SESSION 10120 (LATE BREAKING POSTER)

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

A COMMUNITY-BASED WORKSHOP ON ADDRESSING DEMENTIA-RELATED STIGMA: FIRST INSIGHTS FROM A RURAL COMMUNITY

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Dementia-related stigma can delay early dementia diagnosis and lead to social isolation, depression, and suicide. Despite this knowledge, few studies identify strategies to reduce dementia-related stigma. This late-breaker poster begins to address this gap by showcasing the educational components of a community-based workshop to share study findings on reducing dementia-related stigma in rural communities. Guided by solutions-focused theory, semi-structured interviews were conducted with 18 seniors including family members, friends, caregivers and people affected by dementia and other forms of cognitive impairment in rural Saskatchewan, Canada. A focus group was conducted with 7 rural community leaders. The interview and focus group transcripts were analyzed using thematic analysis. Based on the interview and focus group findings, educational components of the workshop included: a dementia definition, different dementia types, warning signs/symptoms, risk reduction strategies, and information on dementia-related stigma and myths. Several strategies to reduce stigma were identified ranging from hosting intergenerational programs to inviting guest speakers with dementia. This study was found to be beneficial for improving knowledge, attitudes, comfort levels, and awareness of dementia. Additional research is needed to develop, implement, and evaluate interventions to reduce dementia-related stigma in different cultures and contexts.

AGING ACROSS THE LIFE COURSE: RESEARCH COLLECTIONS AVAILABLE FROM THE NATIONAL ARCHIVE OF COMPUTERIZED DATA ON AGING

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The creation and maintenance of sustainable data archives can be challenging, but it offers clear advantages. Properly curated data can be used by multiple researchers, testing a variety of hypotheses, and increasing the return on investment to the expensive process of data collection. Having an internally managed archival system also provides greater control and autonomy in the equitable distribution of data resources. This process ensures all researchers will have full use of the data for original research, teaching, and new directions once the data leaves the control of the local investigator's control. This poster reviews the advantages of having a local strategy geared toward the preservation and sharing of gerontological research data. Using the National Archive of Computerized Data on Aging (NACDA) as a working example, the poster offers an overview of collections at NACDA. Using our metadata tools and variable search database, NACDA can identify studies in its collections that examine aspects of aging and health among adults during their lifecourse. Many of the studies are longitudinal or repeat measure cross-sectional studies. We are also able to identify studies that focus on aging that are not maintained by NACDA but which are available to interested researchers. This poster focuses on newly released work by NACDA that has compared to major aging studies (NHATS and NSHAP) and organized them into quasi-harmonized files for download and analysis by the gerontological research community. These recently available enhancements will allow researchers to obtain user-friendly comparative data for these complex studies.

ASSOCIATION BETWEEN LATE-LIFE HYPERCHOLESTEROLEMIA AND PROGRESSION OF DEMENTIA SEVERITY AMONG OLDER ADULTS

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Progression of dementia severity varies widely by individuals and multiple factors might influence the progression. The aim of this study was to examine the relationship between late-life hypercholesterolemia and progression of dementia severity in older adults. We used prospectively collected longitudinal data from 2,686 adults aged ≥65 years in the National Alzheimer's Coordinating Center. Progression of dementia severity was measured using both Clinical Dementia Rating (CDR) - Sum of Boxes (SOB) and Global scores. Kaplan Meier curves were plotted to estimate the association between hypercholesterolemia and progression of dementia severity. We also conducted multivariate Cox regression models to estimate the association of hypercholesterolemia with the outcomes adjusting for age, gender, race, ethnicity, marital status, living status, education, smoking, heart failure, atrial fibrillation, blood pressure, and diabetes. Hypercholesterolemia had significant association with CDR-SOB ≥ 1 point increase (unadjusted HR, 1.23; 95% CI, 1.13-1.35; p<0.001; adjusted HR, 1.17; 95% CI, 1.07-1.28; p<0.001). In addition, hypercholesterolemia had significant association with CDR-Global ≥ 0.5 point increase (unadjusted HR, 1.14; 95% CI, 1.04-1.25; p<0.001; adjusted HR, 1.11; 95% CI, 1.01-1.22 p=0.036). If these findings can be replicated in future studies, future studies need to examine if proper management of cholesterol may reduce the risk of Alzheimer's dementia in late-life older adults.

CHANGE IN BODY MASS INDEX IS ASSOCIATED WITH CHANGE IN COGNITION IN OLDER ADULTS

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Background: Alzheimer's disease and related dementias affect one in ten Americans age 65y and older. Considering

the rapid growth of the aging population, identifying modifiable risk factors for cognitive decline is a public health priority. Although weight change later in life is common, its impact on cognition is unclear. The objective of this study was to examine the relationship between change in body mass index (BMI) and cognition among older adults. Methods: The Health, Aging, and Body Composition Study was a prospective study of community-dwelling adults ages 70-79y at baseline (n=3,075; 49% males, 42% African-American). Using baseline and year 10 visit data, we evaluated change in BMI and change in cognition measured by the Modified Mini-Mental Status Exam (3MS) using a linear mixed model. Change in 3MS scores were regressed on changes in time-varying BMI after controlling for blood pressure, glucose, cholesterol, race, education, biological sex, and APOE genotype. Results: At baseline, average BMI was 27.4 (n=3075) and average 3MS was 90.1 (n=3061). At year 10, average BMI was 27.1 (n=1600) and average 3MS was 88.6 (n=1598). Higher BMI was associated with less cognitive decline (ceteris paribus). This finding suggests that weight gain is associated with cognitive maintenance. The effect of an increase in BMI was largest for those underweight at baseline. Conclusion: Among underweight older adults, an increase in BMI may be desirable for maintaining cognition. Although more research is needed, these findings suggest the need for interventions to prevent unintentional weight loss among older adults.

CLINICAL CORRELATION OF CEREBROSPINAL FLUID TOTAL TAU LEVELS AND MMSE SCORE IN A MEMORY CLINIC.

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Tau protein levels in cerebrospinal fluid are a biomarker of Alzheimer's disease. We correlated MMSE severity to CSF tau levels in a large memory clinic sample. We retrospectively analyzed data from patients attending a memory clinic in the south shore of Boston from 2010 to 2020, and had a lumbar puncture to obtain CSF Tau levels. We compiled cognitive screen data from MMSE scores. Univariate analyses used Spearman correlation as data were non-normal. A multivariate model was created including covariates of age, sex, and race. 965 patients attended the memory clinic from 2010 to 2020. 711 had available MMSE scores. 129 subjects had lumbar punctures and available CSF tau levels. Univariate analyses showed that cognition as measured by MMSE total was not correlated to total tau levels in the CSF (rho=-0.07, $p>0.05$), but caucasian race was inversely associated with CSF tau levels (rho= -0.217, $p<0.05$). In a multivariate model, tau levels in the CSF were not associated with MMSE, race, gender, or age. In a large memory clinic sample, CSF tau levels did not correlate to MMSE scores, age, race or gender.

DEMYSTIFYING GRIEF IN THE DEMENTIA DIVIDE: A CASE FOR GRIEF THERAPY IN DEMENTIA CARE

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The results of emotional and psychological losses overlap with behavioral and psychological symptoms of dementia (BPSD) in the neuronal and structural changes in the brain. The aim of this current study was to explore the magnifying effects of COVID-19 on exacerbating residual losses, illuminating a case for using grief therapy to moderate BPSD. A case control study was conducted with people ages 65 and greater, with an established diagnosis of dementia prior to March 2020. Compared with an active control group - participants without a current dementia diagnosis who self-reported mild cognitive shifts and who also received active grief-informed therapies – offer supporting evidence of a strong factor of efficacy for including grief therapy in services offered to people living with dementia. Evidence of a continued point improvement on both the brief grief questionnaire and inventory of complicated grief, as well as decreased severity of items on NPI-Q corroborate this therapeutic recommendation. Now more than ever – as people across the globe who are diagnosed with dementia face uncertain ramifications of previous grief episodes, ones that have potentially been reignited by the flames of COVID-19 – therapists must foster safe spaces informed by novel therapeutic grief approaches. In any just society, emphasis on therapeutic techniques that allow participants to ventilate their feelings and fears, as well as promote movement along a continuum from isolation to intimacy, must prevail. People exhibiting BPSD should not be excluded from such treatments.

DEVELOPMENT AND PILOT OF A NEWLY DEVELOPED TOOL FOR ASSESSING RESEARCH PARTICIPATION FOR INDIVIDUALS WITH DEMENTIA

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Research supports the inclusion of individuals with mild to moderate dementia (IWDs) as study participants in providing reliable and valid self-report information about their illness experience. However, no clear guidelines or tools exist for determining study eligibility with many studies relying on brief cognitive measures (e.g., MMSE). The literature suggests not all individuals with mild/moderate dementia can participate and some individuals with severe symptoms of dementia can participate. This study piloted a new measure designed to assess whether IWDs can participate in self-report data protocols. The measure consists of 10 questions that assess relatively in-tact cognitive processes hypothesized for successful participation. Example questions include: "What is your favorite holiday?" and "Give an example of a sad occasion/event". Questions are scored as 'correct' or 'incorrect' and summed for a total score. To examine the descriptive characteristics of the measure, IWDs (n=18) completed the measure along with the MMSE and, for some IWDs (n=12), several self-report measures. Scores on the new measure ranged from 0-10, with a M=7.61; SD=2.75. MMSE scores ranged from 2-22, with a M=13.39; SD=6.47. A significant correlation ($r = .86$, $p< .001$) was found with the MMSE, indicating a high degree of relatedness but not complete construct overlap. Results also highlight the variability of the measure, with incorrect responses ranging from 3 to 6 across participants. Additional properties of the measure will be discussed along with highlighting how study findings