

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