them. CERAD was the only test used in 1999, when 15.2% were pre-menopausal and therefore was the only test used in this analysis. Mixed effect regression model was created to evaluate longitudinal relationship between time since FMP and cognition. **Results:** 252 WHAP participants with complete data were included in this analysis. Median (Q1-Q3) baseline time since FMP was 3.2(1-5.5) years. Time since FMP was negatively associated with CERAD delayed recall (β=-0.14, 95%CI -0.16 to -0.12, p<0.001) while controlling for education, APOE4, age at FMP and hormonal treatment at the time of cognitive testing. **Conclusions:** The results show that independent of potential confounders, prolonged time since FMP leads to decrease in cognitive function over 15 years. Further work needs to explore complex overlap between ageing, FMP and cognitive disease.

P1-567

COGNITIVE IMPAIRMENT AND COMMUNITY RESOURCE NEEDS FOR OLDER MEXICAN AMERICANS: THE BRAIN ATTACK SURVEILLANCE IN CORPUS CHRISTI (BASIC)-COGNITIVE PROJECT
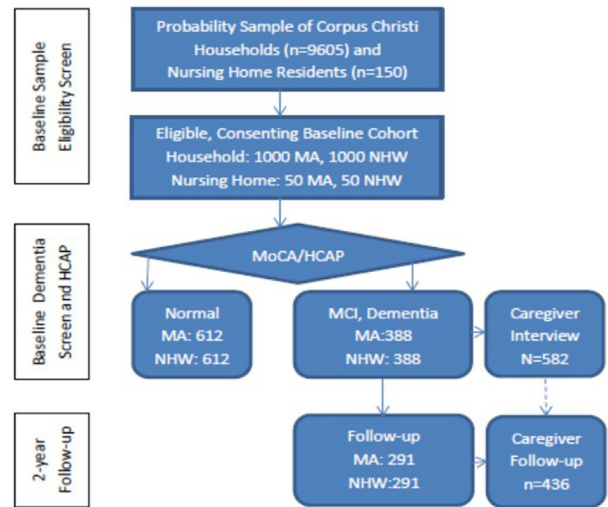
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Background: Alzheimer's disease and other dementias will increase as the Mexican American (MA) population rapidly grows and ages. There is an urgent need to better estimate the prevalence of cognitive impairment or dementia (CID), cognitive decline trajectories, and identify community resource needs for this population. The Brain Attack Surveillance in Corpus Christi (BASIC)- Cognitive project is a population-based study to detect CID, study informal caregiving characteristics, and identify targets for improved care and support among older MAs and non-Hispanic whites (NHW) and their care partners in Nueces County, Texas; a community with a large and primarily non-immigrant MA population. **Methods:** Door-to-door surveillance is used to recruit community-dwelling and nursing home residents aged 65 years or older and their informal care partners. Households are identified from a two-stage area probability sample of Nueces County housing units, with use of Census data and ethnicity indicators to aim for an equal balance of MA and NHW sampled households. The study targets n=2100 cognitive screens (n = 1050 MA, n = 1050 NHW; Figure 1). Those with cognitive screens indicative of possible CID (Montreal Cognitive Assessment, ≤25) complete neuropsychological assessment (Harmonized Cognitive Assessment Protocol; HCAP). Informal care partners complete comprehensive interview and needs assessment. Study pairs repeat procedures at 2-year follow-up (Figure 2). Asset and concept mapping are performed to identify available community resources and to study care partners' perceptions of needs for individuals with CID. **Results:** During initial project recruitment (5/1/18-1/15/19), 5437 households were approached, and 852 age-eligible households were identified. 509 individuals completed cognitive screening (298 MA, 190 NHW, 21 of other race/ethnicity (ORE)), of which 360 (248 MA, 98 NHW, 14 ORE) were study-eligible and 277 named a care partner. 140 study pairs (102 MA, 34 NHW, 4 ORE) have enrolled and completed

HCAP and care partner interviews, with 80 refusals. The target enrollment is 582 study pairs. **Conclusions:** Initial recruitment data suggest robust participation within the MA community. The BASIC-Cognitive study will provide critical information regarding the prevalence of CID in MAs, the impact of caregiving, and allocation of community resources to meet the needs of this growing population.

Figure 1: Design plan for BASIC-Cognitive

Note: MA is Mexican American. NHW is Non-Hispanic white.

Figure 2: BASIC-C study overview

Note: ARSMA-II is Acculturation Rating Scale for Mexican Americans-II. CANE is Camberwell Assessment of Needs in the Elderly. HCAP is Harmonized Cognitive Assessment Protocol. SF 36 is Short Form Health Survey. MCI is Mild Cognitive Impairment.

P1-568

THE INFLUENCE OF FDA-APPROVED MEDICATIONS FOR ALZHEIMER'S DISEASE ON ITS CLINICAL PROGRESSION IN A LONGITUDINAL COHORT (2005-2015)

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Background: Pharmacological treatment with the current FDA-approved AD medications for Alzheimer's disease (AD) aim to improve cognitive symptoms while several disease-modifying agents are at various stages of clinical development. Understanding disease progression in patients who use FDA-approved AD