

# SENSORY RATINGS AND SENSITIVITY TO PERCEPTUAL VARIABLES: NOVEL APPROACH TO EVALUATING SEMANTIC MEMORY IN MILD COGNITIVE IMPAIRMENT

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## Summary

**Background:** The lexical-semantic impairments at different levels of semantic processing are often observed in Mild cognitive impairment (MCI). To better understand the nature of the lexical-semantic impairment in MCI, this study included two experiments: a sensory rating task and a lexical decision task.

**Subjects and Methods:** Twenty individuals diagnosed with MCI were recruited as well as eighty healthy subjects to serve as a control group. For the first time, the sensory ratings of words were collected in the MCI population and compared with ratings of the same words collected from the control population.

**Results:** Furthermore, the MCI patients showed impaired performance related to executive functioning and preserved long-term memory-related performance. Unlike most studies that found semantic deficits, we were able to observe the highly preserved aspect of knowledge both in terms of semantic and episodic memory.

**Conclusion:** Also, we showed that this knowledge could be exploited in visual word recognition, proposing further use of visual lexical decision task to investigate not only sublexical but also semantic variables in the clinical population.

**Keywords:** Mild cognitive impairment, MCI, lexical impairment, semantic impairment, lexical decision task, cognitive dysfunction

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## INTRODUCTION

Cognitive deterioration is thought to exist on a spectrum ranging from normal aging to confirmed dementia. While dementia implies the existence of cognitive deterioration severe enough to impair daily functioning, mild cognitive impairment (MCI) is considered a stage at which cognitive disturbances do not preclude patients from functioning independently and carrying out their usual daily activities (Aretouli & Brandt 2010, Winblad et al. 2004). Although there are several guidelines for diagnosing MCI (Chen et al. 2021, Jack Jr et al. 2018, Kasper et al. 2020), there are no criteria for diagnosing MCI outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), but a condition that encompasses a more diverse group of entities called minor neurocognitive disorder (Sachs-Ericsson & Blazer 2015). The diagnosis of MCI remains in the clinical criteria domain, as arbitrary neuropsychological testing cut-offs

didn't have predictive value by themselves (Panza et al. 2005, Ritchie et al. 2001).

The most established criteria for MCI are the guidelines provided by the National Institute on Aging and Alzheimer's Association (NIA-AA), which state that MCI individuals have a cognitive performance below the expected range for that individual based on all available information and evidence (Albert et al. 2011, Jack Jr et al. 2018). Furthermore, MCI individuals perform daily life activities independently but may experience difficulty in the more complex daily life activities (Albert et al. 2011, Jack Jr et al. 2018).

Lexical semantic impairments in MCI are most often associated with memory loss and/or executive function impairments, but the exact mechanism of the impairments remains unclear. Quaranta et al. (2019) indicate that the performance in categorical fluency test in Alzheimer's type dementia and MCI has been variously attributed to an impairment of semantic memory or a reduced

ability to access the verbal representation of otherwise intact conceptual representations (Foster et al. 2013, Salehi et al. 2017, Tchakoute et al. 2017). Furthermore, Taler et al. pointed out that several studies have demonstrated that significant declines in semantic memory are consistent and common in MCI and early stages of Alzheimer's disease (AD) (Ahmed et al. 2008, Barbeau et al. 2012, Salmon 2012). In addition, Nakhla et al. (2022) findings suggest that a decline in semantic and episodic memory may lead to a decline in different and specific aspects of functional abilities in AD and MCI. Opposite to these findings, the study of Nevado et al. (2021) suggests that the semantic network is preserved in MCI but also that the existing associations are exploited less efficiently during long-term memory search, possibly because of deficits in executive functions. Executive functions affect language comprehension by allowing the speaker to bypass initial erroneous interpretations of linguistic input, thus preventing a failure in comprehension (Novick et al. 2005).

Typically, patients with MCI exhibit significantly worse performance in visual lexical decision tasks, both in accuracy and processing speed, as observed by multiple research (Bush et al. 2007, Manoulidou et al. 2015), typically associated with overall cognitive decline. In addition, research in visual word recognition in a control population has revealed numerous lexical-semantic variables related to the organization of memory (Bormann 2011, Brysbaert et al. 2014, Filipović Đurđević 2019, Filipović Đurđević & Kostić 2021, Hino et al. 2002, McRae et al. 2005, Mišić & Filipović Đurđević 2021, Muraki et al. 2020, Rodd et al. 2002, Schwanenflugel et al. 1988, Yap et al. 2011). Furthermore, it has been demonstrated that multiple semantic attributes are activated during word recognition.

In the past decades, there has been a noticeable increase in psycholinguistic studies that emphasize the importance of perceptual information in the structure and function of semantic knowledge (Barsalou 1999, Meteyard et al. 2010). In the sensory rating task, the participants are presented with written words and asked to rate the extent of their sensory experience with an object denoted by the word. Based on the modality-specific sensory ratings, multiple estimates of perceptual richness can be estimated. According to the embodied approach to semantic knowledge, during word recognition, healthy speakers take advantage of the reactivation of the neural pathways that were active during the perceptual experience with an object denoted by the word. Psycholinguistic studies show the perceptual richness effect over and above the concreteness effect (Connell & Lynott 2012,

Filipović Đurđević et al. 2016, Lynott & Connell 2009, Lynott et al. 2020, Miklashevsky 2018, Speed & Brysbaert 2021, Vergallito et al. 2020), faster processing in visual lexical decision task (Filipović Đurđević et al. 2016), better-cued recall in PAL (Popović Stijačić & Filipović Đurđević 2015; in press) and congruence of modalities effect (Connell & Lynott 2014, Scerrati et al. 2017, Živanović & Filipović Đurđević 2011).

Our aim is to investigate the status of conceptual knowledge in MCI population from a novel angle, by building upon the conclusions that semantic memory impairment represents an important part of the MCI profile, in addition to problems with episodic memory and executive functions (Joubert et al. 2010, Joubert et al. 2021, Manoulidou et al. 2014, Olichney et al. 2002), and taking advantage of the latest findings in the study of sensory norms and the role of perceptual variables in language processing (Connell & Lynott 2012, Filipović Đurđević et al. 2016, Lynott & Connell 2009). In order to achieve this goal, we set several objectives. Our first objective will be to collect sensory norms for nouns from individuals with MCI to elicit their knowledge of objects denoted by those words. By doing so, we aim to evaluate the status of their semantic memory. Our second objective will be to conduct one visual lexical decision task (VLD) to investigate whether individuals with MCI reveal sensitivity to perceptual properties of the objects denoted by those words during word recognition. To the best of our knowledge, none of the two goals has been set in the previous studies.

## SUBJECTS AND METHODS

### Study 1: Sensory ratings

In the first study, we administered a group of nouns to individuals with MCI and the control group, asking them to rate the sensory experience with the objects denoted by those nouns and to do that separately for five sensory modalities. Therefore, they rated how much something can be seen, heard, touched, tasted, and smelled. The rating was performed separately for the knowledge of the possibility of experiencing, therefore tapping into the general knowledge of these objects, and the memory of the actual personal experience with the object, thus also tapping into episodic memory. By comparing the ratings of the MCI group to the ratings of the healthy controls, we will gain insight into the state of the semantic (and episodic) memory of individuals with MCI.

## Study 2: Visual Lexical decision task

In this study, we applied a visual lexical decision task to investigate the effects of a semantic variable, namely perceptual richness, on lexical decision time. Previous research used this task to investigate sublexical variables, such as orthographic features, whereas semantics was typically investigated using other tasks (Froelich et al. 2016, Vita et al. 2014). Here, we aim to use a visual lexical decision task to assess semantic memory.

## Participants

The recruitment of subjects for the study and subsequent data collection was approved by the ethics committee of the University Psychiatric Hospital Vrapče, Zagreb, Croatia. Subjects were divided into mild cognitive impairment (MCI) and healthy controls (HC). The MCI group's inclusion criteria required them to meet the NIA-AA guidelines and were stratified according to the MMSE score and educational level regarding population-based norms (Crum et al. 1993, Jack Jr et al. 2018). MCI participants were, as per defined exclusion criteria, not diagnosed with any psychiatric or general medical condition that could explain their cognitive changes, including other psychiatric diagnoses, neurological diagnoses, and acute somatic disease. Subjects in the MCI group were recruited while being provided with standard care at the University Psychiatric Hospital Vrapče.

The final clinical sample included 20 individuals diagnosed with MCI, with a mean age of 74.9 (SD=10.1). All but one were right-handed, and 20% of the subjects were males. Based on years spent in education, on average, these participants were halfway through high school (M=10.15, SD = 3.51). The MCI group had a relatively low average Mini-Mental State Examination (MMSE) score (M=19.8, SD=4.4), which indicated more significant cognitive deterioration. Two participants from the MCI group failed to finish the test (therefore, the data from 18 participants was analyzed). The mean age of the final sample was 75.50 (SD = 9.53), all but one were right-handed, 22.22% were male, the average number of years spent in education was 9.72 (SD = 3.37), and the average score on MMSE was 19.85 (SD = 4.56). Healthy control subjects were recruited from the population of students at the University of Zagreb. The data were collected from 39 participants, aged 20 to 25 years. However, four participants failed to finish the test and were thus excluded.

For the second study, the participants from the MCI group were the same 20 participants as in Study 1. A nov-

el group of 41 control participants was recruited from the same population of students at the University of Zagreb.

## Materials and design

In the first study, we selected 30 familiar and concrete nouns which differed concerning the distribution of modality-specific sensory ratings. The selection criterion was to sample a small number of words that would span various types of distributions and which would differ to possible versus actual experience.

In the second study, participants were presented with 60 Croatian words and 60 pseudo-words. All stimuli were taken from the study by Živanović & Filipović Đurđević (2011) and adapted to Croatian. Word stimuli consisted of 20 words denoting objects that could be experienced in the visual modality, 20 words denoting objects that could be experienced in the auditory modality, and 20 words denoting objects that could be experienced in a multitude of modalities. Pseudo-words were created by replacing the final letter of existing words and were consequently highly word-like. Word frequency measures were taken from the Croatian web corpus (Ljubešić & Klubička 2014, 2016).

## Procedure

For the first study, the procedure was identical for the control and MCI groups. The experiment was organized into two blocks. In the first block, the task was to rate the possibility of experiencing the object denoted by the word in each of the five sensory modalities (visual, auditory, tactile, gustatory, olfactory). In the second block, the task was to perform the same rating for the actual experience with the objects. Within each block, the target word would appear at the top of the screen with five rating scales presented below. Each sensory modality was presented with a question and a five-point rating scale next to the question. Extreme rating scale points were marked by "Not at all" and "To a large extent." The participants had unlimited time to provide their ratings by checking the appropriate boxes, and by pressing the "Next" button, they proceeded to the next word. The sequence of words within the block was randomized across participants. Before beginning the task, the participants were given detailed instructions, followed by three examples and three practice stimuli.

The only difference between the procedures for the two groups of participants was that we used different software for presentation and data collection. For reasons unrelated to experimental design, the experiment for the controlled group was prepared in the Sosci platform for

online data collection (Leiner 2019), whereas the experiment for the MCI group was prepared in OpenSesame software (Mathôt et al. 2012). Also, control participants completed the task at home, whereas the participants with MCI were tested in controlled conditions in the hospital. The level of cognitive deterioration was assessed using the MMSE, a brief and widely used test for screening for dementia. MMSE is an 11-item, 30-point test that evaluates different functions, including orientation, recall, registration, memory, language, and the ability to follow simple orders and draw a complex polygon (Folstein 1975).

For the second study, the experiment was prepared and ran in OpenSesame software (Mathôt et al. 2012). Control participants were performing the task from home, using an online presentation, whereas participants from the MCI group completed the task in a more controlled hospital environment. All participants were presented with a visual lexical decision task in which each trial would start by presenting a blank screen for 500ms and a fixation point for 1000ms, followed by either word or pseudo-word, which would remain on the screen until the response, or 5000ms timeout. The Stimuli presentation was randomized individually for each participant. Before the experiment, participants were provided with detailed instructions and 20 practice trials not included in the analyses.

### Statistical analysis

For both studies, the data were analyzed using **R** statistical software (R Core Team 2017), applying packages **ggplot2** (Wickham 2016), **lme4** (Bates et al. 2015), **lmerTest** (Kuznetsova et al. 2017), and **RePsychLing** (Bates et al. 2015, Matuschek et al. 2017). We applied correlation analysis, t-test, and conducted linear and generalized linear mixed-effects regression when appropriate. The models were built by considering the recommendations provided by Barr et al. (2013), thus including random slopes whenever justified by design. However, we also additionally checked whether their inclusion was justified by the data, as suggested by Bates et al. (2015) and Matuschek et al. (2017). The reaction time was transformed according to recommendations provided by Baayen and Milin (2010). Each model was refitted by excluding the residuals outside the  $\pm 2.5$  standard deviation units range. In doing so, between 3.2% and 4.5% of the data points were removed in various analyses. This process did not affect the structure of the effects, and refitted models were reported.

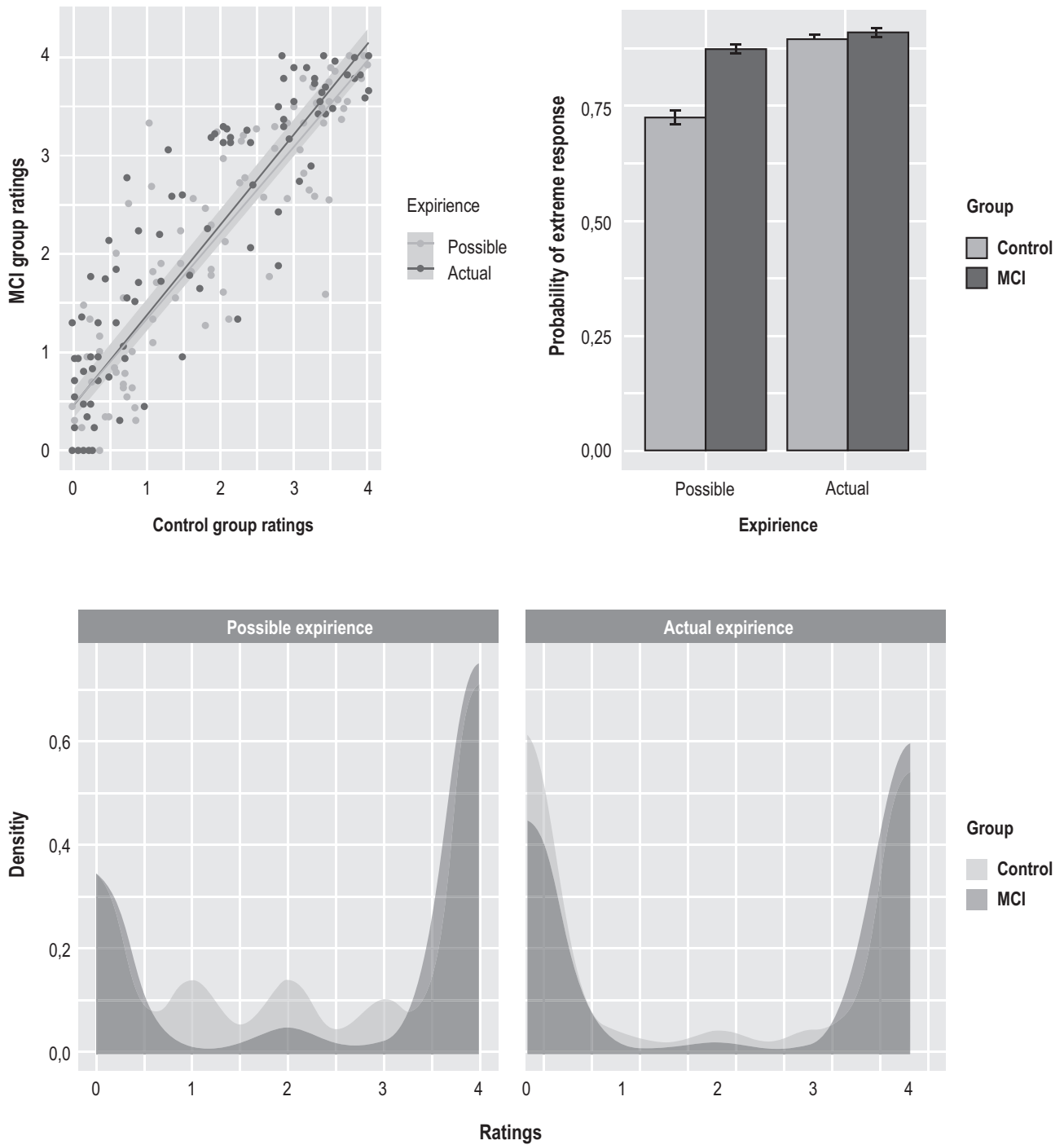
## RESULTS

In the first study, the ratings collected from control and MCI participants are available as Supplementary material to this paper. As presented in the top right segment of Figure 1, participants with MCI provided ratings that were highly similar to the ratings provided by the control group:  $r=.944$  (.93-.955;  $t(298) = 49.6$ ,  $p < .0001$ ). The correlations were almost identical across modalities.

As presented in the bottom row of Figure 1 in red, the control participants rated the words mostly as either very easy to experience or very unlikely to be experienced by the given sensory modality. The revealed bimodal distribution of ratings is expected, given the strategy, we applied in choosing the stimuli, and it revealed more about the stimuli than about the participants. Additionally, the two groups of participants (black and grey in Figure 1) provided highly similar bimodal patterns of results, as also visible from the high correlation between the ratings provided by the two groups (as depicted in Figure 1). However, we observed the discrepancy between the two groups, as the control participants tended to produce more mid-range ratings as compared to participants with MCI, which seemed to be slightly more prone to providing extreme ratings (either 0 or 4) as compared to the control group.

To test whether the observed differences between the two groups were significant, we conducted generalized mixed-effect regression with the participant group (control, MCI) and experience type (possible, actual) as fixed effects. By dichotomizing the rating scale, we created a binomial variable, with level 1 indicating the presence of the extreme rating (either 0 or 4) and level 0 indicating the absence of the extreme rating, i.e., the presence of the mid-range rating (1, 2, or 3). In addition to by-participant and by-item intercept adjustments, the random effects in our model were also by-participant slope adjustments for experience type and by-item slope adjustments for the effects of experience type and participant group. As presented in Table 1A (lefthand side of the table, and illustrated in the top righthand segment of Figure 1), participants were more prone to giving extreme actual experience ratings than the ratings of possible experience. Crucially, as predicted, participants with MCI were more likely to give extreme ratings than control participants. Although this difference tended to be more pronounced in the case of possible experience, the interaction was insignificant ( $p=.06$ ).

To test whether the observed tendency of the MCI group to provide extreme ratings was related to cognitive decline and not merely a consequence of the age difference between the MCI group and the control group, we conducted another analysis of the data from the MCI



**Figure 1.** Ratings provided by the MCI group and the control group

Upper left figure: correlation between mean by-item modality-specific sensory ratings obtained from the control group (x-axis) and the group of participants with MCI (y-axis).

Upper right figure: probability of extreme responses for the possible and actual experience provided by the MCI and the control participants.

Bottom figure: distribution of average ratings for possible (left) and actual (right) experience, provided by the participants from the control (red) and MSI group (blue).

**Table 1.** The coefficients from the generalized linear mixed-effects regression of the participant and MCI group

A) Analysis conducted on all participants (control and MCI)				B) Analysis conducted only the MCI group			
Random Effects:				Random Effects:			
	Variance	St. deviation		Variance	St. deviation		
By-participant intercept adjustments	1.436	1.198		3.454	1.858		
By-participant experience[possible] slope adjustments	2.599	1.612		1.462	1.209		
By-participant experience[actual] slope adjustments	19.15	4.376		.0002	.015		
By-item intercept adjustments	.0001	.011					
By-item group[control] slope adjustments	.826	.909					
By-item group[MCI] slope adjustments	2.428	-.070					
By-item experience[possible] slope adjustments	.068	.262					
By-item experience[actual] slope adjustments	.094	.307					
Fixed effects:				Fixed effects:			
	Esti- mate	Std. Error	z value	-95% CI	+95% CI	Pr(> z )	
Intercept [control participants, possible experience]	1.3461	.3641	3.697	.632	2.060	<.0001	
Group[MCI]	4.4696	.7134	6.265	3.071	5.868	<.0001	
Experience[actual]	3.7504	.5135	7.303	2.744	4.757	<.0001	
Intercept [control participants, possible experience]	1.3461	.3641	3.697	.632	2.060	<.0001	
Intercept[Possible experience, Auditory modality]	5.671	0.965	5.878	3.78	7.562	<.001	
MMSE score of the participant	-0.142	0.04	-3.569	-0.22	-0.064	<.001	
Experience[actual]	0.464	0.115	4.026	0.238	0.69	<.001	
Modality[gustatory]	0.739	0.177	4.18	0.392	1.085	<.001	
Modality[olfactory]	-0.267	0.156	-1.714	-0.572	0.038	.087	
Modality[tactile]	0.512	0.171	3.002	0.178	0.846	<.001	
Modality[visual]	1.131	0.19	5.958	0.759	1.502	<.001	

LEFT: The coefficients from the generalized linear mixed-effects regression of the participant group and experience to the probability of providing an extreme-type rating (1-extreme rating; 0-midrange rating).

RIGHT: The coefficients from the generalized linear mixed-effects regression of modality, experience, and MMSE score to the probability of providing an extreme-type rating (1-extreme rating; 0-midrange rating) conducted on the subset of MCI data.

**Table 2.** The coefficients from the generalized linear mixed-effects regression

A) Analysis conducted on all participants (control and MCI)						B) Analysis conducted only the MCI group							
Random Effects:						Random Effects:							
		Variance	St. deviation				Variance	St. deviation					
By-participant intercept adjustments		.648	.805			By-participant intercept adjustments	.869	.932					
By-participant slope adjustments for the effect of lexicality[Word]		.207	.454			By-participant slope adjustments for the effect of lexicality [Pseudo-word]	2.661	1.631					
By-participant slope adjustments for the effect of lexicality [Pseudo-word]		1.562	1.250			By-participant slope adjustments for the effect of lexicality[Word]	.120	0.346					
By-item intercept adjustments		.622	.789			By-item intercept adjustments	<.001	<.001					
By-item slope adjustments for the effect of group[control]		1.255	1.121			By-item slope adjustments for the effect of MMSE score	.002	.050					
By-item slope adjustments for the effect of group[MCI]		.082	.286										
<b>Fixed effects:</b>						<b>Fixed effects:</b>							
Intercept[control participants, words]	Estimate	Std. Error	z value	-95% CI	+95% CI	Pr (> z )	Intercept[Pseudoword, control participants]	Estimate	Std. Error	z value	-95% CI	+95% CI	Pr(> z )
Lexicality[Pseudowords]	4.012	0.293	13.696	3.437	4.586	<.001	Lexicality[Word]	-3.869	1.302	-2.972	-6.42	-1.317	.003
Group[MCI]	1.474	0.428	3.444	0.635	2.313	<.001	MMSE score	2.089	.462	4.522	1.184	2.994	<.001
Lexicality[Pseudowords]: Group[MCI]	-1.815	0.356	-5.101	-2.512	-1.118	<.001		.209	.061	3.410	.089	.330	<.001
	-3.549	0.507	-7.001	-4.543	-2.556	<.001							

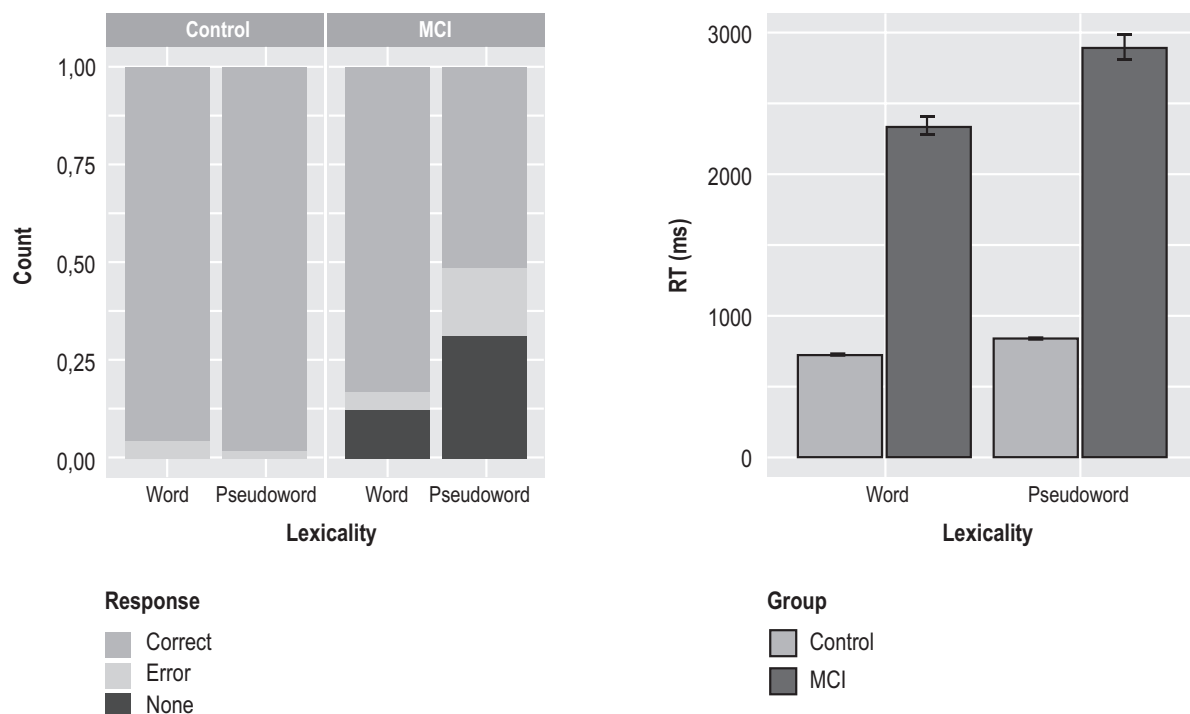
LEFT: The coefficients from the generalized linear mixed-effects regression of the participant group and lexicality to the accuracy in VLD tasks.  
 RIGHT: The coefficients from the generalized linear mixed-effects regression of the MMSE score of MCI participants and lexicality to the accuracy observed in the VLD task.

group. Here, we included the MMSE score as the main predictor and experience and modality as fixed effects. The final model (presented in Table 1B, right), in addition to the effects of experience and modality, also revealed the effect of the MMSE score. We observed that the participants with higher MMSE scores (less decline) were less likely to provide an extreme rating, i.e., were more likely to provide a mid-range rating. Therefore, the difference reported in Table 1A can not be attributed only to the age difference; it is also related to cognitive decline.

For the second study, we first analyzed the full data set to test the prediction regarding the performance of participants with MCI on pseudo-words compared to words. As depicted in Figure 2 (left), the overall accuracy of participants with MCI is lower than that of control participants, and the difference is particularly dramatic in the case of pseudo-words. This has been confirmed in generalized mixed effects regression which revealed a significant interaction between groups of participants and lexicality (Table 2A, left). This pattern of results is repeated on processing latencies, as depicted in Figure 2 (right) and Table 3A (left).

To further test our hypothesis that cognitive impairment should be seen as the cause of the high error rate in the VLD task, we conducted generalized linear mixed effects regression on the subset of data from participants with MCI in which we tested whether their score on MMSE test could predict the accuracy. As presented in Table 2B (right), individuals who scored higher were more likely to respond accurately to both words and pseudo-words (the interaction was tested but was insignificant). Therefore, the tendency to make more errors was not only the consequence of the MCI group's age but was also related to the level of cognitive decline.

In the subsequent step, we also tested for the effects of participant group and item lexicality on correct response processing latencies. We observed a pattern that mirrored the results obtained in the analysis of accuracy data. Figure 2 and Table 3A (left) depict that the MCI group participants were dramatically slower than the control participants. Additionally, both groups of participants were slower to respond to pseudo-words than words. This difference seemed even more pronounced within the MCI group, as we also observed significant

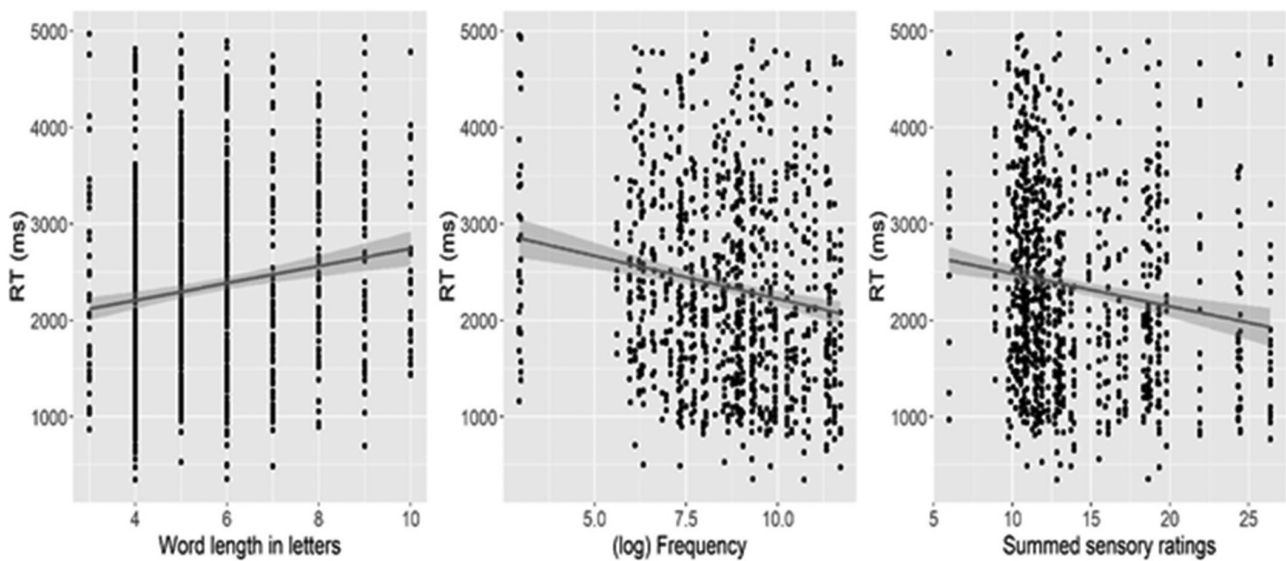


**Figure 2.** Accuracy and reaction time for the control group and MCI group, as observed in VLD task.

Left-hand figure: Proportion of the errors, correct responses, and missing responses to words and pseudowords, for the control group and MCI group.

Right-hand figure: average reaction time of the participants from the control and MCI group to words and pseudowords in VLD task.





**Figure 3.** Processing latencies of two groups for words and pseudowords.

group-by-lexicality interaction. In the final step, we applied linear mixed-effects regression analysis to the processing latencies for the subset of words presented to the MCI participants in the VLD task. The model coefficients presented in Table 3B (right) revealed typical significant effects of all tested fixed effect predictors. As illustrated in Figure 3, the word length in letters was positively correlated with processing latencies, whereas (log) word frequency and perceptual richness were negatively correlated with processing latencies.

## DISCUSSION

The results of the study present different levels of lexical-semantic processing in MCI. For the first time, the sensory ratings of words in the MCI population have been compared with ratings of the same words collected from the control population. The results show that participants with MCI provided ratings highly similar to those provided by the control group, thus indicating preserved semantic knowledge. This finding is in accordance with the studies that compared young adults to healthy older speakers (Froehlich et al. 2018, Froehlich & Jacobs 2016). However, our findings are not following the results of the studies that investigated the semantic knowledge of MCI individuals (Joubert et al. 2010, Joubert et al. 2021, Manoulidou et al. 2014, Olichney et al. 2002). We showed that there is a preserved aspect of the knowledge of the sensory modalities that can be used to investigate an object denoted by the word. In addition to observing

the similarity in semantic knowledge of concepts being explorable in different sensory modalities, we also observed that MCI and the control group were equally similar in terms of ratings based on actual personal memories of experiences, indicating a preserved aspect of episodic memory. However, we also observed that the MCI group tended to give more extreme ratings, making the decision more binary. That “binarization” can conditionally be seen as a simplification of the task, as there is a reduction in information load and, consequently, the number of possible replies, reducing processing requirements.

Furthermore, their tendency to give more extreme answers is related to the degree of cognitive impairment. Higher MMSE scores made subjects less prone to giving extreme ratings, thus corroborating our interpretation of binarization as the off-loading strategy. This finding also follows frequent observations of executive function problems in the MCI population (e.g., Novick et al. 2005).

In the lexical decision task, the overall accuracy of participants with MCI is lower than that of control participants, and the difference is particularly dramatic in the case of pseudo-words. This pattern was also reflected in longer processing latencies. Crucially, individuals who scored higher on MMSE were more likely to provide accurate responses to both words and pseudo-words, indicating that the problems with accuracy were related to the level of cognitive decline. However, our main focus in the lexical decision task was on the effects of lexical-semantic variables. We observed typical effects of word length and (log) word frequency, as previously observed (Froehlich et al. 2016, Spaniol et al. 2006).

**Table 3.** The coefficients from the generalized linear mixed-effects regression to the VLD latencies

A) Analysis conducted on all participants (control and MCI)				B) Analysis conducted only the MCI group					
<b>Random Effects:</b>				<b>Fixed effects:</b>					
	Variance	St. deviation		Esti- mate	Std. Error	z value	-95% CI	+95% CI	Pr (> z )
By-participant intercept adjustments	.023	.151		7.720	.074	104.166	7.574	7.864	<.001
By-participant slope adjustments for the effect of lexicality[Word]	.016	.125		.064	.013	4.952	.039	.089	<.001
By-participant slope adjustments for the effect of lexicality [Pseudo-word]	.010	.098		-.038	.015	-2.549	-.067	-.009	.016
By-item intercept adjustments	<.001	<.001		-.054	.012	-4.481	-.078	-.030	<.001
By-item slope adjustments for the effect of group[control]	.018	.134							
By-item slope adjustments for the effect of group[MCI]	.004	.059							
Residual	.072	.268							
<b>Random Effects:</b>				<b>Fixed effects:</b>					
	Variance	St. deviation		Esti- mate	Std. Error	z value	-95% CI	+95% CI	Pr (> z )
Intercept[control participants, words]				-1.49	.036	-41.814	-1.367	-1.236	<.001
Lexicality[Pseudowords]				.188	.034	5.607	-.254	-0.122	<.001
Group[MCI]				.975	.056	17.463	.780	0.988	<.001
Lexicality[Pseudowords]:Group [MCI]				-.091	.046	-1.999	.002	0.18	.049

LEFT: The coefficients from the generalized linear mixed-effects regression of the participant group and lexicality to the accuracy in VLD tasks.  
 RIGHT: The coefficients from the linear mixed-effects regression of the lexical-semantic variables to the VLD latencies of the MCI group.

Crucially, we documented the effect of summed sensory ratings (perceptual richness) on processing latencies for the first time. These effects indicated that long-term memory-related processes were well preserved within the population. The state of semantic knowledge has been tested in semantic decision tasks (Froelich et al. 2016) and semantic fluency tasks (Vita et al. 2014). Here, we have applied a visual lexical decision task to test for semantic variables' effects. In sum, the MCI patients showed impaired performance that could be related to executive functioning and preserved long-term memory-related performance. These findings are from previous lexical semantics studies in MCI related to impairment in language processing caused by executive dysfunction (Novick et al. 2005, Manouilidou et al. 2015, Nikolaev et al. 2019).

To summarize, we observed some dramatic and some subtle differences between the MCI and the control group. Some of those were predictable (e.g., higher error rate and lower overall processing speed), whereas some were recorded for the first time (e.g., the profile of sensory ratings, the increased tendency towards binarization of the ratings, the effect of perceptual variables on the lexical decision). Before generalizing, we should be aware of the nature of our control group, which consisted of young, healthy, and well-educated adults. In other words, our control group was not properly matched with the MCI group. However, we believe that this issue is partly resolved by our finding that, within the MCI group, the tendency towards binarization and the lexical decision performance was related to the MMSE score. The next potential confounding risk is related to the fact that the MCI group was tested in the lab (hospital), whereas control participants performed the tasks online using their computers. However, rich research that compared the data collected in the lab and in the wild converged in a solid conclusion that there were no differences that could be related either to hardware or the online vs. offline testing conditions (Bridges et al. 2020, de Leeuw & Motz 2016, Filipović Đurđević 2020, Filipović Đurđević & Đurđević 2021, Hilbig 2016, Kim et al. 2019). While MMSE scores in the present study tend to be lower than expected in the MCI population, we must be aware of different factors that influence MMSE scores. The primary reason a more detailed evaluation of those scores in an MCI population, and factors influencing them, was not attempted was that we used clinical criteria to define MCI, and MMSE scores were used solely as a way to achieve intersubject comparison, allowing us to see if identified lexical-semantic processing effects scaled with the cognitive deterioration or not. In addition to this limitation,

several issues should be addressed in future studies: including more subjects to make clearer conclusions, an increase of statistical power, as the MCI group is more likely to be a heterogeneous group of individuals, and constructing future longitudinal studies to follow changes in the MCI population over time.

## CONCLUSION

In conclusion, the study brought a novel approach to investigating the status of semantic memory in the MCI population. For the first time, the sensory norms are collected from the MCI speakers, and a visual lexical decision task is used to investigate the effects of the semantic variable of perceptual richness on the processing latencies of MCI individuals. The collected norms highly resembled those of the healthy controls, suggesting preserved semantic and episodic knowledge of sensory properties of objects denoted by the presented words. The MCI speakers were also sensitive to the perceptual richness of objects denoted by the words in the visual lexical decision task, further corroborating this conclusion. We believe that in the future, the observed profile of results in these tasks could help differentiate the MCI from some other conditions.

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**Ethical Considerations:** Does this study include human subjects? YES

Authors confirmed the compliance with all relevant ethical regulations.

**Conflict of interest:** All authors have no conflict of interest to report. Hereby all authors disclose that they do not have any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work.

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NM revised it critically for important intellectual content; all authors have approved the final version and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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