significant associations were observed between structural brain measures and verbal memory.

Conclusions: These results suggest smaller entorhinal cortex volume and lower parahippocampal gyrus thickness are associated with higher perceived financial exploitation vulnerability in cognitively normal older adults. Additionally, parahippocampal gyrus thickness appears to be associated with verbal fluency abilities while entorhinal cortex thickness appears to be associated with visual memory. Taken together, these findings lend support to the notion that financial exploitation vulnerability may serve as an early behavioral manifestation of preclinical AD. Longitudinal studies are needed to better understand the temporal nature of these relationships.

Categories: Aging
Keyword 1: neuroimaging: structural
Keyword 2: dementia - Alzheimer's disease
Keyword 3: decision-making
Correspondence: Laura Fenton Department of Psychology, USC Dornsife College of Letters, Arts, and Sciences, Los Angeles, CA, USA lefenton@usc.edu

---

38 Real-World Goal Setting and Follow Through in Young and Older Adults

Lauren E Cruz[1], Christopher X Griffith[1], Caity Cegavsky[2], Hannah Burns[2], Jessica R Andrews-Hanna[1,3,4], Matthew D Grilli[2,5,6]
[1]University of Arizona Department of Psychology, Tucson, AZ, USA. [2]University of Arizona Department of Psychology, Tucson, Arizona, USA. [3]University of Arizona Cognitive Sciences Department, Tucson, AZ, USA. [4]Evelyn F McKnight Brain Institute, Tucson, AZ, USA. [5]University of Arizona Department of Neurology, Tucson, Arizona, USA. [6]Evelyn F McKnight Brain Institute, Tucson, Arizona, USA

Objective: The ability to generate, plan for, and follow through with goals is essential to everyday functioning. Compared to young adults, cognitively normal older adults have more difficulty on a variety of cognitive functions that contribute to goal setting and follow through. However, how these age-related cognitive differences impact real-world goal planning and success remains unclear. In the current study, we aimed to better understand the impact of older age on everyday goal planning and success.

Participants and Methods: Cognitively normal young adults (18-35 years, n= 57) and older adults (60-80 years, n= 49) participated in a 10-day 2-session study. In the first session, participants described 4 real-world goals that they hoped to pursue in the next 10 days. These goals were subjectively rated for personal significance, significance to others, and vividness, and goal descriptions were objectively scored for temporal, spatial, and event specificity, among other measures. Ten days later, participants rated the degree to which they planned for and made progress in their real-world goals since session one. Older adults also completed a battery of neuropsychological tests.

Results: Some key results are as follows. Relative to the young adults, cognitively normal older adults described real-world goals which navigated smaller spaces (p=0.01) and that they perceived as more important to other people (p=0.03). Older adults also planned more during the 10-day window (p<0.001). There was not a statistically significant age group difference, however, in real-world goal progress (p=0.65). Nonetheless, among older participants, goal progress was related to higher mental processing speed as shown by the Trail Making Test Part A (r=0.36, p=0.02) and the creation of goals confined to specific temporal periods (r=0.35, p=0.01). Older participants who scored lower on the Rey Complex Figure Test (RCFT) long delay recall trial reported that their goals were more like ones that they had set in the past (r= -0.34, p=0.02), and higher episodic memory as shown by the RCFT was associated with more spatially specific goals (r=0.32, p=0.02), as well as a greater use of implementation intentions in goal descriptions(r=0.35, p=0.02).

Conclusions: Although older adults tend to show decline in several cognitive domains relevant to goal setting, we found that cognitively normal older adults did not make significantly less progress toward a series of real-world goals over a 10-day window. However, relative to young adults, older adults tended to pursue goals which were more important to others, as well as goals that involved navigating smaller spaces. Older adults also appear to rely on planning more than young adults to make progress toward their goals. These findings reveal age group differences in the quality of goals and individual differences in goal success among older adults. They are also in line with

prior research suggesting that cognitive aging effects may be more subtle in real-world contexts.

---

39 Relationships among Cardiovascular Risk Factors, White Matter Hyperintensities, and Depressive Symptoms in Black and White Older Adults

Lex R Minto, Vonetta M Dotson
Georgia State University, Atlanta, Georgia, USA

Objective: The vascular depression hypothesis posits that there is a relationship between vascular disease and geriatric depressive symptoms. Black Americans are at higher risk for cardiovascular disease (CVD) than their White counterparts. However, it is not fully understood whether risk for CVD or potentially related neurovascular changes have a differential relationship in Black and White Americans. We investigated differences in the relationships between white matter hyperintensities, risk for CVD, and depressive symptoms in Black and White older adults.
Participants and Methods: Participants were derived from the National Alzheimer Coordinating Center database. Black (N = 120) and White (N = 120) participants were matched on age, sex, and education. White matter hyperintensity (WMH) and CVD burden data (sum of vascular conditions) on 320 individuals were analyzed (mean age = 75.9; 69.4% female). Age, sex, race, and education were included as covariates in separate regression models in which WMH and CVD burden predicted scores on the 15-item Geriatric Depression Scale (GDS-15). Follow-up stratified analyses were conducted to explore the relationship between WMH and CVD burden on GDS scores in the Black and White samples.
Results: Lower WMH volume and higher CVD burden were associated with higher GDS scores in the total sample. Analyses stratified by race

showed a positive effect of CVD burden on GDS scores only for the Black sample and a trend effect of WMH on GDS scores only for the White sample, with higher WMH volume associated with lower rather than higher GDS scores.
Conclusions: These findings are consistent with previous research showing that WMH and CVD burden are related to depression in older adults. Contrary to expectation, WMH had a negative trend association with GDS scores in the White sample. Findings also suggest that different etiologies may play a role in the clinical presentation of depression in Black and White Americans. Additional research is needed to further explore the relationships among CVD, its neural correlates, and depressive symptoms in diverse samples.

---

40 Associations Between Cardiovascular Risk, White Matter, and Medication Predictors on Longitudinal Cognitive Change in the National Alzheimer's Coordinating Center (NACC) Cohort

Lindsay J Rotblatt[1,2], Jared J Tanner[3], Ronald A Cohen[3], Ann L Horgas[3], Michael Marsiske[3]
[1]Veterans Affairs San Diego Healthcare System, San Diego, CA, USA. [2]University of California San Diego, La Jolla, CA, USA. [3]University of Florida, Gainesville, FL, USA

Objective: Drawing on the National Alzheimer's Coordinating Center (NACC) Uniform Data Set (UDS), this study aimed to investigate the direct and indirect associations between vascular risk factors/cardiovascular disease (CVD), pharmacological treatment (of CVD), and white matter hyperintensity (WMH) burden on overall cognition and decline trajectories in a cognitively diverse sample of older adults.
Participants and Methods: Participants were 1,049 cognitively diverse older adults drawn from a larger NACC data repository of 22,684 participants whose data was frozen as of December 2019. The subsample included only