76.5 years (SD=7.5). Participants reported no daily analgesic use. We used a thermode placed on the thenar eminence to assess temperatures perceived as mild and moderate pain (°C) followed by unpleasantness ratings (0-20 scale). We assessed cognition and depression with the Mini-Mental State Exam (MMSE) and the Geriatric Depression Scale. After controlling for depression, and relative to controls, there was no statistically significant difference in the temperature at which people with VaD perceived mild or moderate pain (p = .086; Cohen's d: mild=0.55, moderate=0.27). However, there was a statistically significant effect of VaD status on pain unpleasantness (p = .003). People with VaD reported mild and moderate pain as more unpleasant than controls (Cohen's d = 0.79 and 0.60, respectively). Findings support previous work that people with VaD are at risk of experiencing more pain. Assessing pain intensity and affect can avoid under-treated pain in those with VaD.

PRE-STROKE DEMENTIA AND IN-HOSPITAL OUTCOMES IN THE CHINESE STROKE CENTER ALLIANCE

Chelsea Liu,[1] Hong-Qiu Gu,[2] Xin Yang,[2] Chun-Juan Wang,[2] Kai-Xuan Yang,[2] Zi-Xiao Li,[2] and Yong-Jun Wang,[2], *1. Harvard School of Public Health, Boston, Massachusetts, United States, 2. Beijing Tiantan Hospital, Beijing, China*

Little is known about the prevalence of pre-stroke dementia in China and whether this group is at higher risk of adverse in-hospital outcomes. We aimed to understand this association using data from the Chinese Stroke Center Alliance. Multivariable logistic regressions were conducted to assess the association between pre-stroke dementia status and ambulation at day 2, in-hospital mortality, and in-hospital complications. Covariates included age, sex, medical history, history of smoking, history of alcohol use, medication history (antiplatelet drugs, lipid-lowering drugs), stroke severity (measured by the National Institute of Health Stroke Scale), whether IV tPA was administered within 4.5 hours, and whether the patient received deep vein thrombosis prophylaxis as needed. Odds ratios and 95% confidence intervals were presented for the adjusted models. In the final analytic sample of 559,070 ischemic stroke patients with no prior stroke history enrolled across 1476 hospitals, 1511 (0.3%) had pre-stroke dementia, and they were older and more likely to be female. Patients with pre-stroke dementia had lower odds of ambulating at day 2, higher odds of having any complications and higher odds of in-hospital mortality compared to those without pre-stroke dementia, despite little difference in treatment received. Our findings may be explained by communication barriers experienced by patients with pre-stroke dementia that limited their ability to advocate for their own care needs. Further research is needed to determine whether a different care pathway or additional attention from clinicians is necessary for patients with pre-stroke dementia.

RESEARCH PARTICIPANT INTEREST IN ALZHEIMER'S DISEASE BIOMARKER DISCLOSURE

Claire Erickson,[1] Nathaniel Chin,[1] Carey Gleason,[2] Sterling Johnson,[1] and Lindsay Clark,[1] *1. University of Wisconsin-Madison, Madison, Wisconsin, United States, 2. University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, United States*

Researchers can characterize the pathophysiological progression of Alzheimer's disease (AD) even in the absence of symptoms. As we better understand the role of biomarker accumulation in the clinical manifestation of AD, disclosing personal biomarker information will become increasingly relevant. Yet, interest and preferences for AD biomarker disclosure are not well understood. We developed a 30-minute phone survey to gather information from Black and white participants on likelihood to enroll in biomarker disclosure studies, reasons for enrolling, and potential outcomes following a hypothetical positive result. Data were collected from cognitively healthy participants (n=334, mean age=64.8±7.7, 45% Black) enrolled in the Wisconsin Alzheimer's Disease Research Center or Wisconsin Registry for Alzheimer's Prevention. 49.7% of participants were very or extremely likely to enroll in an AD biomarker disclosure study. This result varied by biomarker method, with about half the sample very or extremely likely to enroll in PET scan disclosure (45.5%), fewer likely to enroll in cerebrospinal fluid disclosure (32.2%), and a majority likely to enroll in blood-based biomarker disclosure (86.2%). The most important reasons for learning biomarker results included informing lifestyle changes to help prevent dementia (82.9% responded very or extremely important) and knowing more about personal AD risk (69.1% responded very or extremely important). These results suggest that as biomarker collection method burden decreases, willingness to participate in a biomarker disclosure study increases. Further, personal dementia prevention and risk are a strong motivator for learning biomarker results. Moving forward, these results may inform AD biomarker protocol development.

SEX-SPECIFIC BDNF AND APOE ε4 GENOTYPE INTERACTIONS ON WHITE MATTER HYPERINTENSITY VOLUME

Brandon Pitts, *University of Kansas, Olathe, Kansas, United States*

The apolipoprotein E (APOE) gene is the strongest genetic risk factor for late-onset Alzheimer's disease (AD). One variant of the brain-derived neurotrophic factor (BDNF) gene also confers higher risk of AD. APOE and BDNF genotypes may have interactive effects on AD pathology. The aim of this study was to determine whether APOE and BDNF genotype differentially impact white matter hyperintensity volume (WMHV). We used data from 212 cognitively unimpaired individuals from the Alzheimer's Disease Neuroimaging Initiative (ADNI) We used generalized linear models to predict WMHV from BDNF genotype and an interaction with APOE. Sex, age, education, vascular risk, and imaging-based amyloid load (Florbetapir SUVR) were used as covariates. . WMHV was derived by using the Lesion Segmentation Toolbox (LST) in SPM12 with a threshold of k = 0.15. We used the Hachinski Ischemic Scale to measure for vascular risk. We found no significant interaction of BDNF-APOE on WMHV (β = 0.40, 95% CI: (-0.39, 1.20), p = 0.32). In sex-stratified analyses the BNDF-APOE interaction was significantly associated with WMHV in males (β = 1.14, 95% CI:(0.17, 2.11), p = 0.02), but not in females (β = -0.37, 95% CI: (-1.47, 0.76), p = 0.50). For males, carriers of both BDNF Met and APOE ε4 alleles had the highest WMHV. Sex-specific differences in BDNF expression may be related