

Alzheimer's disease and related dementias often begin with symptoms of mild memory loss, eventually leading to more severe cognitive impairment, functional impairment, and ultimately, death. Data from the Behavioral Risk Factor Surveillance System core questions related to chronic diseases and from the cognitive decline optional module on subjective cognitive decline (SCD) from the years 2015-2018 were aggregated across the participating 50 states, D.C., and Puerto Rico for this analysis. Among U.S. adults aged 65 years and older, only 39.8% (95%CI=37.6-42.1) of those experiencing SCD reported discussing their SCD symptoms with a healthcare provider. The prevalence of discussing SCD symptoms with a provider was higher among those with at least one chronic condition than among those with no chronic conditions. 30.7% (28.6-32.8) of those aged 65 years and older reported that their SCD led to functional limitations and 28.8% (26.5-31.2) needed assistance with day-to-day activities. For patients aged 65 years and older, Medicare visits and Medicare Annual Wellness Visits are critically underutilized primary care access points. Primary care providers can manage chronic conditions, cognitive health, and initiate referrals for testing. Efforts to promote the use of toolkits and diagnostic codes that are available to primary care providers to initiate conversations about memory loss with patients may be utilized to improve detection, diagnosis, and planning for memory problems. Discussions may lead to earlier detection and diagnosis of cognitive impairment, such as Alzheimer's disease, or other treatable conditions such as delirium or pressure in the brain and avoid costly hospitalizations.

RECIPROCAL ASSOCIATION BETWEEN COGNITIVE FUNCTION AND ORAL HEALTH: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Increasing evidence suggests that there is a linkage between cognitive function and oral health. However, there are few systematic reviews with meta-analysis have been conducted to evaluate the strength of this association. Moreover, existing studies usually focused on unidirectional associations between cognitive function and oral health; no research has demonstrated this inter-relationship in a longitudinal study. This study aims to systematically assess the magnitude of the bidirectional association between oral health and cognitive decline for studies using longitudinal data. Six international databases were searched up until December 31, 2019. Random-effects pooled Risk Ratios (RRs) with 95% confidence intervals (CIs) were calculated. The grading of recommendations assessment, development, and evaluation (GRADE) system was used to assess the quality of evidence. From 13,251 potentially eligible articles, 54 longitudinal studies were included in the systematic review and 18 were in meta-analysis. Meta-analysis was performed for tooth loss and periodontitis disease. Random effects analysis showed, with statistically low heterogeneity, Risks of cognitive decline included suboptimal dentition (<20 teeth) (RR 1.44, 95%

CI 1.03-3.65) and periodontitis diseases (RR 1.48, 95% CI 1.22-1.81). Cognitive decline was a risk factor for tooth loss (RR 1.54, 95% CI 1.23-9.69). The overall quality of evidence, however, was rated as very low. The result of this review highlights that cognitive decline is a risk factor for poor oral health, and older adults with suboptimal oral health appear to have an increased risk of cognitive impairment. More studies with rigorous designs are needed to further examine this association.

SCREENING NEUROCOGNITIVE DISORDERS IN PRIMARY CARE SERVICES: THE QUICK MILD COGNITIVE IMPAIRMENT APPROACH

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Neurocognitive Disorders (NCD) is an increasingly common condition in the community. The General Practitioner (GP) in Primary Care Services (PCS), have a crucial role in early detection of NCD and is usually the first professional to detect the signs of MCI. The objective of this study was to test the feasibility and utility of the cognitive screening instrument QMCI in Primary Care. A community sample of 436 people 65+ living in the community was randomly selected from a larger group of old people with mental health concerns (N=2734), referred by their GPs. The mean age of the sample was 75.2 years (sd 7.2), with 41.3% men and 58.7% women; 60.4% married followed by 28.7% widows. The education level was low with 21% illiterate and 69,8% people with 4 years education. The QMCI mean was 37.1/100 (sd 16.2). The amount of people screening positive for cognitive impairment QMCI (<62/100) was 94.2%. In the distribution of people with cognitive impairment by Global Deterioration Scale (GDS) three recoded categories, of the 286 people 76,1% were classified as having very mild or mild impairment, 19,4% moderate or moderately serious and 4,5% severe or very severe impairment. These results confirm the perception of GPs about their clients having mental health concerns and the ability of QMCI accurately discriminate MCI. The QMCI is very brief (3-5mins) fitting the short time of GPs to assess cognitive status and timely refer clients to nonpharmacological interventions that could postpone NCD symptoms.

SUBJECTIVE COGNITIVE IMPAIRMENT IN LIVER TRANSPLANT RECIPIENTS

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Cognitive impairment is an emerging health concern in the liver transplant (LT) population. To successfully address this condition and improve patient-centered outcomes (e.g., quality of life), it is essential to involve LT recipients and caregivers in developing care plans for cognitive