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 $R2 = 0.09$, Nagelkerke's $R2 = 0.16$. 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

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of HS, SCD alone predicts HS in the majority group. Neither construct predicts HS in the minoritized group—despite significant bivariate associations between HS, aging perceptions and SCD that varied across ethno-racial groups. Findings illustrate that SCD and aging perceptions may contribute differently to HS across ethno-racial groups in the US, and as such may indicate different priorities when implementing HS tools (e.g., screeners for detection of cognitive impairment). Ongoing work is addressing illness perceptions, another key barrier in HS in these groups to further inform on tailoring of services.

Categories: Dementia (Alzheimer's Disease)
Keyword 1: metacognition
Keyword 2: dementia - Alzheimer's disease
Keyword 3: ethnicity
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40 Positive and Negative Emotional Outcomes Following Alzheimer's Disease Biomarker Disclosure in Cognitively Symptomatic Older Adults

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Objective: There are many potential benefits of early identification of those with Alzheimer's disease (AD), including more opportunity for early intervention to slow AD progression (e.g., treatment, lifestyle changes, etc.) and to plan for the future. Positron emission tomography (PET) scans for abnormal amyloid and tau are commonly conducted in research settings. Despite strong interest in learning AD biomarker results, participants rarely receive their research data, in part due to concern about the possibility of undue distress based on results. We aimed to explore both positive and negative emotional reactions following PET biomarker disclosure as a function of result received.
Participants and Methods: Forty-three older adults (age = 72.0±6.21 years, education = 16.5±2.62 years, 49% Female, 88% White Non-Hispanic) completed PET amyloid and tau testing and disclosure. Sixty-three percent were diagnosed with mild cognitive impairment (MCI) while the remainder of participants were diagnosed with Dementia Alzheimer's type (DAT). Participants completed pre-disclosure biomarker education and a decisional capacity assessment followed by baseline measures. Participants then completed a disclosure session where they received personal PET amyloid and tau results on an elevated vs. not elevated scale for each ligand. Results were discussed in relation to presence/absence of Alzheimer's disease, how the result relates to their cognitive difficulties, and risk of developing Dementia-Alzheimer's Type. At baseline (pre-disclosure), immediately post-disclosure, and 1-week post-disclosure, participants completed the Beck Anxiety Inventory (BAI), The Geriatric Depression Scale – 15 Item (GDS-15), Impact of Neuroimaging in AD (INI-AD) Scale, and the Positive and Negative Affective Scale – Short Form (PANAS-SF). All questionnaires were modified to apply to Alzheimer's disease and related experiences.
Results: Of the 43 participants who participated in disclosure, 74% received biomarker positive results (either A+T- or A+T+); all others were biomarker negative. We conducted a series of mixed analysis of variance (ANOVA) tests to determine the effect of disclosure and biomarker status for each of the outcomes of interest. Neither the effect of time nor the time by biomarker status interaction was significant for any of the outcomes (all $p>.05$). The main effect of biomarker status was significant for BAI ($F_{(1)}=5.12$, $p=.031$, $\eta_p^2=.146$) and INI-AD Distress ($F_{(1)}=12.70$, $p=.001$, $\eta_p^2=.241$) and Positive ($F_{(1)}=34.57$, $p<.001$, $\eta_p^2=.464$) subscale scores with A+T-/A+T+ participants reporting higher negative affect than those who were A-/T-; however, even among biomarker positive individuals, scores did not exceed clinical thresholds. GDS-15, PANAS-Negative and Positive Subscale scores did not differ significantly by biomarker status (all $p>.05$) and no significant adverse events occurred following

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