

older adults with a diagnosis of dementia. Driving cessation has been shown to negatively impact individuals' mobility and, consequently, quality of life. Informal caregivers (i.e., family caregivers) can mitigate the negative consequences associated with driving cessation in persons with dementia (PWD) by meeting their mobility needs and by offering emotional support. The purpose of this study was to examine the experience and needs of informal caregivers of PWD who had recently lost their driving privileges. Ten informal caregivers of PWD were recruited from a tertiary memory disorders clinic. Semi-structured interviews were conducted and transcribed. Transcripts of interviews were thematically analyzed using a grounded theory approach. The major themes emerging from the experience of caregivers included being overwhelmed by responsibility, overwhelmed by the emotional response of their care recipient and feeling resentment towards their care recipient. Similarly, the major themes emerging from the needs of caregivers included having the need for mobility training, psychoeducation on how to best attend to the emotional needs of their care recipient and the need for coping strategies. These experiences and needs expressed by caregivers indicate that driving cessation of the care recipient is a difficult experience for caregivers and that a therapeutic intervention based on the reported needs may be beneficial.

ADVERSE CONSEQUENCES OF UNMET NEEDS AMONG INDIVIDUALS WITH DEMENTIA: THE ROLE OF PAID CAREGIVING

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Individuals with dementia may enlist help from paid caregivers (i.e. home health aides, personal care attendants) to address increasingly complex care needs. Yet it is unclear what specific tasks paid caregivers help with and how this is related to the individual's experience of unmet care needs. We used data from the 2015 National Health and Aging Trends Study (NHATS) to examine the association between type and intensity of individual paid caregiver tasks and adverse consequences of unmet needs among community-dwelling adults with dementia. Nearly one half (46%) of those with any functional impairment reported an adverse consequence of an unmet need (e.g., inability to go outside because of lack of help). Individuals who experienced adverse consequences were more likely to receive paid caregiving (37.9% vs. 21.4%, $p < 0.01$). Those who received paid care with an individual task (e.g. toileting) were more likely to report an adverse consequence related to that task (e.g. remaining in wet or soiled clothes 50.2% vs. 41.0%, $p = 0.21$). Paid caregivers provided a median of 15 hours of care per week. For those persons with dementia receiving less hours of care weekly, paid caregivers rarely helped with unscheduled or frequently recurring functional tasks like toileting or eating (<10% of the time). The help received by individuals with dementia was inadequate to meet their care needs. Paid caregiving will only be able to prevent adverse consequences of unmet care needs when the level of paid care provided is better matched to the care needs of the individual with dementia.

SESSION 845 (POSTER)

COGNITIVE IMPAIRMENT

BRIDGING THE GAP BETWEEN COGNITIVE HEALTH AND FINANCIAL CAPACITY IN OLDER ADULTS: A SCOPING REVIEW

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Significant declines in everyday functioning are often indicators of cognitive impairment. Although researchers agree that a diminished ability to carry out a variety of instrumental activities of daily living (IADL) tasks is a harbinger of cognitive impairment (CI), studies have repeatedly found that a compromised ability to successfully complete financial management tasks may be one of the initial IADLs affected by prodromal CI. Due to the combination of compromised financial functioning and the increased prevalence of CI, older adults as group are, therefore, put at a greater risk for financial abuse and exploitation. The aims of this scoping review were two-fold: 1) to synthesize current literature on CI as it relates to financial decision-making (FDM) and 2) to analyze the measures and instruments used to assess FDM in older adults. In a review of four databases, 39 studies were identified that met inclusion criteria. These studies used 22 different instruments to measure and assess financial functioning. Across the 39 studies, consistent themes emerged relevant to factors that impacted cognitive impairment and financial functioning. These themes included participants' education levels, premorbid financial literacy, and age. White participants were overrepresented in research samples from these studies. Future research should investigate how FDM and early signs of CI may interact in people of color. Additionally, research should be focused on how to make instrumentation more accessible and feasible for the general public to administer without extensive training. This would enable the lay population to more easily identify early signs of cognitive impairment.

RESTING STATE NETWORK AND MINDFULNESS IN MOTION PLUS DASH DIET IN AFRICAN AMERICANS WITH MILD COGNITIVE IMPAIRMENT

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The resting state network (RSN) is a target of interest in neurodegenerative research, with evidence linking functional connectivity of its constituent nodes with mild cognitive