after lighting interventions. Significant improvements in sleep quality and cognitive performance were found for both lighting interventions with better outcomes for L2.

## MINDFULNESS AND COGNITIVE FUNCTION IN PATIENTS WITH COGNITIVE IMPAIRMENT

Magdalena I. Tolea,[1] Juyoung Park,[1] and James Galvin[1],
*1. Florida Atlantic University, Boca Raton, Florida, United States*

Mental health benefits of mindfulness, the attribute of being aware and present in the moment, have long been acknowledged. Mindfulness has also been linked to improved cognitive performance and improvements in AD neuropathology (↓hippocampal atrophy, ↑brain connectivity) in MCI or early-stage AD patients. This study was designed to: investigate the relationship between mindfulness and cognitive function in a patient population with varying degrees of cognitive impairment; identify the specific mindfulness components that provide benefits; and explore differences by sex and disease severity. Patients (N=112; 43% female; 77.0±7.7yrs; 11% cognitively normal, 27% MCI, and 67% dementia) attending a university-based dementia clinic were administered the Applied Mindfulness Process Scale (AMPS) and underwent neuropsychological testing. Cognition was linearly regressed on AMPS with adjustment for age, gender, education, and disease stage, in the entire sample and stratified by sex and stage. In fully adjusted models, higher mindfulness was associated with lower AD8 scores (β=-0.05±0.02(p = 0.003)), better animal naming (AN)(β=0.11±0.04(p = 0.008)), and faster TMA times (β=-0.72±0.32(p=0.025)). All three mindfulness factors (F1=decentering; F2=positive emotional regulation; F3=negative emotional regulation) were significantly linked to AD8, while F3 was not predictive of AN, and F1 was not predictive of TMA. In addition, mindfulness significantly predicted subjective cognitive impairment (SCI) (βF2AD8=-0.18±0.07(p=0.011)) and TMA in men βTMA=-1.14±0.42(p=0.011); βF2TMA=-2.63±1.26(p=0.043); βF3TMA=-2.74±1.12(p=0.019) and dementia patients (βF1AD8=-0.19±0.08(p=0.021); βF2AD8=-0.14±0.07(p=0.044); βTMA=-0.09±0.51(p=0.039)); and AN in women ((βAN=0.12±0.06(p=0.047);βF2AN=0.34±0.16(p=0.036)) and MCI patients (βAN=0.13±0.06, p=0.033; βF3AN=0.36±0.16(p=0.035)). Our findings suggest that effectiveness of mindfulness-based interventions may be enhanced by a focus on emotional regulation and sex- and stage-specific cognitive targets.

## THE VALUE OF US: EXPRESSIONS OF TOGETHERNESS IN COUPLES WHERE ONE SPOUSE HAS DEMENTIA

Anna Swall,[1] Christine Williams,[2] and
Lena Marmstål Hammar[3], *1. School of Education, Faculty of Health Sciences, School of Health and Social Studies, Falun, Sweden., Falun, Sweden, Sweden, 2. Christine E Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida, United States, 3. School of Education, Health and Society, Falun. Sweden, Karolinska Institute, Division of Nursing, Department of Neurobiology, Care Sciences, Stockholm, Sweden, Falun, Sweden*

Background: Living with dementia involves both illness and health and involves self-care and care by others. As most persons with dementia are living in their ordinary housing, dementia affects not only the person with the disease, but also the life of the family, commonly the partner. Research show that spouse carers feel like they are losing their partners due to an inability to share thoughts, feelings and experiences as a couple. Aim: The aim of the study was to describe spouse's experience of their togetherness when one spouse has dementia. Method: The sample consisted of eighteen recorded conversations between 15 persons with dementia and their spouses. The filmed conversations were transcribed verbatim and then analyzed using qualitative content analysis. Findings: One overarching theme arose from the data "Dementia preserved and challenged the value of "us". Being a couple trying to preserve a sense of togetherness and have the relationship they wished for could be seen as a challenge when one spouse was living with dementia. Conclusion: Based on our results, we suggest that practitioners should help couples to reinforce or strengthen their bonds as a couple to maintain well-being. Future studies should examine couplehood under differing conditions such as long versus short term relationships. Prior relationship quality may also be a factor influencing the sense of couplehood following a serious health challenge such as dementia.

## REAL-WORLD REPRESENTATIVENESS OF CANADIAN RESEARCH SUBJECTS WITH MILD COGNITIVE IMPAIRMENT

Vivian Huang,[1] David B. Hogan,[2] Zahinoor Ismail,[2]
Colleen J. Maxwell,[3] Eric E. Smith,[2] and
Brandy L. Callahan[2], *1. Ryerson University, Toronto, Ontario, Canada, 2. University of Calgary, Calgary, Alberta, Canada, 3. University of Waterloo, Waterloo, Ontario, Canada*

Studies of mild cognitive impairment (MCI) utilize stringent inclusion/exclusion criteria which may impact the generalizability of findings to the broader clinical population. We compared characteristics of MCI patients in a Canadian memory clinic in Calgary to MCI research participants in published Canadian studies to assess the representativeness of research samples. Clinic participants included 555 MCI patients from the Prospective Study for Persons with Memory Symptoms registry. Research participants included 4,981 individuals with MCI retained from a systematic literature review of 112 peer-reviewed empirical Canadian studies. Clinic patients and research participants were diagnosed with MCI using similar diagnostic criteria (i.e., from the NIA-AA, or Petersen criteria). Both samples were compared on baseline demographic variables, medical and psychiatric comorbidities, and global cognitive performance using chi-square tests and t-tests with weighted means. Diverse presumed causes were noted among clinic patients. Clinic patients were younger, more likely to be male, and more educated than research participants (ds: 0.22-0.98). Psychiatric disorders, traumatic brain injury, and sensory impairments were common in clinic patients (up to 83%), but participants with these conditions were excluded from approximately 80% of studies in the systematic review. Clinic patients performed significantly worse on two global cognitive assessments (ds: 0.53 – 1.27). Stringent eligibility