suburban Minneapolis, MN—ARIC-MN-Whites); ARIC-African Americans in Jackson, MS—ARIC-MS-AA. Among 3,787 MCSA-Whites, low education exerted a 2-fold risk for MCI, RPR=2.09(95%CI: 1.57,2.78). Conversely, low education was not a supported MCI risk factor for ARIC-MN-Whites (n=1,901—RPR=0.63(0.31,1.28) or ARIC-MS-AA, (n=1,416—RPR=.0.81 (0.60,1.10)), with substantially differential race-region effects. Low education RPRs for dementia also differed by race-region: RPR=4.43(2.68,7.31-MCSA-MN-W), RPR=0.70 (0.16,2.99-ARIC-MN-Whites), and RPR=2.54 (1.74,3.72-ARIC-MS-AA). Understanding why risk factors differ by race and region likely requires diverse samples and harmonized methods using culturally-appropriate assessments.

## SOCIOECONOMIC AND PSYCHOSOCIAL MECHANISMS UNDERLYING RACIAL AND ETHNIC DISPARITIES IN COGNITION AMONG OLDER ADULTS

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Racial/ethnic disparities in cognitive aging are only partly attributable to socioeconomic indicators. Emerging literature highlights psychosocial factors, such as related constructs of discrimination and perceived control. Using data from 1,463 older adults (51% Hispanic, 27% non-Hispanic Black, 22% non-Hispanic White) in the Washington Heights-Inwood Columbia Aging Project, cross-sectional mediation models quantified separate indirect effects of Black race and Hispanic ethnicity on global cognitive composite scores. Socioeconomic status explained approximately 50% of Black-White and Hispanic-White disparities in cognition. Perceived control explained an additional 5-8%. Discrimination was not associated with cognition. Significant racial/ethnic disparities remained after accounting for the included socioeconomic and psychosocial factors, indicating that future studies should consider additional potential mediators. Lower perceived control, which likely reflects chronic exposure to interpersonal and institutional marginalization, may be a particularly salient psychosocial risk factor for poorer cognitive aging among certain racial/ethnic minority groups.

# SESSION 7165 (SYMPOSIUM)

## MORE ENERGY AND LESS FATIGUE: IMPLICATIONS FOR SUCCESSFUL BRAIN AGING

Chair: Caterina Rosano
Co-Chair: Nancy Glynn

Higher energy and lower fatigue are intuitively important to live independent, active lives. However, little is known about the relation between brain health, energy, and fatigue in older adults. From a neurobiological standpoint, energy and fatigue appear to rely on distinct, albeit overlapping brain networks, but most evidence is from patients with neurodegenerative conditions. These relations have not been fully examined in community older adults. In this symposium, we first present an overview of the neurobiology underlying fatigability and energy states. We will then present original unpublished data on brain health, fatigability, and energy from four well-established epidemiological studies of aging: Osteoporotic Fractures in Men Study (MrOS), Long Life Family Study (LLFS), Baltimore Longitudinal Study of Aging (BLSA), and the Health Aging Body Composition Study (Health ABC). Specifically, Ms. Allen will explore whether personality traits are related to perceived mental fatigability in MrOS. Using LLFS data, Ms. Gmelin will examine whether perceived physical fatigability is associated with global cognition, verbal fluency, memory and psychomotor speed. Dr. Schrack will share BLSA data showing cross-sectional and longitudinal associations between lower walking efficiency and reduced brain volumes. Dr. Tian will evaluate the neuroimaging signature of perceived energy levels in Health ABC. Taken together, our data indicate that higher energy and lower fatigability likely reflect overlapping but distinct aspects of brain health. The long-term effects of promoting energy and lowering fatigability on dementia should be further studied.

## GREATER PERCEIVED PHYSICAL FATIGABILITY IS ASSOCIATED WITH LOWER COGNITION: THE LONG LIFE FAMILY STUDY

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Greater perceived physical fatigability is associated with physical functional decline, but few studies have examined its relation with cognition. Adults ≥60 (mean±SD age 73.7±10.5, 54.7% female, 99.6% white) from the Long Life Family Study (n=2355) completed the Pittsburgh Fatigability Scale (PFS, 0-50, higher=greater fatigability) and a neurocognitive examination. Generalized estimating equations were used to account for family structure. Covariates included age, sex, field center, depressive symptoms (Center for Epidemiological Studies-Depression), education, and self-reported health. Each 1-point greater PFS was associated with lower: (1) global cognition (Mini-Mental Status Exam; β=-0.36,p<.0001), (2) verbal fluency (phonemic: β=-0.09,p=.029 and semantic: β=-0.14,p<.0001), (3) memory (Hopkins Verbal Learning Test-Revised: β=-0.06,p=.037), and (4) psychomotor speed (Digit Symbol Substitution Test: β=-0.10,p<.0001), after covariate adjustment. Greater perceived physical fatigability was significantly associated with lower memory and cognitive function in older adults, and may represent a promising new biomarker of biological aging reflecting declining brain reserve, resilience, and neurodegeneration.