100 adults age 65 or over living independently in the community with a TIC score $> = 27$ and a MoCA $< = 23$ were enrolled into a prospective, observational, longitudinal study. We report results from the baseline visit when participants completed measures of stress, psychopathology and a computerized CogState exam. Demographics and a detailed medical history were recorded and a brief physical exam completed focusing on cardiac and metabolic parameters. Blood was drawn for APOE genotyping. **Results:** The characteristics of the population follow. The mean age is 77.5 years, SD 6.84; range 66-95. The sample is well educated: mean number of years 16, SD .9 and range 6-20 years. As many as 39% $> = 18$ years in school. The cohort is successful: primarily professionals or administrators (93%). The racial distribution reflects the population in the Delaware Valley (Black: 13%; White:85%). Women were overrepresented (61%) compared to men (37%). The majority were married (60%) with smaller groups of widowed (24%), divorced (10%) and single (6%). The mean body mass index was in the overweight range (27, SD 7.4). The "Resilience" population had low scores for 6 measures of stress, anxiety, depression and trauma. Compared with normative data, the "Resilience" population was found to be different for stress $p < 0.001$ (e.g. DASS) and personality traits subscales ($p < 0.001$) (NEO-FFI). On the MOS sleep scale, sleep adequacy, daytime somnolence and headache/shortness of breath was more frequent than in the US General Population. Linear regression was run to identify potential predictors of CogState outcome variables. Amongst the personality traits, only conscientiousness predicted performance on learning ($p = 0.035$), working memory simple ($p- = 0.003$) and complex ($p = 0.008$), not unexpected in this well-educated successful population. Coping style affected performance on tasks of attention ($p = 0.025$) and verbal learning (p) = 0.05. Sleep adequacy ($p = 0.001$), daytime somnolence (p) = 0.038 and headache/shortness of breath ($p = 0.043$) affected executive function and delayed recall. History of medical conditions was associated with cognitive impairment. For example, those with a history of mTBI had differences in detection ($p= 0.027$), attention ($p = 0.034$), verbal learning ($p = 0.017$), executive function ($p= 0.008$) and visual processing ($p =0.032$). **Conclusions:** This late life population, despite high scores on cognitive screening tests, shows some evidence of impairment on CogStateparameters. The presentation will focus on predictors of "resilient" aging.

P3-280   **BEST PREVENTION: ACTIVE SCREENING VERSUS PATIENT EDUCATION**

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Background: A national screening program (PNESS) was implemented by the government in 2007/2008, covering all Romanian citizens regardless of insurance status, based on electronic collection of relevant data on patient's family and personal history, lifestyle, a physical and selected lab tests (including glycemia). We targeted the identification of best recommended items to be addressed in nationwide educational and public awareness campaigns in order to improve overall health. **Methods:** Starting from the assumption that medical education in overall public is quite scarce in terms of individualized preventive strategies, we analyzed the PNESS results and identified factors which should be addressed in future primary prevention campaigns. **Results:** More than half (55%, n=11.1 mn) of Romanians were screened; 37% of screened people (n=4.1mn) were identified as being at risk for various diseases (30% at risk for diabetes, 7% at risk for CVD, 6% at risk for cancer). In terms of lifestyle and diet, < 34% of screened daily serve high-fat meat and 76-80% have fresh fruits and vegetables on a daily basis. Up to 30% of population serves alcohol and up to 29% are smokers (11-12% planning to quit 'next year'). Although 67-68% of screened walk at least 30 minutes per day just 1-2% of them exercise regularly. **Conclusions:** Population screening, although useful for secondary prevention, should not only be used as an early diagnostic tool but also for designing targeted primary prevention campaigns (population based health promotion). Family practitioners should play a crucial role in identifying risk factors and in educating their patients.

P3-281   **THE PREVALENCE OF COGNITIVE IMPAIRMENT IN OLDER ADULTS WITH HEART FAILURE**

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Background: Objective: We used a national probability sample to determine the prevalence of cognitive impairment (CI) in older adults with heart failure (HF). **Methods:** We used the 2004 wave of the Health and Retirement Study linked to 2002-04 Medicare claims (6,189 respondents $=$ 67 years old). An algorithm was developed using a combination of self- and proxy-report of a heart problem and the presence of $= 1$ Medicare claim in inpatient, outpatient, and carrier files using standard HF diagnostic codes. On the basis of the algorithm, we created 3 categories to characterize the likelihood of having a HF diagnosis: 1) Moderate/High Probability of HF; 2) Low Probability of HF; and 3) Not a HF case. Cognitive function was assessed using a population-based screening measure of cognitive function or by proxy rating, depending on the respondent's ability to self-respond. Age-adjusted prevalence estimates of CI were calculated for the highly likely HF cases (including high-moderate probability groups), low probability of HF group and non-HF cases. Logistic regression models were used to estimate the association of heart failure with moderate/severe CI. **Results:** Please see Table 1. **Conclusions:** Cognitive impairment commonly co-occurs with HF in community-dwelling older adults. Heart failure is an independent risk factor for the presence of CI consistent with dementia. A cognitive assessment should be routinely incorporated into HF-focused models of care.

Table 1
Age-adjusted prevalence estimates of cognitive performance, by heart disease category (n= 6,189)

Cognitive performance	Probability of Having Heart Failure (HF); n (%)				
	Not HF N=3,749, 60.4%	Low Probability N=1,733, 27.9%	Moderate/ High probability N=707, 11.7%	Total N=6,189	P-value
Normal	2,698 (0.72)	1,126 (0.67)	411 (0.59)	4,235 (0.70)	< .001
Mild impairment	778 (0.20)	419 (0.22)	184 (0.24)	1,381 (0.21)	
Moderate/ severe impairment	271 (0.07)	188 (0.09)	112 (0.14)	571 (0.09)	

Heart failure was independently associated with moderate/severe cognitive impairment after adjustment for age, education level, net worth and prior stroke (OR: 1.48; 95% CI: 1.10-1.99).

P3-282   **LESS COMMON AND "DISREGARDED" PATHOLOGIES IN LATE ONSET DEMENTIA: WHAT ARE WE MISSING?**

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Background: The pathological-basis of late onset dementia is typically conceptualised in terms of cortical amyloid, tau and vascular pathologies. The significance of less common pathologies associated with rare