha of .916 (41 items; 41 FCs) to .937 (41 items with discrimination index greater than .3; 78 FCs). Factor analysis yielded factors similar to the themes that emerged from the qualitative analysis. The findings highlight aspects of EOLC between FCs and HPs which should be addressed and improved. Thus, this study is a crucial first step toward improving the quality of care at the end-of-life.

SESSION 715 (PAPER)

DIET, EXERCISE, AND WELL-BEING

AEROBIC TRAINING, THE DEFAULT MODE NETWORK, AND COGNITION IN OLDER ADULTS WITH MILD VASCULAR COGNITIVE IMPAIRMENT
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Aerobic training has been shown to be effective at improving cognitive and brain outcomes in older adults with mild subcortical ischemic vascular cognitive impairment (SIVCI). However, uncertainty remains regarding the underlying neurobiological mechanisms by which exercise elicits these improvements in cognition. Increased aberrant functional connectivity of the default mode network has been highlighted as a factor contributing to cognitive decline in older adults with cognitive impairment. Greater connectivity of the DMN at rest is associated with poorer performance on attention-demanding tasks, indicative of a lack of ability to deactivate the network on task. Our previous work on a randomized controlled trial of participants with mild SIVCI, demonstrated that 6-months of thrice weekly aerobic training led to improved global cognitive function, as measured by Alzheimer’s disease Assessment Scale-Cognitive subscale (ADAS-Cog), compared with a health education program. Thus, we conducted secondary analyses to investigate whether these changes in global cognitive function were associated with changes in resting state DMN connectivity. A subsample of 21 participants underwent a resting state functional magnetic resonance imaging (fMRI) scan before and after trial completion. Change in resting state DMN connectivity was found to significantly predict change in ADAS-Cog score ($\beta = -0.422, p=.038$) after controlling for age, intervention group, and baseline functional capacity ($R^2=.467, F(4,16)= 3.507, p=.031$). These findings suggest that functional connectivity of the DMN may underlie changes in global cognitive function. Furthermore, aerobic exercise is a promising intervention by which to elicit these changes in older adults with mild SIVCI.

COMPONENTS OF A HEALTHFUL DIET ARE ASSOCIATED WITH WAIST CIRCUMFERENCE AMONG PRE- AND POSTMENOPAUSAL WOMEN
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After menopause, women are at increased risk of diabetes and cardiovascular disease. A contributing factor to increased risk may be weight gain, especially visceral adiposity. Diet plays a role in maintaining weight at all ages but less is known about the specific contributions of a healthy dietary pattern after menopause. Therefore, we evaluated associations between diet and WC as a measure of visceral adiposity. We compared 869 pre- (aged 35-45 years) and 353 post-menopausal (aged 40-65 years) women from NHANES III (1988-94). Women were pre-menopausal if they self-reported menses in the past 2 months and postmenopausal if they reported no menses in past 12 months and were aged $> 40$ years. Compared to premenopausal women, postmenopausal women consumed fewer Calories (-200 kcal/d) and had a higher mean waist circumference (+4.43 cm, $p=0.007$), after adjusting for age, race-ethnicity, height, physical activity, and smoking. Higher intakes of dark green vegetables ($p=0.03$) and lower intakes of potatoes ($p=0.03$), refined grains ($p=0.001$), and meats ($p=0.04$) were associated with lower WC for all women. Higher intakes of nuts and seeds and fish high in Omega-3 fatty acids were associated with smaller WC while higher intakes of poultry and dairy products were associated with higher WC in post- but not pre-menopausal women. Our findings generally support a diet high in nuts and seeds, dark green vegetables, and fish, and low in potatoes, refined grains, and meats. After menopause it may be important to incorporate fatty fish, nuts and seeds into the diet for lower visceral adiposity.

COMPUTERIZED COGNITIVE TRAINING, WITH OR WITHOUT EXERCISE, TO PROMOTE COGNITIVE FUNCTION: A RANDOMIZED TRIAL
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Given the world’s aging population, it is important to identify strategies that promote healthy cognitive aging. Computerized cognitive training (CCT) may be a promising method to combat cognitive decline in older adults. Moreover, physical exercise immediately prior to CCT might provide additional cognitive benefits. We conducted a randomized controlled trial to examine the effect of a CCT intervention, alone or preceded by physical exercise, on memory and executive functions in older adults. 124 community-dwelling older adults aged 65-85 years were randomly assigned to either 8-weeks of: 1) 3x/week group-based CCT plus 3x/week CCT sessions at home; 2) 3x/week group-based CCT combined with a 15-minute brisk walk (Ex-CCT) plus 3x/week Ex-CCT sessions at home; or 3) 3x/week group-based sham exercise and education sessions (CON). At baseline and 8-weeks standard neuropsychological tests of verbal memory and learning and executive functions were administered, including the Rey Auditory Verbal Learning Test (RAVLT), Stroop test, Flanker test, Trail Making Tests (TMT B-A), and Dimensional Change Card Sort (DCCS) Test. At trial completion, there were no differences in RAVLT performance. Compared with CON, FBT and Ex-FBT participants significantly improved performance on the Stroop test.