DISPARITIES IN DENTAL SERVICE USE AMONG ADULT POPULATIONS IN THE UNITED STATES

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This paper aimed to examine disparities of dental service utilization for younger (20-49), middle-aged (50-64), and older adults (65+), among Whites, Hispanics, Blacks, Asians, American Indians or Alaska Natives (AIAN), and Native Hawaiian or other Pacific Islanders (NHOPI). Weighted logistic regression models were conducted to analyze nine waves of data (2002-2018) from the Behavioral Risk Factor Surveillance System. Results show that the all-wave average prevalence was 71% and racial/ethnic disparities increased with age. Black older adults had the lowest level of dental service utilization (65%), comparing to the two highest groups: White older adults (79%) and Asian older adults (76%). The younger adult populations had low prevalences with the lowest among Asians (65%). The AIAN and NHOPI all age groups tended to have average or below average prevalences. Health policy, federal funding, and communitybased programs should address needs of dental service utilization for racial/ethnic minorities including Blacks, AIANs, and NHOPIs.

Session 2285 (Symposium)

PERCEIVED PHYSICAL FATIGABILITY: A PROGNOSTIC MARKER OF BIOLOGICAL, ORGAN SYSTEM, AND BRAIN AGING Chair: Nancy W. Glynn Co-Chair: Eleanor Simonsick

Discussant: Basil Eldadah

Characterizing perceived physical fatigability enables researchers to quantify an individual's susceptibility to experiencing fatigue in the context of a standardized physical task. This approach eliminates self-pacing, and is a less-biased, more sensitive means to measure the degree to which fatigue may limit activity. Our previous work with two validated measures of perceived fatigability, the Pittsburgh Fatigability Scale (PFS) and Borg Rating of Perceived Exertion (RPE) at the end of a standardized 5-minute treadmill walk, are prognostic indicators of phenotypic aging. This symposium will present new directions related to greater fatigability as a marker of biological aging, organ system health and functioning, as well as brain pathology and structure. Specifically, Mr. Katz will explore the relationship between leukocyte telomere length, a marker of biological aging, with PFS fatigability in participants from the Long Life Family Study. The other four papers use data from the Baltimore Longitudinal Study of Aging (BLSA) and RPE fatigability (RPE). Drs. Simonsick and Karikkineth investigate fatigability as an early marker of aging and disease related impacts on key organ systems, specifically diminished renal function as reflected in estimated Glomerular Filtration Rate and cardiovascular health evaluated as vascular stiffness. Ms. Liu and Dr. Schrack will share whether there are associations of perceived fatigability with brain health, specifically Alzheimer's disease-related pathology (PiB) and changes in

brain structure. Lastly, our Discussant, Dr. Eldadah, will critically review the presentations in the context of new directions in fatigability research.

ASSOCIATION OF LEUKOCYTE TELOMERE LENGTH WITH PERCEIVED PHYSICAL FATIGABILITY

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Leukocyte telomere length (LTL) is a potential marker of biological aging, but its relationship to fatigability, a prognostic indicator of phenotypic aging (e.g., functional decline) is unknown. We hypothesized shorter LTL would predict greater perceived physical fatigability. Two generations of participants (N=1,997; 309 probands, 1,688 offspring) were from the Long Life Family Study (age=73.7±10.4, range 60-108, 54.4% women). LTL was assayed at baseline and 8.0±1.1 years later perceived physical fatigability was measured using the validated, self-administered 10-item Pittsburgh Fatigability Scale (PFS, 0-50, higher scores=greater fatigability). Prevalence of greater physical fatigability (PFS scores≥15) was 41.9%. Using multivariate linear regression, one kilobase pair shorter LTL predicted higher PFS Physical scores (β =0.9, p=0.025), adjusted for family relatedness, generation (indicator for age), field center, follow-up time, sex, and follow-up body mass index, physical activity, health conditions. LTL, a promising marker of future fatigability, may allow for early identification of those at-risk for deleterious aging.

FATIGABILITY: AN EARLY MARKER OF DIMINISHED RENAL FUNCTION?

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Renal function declines markedly with age due to normal aging and/or disease processes and impacts multiple systems. Diminished renal function may manifest as low exercise tolerance and fatigue threshold. Using data on 951 well-functioning (usual gait speed >.67m/s and no difficulty walking ¼ mile) men and women (51%) aged 60-89 years in the Baltimore Longitudinal Study of Aging, we evaluated the cross-sectional association between perceived fatigability (Rating Perceived Exertion after 5-minute treadmill