ICG of older adults who survived stroke (OASS)? Objective: To identify/analyze types of bilingual social media resources available to ICG of OASS Methods: Facebook data was bilingually collected (Spanish), including most popular groups and pages based on search engines containing terms such as stroke, CVA, caregiver. Similar numbers of groups (35 English vs. 52 Spanish) and pages (32 English vs. 34 Spanish) were analyzed. Data included pages and groups' information, numbers-of-likes, type-of-organization and resources provided. Results: English-Facebook resources were more popular for pages and groups (3820/2010 vs. 190/7; p<0.001), Spanish resources were present, but with little activity among ICG. Majority of Spanish posts came from experts and English posts related to offering services or raising community awareness. Among both languages, pages provided resources related to social support (81%), improving caregiver skills (35%), advocacy (100%-English vs.56%-Spanish, p<0.001) and research news (84%-English vs.41%-Spanish, p<0.001). For English-ICG, more opportunities for live chats, messaging and inspirational messages were found (22-44% vs.3-9%, p<0.001). Conclusions: ICG of OASS could access Facebook resources to support multiple areas of caregiving including retrieving social support, gaining skills, learning new stroke-science findings and encountering live chats while getting inspired. Some resources are more available to English-ICG. Stroke-supporting organizations must consider using social media as crucial platforms to access bilingual resources and improve quality-of-life for ICG and OASS.

THE ASSOCIATION OF FRAILTY WITH MCI AND DEMENTIA IN A MEMORY DISORDERS CLINIC FOR OLDER VETERANS

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Frailty, a state of increased vulnerability to stressors due to multiple physiological dysfunction is associated with mild cognitive impairment (MCI) as well as dementia and may moderate its progression. Frailty and cognitive decline are highly prevalent in the Veteran population. The aim of our study was to determine whether frailty is associated with MCI and dementia in older Veterans at a Memory Disorders Clinic. We performed a cross-sectional study of 308 Veterans enrolled in VA Memory Disorders Clinic during 2016-2019. MCI and dementia were diagnosed based on complete clinical assessment including cognitive testing, brain imaging and neuropsychological testing. A 44–item frailty index (FI) was constructed using potential variables (demographics, comorbidities, number of medications, laboratory tests, and activities of daily living). Binomial logistic regression was run using MCI and dementia as outcome variable and frailty status (frail and non-frail) as independent variable. Age, race, marital status, ethnicity, median household income, education, comorbidities, BMI, history of substance abuse, smoking, alcohol, hospitalizations, anticholinergic use, and utilization were considered as covariates. The mean age was 74.43± 8.31 years. 43.2% population was frail (FI>0.21) and 56.8% was non-frail (FI≤0.21). The number of Veterans with MCI and dementia was 114 and 113 respectively. Frailty was significantly and positively associated with dementia (OR: 2.29 95%CI:1.25-4.21, p=0.007) but there was no association with MCI (OR: 1.06 95%CI: 0.605-1.886, p=0.820). Our study results suggest that frailty might not be associated with MCI but has significant association with dementia in a group of Veterans at a Memory Disorder Clinic.

DYNAMIC, BIDIRECTIONAL LONGITUDINAL RELATIONSHIP BETWEEN LEISURE ACTIVITY ENGAGEMENT AND COGNITIVE PERFORMANCE

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Engagement in leisure activities, i.e., intellectual, social, and physical activities, may reduce the risk of incident dementia, yet little is known about the longitudinal, dynamic relationship between overall leisure activity engagement and cognition in older adulthood. Using data from a survey measure of 13 leisure activities, e.g., doing unpaid volunteer work and playing cards, games, or bingo, and a neuropsychological battery collected concurrently over 14 years from 2,259 multi-ethnic participants (mean age of 76.0 years) in the Washington Heights-Inwood Columbia Aging Project, we used a parallel process latent growth curve model of trajectories of both leisure activity engagement and cognitive z-scores (global cognitive performance, language, memory, and visuospatial ability). Estimates were adjusted for baseline age, years of education, sex, race/ethnicity, recruitment year, occupation (unskilled, skilled, and housewife), and baseline income. More baseline activity engagement (range, 0-13, higher indicating more engagement) was associated with higher baseline cognitive performance, i.e., global cognitive performance (estimate=0.129, standard error, SE=0.017, p<0.001), language (estimate=0.146, SE=0.020, p<0.001), memory (estimate=0.141, SE=0.025, p<0.001), and visuospatial ability (estimate=0.111, SE=0.020, p<0.001). Decline in leisure activity engagement were associated with decline in global cognitive performance (estimate=0.002, SE=0.000, p<0.001), language (estimate=0.002, SE=0.000, p<0.001), memory (estimate=0.002, SE=0.001, p<0.001), and visuospatial ability (estimate=0.001, SE=0.000, p=0.001). While both level and change in overall leisure activity engagement and cognitive performance were correlated, level of one did not predict change in the other. Similar relationships were found when examining leisure activity categories. This suggests a dynamic, bidirectional relationship between leisure

activity engagement and cognitive performance among older adults.

FACTORS INFLUENCING EPISODIC MEMORY IN SUBJECTIVE COGNITIVE DECLINE: AN IMPLICATION FOR DEMENTIA PREVENTION

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Episodic memory is typically affected early in the process of Alzheimer's disease. Little is known about factors affecting episodic memory in subjective cognitive decline (SCD). The purpose of this study was to identify vascular and neuropsychiatric risk factors associated with episodic memory changes in older adults with SCD. Using the National Alzheimer's Coordinating Center-Uniform Data Set, the relationship between baseline modifiable risk factors and episodic memory changes was analyzed using linear mixed-effects regression models. The study included a total of 1,401 subjects with SCD (mean ages: 74.0±8.2 years, 67.5% females, 84.2% White, mean follow-up period: 4.1±2.4 years). In univariate adjusted model, statistically significant coefficients on main effect or interaction with time were selected and entered into multivariate model, which was adjusted mutually for chosen independent variables and for all covariates. Reference in the final model was subjects without 1) hypercholesterolemia, 2) cigarette smoking history, and 3) depression. Those with hypercholesterolemia and former smokers had 0.024 and 0.035 points higher episodic memory scores than reference at baseline with similar rate of score changes between each group and reference over time, respectively. Current smokers scored 0.081 points lower than reference at baseline with similar rate of change over time between groups. Despite no difference at baseline, the score of depressed subjects decreased by 0.014 points a year compared to reference. It is important to manage current smoking and depression for older adults with SCD. Further research needs to identify which levels of cholesterol and smoking have a protective effect on episodic memory.

COGNITIVE AND SUBJECTIVE EFFECTS OF OXYCODONE IN OLDER ADULTS WITH HEALTHY AND UNHEALTHY ALCOHOL PATTERNS

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Chronic unhealthy levels of alcohol use, may predispose adults to use illicit substances and/or modify their response to prescribed medications, such as pain medications. We examined the cognitive and side effect response of older adults who met criteria for healthy and unhealthy alcohol drinking patterns after exposure to 10mg of oxycodone. Using a human laboratory model, eligible participants were characterized on cognitive, side effect measures and cold-pressor pain test (CPT) at baseline and repeated 90 minutes, 3 and 5 hours post dosing (10mg oxycodone). Blood samples were taken at regular intervals to measure drug levels. One-hundred twenty-five adults completed the study day, eighty participants with heavy alcohol consumption and 45 with healthy. Middle age (MA) group had a mean age of 51 (11.2) years, older adults (OA) 72 (4.2) years. Between group (unhealthy vs healthy drinkers, middle age vs older adult) comparisons for cognitive performance indicate a significant decline at 90 min. However, MA and OA heavy alcohol consumers evidenced less decline on sustained attention (D2) and working memory, but more decline on a measure of balance (berg). Anti-nocioceptive effects were greatest in healthy (MA,OA) in comparison to heavy, however there were no differences on pupil miosis. Subjective rating of side effects were rated more severe in the OA unhealthy group compared to MA and healthy. These findings indicate unhealthy alcohol consumption attenuates the impact of opioid medication. Results indicate that alcohol consumption patterns should be considered when using opioids in older and middle age adults.

ASSESSING THE ADEQUACY OF SOCIAL SECURITY RETIREMENT BENEFITS ACROSS RACE-ETHNICITY, GENDER, AND AGE OF RETIREMENT

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This research assessed the adequacy of Social Security retirement benefits across race-ethnicity, gender, and age of retirement, and in turn, whether the differing levels of benefit adequacy have any relation to mortality risk. Prior studies generally find that a replacement rate of between 70 to 80 percent of prior earnings would likely allow a worker to maintain his or her standard of living in retirement since various work-related expenses are reduced or eliminated at the point of transition. As such, the current study used panel data from the 1996 - 2016 waves of the Rand version of the Health and Retirement Study to 1) determine earnings replacement rates for non-Hispanic White, non-Hispanic Black, and Hispanic males and females in the first period of retirement, and 2) to examine whether earnings replacement rates are associated with mortality risk in a Cox regression model. The findings revealed that for those retiring at age 65 or later, Hispanic females and White males had the lowest earnings replacement rates at 39.3% and 40.7%, respectively. For those retiring before age 65, Hispanic males and White males had the lowest earnings replacement rates at 30.3% and 26.7%. Although replacement rates should indeed be lower for high earners due to Social Security's progressive benefit formula, the low replacement rates determined for Hispanic males and females were unexpected. Moreover, mortality risk was found to be significantly associated with earnings replacement rates in the final model, but the combination of race-ethnicity and gender still showed a stronger relation.

DISCOVERING STAFFING ISSUES AND EXPERIMENTING WITH STAFFING LEVELS IN DUTCH NURSING HOMES

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