

their in-person visit, and for privacy and comfort reasons. Older adults also identified several challenges to remote smartphone screening which informed the user experience design of the MCM app. The average rating across prototype versions was 91 (SD 5.18) on the S-SUS and 6.13 (SD 8.40), indicating above average usability.

**Conclusions:** Through our iterative, human-centered design process, we were able to develop a viable remote cognitive screening app and proposed implementation for primary care settings optimized for multiple stakeholders. Next steps include validating MCM in clinical and healthy populations, collaboratively developing best practice alerts for primary care EHRs with neuropsychologists, and piloting the finalized app in a community clinic. We hope the finalized MCM app will promote broader screening practices within primary care and improve early assessment and diagnosis of cognitive impairment for older adults.

**Categories:** Aging

**Keyword 1:** cognitive screening

**Keyword 2:** technology

**Keyword 3:** aging disorders

**Correspondence:** Stephanie Ruth Young, Northwestern University, stephanieruth.young@northwestern.edu

## 56 TBI Severity Moderates the Association between Subjective and Objective Attention in Older Veterans

Peter P Rantins<sup>1</sup>, Monica Ly<sup>2</sup>, Alexandra L Clark<sup>3</sup>, Alexandra J Weigand<sup>4</sup>, Kayla S Walker<sup>1</sup>, Victoria C Merritt<sup>2,5</sup>, Katherine J Bangen<sup>2,5</sup>, Kelsey R Thomas<sup>2,5</sup>

<sup>1</sup>San Diego State University, San Diego, CA, USA. <sup>2</sup>VA San Diego Healthcare System, San Diego, CA, USA. <sup>3</sup>University of Texas, Austin, Austin, TX, USA. <sup>4</sup>San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology, San Diego, CA, USA. <sup>5</sup>University of California, San Diego, La Jolla, CA, USA

**Objective:** Prior work on associations between self-reported cognition and objective cognitive performance in Veterans has yielded mixed findings, with some evidence indicating that mild

traumatic brain injury (TBI) may not impact the associations between subjective and objective cognition. However, few studies have examined these relationships in both mild and moderate-to-severe TBI, in older Veterans, and within specific cognitive domains. Therefore, we assessed the moderating effect of TBI severity on subjective and objective cognition across multiple cognitive domains.

**Participants and Methods:** This study included 246 predominately male Vietnam-Era Veterans (age  $M=69.61$ ,  $SD=4.18$ ,  $Range = 60.87 - 85.16$ ) who completed neuropsychological testing and symptom questionnaires as part of the Department of Defense-Alzheimer's Disease Neuroimaging Initiative (DoD-ADNI). Participants were classified as having history of no TBI ( $n=81$ ), mild TBI ( $n=80$ ), or moderate-to-severe TBI ( $n=85$ ). Neuropsychological composite scores in the domains of memory, attention/executive functioning, and language were included as the outcome variables. The Everyday Cognition (ECog) measure was used to capture subjective cognition and, specifically, the ECog domain scores of memory, divided attention, and language were chosen as independent variables to mirror the objective cognitive domains. General linear models, adjusting for age, education, apolipoprotein E  $\epsilon 4$  carrier status, pulse pressure, depressive symptom severity, and PTSD symptom severity, tested whether TBI severity moderated the associations of domain-specific subjective and objective cognition.

**Results:** Across the sample, subjective memory was associated with objective memory ( $\beta=-.205$ , 95% CI  $[-.332, -.078]$ ,  $p=.002$ ) and subjective language was associated with objective language ( $\beta=-.267$ , 95% CI  $[-.399, -.134]$ ,  $p<.001$ ). However, the main effect of subjective divided attention was not associated with objective attention/executive functioning ( $p=.124$ ). The main effect of TBI severity was not associated with any of the objective cognitive domain scores after adjusting for the other variables in the model. The TBI severity x subjective cognition interaction was significant for attention/executive functioning [ $F(2,234)=5.18$ ,  $p=.006$ ]. Specifically, relative to Veterans without a TBI, participants with mild TBI ( $\beta=-.311$ , 95% CI  $[-.620, -.002]$ ,  $p=.048$ ) and moderate-to-severe TBI ( $\beta=-.499$ , 95% CI  $[-.806, -.193]$ ,  $p=.002$ ) showed stronger negative associations between subjective divided attention and objective attention/executive functioning. TBI severity did not moderate the

associations between subjective and objective cognition for memory or language domains. The pattern of results did not change when the total number of TBIs was included in the models.

**Conclusions:** In this DoD-ADNI sample, stronger associations between subjective and objective attention were evident among individuals with mild and moderate-to-severe TBI compared to Veterans without a TBI history. Attention/executive functioning measures (Trails A and B) may be particularly sensitive to detecting subtle cognitive difficulties related to TBI and/or comorbid psychiatric symptoms, which may contribute to these attention-specific findings. The strongest associations were among those with moderate-to-severe TBI, potentially because the extent to which their attention difficulties are affecting their daily lives are more apparent despite no significant differences in objective attention performance by TBI group. This study highlights the importance of assessing both subjective and objective cognition in older Veterans and the particular relevance of the attention domain within the context of TBI.

**Categories:** Aging

**Keyword 1:** traumatic brain injury

**Keyword 2:** attention

**Keyword 3:** aging (normal)

**Correspondence:** Peter P. Rantins, San Diego State University, prantins8685@sdsu.edu

## 57 Financial Literacy in Older Adults: Cognitive, Demographic, and Personality Factors Related to Discrepancies between Objective Financial Knowledge and Subjective Financial Confidence

Rachel Mis<sup>1,2</sup>, Katherine Hackett<sup>1</sup>, Tania Giovannetti<sup>1</sup>

<sup>1</sup>Temple University, Philadelphia, PA, USA.

<sup>2</sup>University of California, Los Angeles - Semel Institute, Los Angeles, CA, USA

**Objective:** Management of finances is one of the earliest domains of daily living to decline in the neurodegenerative disease process, and poorer financial literacy is associated with worse cognition even in healthy, normative aging. However, some studies have demonstrated that cognitively normal older adults demonstrate preserved real-world financial outcomes despite

the presence of age-related cognitive decline. One account for this discordance posits that older adults rely on intact financial knowledge to circumvent negative effects of declining fluid cognitive abilities. Also important to real-world financial behavior is insight into one's level of financial knowledge and expertise (i.e., subjective financial confidence), which in some studies has been shown to have an equal or stronger influence on real-world financial behaviors compared to objective financial knowledge. This study investigated older adults' financial abilities by identifying groups of individuals with discrepancies between objective financial knowledge and subjective financial confidence and exploring cognitive and non-cognitive (demographic, personality) factors associated with discrepancy group membership.

**Participants and Methods:** Participants were 4,610 older adults (M age 71.18 ± .91) from the Wisconsin Longitudinal Study who answered 12 true-false questions on financial concepts (accuracy) and rated their confidence on each response. Standardized scores of accuracy and confidence were used to classify participants into three discrepancy groups (1) Overconfident (confidence >1 SD above accuracy), (2) Underconfident (accuracy >1 SD above confidence), and (3) Equal (accuracy and confidence within 1 SD). Logistic regression examined factors associated with discrepancy group membership.

**Results:** Higher financial accuracy was moderately correlated with greater confidence ( $r=.42$ ,  $p<.001$ ). Approximately 29% of participants had standardized accuracy and confidence scores that differed by one standard deviation or more, with 14% of participants belonging to an "Overconfident" group and 15% to an "Underconfident" group. Lower likelihood of Overconfidence group membership was associated with higher levels of education ( $OR = .87$ , 95% CI [.82, .93],  $p<.001$ ) and better cognitive performance on tests of delayed recall ( $OR = .90$ , 95% CI [.84, .97],  $p=.006$ ) and numerical reasoning ( $OR = .94$ , 95% CI [.91, .97],  $p<.001$ ), while higher extraversion was associated with increased likelihood of Overconfidence ( $OR = 1.03$ , 95% CI [1.00, 1.05],  $p=.04$ ). Lower likelihood of Underconfident group membership was associated with better performance on cognitive tests of delayed recall ( $OR = .90$ , 95% CI [.84, .96],  $p=.002$ ), male sex ( $OR = .60$ , 95% CI [.47, .77],  $p<.001$ ), and lower levels of conscientiousness ( $OR = .95$ , 95% CI [.92, .99],  $p<.001$ ), while better letter fluency