

theta power for CNOA than MCI and greater desynchronized alpha power for MCI than CNOA. Collectively, these findings demonstrate that more effortful neural processing of low-value words in the MCI group, relative to the CNOA group, allowed them to match their behavioral performance to the CNOA group. Individuals with MCI appear to utilize more cognitive resources to inhibit low-value information and might show memory-related benefits if taught strategies to focus on high-value information processing.

EFFICACY OF DIFFERENT TYPES OF EXERCISE ON COGNITIVE FUNCTION IN PEOPLE WITH MCI OR DEMENTIA: A NETWORK META-ANALYSIS

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With the accelerating progress of population aging, cognitive dysfunction is becoming increasingly prevalent. Exercise, as a promising non-pharmaceutical therapy, showed favorable effects on cognitive function. But which type is the most effective exercise treatment is still unclear. This study compared the efficacy of different types of exercise interventions based on network meta-analysis and aimed to explore the optimal exercise treatment for cognitive decline. The electronic databases of PubMed, Web of Science, Embase, Cochrane Central Register of Controlled Trials, SPORTDiscus, PsycInfoy, and OpenGrey were searched from inception to September 2019. We only included randomized controlled trials that examined the effectiveness of exercise interventions in people with MCI or dementia. Primary outcomes were global cognition, executive function and memory function. Standard mean difference (SMD) and its 95% confidence interval (CI) were calculated to estimate the effect sizes. Finally, 73 articles with 5748 participants were included. The results showed all kinds of exercise interventions were effective on global cognition and resistance exercise was probably the most effective exercise treatment to prevent the decrease of global cognition (SMD=1.05, 95%CI 0.56-1.54), executive function (SMD=0.85, 95%CI 0.21-1.49) and memory function (SMD=0.32, 95%CI 0.01-0.63) for people with cognitive dysfunction. Subgroup analysis revealed multi-component exercise showed more favorable effects on global cognition (SMD=0.99, 95%CI 0.44-1.54) and executive function (SMD=0.72, 95%CI 0.06-1.38) in people with MCI. In conclusion, resistance exercise tended to be the optimal exercise type for people with cognitive dysfunction, especially for people with dementia. And multi-component exercise also should be recommended for people with MCI.

FAVORITE ACTIVITY PATTERNS AMONG OLDER ADULTS WITH AND WITHOUT DEMENTIA: FINDINGS FROM THE NHATS

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Favorite activities are usually meaningful and valuable to older adults. However, information on favorite activity patterns and their relationship with cognitive function from large samples is still limited. Using Round 1 data from the National Health and Aging Trends Study, we examined favorite activity patterns among community-dwelling older adults with and without dementia (N=6,565). Based on the 8-item Ascertain Dementia (AD8) dementia screening interview, participants were classified into no dementia, possible dementia, and probable dementia. Favorite activity was assessed by asking participants, "What their favorite activity they are currently able to do?" Multinomial logistic regression models were used to examine the association between each of the top three favorite activities and the cognitive impairment categories, controlling for demographics and general health. The sample was on average, 77±7.45 years old, non-Hispanic White (69.8%), female (57.3%), and 35.0% had high school education. The three most popular favorite activities among probable dementia participants were watching TV, walking, and outdoor maintenance. Participants who liked watching TV most were more likely associated with possible dementia (Relative Risk Ratio [RRR] = 1.49, p=0.044) compared to participants without favorite activities. Participants who liked walking most were less associated with possible dementia (RRR=0.58, p=0.003) and probable dementia (RRR=0.39, p<0.001) compared to those without favorite activities. Similarly, participants who liked outdoor maintenance most were less likely to develop possible dementia (RRR=0.48, p<0.001) and probable dementia (RRR=0.27, p<0.001) than participants without favorite activities. Researchers may use older adults' "active" favorite activities to create tailored interventions to slow dementia progression.

LIKELIHOOD OF PARTICIPATION IN HOME-BASED COGNITIVE ASSESSMENT: THE ROLE OF SUBJECTIVE COGNITIVE DECLINE AND AGE

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Home-based cognitive assessment (HBCA) services are emerging as a convenient alternative to in-clinic cognitive assessment and may aid in mitigating barriers to detecting cognitive impairment (CI). It is unknown which older adults would be likely to participate in HBCA. Here we investigated the role of age and Subjective Cognitive Decline (SCD). SCD has demonstrated an increased risk for progression to CI/dementia. A nation-wide community-dwelling sample of 494 adults age 50+ were recruited via Amazon Mechanical Turk to complete an online survey assessing perceptions around HBCA and SCD. Our sample was 91.9% White and 66.8% female. It consisted of 174 respondents aged 50-60, 265 aged 61-70, and 55 aged 71-79. Age groups were comparable with respect to their acceptance of cognitive assessment (Range 4-20, higher score=higher acceptance, 7.9±3.3, 8.15±3.2, 8.05±3.43) and SCD-Q total (43.1±5.8, 43.2±5.7, 43.3±5.7). Correlation analysis revealed a relationship between SCD-QSCD total and perceived likelihood of participation in HBCA for those ages 61-70 ($r(263) = .222$