The Clinical Dementia Rating (CDR) global rating is a reliable indicator of dementia in older samples. We observed in our consensus review that people with normal CDR ratings sometimes had abnormal cognitive performance and vice versa. Our study examined whether CDR was associated with concurrent cognition and psychometric MCI status in a late-middle-aged sample.

### RESULTS

One-fourth of the sample (n=79) had CDR=.5 ratings. As shown in Table 1, the two CDR groups did not differ in terms of gender, family history of AD, APOE ε4 status, or most baseline cognitive variables examined. The CDR=.5 group was older, had a higher percent of participants who reported memory concerns at baseline, and had worse Working Memory. After adjusting for covariates, CDR at Wave 4 assessment was a significant predictor of concurrent VLM (β=.21, p=.003), SF (β=.07, p=.003), and WM (β=.13, p=.003); cognitive scores were higher among those with CDR=.5, consistent with Bondi and Smith's insight (2014) that psychometric data will provide important early indications of disease.

### CONCLUSIONS

In this relatively young sample, CDR=.5 was associated with slightly older age and modest decrements in concurrent measures of memory and executive function, aspects of cognition that are often associated with early AD.

We would like to thank WRAP participants and WAI staff for their contributions to the WRAP study. Without their efforts this research would not be possible. Support is provided by NIA grants P30 AG03048, R01 AG03351, and P50 AG034415. This content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.