metrics may vary by cognitive domain in healthy older adults.

Categories: Aging
Keyword 1: aging (normal)
Keyword 2: cognitive functioning
Keyword 3: executive functions
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31 Understanding Health Beliefs and Health Behaviors in Older Adults at Risk for Alzheimer's Disease

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Objective: Given the aging population, there are significant public health benefits to delaying the onset of Alzheimer's disease (AD) in individuals at risk. However, adherence to health behaviors (e.g., diet, exercise, sleep hygiene) is low in the general population. The Health Belief Model proposes that beliefs such as perceived threat of disease, perceived benefits and barriers to behavior change, and cues to action are mediators of behavior change. The aim of this study was to gain additional information on current health behaviors and beliefs for individuals at risk for developing AD. This information can then be used to inform behavioral interventions and individualized strategies to improve health behaviors that may reduce AD risk or delay symptom onset.
Participants and Methods: Surveys were sent to the Rhode Island AD Prevention Registry, which is enriched for at-risk, cognitively normal adults (i.e., majority with a family history and/or an APOE e4 allele). A total of 177 individuals participated in this study. Participants were 68% female; 93% Caucasian and non-Hispanic; mean age of 69.2; 74% with family history of dementia; 40% with subjective memory decline. The survey included measures from the Science of Behavior Change (SoBC) Research Network to measure specific health belief factors, including individual AD risk, perceived future time remaining in one's life, generalized self-efficacy, deferment of gratification, consideration of future consequences as well as dementia risk awareness and a total risk score for dementia calculated from a combination demographic, health and lifestyle behaviors.
Results: Participants who were older had higher scores for dementia risk (r=0.78), lower future time perspective (r=-0.33), and lower generalized self-efficacy (r=-0.31) (all at p<0.001). Higher education correlated with higher consideration of future consequences (r=-.31, p<0.001) and lower overall dementia risk score (r=-0.23, p=0.006). Of all scales examined, only generalized self-efficacy had a significant linear relationship to both frequency (r^2=0.06) and duration (r^2=0.08) of weekly physical activity (p<0.001). Total dementia risk score also had significant linear relationships (r^2=0.19) with future time perspective (p<0.001) and generalized self-efficacy (p=0.48).
Conclusions: Overall, individuals who rated themselves higher in self-efficacy were more likely to exercise more frequently and for a longer duration. Individuals who had lower overall risk for dementia due to both demographic and behavioral factors were more likely to endorse higher self-efficacy and more perceived time remaining in their lives. Increasing self-efficacy and targeting perceived future time limitations may be key areas to increase motivation and participation in behavioral strategies to reduce AD risk. Developing individual profiles based on these scales may further allow for individually tailored intervention opportunities.

Categories: Aging
Keyword 1: aging disorders
Keyword 2: cognitive screening
Keyword 3: self-report
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33 The Impact of Context on Memory for Short Stories Among Older and Younger Adults

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Objective: On traditional pattern separation tasks, older adults perform worse than younger adults when identifying similar objects but

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