memory (EM) related to multimorbidity in a nationally representative sample of middle-aged and older adults. Participants were from the second (2004–2006) and third (2013–2015) waves of the Survey of Midlife Development in the United States (MIDUS; N=2,331). Participants completed telephone interviews and questionnaires providing information on demographics and chronic conditions. They also completed the Brief Test of Adult Cognition by Telephone (BTACT) to assess cognitive function. The BTACT includes measures of EM (ex. word list recall) and EF (ex. digits backward, category fluency, etc.). Overall, participants exhibited significant reductions in EF ($p<.001$) and EM ($p<.001$) over time. Multiple regression models controlling for age, race, sex, education, employment, and baseline cognitive performance showed that number of chronic conditions predicted significant declines in EF ($p=.006$); associations with declines in EM were not statistically significant. Our results indicate that greater numbers of chronic conditions predicted significant decreases in EF scores over the 8–9 follow-up period, and that these effects were observed in models adjusting for a number of covariates that have been shown to affect cognitive function. As the population ages, risk of cognitive decline increases generally, but especially in the context of multimorbidity.

PERSISTENT PATHOGENS AND COGNITIVE DECLINE OVER 10 YEARS AMONG AN ELDERLY LATINO COHORT

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While approximately 5.2 million people over 65 years old in the U.S. suffer from Alzheimer's Disease, the etiology of dementias and cognitive decline are still largely unknown. A growing body of literature suggests that highly prevalent persistent pathogens may be associated with faster decline and higher risk of dementia. One hypothesized mechanism for this relationship is that chronic inflammation induced by latent infections accelerates neurodegeneration. Using data of over 900 participants 60+ years old from the Sacramento Area Latino Study of Aging, we investigated variation in cognitive decline trajectories by infection status over 10 years of follow-up. Linear mixed effects models accounting for repeated outcome measurements were used to examine the association between baseline seropositivity to HSV-1, CMV, VZV, T. gondii, and H. pylori and 3MSE scores, and to examine interactions between seropositivity and cortisol. We found that seropositivity to CMV and H. pylori were significantly associated with cognitive decline ($p=0.0002$ and $p=0.019$, respectively). Among seropositive patients, we found associations between higher quartiles of IgG response and cognitive decline compared to the lowest quartile, indicating that intensity of immune response plays a role in observed decline. Furthermore, CMV and H. pylori interacted with baseline cortisol to affect the trajectory of cognitive decline ($p=0.0016$ and $p=0.0014$, respectively). These findings support the theory that persistent pathogens may be risk factors for neurodegeneration. Furthermore, they identify specific infection markers in that process, as well as interactions with hormonal pathways, and suggest novel points of intervention for slowing decline and reducing disparities.

PORTUGUESE VERSION OF THE QUICK MILD COGNITIVE IMPAIRMENT (QMCI-P) SCREEN—RESULTS FROM THE IBIS STUDY

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Background: As health professionals and researchers face more and more older adults and limited assessment times, there has been an increasing demand for shorter sensitive, reliable and valid cognitive screening instruments. Objective: To adapt the Qmci for Portuguese-language countries, to explore concurrent validity against most common short cognitive screening instruments - MMSE-P and MoCA-P and to assess correlations with other neurospychological dimensions. Methods: Demographic and clinical data (cognition, personality, depression and functionality) of older adults aged ≥65, attending ten day care centres (n=113) and residents in two long-term care institutions (n=53), were collected and assessed with short screening tools. Results: 148 individuals were screened with Qmci-P - median age of 77 (IQR +/-15); 64% female. 103 participants completed the assessment battery and those scoring ≥21 on GDS (indicating possible active depression) were excluded (n=11). The final sample (n=93) had a median age of 74 (IQR +/-15), significantly younger than all those initially consenting ($p=0.03$). Internal consistency of the Qmci-P using Cronbach's Alpha was 0.823, better than with MoCA (0.79) and MMSE (0.54). The median Qmci-P score was 57/100 (IQR +/-26) with a median MoCA of 21/30 (IQR +/-8) and median SMMSE of 27/30 (IQR +/-5). Qmci-P screen scores were strongly, positively and significantly correlated with both MMSE ($r=0.61$, 95% CI 0.45–0.72, $p<0.001$) and MoCA ($r=0.63$, 95% CI 0.36–0.80, $p<0.001$). Conclusion: The Qmci-P is a valid short cognitive screen. Given the psychometric properties and brevity (3–5 minutes), it may be preferable for use than MMSE (7–8 minutes) and MOCA (10–12 minutes).

PREDICTORS OF MEMORY SELF-EFFICACY FOR COGNITIVE INTERVENTION OUTCOMES

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Background: Memory self-efficacy is the belief that one will be able to succeed in a memory task. This belief may protect older adults against harmful aging stereotypes and to motivate them to practice memory skills and learn new memory strategies. While it is widely known that older adults differ in their memory self-efficacy, personal characteristics that might influence one's self-efficacy are not well understood. The present study aims to characterize levels of memory self-efficacy utilizing baseline data from the Senior WISE Memory Training Intervention. Methods: In a triethnic sample of older adults (N=252) aged 50 and older, memory self-efficacy was measured using Memory Self-Efficacy Questionnaire (MSEQ). Predictors included demographic variables (age, education, sex, black, Hispanic, self-reported general health), cognitive variables (Trails B, COWAT, Rivermead SPS, BVMT Total Recall, HVLT Total Recall, MMSE), and mental health