

Methods: The website was designed with support of the Dutch Alzheimer Society in three focus group sessions with persons with dementia and their spouses. In these sessions existing websites, which had older users as a target group were discussed. Themes discussed were about the design of the website as use of colors, legibility and usability. Based on this, a demonstration website was made and discussed and judged by the participants.

Results: A total of six older adults participated in these focus group sessions. Participants prefer a website which is easy to print, navigation should be on maximal three levels Menu of the website should be on the left side of the page. Participants dislike the use of photographs in order to increase ambiance and pictograms, because these do not provide any additional value to the information given. **Conclusions:** Participants prefer a website to be accessible just as reading a book. The results were partial in accordance with the results reported in the literature for web design for persons with cognitive disabilities. The results in this report concern the design of the website only. This design process was executed in a single experiment. Therefore, the findings should be interpreted with caution. Further study is scheduled to examine the usefulness of the designed website.

P2-406

MEASURING OF THE ONSET OF ALZHEIMER'S DISEASE AND OTHER COGNITIVE DEMENTIAS IN SAMPLE SURVEYS: IDENTIFYING EARLY SIGNS OF IMPAIRMENT AND THE IMPACTS OF PROXY RESPONSES ON FOLLOW UP INTERVIEWS

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Background: Increasingly, longitudinal studies on the aging life course seek to measure a multitude of factors, from health to family structure to economic stability. While Alzheimer's remains a relatively rare outcome in the general population, the diagnosis of Alzheimer's or other significant dementia represent a common reason for refusals in follow up surveys of the aged. Even if such individuals are followed their responses are generally obtained through proxy respondents whom may or may not have intimate knowledge of the impacted individual. Even with large sample populations, the focus and design of a survey can impact the likelihood of following individuals with cognitive impairments through time and the types of questions asked regarding cognitive functioning. It is presently unknown if these differences impact observed results in a statistically significant manner as the diagnosis of Alzheimer's is something that occurs within the follow up stream and rarely represents an initial observation health status. This paper looks at available longitudinal studies which identify respondents diagnosed with Alzheimer's or other cognitive impairments and seeks to categorize patterns in response rates, refusals and follow up interviews. **Methods:** This paper builds on earlier work reviewing the progress of cognitive measurement in sample surveys. The paper begins with a brief review of the development of data measuring cognitive function since the 1960's. The paper then focuses on multi-wave longitudinal studies of the aged who follow respondents until they leave the survey due to death or health related refusal. Drawing largely from seminal studies including the NLTCs, the HRS, ADAMS, and the LSOA I and II the paper establishes a context of evolving understanding of the measurement of cognition occurs in large surveys. More importantly, by comparing those respondents ultimately diagnosed with cognition issues to those who do not report these problems, we seek to identify early indicators of cognitive impairment that may be predictive of the terminal diagnosis. This is done through observed changes in the use of standard tests of cognition but also by examination of response patterns across time; frequency of inconsistent answers, patterns of refusal, don't know and no response, as well as the presence of proxy respondents. The survey instrument itself has often been identified as a source of mental stress for some respondents in studies of the elderly and it is argued that those with greater problems in completing a survey should be at higher risk of subsequent refusal due to cognitive health concerns. What is poorly understood however if there are observable patterns in non-response that are predictive of early signs of declines in cognitive functioning. **Results:** As would be expected measured declines in cognitive function and overall

health across time are predictive of respondents later dropping out of surveys due to cognitive impairment. Often, however, these changes are missed either due to issues such as the lack of detailed probing into cognitive functioning, extended periods between follow-up interviews, and the potential conditioning of respondents due to repeated administration of similar questions. When examining response patterns we find more subtle indicators of changes in memory, ability to perform complex tasks and the inability to consistently answer specific questions. Questionnaire series regarding employment history, income and wealth, health history and mobility represent area where memory and cognitive functioning can result in inconsistent answers across waves or increased levels of missing information. These differences while speculative at this time do suggest that questionnaires could be designed to increase the sensitivity of such patterns and that they could be tested for validity of concept. If more fully developed these kinds of approaches might represent a less intrusive diagnostic tool for early cognition concerns that could be then pursued with more precise instruments and tests.

Conclusions: The future of research into the early diagnosis of cognitive impairment seems to be moving in new directions, particularly in the development of lifecourse studies that follow individuals from their youth onward. Our capacity to develop life course studies that measure the aging process from cradle to grave is improving but much work and decades of research lay before us. Until such a time we need to continue to seek new and innovative ways to use studies such as the HRS, the NLTCs and the earlier LSOA surveys. This paper has shown one potential direction we may follow by seeking commonalities in behaviors and response patterns among respondents prior to a diagnosis of Alzheimer's or other dementia that typically leads to their dropping out of the survey population. This analysis approach may help us better understand who is at risk of cognitive impairment and offer further understanding in patterns of behavior that are suggestive of this risk.

P2-407

EARLY INDICATORS OF DEMENTIA RISKS: ESTS OF COGNITION AND ACHIEVEMENT AMONG THE 1960 PROJECT TALENT HIGH SCHOOL COHORT

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Background: Project TALENT is the single largest source of information on the life experiences of students who were in high school in 1960. In the spring of 1960, more than 400,000 students were given a two-day battery of tests and inventories. The test battery was designed to provide baseline data on the aptitudes and abilities of these individuals, as well as to assess their interests and various personal characteristics. **Methods:** Project TALENT data files include thousands of data points about the backgrounds, abilities, interests, goals, opinions, educational experiences, and career outcomes of a large and representative sample of adults who are now in their 60s. The battery included cognitive tests in the following areas: abilities, knowledge, and achievement; dispositional traits; interests; and background characteristics. **Results:** In the 50 years since the 12th graders were first tested, a wealth of original research has emerged from the analysis of Project TALENT across diverse scientific fields. Project TALENT allows us to examine the impacts on ability in great detail and across multiple ethnic and SES groups. Similarly, reasoning ability and creativity are central in one's cognitive retention in later life. In addition to testing simple knowledge of facts, the TALENT battery included tests scores for a wide range of basic cognitive abilities. In the 50 years since the 12th graders were first tested, a wealth of original research has emerged from the analysis of Project TALENT across diverse scientific fields. We seek to continue this process, extending the study to examination of how these early life experiences affected the later life outcomes. **Conclusions:** Project TALENT overcomes many if not all of the barriers faced by other studies that might be transitioned into life course studies of cognitive development and change including small sample size, limited generalizability, and sample follow-up. Because of the established value and the ongoing research interest in Project TALENT, we argue that it is critical to increase the accessibility of this collection to an emerging generation of social science researchers.