THE RELATIONSHIP BETWEEN FUNCTIONAL DECLINE OF CARE RECIPIENTS AND HEALTH OF CAREGIVERS
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Pearlin’s stress-process model (2010) depicts that functional decline in care-recipient would shape caregiving burden and impact on caregiver’s health. With this background, we explored how the changes in care-recipients’ physical and cognitive functioning are related to the caregivers’ physical health. A total of 853 care-recipients from the Rounds 1 and 5 of the National Health and Aging Trend Study (NHATS) and their 1,303 caregivers from Round 5 of National Study of Caregiving (NSOC) were included. Multiple regression analyses were conducted to identify correlates of self-rated health and the number of chronic conditions with the change in physical and cognitive functioning from Round 1 to 5 and multidimensional caregiver burden. Physical functioning measured by the NHATS short physical performance battery included balance stands, walking chair stands, grip strength, and peak airflow. Memory, orientation, and executive functioning measured cognitive functioning. Multidimensional caregiver burden includes four domains (emotional, psychological, relationship, and resilience) identified with factor analysis. Background factors (recipient’s age, assisting recipients for 5 years, race/ethnicity, and number of chronic conditions of recipient) were included as covariates. After controlling covariates, the data showed that 5-year change of physical functioning and caregiver’s emotional burden were negatively significant for self-rated health; and assisting care-recipients for 5 years or more was significant for more numbers of chronic conditions among caregivers. Findings highlight that caregivers’ physical health is closely associated with care-recipient’s functional decline for long-term caregiving experiences. Further investigation on caregiver’s physical health using multiple health outcomes is needed to promote physical health in long-term caregivers.

SESSION 2946 (POSTER)

COGNITION AND COGNITIVE FUNCTIONING

5-COG STUDY: CROSS-CULTURAL COMPARISON OF SUBJECTIVE COGNITIVE COMPLAINTS IN A DIVERSE PRIMARY CARE POPULATION
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Subjective cognitive complaints (SCC) are risk factors for cognitive decline in older adults. A link between SCC and depressive symptoms has also been reported. These associations have not been much studied in non-White populations. We examined the relationship of SCC with cognitive function and depressive symptoms in adults aged 65 and older attending a primary care clinic in the Bronx. Five common SCC questions (four memory-related and one non-memory-related) were identified by literature review. Linear regressions, adjusted for age, sex and education years, were used to examine associations between individual SCC and cognitive function (Montreal Cognitive Assessment (MoCA) score and Hopkins Verbal Learning Test (HVLT) recall score) and depressive symptoms (Geriatric Depression Scale (GDS) score) for Hispanic (n=53) and non-Hispanic Black (n=47) adults. Mean number of SCC was similar for Blacks and Hispanics (2.3 vs. 2.4, p=0.752). Hispanics performed worse on the MoCA than Blacks (16.4 vs. 18.5, p=0.012), but education explained this difference. GDS and HVLT were similar across groups. For Hispanics only, a response of fair or poor to the question “how is your memory for a person your age?” was associated with worse MoCA scores (β =-2.6; p=0.008). SCC were not associated with HVLT scores for either group. Four SCC for Blacks and two for Hispanics were associated with worse GDS scores. In an urban clinic population, SCC for Blacks and Hispanics were associated more with depressive symptoms than cognition. Further research is needed to identify SCC that better correlate with cognitive function in diverse populations.

AGE-RELATED PATTERNS IN THE SUBJECTIVE APPRAISAL OF COGNITION
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Subjective cognitive decline (SCD) is a construct of high interest in aging and dementia because individuals endorsing it are at higher risk of developing cognitive problems. It is unclear how individuals arrive at the judgement that they have SCD. Here we aimed to understand which SCD symptoms give rise to the perception of decline as older adults age. Community-dwelling adults (N=494, mean age=63.6, SD=5.44), completed the Subjective Cognitive Decline Questionnaire (SCD-Q) online, using an online crowdsourcing site. The SCD-Q consists of one global question regarding self-perceived decline (yes/no) and 24 questions about everyday functioning which we utilized to form a memory, language, and executive functioning domain score, higher for greater perceived decline. Logistic regression revealed that memory and language domains predicted the likelihood of endorsing SCD for adults aged >64 (Memory: OR=1.76, CI=1.47-2.05; Language: OR=1.66, CI=1.30-2.02). Only the memory domain predicted the likelihood of endorsing SCD for adults <63 (OR=2.69, CI=2.35-3.02). Executive functioning domain scores did not play a role in the relationship between SCD likelihood in either age group. The higher the self-perceived memory or language decline, the more likely older adults are to conclude they have SCD. Our results suggest there is an age-related trajectory in how people evaluate their cognition, with younger people only considering memory and older people considering both memory and language. Clinicians should be aware of this trajectory when examining patients with SCD. Executive functions should be specifically queried because they may not emerge from older adults’ self-reported cognitive problems.

ASSOCIATIVE IMAGERY AS A STRATEGY TO IMPROVE DESTINATION MEMORY IN YOUNGER AND OLDER ADULTS
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Hispanic participants. Chronic stress was less strongly associated with worse immediate recall (beta=-.028). Higher CRP was not associated with any of these cognitive domains. Non-Hispanic Black participants reported more chronic stress than non-Hispanic White and Hispanic participants. Chronic stress was less strongly associated with higher CRP in non-Hispanic Black (beta=-.035) participants than non-Hispanic White (beta=.046) or Hispanic (beta=.059) participants. Discussion: Chronic stress may negatively influence episodic memory, but findings do not suggest that CRP mediates links between chronic stress and cognition. CRP may not track as closely with chronic stress among non-Hispanic Black older adults who may experience additional risk factors for inflammation and/or adapt to increased chronic stress.

CORTISOL RESPONSES TO A LABORATORY CHALLENGE: THE MODERATING ROLE OF COGNITIVE PERFORMANCE
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Recent theoretical and empirical studies have considered higher cognitive performance as a protective factor with respect to reactivity, recovery and habituation to acute stressors. The goal of our study was to examine the individual role of inhibition, working memory, processing speed, reasoning, and category fluency in the regulation of the cortisol response to a laboratory challenge. Younger, middle-aged, and older participants (N =109, aged 22-84, M=55.90, SD=16.35) were invited to a laboratory session comprising a driving simulation and a set of cognitive tasks. At least one week in advance, baseline cognitive performance was measured using the Brief Test of Adult Cognition by Telephone (BTACT). Throughout the lab session, five saliva samples were taken, which allowed for the computation of a global measure of cortisol release (area under the curve (AUC)). Cortisol AUC was regressed on the individual BTACT cognitive tests, while controlling for age, sex, education, body mass index, physical activity, and time since awakening. The results revealed that inhibition and working memory significantly accounted for the cortisol response. These associations remained significant when other factors such as smoking, caffeine consumption, and medication use were included as covariates. The contributions of reasoning and speed of processing approached significance. Our findings contribute to the emerging evidence that cognitive functioning modulates stress responses to acute stressors. The findings are discussed in the context of cognitive interventions with transfers and implications for stress processes and healthy aging.

DEVELOPMENTAL TRAJECTORY OF THEORY-OF-MIND DECLINE IN OLDER ADULTS
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Theory-of-Mind (ToM) is critical to individual social competence and mental health across the lifespan (Frith, 2008). Though it is often discussed as one broad construct, ToM abilities can be viewed as following a developmental trajectory: from early emotion recognition and gaze following to more advanced inferences about others’ beliefs, perspectives, and intentions (Hutchins et al., 2012). Despite current literature suggesting that ToM abilities may be impaired in late adulthood, there is no consensus regarding whether ToM abilities are differentially affected by age. In this study, we examined younger adults (N=18, aged 19-30) and older adults (N=13, aged 58-76) on their ToM competence across three levels of ToM abilities: Early-ToM (e.g.,