independent modifiable risk factors for dementia. We used data from 1,820 participants (74 ± 2.8 years, 38% Black race) from the Health Aging and Body Composition Study to test if the hearing loss-dementia/cognitive decline (Modified Mini Mental State Exam[3MS] and Digit Symbol Substitution[DSST]) relationship differed in hearing impaired participants who also had depressive symptoms. Depressive symptoms were defined as CES-D 10 ≥10) at one or more visits from years 1-5. Algorithmic incident dementia defined using medication use, hospitalizations and cognitive test scores. Audiometric hearing loss was measured at year 5 and categorized as normal/mild vs ≥moderate loss. In linear mixed models adjusted for demographic and clinical covariates, presence of both hearing loss and depressive symptoms (vs. having neither) was associated with faster rates of decline in 3MS (-0.30, 95% CI:-0.78, -0.19) and DSST (-0.35,95% CI:-0.67, -0.03) over 10 years of follow-up. Both hearing loss and depressive symptoms (vs. neither) was associated with increased risk (hazard ratio (HR):2.91, 95%CI: 1.59, 5.33) of incident dementia in multivariable-adjusted Cox proportional hazards models. Comorbid conditions among hearing impaired older adults should be considered and may aid in dementia prevention and management strategies.

INHIBITORY CONTROL IN AGE-RELATED HEARING LOSS

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Inhibitory control involves suppression of goal irrelevant information and responses. Emerging evidence suggests alterations in inhibitory control in individuals with age-related hearing loss (ARHL), however, few have specifically studied individuals with mild ARHL. We examined behavioral and event related potential (ERP) differences between 14 older adults with mild ARHL (mean age: 69.43 ± 7.73 years) and 14 age- and education-matched normal hearing (NH, mean age: 66.57 ± 5.70 years) controls on two Go/NoGo tasks: a simpler, basic categorization task (Single Car; SC) and a more difficult, superordinate categorization task (Object Animal; OA). The SC task consisted of exemplars of a single car and dog, and the OA task consisted of exemplars of multiple objects and animals. Participants were required to respond to Go trials (e.g., cars in SC) with a button press, and withhold responses on NoGo trials (e.g., dogs in SC task). Behavioral results revealed that ARHL group had worse accuracy on NoGo trials on the OA task, but not on the SC task. ARHL group had longer N2 latency for NoGo compared to Go trials in the simpler SC Task, but no differences were observed on the OA task between Go and NoGo trials. These findings suggest that more prolonged neural effort in the ARHL group on the SC task NoGo trials may have contributed to their ability to successfully suppress false alarms comparable to the NH group. Overall, these findings provide evidence for behavioral and neural changes in inhibitory control in ARHL.

NONVERBAL COMMUNICATION IN DEMENTIA FAMILY CAREGIVING: USING THE VNVIS-CG SCALE FOR IN-HOME VIDEO OBSERVATIONS.

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Communication is fundamental for dementia care and identifying communication behaviors is key to identifying strategies that facilitate or impede communication. To measure caregiver nonverbal communication, we adapted the Verbal and Nonverbal Interaction Scale for Caregivers (VNVIS-CG) for second-by-second behavioral coding of video observations. The VNVIS-CG was adapted for computer-assisted Noldus Observer coding of video interactions captured at home by family caregivers from the FamTechCare clinical trial. Operational definitions for nonverbal communication behaviors were developed and inter-rater reliability was excellent (Kappa = .88) using two independent coders. Videos N=232 were coded featuring 51 dyads; caregivers who were primarily female (80%) spouses (69%) of men (55%) diagnosed with moderate to severe dementia (64.7%). Mean caregiver age was 65 years. Emotional tone conveyed by caregivers was primarily respectful, occurring 68.1% of the time, followed by overly nurturing (9%), bossy, harsh, or antagonistic (6.2%), and silence occurred 16.7 % of the time. Caregiver gestures and positive postures (i.e., animated facial expressions, head nodding, or caregiver body movements) were the most commonly occurring overt behaviors (46.5%), followed by changing the environment to help the PWD (19.9%), and expressing laughter/joy (18.9%). The least common nonverbal behaviors were negative posture, aggression, compassion, and rejecting. The adapted behavioral coding scheme provides a reliable measure that characterizes dementia caregiver nonverbal communication behaviors for analysis of video observations. Ongoing research will identify strategies that facilitate communication as well as determine how strategies vary by dementia stage, diagnosis, and dyad characteristics.

VERBAL COMMUNICATION IN DEMENTIA FAMILY CAREGIVING: USING THE VNVIS-CG SCALE FOR IN-HOME VIDEO OBSERVATIONS.

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Communication is fundamental for dementia care and identifying communication behaviors is key to identifying strategies that facilitate or impede communication. To measure caregiver verbal communication, we adapted the Verbal and Nonverbal Interaction Scale for Caregivers (VNVIS-CG) for second-by-second behavioral coding of video observations. The VNVIS-CG was adapted for computer-assisted Noldus Observer coding of video interactions captured at home by family caregivers from the FamTechCare clinical trial. Operational definitions for verbal communication behaviors were developed and inter-rater reliability was excellent (Kappa = .86) using two independent coders. Videos (N=232) were coded featuring 51 dyads; caregivers were primarily female (80%) spouses (69%) of men (55%) diagnosed with moderate to severe dementia (64.7%). Mean caregiver age was 65 years. Silence occurred most frequently (44.9% of the time), followed by caregiver direction or instruction (22.6%), and the person with dementia (PWD) verbalizing (22.8%). Caregiver communication also included asking questions (14.2%), verbalizing understanding (7.9%), repeating information (2.1%), affirmations (1.0%), acknowledging emotions (0.3%), and ignoring (0.0%). Questions most commonly requested clarification, showed interest, or repetitive quizzing;