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SUBJECTIVE COGNITIVE DECLINE PHENOTYPES, SOCIAL ENGAGEMENT, AND CARDIOVASCULAR HEALTH

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Epidemiological studies report subjective cognitive decline (SCD) as a risk factor for incident dementia. The co-occurrence of SCD, chronic conditions, and loneliness may contribute to functional limitations and decline. SCD etiologies are multifaceted, suggesting possible underlying phenotypes defined by clustering factors that characterize decline. Using pooled data (2015-2021) from the Behavioral Risk Factor Surveillance System (BRFSS) we investigated SCD phenotypes based on the six-item self-reported Cognitive Decline Module that measured challenges in daily life due to memory loss and confusion over the prior twelve months. We hypothesized that SCD phenotypes would be associated with socio-demographic, cardiovascular health and social engagement variables. Mixture modeling was used to determine unobserved SCD phenotypes (latent classes) based on item response patterns. Latent class membership was predicted from socio-demographic variables using multinomial logistic regression. The resulting classes predicted a six-item cardiovascular risk index (CVRI) and a measure of aloneliness. SCD symptoms were reported by 65,217 (45-80+ years old). Mixture models produced four-latent SCD classes labeled as mild (43%), mild-moderate (23%), moderate (24%), and severe (10%). Mean CVRI scores were significant across classes (p < 0.001) and highest in the severe subgroup (n=6,491) which was more likely to be non-Hispanic Blacks, female, younger (45-64), low-income, non-homeowners, and report depression, and poor/fair health status. Class membership also significantly predicted aloneliness. Studies are needed to examine how SCD phenotypes may be used in the design and development of interventions that are more precise to the cluster of modifiable risk factors which could, subsequently, prevent or delay dementia pathogenesis.
CONTRAST SENSITIVITY AND BRAIN NETWORKS AND MOBILITY STUDY

Our findings suggest that deprescribing is associated with a slower decline in cognitive function and can help inform future deprescribing interventions for BP management in elderly populations. Over 26-weeks, the coefficient for being in a higher Cognitive Functioning Scale (CFS) category was 0.900 (95% CI: 0.881-0.919) for the deprescribing arm, compared to 0.95% (CI: 1.005-1.007) for the control arm. However, deprescribing mitigated the risk of progression to a higher CFS category (OR=1.007 per week for progression to higher CFS category, 95% CI:1.115-1.224). Overall, cognition worsened in both arms over time for being in a higher CFS category, suggesting the importance of early intervention.

In a stable medication use period, residents in the deprescribing arm were allocated to the deprescribing/control arms. At baseline, deprescribing was associated with 1,290 and 11,354 patients in deprescribing/control arms. The effect of deprescribing on CFS was analyzed using an ordinal generalized linear-mixed model, which controlled for baseline covariates using inverse probability of the treatment weight approach. The model was applied to 47 patients with good visual acuity who completed cognitive function testing. We applied graph theory to characterize the connectivity of brain networks generated from fMRI both at rest and during a motor imagery (MI) task and determined the spatial pattern of binocular contrast sensitivity (CS) testing. We hypothesized that brain networks are important to the relationship between age-related visual and mobility dysfunction.

Data were from the Population Study of Chinese American Elderly in Chicago (PINE). Different types of mistreatments, such as psychological, sexual, and physical mistreatment, were assessed. Descriptive statistics, linear regression, and multivariate analysis were used to examine factors associated with help-seeking intentions and behaviors.

METHODS:
Guided by the Andersen's Behavioral Model of Health Services Use, this study aimed to examine factors of Health Services Use, this study aimed to examine factors associated with help-seeking intentions and behaviors. Among US Chinese older adults who reported experiencing any form of mistreatment, 14.92% had caregiver neglect, 4.68% had physical mistreatment, 29.91% had financial exploitation, 6.35% had psychological mistreatment, 1.11% had sexual mistreatment, and 17.78% had informal help-seeking. Women and those who experienced financial exploitation had higher intentions of informal help-seeking.Victimizations were assessed among 450 participants who reported Elder Mistreatment (EM). Intentions of informal and formal help-seeking intentions and behaviors were assessed among 450 participants who reported Elder Mistreatment (EM). Different types of mistreatments, such as psychological, sexual, and physical mistreatment, were assessed. Descriptive statistics, linear regression, and multivariate analysis were used to examine factors associated with help-seeking intentions and behaviors.

RESULTS:
Among US Chinese older adults who reported experiencing any form of mistreatment, 14.92% had caregiver neglect, 4.68% had physical mistreatment, 29.91% had financial exploitation, 6.35% had psychological mistreatment, 1.11% had sexual mistreatment, and 17.78% had informal help-seeking. Women and those who experienced financial exploitation had higher intentions of informal help-seeking. Victimizations were assessed among 450 participants who reported Elder Mistreatment (EM). Different types of mistreatments, such as psychological, sexual, and physical mistreatment, were assessed. Descriptive statistics, linear regression, and multivariate analysis were used to examine factors associated with help-seeking intentions and behaviors.