depression (whether a mediation exists), and whether the connection between visuospatial function and muscle strength depends on the wandering behavior (whether it is moderated by wandering). The purpose of the study was to test the mediating effects of depression and moderating effects of wandering on the relationship between visuospatial function and muscle strength among community-dwelling older adults with mild dementia. This study used secondary data that was obtained from 2011 to 2013 for the 'Korean Nationwide Project for Early Detection of Dementia'. Total sample was 345 older adults diagnosed with mild dementia aged 60 and older in Gangwon province. Instruments were Geriatric Depression Scale (GDS-Korean version), Constructional Praxis Test, Hand Grip Strength test, and the existence of wandering. Statistical Mediation and Moderation Analysis was done using Hayes Process tool with bootstrapping method. Results indicated that wandering did not moderate the relationship between visuospatial function and muscle strength, but there was evidence of a significant mediating effect of depression on the relationship between visuospatial function and muscle strength. For mediating effect, the bootstrapped unstandardized indirect effect was .054, and the 95% confidence interval ranged from .029 to .242, indicating the indirect effect of visuospatial function on muscle strength through depression. The findings have implications that these relationships can guide health professionals to develop intervention strategies to prevent depression to strengthen physical function among community-dwelling older adults with mild dementia.

MCI IN RISK SOCIETY: BIOMARKERS AND THE BIOPOLITICS OF DEMENTIA

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A dominant health risk in industrialized nations is the growing rate of Alzheimer’s disease and related dementias. Current statistical projections paint a terrifying scenario with millions of baby boomers in Canada and the US who will go on to develop dementia over the coming few decades. The diagnosis of mild cognitive impairment (MCI) is feared precisely because it conjures up this apocalyptic demography. MCI confers an increased risk of developing full-blown dementia. By some estimates, up to 15 percent of people diagnosed with the condition will progress to Alzheimer’s disease or a related dementia. This presentation explores the narrative of risk that positions MCI against the collective dread we feel for dementia. Against this backdrop, the use of biomarkers appears as a prudent strategy to manage risk—they hold the promise of improving the early diagnosis of dementia, estimating the risk of developing the disease, predicting the rate of cognitive decline, and monitoring the response or effectiveness of a therapy. However, one must also weigh this promise against the power biomarkers have for creating new illness trajectories and repositioning dementia in the life course as a disease of both the old and the young. The impact of biomarkers in legitimating MCI as a form of subjectivity is also examined in relation to the nature of the dementia stigma—one ultimately of fear and dehumanization. An argument is offered for an ethics of diagnosis that is sensitive to the sociocultural context of dementia and the personal needs of MCI patients.

THE EFFICACY OF COGNITIVE SPEED OF PROCESSING TRAINING IN MILD COGNITIVE IMPAIRMENT

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Mild cognitive impairment (MCI) represents a transitional stage between normal aging and dementia, and may be an optimal point to intervene to slow or reverse cognitive decline. Pharmacological treatments have not been successful in treating cognitive decline, and attention has turned to non-pharmacological approaches such as cognitive training. The Staying Keen in Later Life study (SKILL) demonstrated that older adults randomized to cognitive speed of processing training showed significantly better Useful Field of View (UFOV) performance as well as transfer to improved everyday functional performance (Edwards et al., 2005). The current study expands previous work by selecting participants from SKILL with psychometrically-defined MCI to examine if training gains are evident among this subsample. A 2x2 repeated measures MANOVA was conducted to determine if there were training effects as indicated by a significant group (intervention vs social computer-control) by time (baseline vs post-test) interaction. Outcomes were UFOV and everyday functional performance. Results indicated that there was a significant group by time interaction with a large effect size for improved UFOV, F(1, 47)=33.37, p<.001, partial η²=.42, but not for everyday functioning, p>.05. These results suggest that those with psychometrically-defined MCI improve their UFOV performance subsequent to training. Previous work indicates that such benefits are experienced across MCI subtypes and endure for up to 5 years (Valdés et al., 2012). While cognitively healthy older adults show transfer to improved everyday function, this was not apparent among those with MCI, suggesting that the optimal time to intervene is prior to MCI.

ATTITUDES TOWARD AD RESEARCH PARTICIPATION AND RISK DISCLOSURE IN THE GENERAL POPULATION

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As biomarkers can now detect preclinical Alzheimer disease (AD), there is debate about whether to disclose risk information to cognitively normal individuals. In addition, given that large-scale clinical prevention trials with experimental drugs are in need of participants, it is imperative to investigate perceptions regarding AD research participation and risk disclosure. As part of The American Panel Survey, a nationally representative monthly survey of adults in the U.S., 1,583 adults reported on attitudes toward AD research in July, 2014. Participants were provided a description of a hypothetical longitudinal research study on AD with