

studies have explored cognition and cannabis use in older adults. This study aimed to examine the relationship between lifetime cannabis use patterns and subjective cognitive performance in older adults.

**Participants and Methods:** The sample ( $N=51$ ) consisted of adults ages 60 and older residing in the United States who endorsed cannabis use within the previous year. Participants completed online questionnaires on demographics, mental health [Geriatric Anxiety Scale (GAS) short form and Geriatric Depression Scale (GDS) short form], and measures of subjective cognitive function [Cognitive Failures Questionnaire (CFQ), the Cognitive Problems and Strategies Assessment (CPSA), and part IV of the Cognitive Self Efficacy Questionnaire (CSEQ)]. The Daily Sessions, Frequency, Age of Onset, and Quantity of Cannabis Use Inventory (DFAQ-CU) and the Cannabis Use Disorder Identification Test (CUDIT) were used to assess cannabis use, and the Alcohol Use Disorders Identification Test Consumption items (AUD-C) were used to assess alcohol use. Partial Pearson's correlations were used to examine relationships between scores of subjective cognitive functioning and cannabis use patterns while controlling for alcohol consumption.

**Results:** Results: Participants aged 60+ ( $M=68.06$ ,  $SD=5.80$ , 49% women) had 15.39 ( $SD=2.21$ , range 12-18) years of education on average. Participants' race/ethnicity was reported as 90.2% White ( $n=47$ ), 5.9% Latinx or Hispanic ( $n=3$ ), 2% Black or African American ( $n=1$ ), and 1% Other ( $n=1$ ). Most participants (59%) reported first using cannabis as a child or adolescent (range of ages 7-17 years), while 31% reported first using cannabis as an adult (ages 18-58 years), and only 8% endorsed initial use in older adulthood (62-84 years). On average, this sample reported using cannabis for 19.75 days ( $SD=11.14$ ) in the last month with  $n=35$  (69%) and having used cannabis for 20 or more years (range 1-60 years). The total CUDIT score was positively correlated with CFQ ( $r_p=.47$ ,  $p<.001$ ), CPSA problems ( $r_p=.46$ ,  $p<.001$ ), GAS ( $r_p=.43$ ,  $p=.002$ ), and GDS ( $r_p=.35$ ,  $p=.014$ ), and negatively correlated with the CSEQ ( $r_p=-.33$ ,  $p=.02$ ), all while controlling for alcohol consumption. Days of use in the past month and total years of use were not significantly associated with subjective cognitive function.

**Conclusions:** Among older adult cannabis users, symptoms of Cannabis Use Disorder (CUD) were significantly associated with greater

self-reported cognitive failures/problems and worse self-efficacy for cognitive ability, as well as symptoms of anxiety and depression, when controlling for alcohol use. Notably, there was no relationship between subjective cognition and frequency of recent use or lifetime use. For patients who use cannabis, neuropsychologists may find it helpful to focus their clinical interview on CUD symptoms when discussing cognitive complaints rather than other measures of cannabis use. Additional research is needed to examine objective measures of cognitive functioning in older adult cannabis users.

**Categories:** Aging

**Keyword 1:** cannabis

**Keyword 2:** aging (normal)

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## 16 Does Cognitive Test Performance Upon Admission to Nursing Homes Predict Long Term Care Residents' Psychological Functioning?

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**Objective:** The current study investigated whether older adults' cognitive test scores at the time of long-term care nursing home admission are associated with psychological well-being over the first six months. We analyzed the link between Mattis Dementia Rating Scale (DRS-2) subscale scores and anxiety, depression, quality of life, and positive/negative affect.

**Participants and Methods:** Participants were recently admitted long-term care residents from 13 nursing homes in the Louisville, KY area. Sixty-two older adults were administered the DRS-2 shortly after nursing home admission. Using a cutoff of less than 6 scaled score on the DRS-2, 52% of participants scored as cognitively impaired. Self-report measures of anxiety (RAID), depression (PHQ9), quality of life (QoL-AD), and positive/negative affect (Philadelphia Geriatric Center Affect Rating Scale) were collected at time of admission, and 3 and 6 months later.

**Results:** The DRS-2 attention subscale significantly correlated with baseline depression

symptoms. No other DRS-2 subscale or the DRS-2 total score correlated with anxiety, depression, quality of life, or affect ratings at admission. Baseline DRS-2 attention, initiation/perseveration, and memory had significant correlations with self-report measures at 3 and 6 months; these DRS-2 scores were selected for further analysis. Mixed ANOVAs found a significant main effect of group (impaired vs. not-impaired) for the initiation/perseveration subscale, memory subscale, and DRS-2 total score on negative affect; impairment in any of these domains was associated with lower reported negative affect at all three time points. There was no significant effect of cognitive scores on any other self-report measure. There was a significant, positive linear trend in quality of life over time. There was a significant quadratic trend in depression symptoms, with decreased depression reported at 3 months and increase at 6 months.

**Conclusions:** Impaired performance on the DRS-2 was associated with lower negative affect over time. Cognitive impairment was not associated with anxiety, depression, quality of life, or positive affect. There appear to be reliable trends in some psychological factors regardless of cognitive scores, with an increase in quality of life over time and a temporary decrease in reported depression captured at 3 months. The relationship between cognitive impairment and negative affect should be interpreted with caution, as only 22 residents completed the affect self-report at all three time points. Overall, we found limited evidence of an association between cognitive scores at time of admission and self-reported psychological factors at 3 and 6 months.

**Categories:** Aging

**Keyword 1:** cognitive functioning

**Keyword 2:** quality of life

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### 17 Emotional and Instrumental Support as Protective Factors in Cognitive Aging Among Black and Hispanic/Latinx Older Adults

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**Objective:** Social support may protect against Alzheimer's disease and related dementias (ADRD), potentially through emotional or instrumental support elements. Black and Hispanic/Latinx older adults bear a disproportionate burden of ADRD. However, independent effects of emotional and instrumental support on cognition, a primary indicator of ADRD risk, are largely understudied in these groups. Guided by the differential vulnerability hypothesis – the theoretical framework which posits that systemic racism disadvantages Black and Hispanic/Latinx individuals' health – we hypothesize that emotional and instrumental support may be particularly important to protect against worse cognition for Black and Hispanic/Latinx older adults, who often have fewer resources due to these inequalities (e.g., wealth, educational opportunities) to otherwise maintain health. Using the NIH Toolbox Emotion Module measures of emotional (e.g., the extent to which individuals can rely on others in challenging times) and instrumental support (e.g., the extent to which individuals can rely on others for assistance in daily activities), we aimed to identify positive social support factors (i.e., emotional and instrumental support) that may protect against ADRD risk (i.e., longitudinal executive function and memory performance) among Black and Hispanic/Latinx older adults. **Participants and Methods:** Participants were 362 Black and 265 Hispanic/Latinx adults aged 65-89 (63% female, average age=75) from the Kaiser Healthy Aging and Diverse Life Experiences (KHANDLE) Study who completed baseline and up to two additional waves of assessments (every 1.5 years), including