

SOMATIC COMPLAINTS, A KEY FACTOR OF DEPRESSIVE SYMPTOMS ASSOCIATED WITH SUBJECTIVE MEMORY

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Prior research found depressive symptoms and subjective memory to be associated with objective memory (OM) performance. One key factor of subjective memory, as measured by the Memory Functioning Questionnaire (MFQ), is General Frequency of Forgetting (GFF). However, few studies focused on identifying specific factors of depressive symptoms when examining associations between depressive symptoms, subjective memory and OM. Using structural equation modeling, cross-sectional associations of factors in the CES-D (depressive symptoms) to the MFQ (subjective memory) and OM were investigated in the Seattle Longitudinal Study (mean Age=72.39; SD=8.28; mean Education=15.12; SD=2.76; 58.4% female). Differential associations of the CES-D factors with the MFQ factors [n=389; RMSEA=.031; CFI=.973; TLI=.966] and the GFF subscales [n=389; RMSEA=.033; CFI=.971; TLI=.964] resulted. Only the CES-D somatic complaints factor was significantly associated with the GFF factor ($\beta = -.45$, $p < .001$), suggesting that people with more somatic complaints reported more memory concerns. The CES-D somatic complaints factor was negatively associated with the frequency of forgetting in daily life ($\beta = -.36$, $p < .001$) and forgetting while reading subscales ($\beta = -.33$, $p < .001$), indicating individuals that reported more somatic complaints experienced more frequent memory failures when performing daily activities and reading. Overall, a key CES-D factor, somatic complaints, emerged as influential to subjective memory, whereas there was no relation to OM. Further study of the longitudinal associations between the CES-D factors and subjective and objective memory is essential to determine the potential impact on memory deficits.

LONGITUDINAL ASSOCIATIONS OF DEPRESSIVE SYMPTOM AND SUBJECTIVE MEMORY FACTORS WITH OBJECTIVE MEMORY PERFORMANCE

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Prior research demonstrated a history of depressive symptoms predicted oncoming memory deficits, and that self-evaluation of memory was associated with forthcoming memory difficulties. However, prior work lacks consistent consideration of multifaceted depressive symptoms in regards to longitudinal associations with objective memory (OM). Structural models were examined to determine how latent factors of depressive symptoms (via the CES-D) and SM factors predicted memory deficits at later time points when taking into account baseline OM

performance [n=270; RMSEA=.034; CFI=.974; TLI=.965] in the Seattle Longitudinal Study (mean Age=70.33; SD=7.29; mean Education=15.30; SD=2.72; 61.9% female). The somatic complaints CES-D factor showed a significant longitudinal association with OM performance after seven years ($\beta = -.25$, $p < .05$), while none of CES-D factors showed cross-sectional associations with the baseline OM. The general frequency of forgetting SM factor was positively associated with OM performance at baseline ($\beta = .26$, $p < .001$), suggesting that those performing better at recalling words reported fewer memory problems. None of SM factors showed longitudinal associations with OM measured seven years later, indicating that self-evaluation of memory had no impact on future memory deficits. Overall findings suggested that a key CES-D factor, somatic complaints, was detected and that people endorsing more somatic issues experienced greater memory decline over a seven year period. Thus, extending prior work, the current study suggests that although both subjective memory and depressive symptom factors showed concurrent associations, only a specific factor of depressive symptoms, somatic complaints, was influential in regards to predicting later memory performance

INVESTIGATING THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND COGNITION AS MEDIATED BY HEALTH AND POSITIVE AFFECT

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Decreased social networks are common in old age after major life events such as retirement, loss of loved ones, and declining health (Shankar et al., 2013). Diminished social ties are associated with increased feelings of loneliness and perceived isolation, which can have negative effects on cognition and physical health. The current study examines the relationship between social support (assessed via the Social Network Questionnaire) and overall cognitive performance (assessed as a latent construct comprising indicators that represent mean verbal episodic memory, processing speed, reasoning, and spatial visualization), and investigates positive affect and self-rated health as mediators of this relationship. The current study included 5,125 participants between the ages of 18-99 years from the Virginia Cognitive Aging Project (VCAP). Cross-sectional analyses were conducted using structural equation modeling. After controlling for age and education, results showed that a social support construct (comprising indicators representing each social network subscale) significantly and positively predicted cognitive performance (.59, $p < .001$). This relationship was reduced to .22 ($p < .001$) when positive affect was included as a mediator, and to .14 ($p < .001$) when self-rated health was included as a mediator. When the variables were included in a joint mediation model the relationship between social support and cognition was .20 ($p < .001$). Thus, health and positive affect are partial mediators of the relationship between social support and cognition and may help explain the relationship between social support and cognition. Furthermore, these findings provide additional evidence that social networks may play an important role in successful aging.