

temperance, and transcendence were demonstrated. We share how these virtues and corresponding character strengths can assist people with early-stage dementia in adaptation to the disease. Implications for clinical practice and further research are provided.

Session 9190 (Poster)

DEMENTIA PREVALENCE AND RISK FACTORS

A PATH ANALYSIS OF AGITATION IN PERSONS WITH ALZHEIMER DISEASE

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This study tested a theory-driven path model of predictors and outcomes of agitated behavioral symptoms in persons with Alzheimer Disease (AD) guided by the Nursing Theory of Unpleasant Symptoms. This secondary analysis included data from 48 persons with AD from institutional residences in Midwestern United States. Data included measures of physical, psychological, and situational antecedents of agitation, the symptom of agitation, and functional outcomes of agitation with 15 instruments and subscales. The data were a good fit for the empirical path model ($\chi^2 = 1.049$, $df = 2$, $p = .592$). Statistically significant paths were found from measures of physical, psychological, and situational antecedents to agitation ($B = 0.58, 0.446$, and 0.51 ; $p \leq .001$) which explained 63% of the variance in agitation. Functional performance was influenced only by physical antecedents, which explained 66% of the variance in functional performance. While physical and psychological states may be comorbid to the AD disease process and therefore less modifiable, the situational measure was primarily defined by measures related to caregiver burden. Therefore, future agitation interventions should target strategies to improve caregiver burden.

BEHAVIORAL CORRELATES OF SUBJECTIVE COGNITIVE DECLINE IN THE CANADIAN LONGITUDINAL STUDY ON AGING (CLSA)

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Subjective cognitive decline (SCD) is a self-reported decline in cognition among otherwise cognitively healthy older adults. It is believed that SCD may be a precursor to Alzheimer's Disease (AD). Analyzing data from the Canadian Longitudinal Study on Aging (CLSA), a large national sample of participants aged 45-85 at baseline, we sought to identify prospective relationships between health-related behaviors and SCD. Exposures were measured at baseline and SCD was measured three years later, with the question: "Do you feel like your memory is becoming worse?". A multivariable logistic regression model was used to estimate odds of SCD (analytic sample: $n=35,680$). Alcohol consumption was

associated with increased odds of SCD, with regular drinkers ($OR=1.13$, 95% CI: 1.04, 1.22) and frequent drinkers ($OR=1.17$, 95% CI: 1.08, 1.27) more likely to report SCD than never drinkers. Compared to participants who never smoked, former smokers had increased odds of SCD ($OR=1.13$, 95% CI: 1.08, 1.18), whereas current smokers had reduced odds of SCD ($OR=0.90$, 95% CI: 0.83, 0.98). Participants who consumed five or more servings of fruits/vegetables had reduced odds of SCD ($OR=0.95$, 95% CI: 0.91, 0.99), when compared to those who consumed <5 servings. Lastly, we did not observe any associations between walking and SCD. This study identifies relationships between various health-related behaviors and SCD in a large population-based sample of older Canadians. Identification of modifiable risk factors may help with early prevention and intervention of SCD.

ESTIMATING DEMENTIA FROM SELF-REPORTS OF DIAGNOSES AMONG ADULTS AGED 65 AND OVER: UNITED STATES, 2019

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Prior research shows that, overall, about 10% of the population aged 65 and over in the U.S. has dementia. Estimating the prevalence of dementia from nationally representative surveys can be accomplished by asking respondents about a diagnosis, by administering a cognitive assessment, or, if available, by examining linked medical claims data. In 2019 for the first time, the National Health Interview Survey (NHIS) added "dementia, including Alzheimer's disease" to the questions asking about doctor-diagnosed health conditions. Although estimates derived from doctor-diagnosed questions usually underestimate the true prevalence of a condition, and estimating dementia from self-reports presents additional challenges, they are still useful for many surveillance and research objectives. Early diagnosis of dementia is encouraged to allow patients and their families to plan for future needs. The objective of this research is to describe the noninstitutionalized population aged 65 and over who have a dementia diagnosis, by selected socio-demographic, health, and healthcare utilization characteristics. Point estimates, standard errors, and 95% confidence intervals for percentages are calculated using NHIS adult sample weights and adjusted for the complex sample design of NHIS. Preliminary analyses show that, overall, 4% of the 65 and over noninstitutionalized population has a diagnosis of dementia. About 8% of respondents with less than a high school education reported a dementia diagnosis compared with 2% of those with more than a high school education. Those with a dementia diagnosis were more likely to report depression than those without a dementia diagnosis (44% vs. 14%).

MOTORIC COGNITIVE RISK SYNDROME: ITS PROGNOSTIC VALUE FOR DEMENTIA AND OTHER HEALTH OUTCOMES. A SYSTEMATIC REVIEW

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