classes. These findings provide preliminary evidence that women who have high levels of stress and sleep problems with low PA are performing better on cognitive tasks, but replication of these findings utilizing longitudinal designs are needed.

Categories: Aging
Keyword 1: aging (normal)
Keyword 2: hormones
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22 Cordoba Naming Test Performance and Acculturation in a Geriatric Population

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Objective: A commonly used confrontation naming task used in the United States is The Boston Naming Test (BNT). Performance differences has been found in Caucasian and ethnic minorities on the BNT. The Cordoba Naming Test (CNT) is a 30-item confrontation naming task developed in Argentina. Past research has shown acculturation levels can influence cognitive performance. Furthermore, one study evaluated geriatric gender differences on CNT performance in Spanish. Researchers reported that older male participants outperformed female participants on the CNT. To our knowledge, researchers have not evaluated ethnic differences on the CNT using a geriatric sample. The purpose of the present study was to examined CNT performance and acculturation in a Latinx and Caucasian geriatric sample. It was predicted the Caucasian group would outperform the Latinx group on the CNT. Moreover, the Caucasian group would report higher acculturation levels on the Abbreviated Multidimensional Acculturation Scale (AMAS) compared to the Latinx group.
Participants and Methods: The sample consisted of 9 Latinx and 11 Caucasian participants with a mean age of 66.80 (SD = 6.10), with an average of 14.30 (SD = 2.00) years of education. All participants were neurologically and psychologically healthy and completed the CNT and the AMAS in English. Acculturation was measured via the AMAS English subscales (i.e., English Language, United States. Identity, United States, Competency). A series of ANCOVAs, controlling for years of education completed and gender, was used to evaluate CNT performance and acculturation.
Results: The ethnic groups were not well demographically matched (i.e., years of education and gender).We found that the Caucasian group outperformed the Latinx group on CNT performance $p = .012$, $\eta p\ 2 = .34$. Furthermore, the Caucasian group reported higher acculturation levels (i.e., English Language, United States, Identity, United States, Competency) compared to the Latinx group $p's < .05$, $\eta ps^2 = .42\text{-}.64$.
Conclusions: To our knowledge, this is the first study to evaluate CNT performance between ethnic groups with a geriatric sample. As expected the Caucasian group outperformed the Latinx group on the CNT. Also, as expected the Caucasian group reported higher English acculturation levels compared to the Latinx group. Our findings are consistent with past studies showing ethnic differences on confrontational naming performance (i.e., The Boston Naming Test), favoring Caucasians. A possible explanation for group differences could have been linguistic factors (e.g., speaking multiple languages) in our Latinx group. Therefore, since our Latinx group reported lower levels of English Language, United States identity, and United States competency the Latinx group assimilation towards United States culture might of influence their CNT performance. Future studies with different ethnic groups (e.g., African-Americans) and a larger sample size should examine if ethnic differences continue to cross-validate in a geriatric sample.

Categories: Aging

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23 Cognitive Reserve Moderates Cognitive Functioning in Late-Life Depression

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Objective: The concept of cognitive reserve (CR) explains why individuals with higher education, intelligence, or occupational attainment exhibit less severe cognitive changes in the presence of age-related or neurodegenerative pathology. CR may be a useful construct in understanding the cognitive performance of patients with late life depression (LLD), a cohort who are twice as likely to later receive a clinical diagnosis of dementia. It follows that depressed older adults with low CR may be at greater risk of cognitive decline compared to non-depressed older adults matched for CR. However, the literature on CR and LLD is limited to cross-sectional studies with mixed findings as to whether proxies of CR moderate cognitive outcomes in LLD. For example, both higher and lower education levels in LLD are associated with greater cognitive impairment in LLD compared to similarly educated non-depressed older adults. Longitudinal studies may help disentangle the association between CR and cognitive outcomes in LLD. The current study investigated the interaction between proxies of CR (e.g., education) and depression status on cognitive functioning over three years. We hypothesized that depressed older adults with low CR would demonstrate greater cognitive impairment and decline compared to depressed elders with high CR and non-depressed older adults with comparable CR.
Participants and Methods: Older adults with LLD and non-depressed older adults age 59+ participated. All participants were free of dementia at baseline. We divided both patients and non-depressed participants into low (<16) and high (>=16) education groups based upon the median years of education (16) of the entire sample. All participants underwent detailed neuropsychological testing. Composite measures of episodic memory (CERAD Wordlist and recall, LM I and LM II, BVRT), processing speed-executive functioning (SDMT and Trail Making Part B), working memory (forward, reverse, ascending Digit Span), and verbal fluency (Animal Naming and COWA) were calculated based on the non-depressed older adults.
Results: The baseline sample included 210 non-depressed older adults and 465 older adults with major depression (LLD). 150 non-depressed older adults and 235 LLD patients provided three-year follow-up data. Separate ANOVAs revealed a statistically significant interaction between education and depression status at baseline on the composite score of executive functioning $F(1, 668) = 8.74$, $p < .003$. Consistent with our hypothesis, LLD with low education performed significantly worse compared to non-depressed with low education (z-score difference -1.35) and this effect was significantly greater than the difference between LLD patients and non-depressed with high education (z-score difference -0.36). No other interactions were found at baseline. Longitudinal analyses also revealed significant interactions between education and depression on memory over time, although sensitivity analyses did not suggest findings consistent with our hypothesis.
Conclusions: Cognitive reserve contribute to group differences between LLD and non-depressed older adults in cognitive performance but may not alter cognitive trajectories over time. Future studies should further explore structural and functional brain changes associated with CR in LLD.

Categories: Aging
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