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Abstracts

Poster Session B

Thursday, October 26, 6:00pm - 7:00pm

## DEVELOPMENTAL AND PEDIATRIC: OTHER

B - 11

## Early Life Traumatic Brain Injury Constrains the Benefits of High Socioeconomic Status on White Matter Microstructure and Language

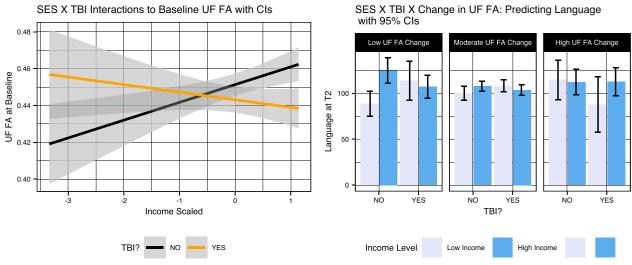
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**Objective:** We examined contributions of socioeconomic status (SES) and Traumatic Brain Injury (TBI) to change in language and white matter microstructure (WMM) during adolescence.

**Method:** Data are from 11,876 youth with baseline assessment (T1) and 24-month follow-up (T2) in the Adolescent Brain Cognitive Development study (general community sample). TBI data were from the parent-reported Ohio State TBI Identification Method. Language was measured using the NIH-toolbox picture-vocabulary test. TBI cases, with complete data, were nearest-neighbor propensity score matched with non-TBI cases considering handedness, income, race, age, sex, and diffusion tensor imaging quality (N-analyses = 141). WMM in the uncinate fasciculus (UF) was assessed using fractional anisotropy (FA). Analyses were conducted using nested linear models accounting for dependencies, age, sex, and handedness. **Results:** TBI was not independently associated with language or WMM at T1 (mean age in months (MA) = 118.8) or T2 (MA = 142.8) (all p > 0.05). TBI and SES interacted in association with T1 UF-FA (p = 0.03, CI = -0.05, -0.02). Low SES youth did not differ in T1 UF-FA. Among high SES youth, those without TBI had higher UF-FA (p = 0.04). A 3-way interaction between SES, TBI and change in UF-FA between T1 and T2 in predicting language emerged (p = 0.01, CI = 0.12, 1.06). Youth with moderate-to-high levels of UF change did not differ in language. For youth with low increases in UF, SES and language were positively associated only in youth without TBI (p = 0.0003).

**Conclusion(s):** TBI does not have a direct effect on adolescent WMM or language but interacts with SES and WMM to blunt benefit of SES on language.

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SES X TBI X Change in UF FA: Predicting Language with 95% CIs