

2015 & Fabricio et al., 2020), these findings also support the need for a better understanding of how childhood adversity impacts physical well-being over the life course.

Categories: Aging

Keyword 1: aging (normal)

Keyword 2: childhood maltreatment

Correspondence: Alexandria G. Nuccio, Nova Southeastern University, an862@mynsu.nova.edu

5 Antihypertensive Medication Use and Cognition in Older Adults

Allison C Moll, John L Woodard
Wayne State University, Detroit, MI, USA

Objective: Hypertension is a common disorder that has been inconsistently associated with worse cognition in older adults. Antihypertensive medications offer treatment for high blood pressure but previous studies on the association between blood pressure, antihypertensive use, and cognitive performance in older adults have yielded inconsistent findings. Individuals without high blood pressure may also take antihypertensive medications for other medical conditions, including migraines. It is unclear whether antihypertensive medications have any effect on cognitive performance in older adults, and whether the differences, if any, are similar in hypertensives and normotensives.

Participants and Methods: 4,969 participants from the National Alzheimer Coordinating Center (NACC) database were included in this study ($M_{\text{age}}=72.4$ years, $SD=7.3$ years). Cognitive assessment included Letter Fluency, Category Fluency (animals and vegetables), Trail Making Test A & B, Digit Ordering (forward and backward), and MoCA total score. Participants were included if they had a clinician diagnosis of hypertension or normotension and recorded history of whether they take any antihypertensive medication. Participants with a history of stroke were excluded. Cognitive differences between medication groups were investigated in hypertensive participants and normotensive participants using Bayesian Mann-Whitney tests.

Results: Bayesian Mann-Whitney tests in hypertensive individuals showed no cognitive differences between those taking

antihypertensive medications and those not taking antihypertensives (all $BF_{10s} < 3$). Bayesian Mann-Whitney tests in normotensive individuals showed individuals taking antihypertensive medications performed worse on Trail Making Test B compared to individuals not taking antihypertensives (123.6 seconds vs 108.8 seconds; $BF_{10} = 35.1$), with a small effect size ($d=-.156$).

Conclusions: These results suggest that antihypertensive use in older adults with normal blood pressure may be associated with worse executive functioning. Antihypertensive use in normotensive older adults may lower blood pressure and reduce cerebral perfusion, resulting in worse cognitive functioning. Future studies should investigate long-term antihypertensive use and associated cognitive changes in both hypertensive and normotensive individuals.

Categories: Aging

Keyword 1: cognitive functioning

Keyword 2: aging (normal)

Keyword 3: cardiovascular disease

Correspondence: Allison C. Moll, Wayne State University, allisonmoll@wayne.edu

6 Now or Later? Decision-Making Preferences in Community-Dwelling Older Adults

Amy Halpin, Lily Brown, Angelica Boeve, Savannah Michaud, Lauren Moore, Rebecca K MacAulay
University of Maine, Orono, ME, USA

Objective: When deciding between now and later, the tendency to devalue later outcomes is known as temporal discounting. The degree of devaluing is known as one's discounting rate. Steeper temporal discounting rates indicate preferences for immediate gains and delayed losses, reflecting a desire for instant gratification and greater loss aversion, respectively. Considering that decrements in decision-making abilities may precipitate cognitive dysfunction and decline, a better understanding of decision-making preferences among older adults represents an important endeavor. Thus, the current study aimed to investigate whether differences among temporal discounting rates

for gains and losses exist when outcomes are monetary or interpersonal in nature.

Participants and Methods: One hundred and forty community-dwelling older adults aged 50 to 90 (75% female, $M_{age}=71.6$) completed a hypothetical discounting task in which they chose between smaller immediate outcomes and larger delayed outcomes presented at various delay periods of one week, one month, six months, and one year. An iterative algorithm determined the indifference point for each delay period. Indifference points were fit to hyperbolic models using nonlinear regressions to determine discounting rates within each condition. Non-parametric Wilcoxon Signed-Rank tests compared discounting rates.

Results: Older adults more steeply discounted monetary gains as compared to monetary losses ($Z=-6.88$, $p<.001$), as well as for social gains compared to social losses ($Z=-4.81$, $p<.001$). They also discounted social gains more steeply than monetary gains ($Z=-5.44$, $p<.001$), and social losses more steeply than monetary losses ($Z=-4.44$, $p<.001$).

Conclusions: Preliminary findings suggest older adults displayed a greater desire for instant gratification of rewards, particularly social rewards, yet also displayed lower loss aversion, particularly for monetary losses. Stronger preferences for instant gratification of gains in certain contexts may inform ways in which healthier lifestyle choices or changes could be framed to appeal to older adults.

Categories: Aging

Keyword 1: aging (normal)

Keyword 2: decision-making

Correspondence: Amy Halpin, University of Maine, amy.halpin@maine.edu

7 Does Neurocognition Contribute to Age-Related Differences in the Accuracy and Sharing of COVID-19 Misinformation?

Anastasia Matchanova¹, Steven Paul Woods¹, Clayton Neighbors¹, Ilex Beltran-Najera¹, Christina Alex², Briana Johnson¹, Yenifer Morales¹, Luis D. Medina¹, Kenneth Podell³, Michelle A. Babicz⁴, Jennifer L. Thompson¹

¹University of Houston, Houston, TX, USA.

²Indiana University, Bloomington, IN, USA. ³The

Houston Methodist Concussion Center &

Neuropsychology Section Stanley H. Appel
Department of Neurology, Houston, TX, USA. ⁴Mental Health and Behavioral Science Service, James A. Haley Veterans' Hospital, Tampa, FL, USA

Objective: COVID-19 misinformation proliferating online has led to adverse health and societal consequences. Older adults are a particularly vulnerable population due to increased risk for both COVID-19 related complications and susceptibility to, as well as sharing of, misinformation on social networking sites. The present study aimed to: 1) investigate differences in COVID-19 headline accuracy discernment and online sharing of COVID-19 misinformation in older and younger adults; and 2) examine individual differences in global cognition, health literacy and verbal IQ in online sharing of COVID-19 misinformation.

Participants and Methods: Fifty-two younger (age 18 to 35 years) and fifty older adults (age 50 and older) completed a telephone neurocognitive battery, health literacy and numeracy measures and self-report questionnaires. Participants also completed a social media headline-sharing experiment (Pennycook et al., 2020) in which they were presented true and false COVID-19 headlines and asked to indicate: 1) the likelihood that they would share the story on social media; and 2) the factual accuracy of the story.

Results: A repeated measures multivariate analysis of variance controlling for gender and race/ethnicity showed no effects of age ($p=.099$), but a significant interaction between actual COVID-19 headline accuracy and likelihood of sharing ($p<.001$), such that accuracy is more strongly related to sharing false headlines ($r=-.64$) versus true headlines ($r=-.43$). Moreover, higher likelihood of sharing false COVID-19 headlines was associated with lower verbal IQ and numeracy skills in older adults ($r_s=-.51--.40$; $p_s<.01$) and with lower verbal IQ, numeracy, and global cognition in younger adults ($r_s=-.66--.60$; $p_s<.01$).

Conclusions: Findings indicate that headline accuracy judgements are an important predictor of sharing COVID-19 misinformation in both older and younger adults. Further, individual differences in cognition, IQ, and numeracy may predict the likelihood of misinformation sharing in younger adults, while IQ and numeracy skills may act as important antecedents of misinformation sharing in older adults. Future work might leverage modern,