

predicted, scores on the dementia worry measure did not correlate significantly with any cognitive measure ( $ps > .29$ ). **Conclusions:** Dementia worry did not correlate with actual cognitive performance, suggesting that elevated concern regarding development of dementia was unrelated to actual cognitive status—that is, dementia worry does not simply represent perception of real cognitive impairment. Results also suggest that increased age may be associated with lower dementia worry; this may suggest that with advanced age may come a sense of invulnerability to cognitive decline, or may reflect cohort differences in fear of developing dementia (potentially related to increased public awareness of AD among younger cohorts).

**P3-275**      **DIODENES SYNDROME: THE ETHICAL DIMENSIONS**

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**Background:** Diogenes syndrome is a disorder that is characterized by extreme self neglect, domestic squalor, social withdrawal, lack of concern about living conditions and hoarding. It is thought to affect 1 in every 2000 persons over the age of 60 living in the community. Ethics are called in to question as the affected individual usually refuses assistance or treatment and health professionals tend to force care on this population. Individuals with this syndrome are very resistant to receiving assistance and are often content to continue living in abysmal conditions. **Methods:** Developing a therapeutic rapport with the individual can be challenging, but of paramount importance. Without trusted support and guidance, there is unlikely to be any change achieved. The challenge exists of creating a delicate balance between respecting an individual's autonomy and ensuring personal safety. Using a harm reduction model approach to care is often effective with this population and it allows a high level of autonomy to be maintained. **Results:** The individual's cognitive ability is often questioned as seemingly poor decisions are made to live in squalor conditions that differ in accordance with our social norms. With no medical involvement there is rarely a formal diagnosis of a dementia, however, dementia is suspected in many cases. Research and personal experience has shown that seniors with this syndrome have a 2 times greater risk of death upon admission to long term care than do other community dwelling seniors. **Conclusions:** There is value in liaising with community partners to support the individual to continue to live in the community. Much of the presentation is based on the presenter's clinical practice while working for the Gatekeepers Program in Hamilton, Ontario.

**P3-276**      **FATIGUE-RELATED CHANGES IN DRIVING PERFORMANCE: COMPARISON BETWEEN HEALTHY YOUNGER AND OLDER ADULTS AND PERSONS WITH EARLY ALZHEIMER'S DISEASE**

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**Background:** Mental fatigue leads to decrements in cognitive functions, such as attention and executive functioning, which are important for daily activities like driving. However, few studies have considered relationships among age, cognition, and fatigue. The present study investigated how fatigue affects driving performances

by comparing younger, older, and early-Alzheimer disease participants. **Methods:** Participants were 32 healthy younger (18-30 years) and 21 older healthy adults (>65 years) and 15 persons with early Alzheimer's (AD). Driving simulation used a 45" computer monitor with STISIM software, presenting a 60-minute monotonous drive designed to elicit fatigue. Speed, lane position, variability, and errors were measured and compared across 10-minute segments of the drive. Self-reported tiredness ratings and tasks from the computerized CogState battery were administered pre and post-simulation to assess the effects of fatigue on working memory and learning. **Results:** All groups similarly increased in self-reported fatigue throughout the drive ( $p < .001$ ) and only early-AD drove slower ( $p < .05$ ). Post hoc comparisons demonstrated the early-AD had higher lane variability and errors across time. Overall, the young differed from the early-AD during the first and second 10-minute segments by exhibiting minimal errors and lane variability, but performance generally declined over time to become comparable to the early-AD. In comparison, initially similar to early-AD, the older group improved lane variability to a stable level after the first 10-minute segment. For all CogState tasks, the early-AD group performed worse at baseline. Although younger and older adults differed at pre-simulation only in working memory, with the older group performing worse, by post-simulation, both groups exhibited similar performances, as the young had somewhat declined and older somewhat improved. **Conclusions:** The results highlight the potential for significant driving deficits in early-AD drivers. Furthermore, when considering healthy drivers, except for the first segment, older drivers generally remained stable in the outcome measures over time once they adjusted to task demands. Younger adults were more affected by fatigue than older drivers, perhaps related to older drivers' experience. These results raise concerns about younger drivers' ability to cope with fatigue when driving. Finally, fatigue-related driving effects may be evident even before deficits are seen on more traditional, standardized cognitive testing.

**P3-277**      **LEVELS OF COGNITIVE IMPAIRMENT AMONG ELDERLY IN CUBA: FINDINGS FROM THE SURVEY ON HEALTH, WELL-BEING, AND AGING IN LATIN AMERICA AND THE CARIBBEAN (SABE)**

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**Background:** With the potential for more open relations between the United States and the nation of Cuba, we also hope to learn more about the health of Cuban elders. While there has been a growth in gerontological research in Latin American (LA) due largely to PAHO and national initiatives, much work remains to be done. For Cuba, a 50 year embargo on the exchange of scientific and technical information means almost nothing is known about the health, and cognitive states of Cuban elders. This paper employs the Cuban module of SABE to examine the cognitive functioning of Cubans over the age of 60. The SABE Cuban sample is a representative sample of elders living in the city of Havana and, to our knowledge, provides the only study of Cuban elders available to the broader research community. **Methods:** The paper used data from the Cuban sample of the 2000 SABE, funded by PAHO to better understand the health of the aging population in Latin America. The Cuban sample represents a survey of 1,905 individuals aged 60 and older with a weighted sample of 1,811,043 individuals. Cognitive