no sensory impairment. Factorial ANOVA analyses found a main effect of both age and sensory impairment on memory performance. These unexpected findings could possibly be due to compensatory changes resulting from cortical reorganization following sensory loss or to other as yet unidentified covariates that could account for their better performance on the FOME. These results also reaffirm the need for independent norms based on presence and type of sensory impairment.

SUBJECTIVE HELPFULNESS OF COGNITIVE-REMEDICATION TREATMENT COMPONENTS FOR GERIATRIC HOARDING

D. Broadnax¹, M. Dozier², L. Schwarz¹, C. Ayers³,
1. VA San Diego Healthcare System, 2. San Diego State University/University of California at San Diego Joint Doctoral Program in Clinical Psychology, 3. VA San Diego Healthcare System/University of California San Diego, Department of Psychiatry

Hoarding disorder (HD) is characterized by urges to save items, difficulty discarding, and excessive household clutter. Older adults with HD often experience cognitive and functional impairment. The purpose of this study was to investigate the self-reported “helpfulness” of the cognitive remediation components of an individual treatment for HD and to explore the relationship between the “helpfulness” ratings and treatment response. This study utilized data from 21 older adults (mean age 69.66, range 60–85) with HD who received 26 sessions of individual Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST). Participants were asked during the post-treatment assessment to rate the “helpfulness” of the different cognitive remediation treatment modules. On average, participants reported that on a 10 point scale (0 = not at all; 10 = a lot), they found all of the CREST modules to be “quite a bit” helpful, including using a calendar (mean = 8.32, SD = 2.28), making a to-do list (mean = 8.29, SD = 2.08), linking tasks with places (mean = 6.81, SD = 3.19), problem solving (mean = 7.55, SD = 2.36), and meeting deadlines (mean = 7.57, SD = 2.36). Treatment response on the Saving Inventory-Revised, a 23-item self report measure of hoarding symptom severity, was not significantly correlated to participants’ “helpfulness” ratings on any of the different cognitive remediation treatment modules (all p s > .05). Clinicians treating older adults with HD should consider including sessions focused on cognitive remediation skills.

SUBJECTIVE MEMORY PROBLEMS AND AVAILABILITY OF EMOTIONAL SUPPORT

J. Ha, *Seoul National University*

This study examines (1) whether subjective memory problems (SMP) influence perceptions of emotional support from and frequency of contact with family and friends; and, (2) the extent to which the relationship between SMP and support/contact is moderated by gender. We use the 2014 wave of the Health and Retirement Study (HRS), a nationally representative panel survey of adults aged 51 and over in the U.S. Hierarchical regression models are utilized to estimate the effect of SMP on support from/contact with spouse, adult children, and friends and the moderating effect of gender. Contrary to expectations, SMP had no significant main effect

on the level of emotional support from any of the sources. SMP was negatively linked to contact with adult children but not friends. We also found the relationship between SMP and support from children is moderated by gender. Specifically, the negative effect of SMP was significantly reduced for women compared to men, suggesting that women are better positioned to cope with SMP by soliciting support from children. While memory loss may be regarded a normal byproduct of aging, those who go through the loss may become anxious about it and rely on others for emotional support. As such, understanding the implications of SMP on available support and social interactions is important, especially given the shifting family structures, increasing childlessness, and consequently, changing social support systems in contemporary societies.

THE ASSOCIATION BETWEEN BODY MASS INDEX AND COGNITIVE FUNCTION IN U.S. CHINESE OLDER ADULTS

Y. HUA¹, X. Dong², 1. *rush*, 2. *Rush University Medical Center*

There is an increasing interest in modifiable risk factors, such as obesity, on cognitive function in older adults. However, the role of Body Mass Index (BMI), which is the most commonly used measure of obesity, is still controversial due to differential classifications by race and ethnicity. This study aims to examine the relationship between BMI and cognitive function in U.S. Chinese older adults. Face-to-face interviews were conducted among 3157 community-dwelling Chinese older adults (58.9% female) aged ≥ 60 years from the PINE Study. BMI was calculated as weight (kg)/height (m^2). For western-WHO standards, groups were divided as underweight ($BMI < 18.5$), normal ($18.5 \leq BMI < 25$), overweight ($25 \leq BMI < 30$), and obese ($BMI \geq 30$). For Chinese standards, groups were divided as underweight ($BMI < 18.5$), normal ($18.5 \leq BMI < 24$), overweight ($24 \leq BMI < 28$), and obese ($BMI \geq 28$). Cognitive function tests, including episodic memory, executive function, working memory, and Chinese Mini-Mental State Examination (C-MMSE) were administered. A composite global cognitive score was developed using all tests. Linear regression and quantile regression were conducted. Prevalence of obesity differed by WHO (3.3%) and Chinese (8.21%) standards. Only one positive significant association was detected between BMI and global cognitive function ($b=0.01$, $SE=0.00$, $p<0.05$). Obesity, defined by WHO criteria, showed no significant relationship with all cognitive tests. However, obesity, defined by Chinese criteria, was significantly positively associated with global cognitive function ($b=0.10$, $SE=0.04$, $p<0.05$) and Episodic test ($b=0.15$, $SE=0.05$, $p<0.01$). Higher BMI is related to better cognitive function in global cognitive function. Different criteria of defining obesity by BMI affect the relationship between obesity and cognitive performance.

THE ASSOCIATION BETWEEN PHYSICAL MOBILITY AND INCIDENT COGNITIVE IMPAIRMENT IN OLDER PUERTO RICAN ADULTS

C. Barba¹, A. Dávila-Roman², R. Anel³, K. Markides⁴, M. Crowe¹, 1. *University of Alabama at Birmingham*, 2. *School of Public Health, University of Puerto Rico, San Juan*, 3. *University of South Florida*,