

Memory Task performance, and age, education or MMSE scores in non-carriers.

Conclusions: Our preliminary findings show that the MAPP Room Memory Task, in particular the Delayed Room Recognition condition, may be helpful to discriminate those at increased risk of dementia. Future studies with larger samples using the Room Memory Task and AD-related biomarkers are needed to examine whether this task can be sensitive to early preclinical changes associated with AD and can potentially help track disease progression in those at risk.

Categories: Dementia (Alzheimer's Disease)

Keyword 1: dementia - Alzheimer's disease

Keyword 2: computerized neuropsychological testing

Keyword 3: assessment

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38 Vulnerability to Semantic and Phonemic Interference in Normal Aging and Amnesic Mild Cognitive Impairment (aMCI)

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Objective: Studies on vulnerability to interference have shown promise in distinguishing between normal and pathological aging, such as the early stage of Alzheimer's disease (AD) or amnesic Mild Cognitive Impairment (aMCI). However, these studies did not include a non-semantic condition essential in distinguishing between what is attributable specifically to semantic memory impairments and more generalized vulnerability to interference. The present study aimed to determine whether the increased vulnerability to

semantic interference previously observed in individuals at increased risk of AD (aMCI) is specifically associated with the semantic nature of the material, or if it also affects other types of material, suggesting more generalized executive and inhibitory impairment.

Participants and Methods: Seventy-two participants (N = 72) divided into two groups (33 aMCI and 39 NC) matched for age and education were included in the study. They underwent a comprehensive neuropsychological examination, and took the adapted French version of the LASSI-L (semantic interference test), as well as a homologous experimental phonemic test, the TIP-A. Independent sample t-tests, mixed ANOVA and ANCOVA on memory and vulnerability to interference scores with the Group (NC, aMCI) as between-group factor and the Type of material (semantic, phonemic) as within-subject factor were conducted to compare memory and interference in both contexts for both groups.

Results: For all memory scores, results revealed a significant main effect of group (NC > aMCI), a significant main effect of the type of material (semantic > phonemic) and a significant Group x Type interaction (disproportionately poorer performance in a semantic context for aMCI compared to NC). Word recognition was equivalent in both contexts for aMCI, whereas NC were better in a semantic context. aMCI also committed more phonemic false recognition errors, were disproportionately more vulnerable to retroactive semantic interference and showed a disproportionately higher percentage of intrusion errors associated with proactive semantic interference than NC.

Conclusions: To our knowledge, this is the first study to meticulously compare aMCI and elderly control vulnerability to inter-list interference and its impact on memory processes in two very similarly designed conditions using different types of material (semantic vs. phonemic). Indeed, many studies on interference focused solely on intra-list buildup of interference or on semantic material. Taken together, our results suggest that aMCI patients present generalized difficulties in source memory and inhibition, but that their inability to benefit normally from the depth of processing of semantic material results in even more semantic intrusion errors during proactive interference. This superficial semantic processing also significantly impacts the ability of aMCI to show good recall after being exposed to an interference list and the passage of time, resulting in a greater vulnerability to semantic

retroactive interference than controls. In summary, our results suggest that impairment of semantic memory, and, more precisely, the loss of benefit from the depth of semantic processing, represents the cornerstone of their memory and vulnerability to interference patterns. The classical level of processing theory therefore constitutes an ideal, simple framework to predict aMCI patients' performance when facing interference, a parallel too rarely addressed in the literature.

Categories: Dementia (Alzheimer's Disease)

Keyword 1: mild cognitive impairment

Keyword 2: cognitive processing

Keyword 3: memory disorders

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39 The role of Subjective Cognitive Decline and Aging Perceptions in Help Seeking across White and Non-White older adults

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Objective: Research has indicated that racial and ethnic minoritized groups in the United States are disproportionately affected by dementia (e.g., Alzheimer's disease), and seek help (HS) later in the disease course, if at all. It has also been posited that individuals from different ethno-racial groups have divergent perceptions of the aging process, which may influence HS. These disparities warrant tailored preventive efforts to encourage identification of factors which contribute to HS to enable earlier psychoeducation and enhanced access to resources. The factors which influence HS may

differ across ethnoracial groups. Here we examine the relative influence of subjective cognitive decline (SCD), a risk factor for AD, and aging perceptions to HS in these groups.

Participants and Methods: The current sample consisted of 161 healthy older adults (51 Male, 110 Female), aged 51 to 92 ($M=73.43$, $SD=6.85$) with a mean education of 16 years ($SD=2.3$ years) who performed > -1.5 SD on clinical neuropsychological testing. 26.7% of the sample self-reported as race/ethnic minorities (e.g., Hispanic or Non-Hispanic African American, Asian, Other.) Participants completed a 20-item SCD questionnaire assessing perceived cognitive difficulties in comparison to same aged peers, in addition to measures assessing HS behavior, (e.g., Have you gone to the doctor specifically for memory concerns?), and aging perceptions (e.g., older adulthood group identification, explicit stereotypes, essentialism). Point biserial correlations examined relationships between SCD, HS and aging perceptions, and multinomial logistic regressions examined the contribution of SCD and aging perceptions to HS across majority (White) and minoritized groups (Non-White participants).

Results: In bivariate analyses of the White participant group, HS was associated with SCD ($r=0.43$, $p<0.001$) and age group identification ($r=0.27$, $p<0.01$), and the latter were also associated ($r=-0.19$, $p<0.05$). The logistic regression model correctly classified 86% of participants (same as null), explaining a relatively small proportion of variance in HS, Snell $R^2 = 0.09$, Nagelkerke's $R^2 = 0.16$. Age group identification was not associated with HS ($b=-0.02$, $SE=0.26$, $p=0.94$, 95% CI [0.59, 1.63] but SCD was ($p=0.04$). In the non-White group ($n=42$), bivariate analyses showed that HS was associated with essentialism ($r=-0.41$, $p<0.01$; belief aging as a fixed and inevitable process) and explicit stereotypes ($r=-0.42$, $p<0.01$) but not with SCD ($r=0.21$, $p=0.19$). SCD was also associated with essentialism ($p=-0.32$, $p<0.05$), stereotypes ($p=0.32$, $p<0.05$), and age group identification ($r=0.38$, $p<0.01$). The regression model correctly classified 88.9% of participants (same as null); neither SCD ($p=0.39$), explicit stereotypes ($p=0.43$), essentialism ($p=0.72$), nor age group identification ($p=0.62$) contributed to HS when all were considered.

Conclusions: When both SCD and age perceptions are examined together as predictors