MEETING REGISTRATION

Registration is limited to 60 participants.

For Faculty & Staff @ $50 each

For Students, Post-Docs &Residents @ $25

To reserve a seat, please register online (www.luc.edu/airig) or send a check (made out to Loyola University Chicago, AIRIG meeting) to: Renita Alis, BSTRI, 3rd Floor CTRE, Loyola University Chicago Health Sciences Campus, 2160 South First Avenue, Maywood, IL 60153. (Phone 708-327-2448).

Hotel and local travel information will be sent at a later date.

ABSTRACT SUBMISSION INSTRUCTIONS

Abstracts must be received by Tuesday August 24th, 2021 via email addressed to ralis@luc.edu (Renita Alis, 708-327-2448).

Microsoft Word, Times New Roman 12. ≤ 2600 characters (including title, authors and affiliation (spaces)). Abstracts will be published in the journal *Alcohol*. Figures are not allowed.

In addition, include the following:
1) Address, phone, and email **address of the corresponding author** (see demo below).
2) Indicate if you would like your abstract to be considered for a short **oral presentation**.
3) For **Travel Award applicants**: If you are a student, post-doctoral fellow, resident, or minority scientist, indicate if you would like to be considered for a travel award, include a short note explaining your need for travel funds and your NIH style biosketch (or CV). Travel award applicants should combine documents into a single pdf. pdf should be sent and saved with their last name (i.e. Herrnreiter.pdf).

For example:

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Yes, I would like my abstract to be considered for oral presentation.
Yes, I am interested in applying for a travel award.

Alcohol intoxication accelerates aging: Assessment of biomarkers of healthy aging in alcohol consumers

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Individuals over the age of 65 currently represent a substantial percentage of the population, and their numbers are predicted to increase in the future. Older individuals have an elevated systemic basal inflammatory state referred to as inflamm-aging, which has been implicated in the greater prevalence of chronic diseases associated with aging. Inflamm-aging may also contribute to increased mortality after acute illness, namely infection, among older people. The immune system of older people is impaired; yet, the exact mechanism(s) by which this occurs remain poorly understood, making specific clinical interventions difficult. Another at-risk population in the context of acute illness is alcohol abusers. There is growing interest in detecting behaviors and exposures that lead to premature biological aging, and alcohol abuse is one potential progeroid behavior. Excessive alcohol use and inflamm-aging share many common features, including diminished immune function and increased mortality in the setting of infection. Decreased gut barrier integrity has been linked to reduced immunity due to inflammation in these 2 at-risk populations. Thus, we measured circulating levels of pro-inflammatory cytokines and intestinal fatty acid binding protein (iFABP; a marker of gut permeability) in younger controls, younger drinkers, and older controls. Alcohol consumption was assessed using the validated Alcohol Use Disorders Identification Test (AUDIT) questionnaire. Interleukin (IL)-8 and IL-6 are increased 2-&5-fold, respectively, and levels of iFABP were 50% higher, in the plasma of older non-drinkers and younger alcohol abusers compared to younger non-drinkers. Therefore, markers of systemic inflammation in younger drinkers and older non-drinkers are similar, and elevated in comparison to younger controls, suggesting hazardous alcohol consumption may be a progeroid behavior. Determining levels of these contributors to disease in alcohol abusers and older individuals is an important step in assessing alcohol as an agent that can expedite the onset of complications associated with advanced age. (NIH R21AA023193 (EJK), R01GM117257 (EJK), R01AG018859 (EJK), R24AA019661 (ELB))