

was not significantly different between Binge Level 2 and Binge Level 3 ( $0 < 1 < 2 = 3$ ). Binge level groups showed significant differences in the number of button presses during the lab session ( $H(3) = 36.955$ ,  $p < 0.001$ ), peak breath alcohol concentration in the lab session ( $H(3) = 19.870$ ,  $p < 0.001$ ), and total binges in the TLFB ( $H(3) = 90.296$ ,  $p < 0.001$ ). Increased self-administration measures were proportional to the binge intensity level across groups, with no differences between Binge Level 2 and Binge Level 3 ( $0 < 1 < 2 = 3$ ). For subjective measures, a Kruskal-Wallis H median test showed statistically significant differences between groups in the AUQ score following the priming infusion,  $H(3) = 11.489$ ,  $p = 0.009$ , with bingers at all levels reporting higher scores compared to non-bingers ( $0 < 1 = 2 = 3$ ). There was also a statistically significant difference between groups in the BAES Stimulation score following the priming infusion,  $H(3) = 9.023$ ,  $p = 0.029$ , with differences seen between non-bingers and level 2 and level 3 bingers ( $0 = 1 < 2 = 3$ ). **DISCUSSION/SIGNIFICANCE OF IMPACT:** This study demonstrated that high intensity binge drinkers were more likely to reach binge level and overall greater alcohol consumption during a human lab alcohol administration study. Binge intensity level was also associated with higher stimulation and urge for alcohol following priming exposures, which may in turn drive the consumption of greater amounts of alcohol, which we know to be associated with greater risk for AUD.

3060

### How much activity do preschoolers accumulate in an outdoor education program?

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**OBJECTIVES/SPECIFIC AIMS:** The primary aim of this study is to conduct a within-child comparison of in-school PA while attending nature-based and traditional preschool programs. The secondary aim is to observe the types of activities performed at each preschool location to determine which activities lead to greater and lesser amounts of school-based PA. **METHODS/STUDY POPULATION:** This will be a within-subjects repeated measures study in which participants will be recruited from a single preschool program where they spend two days per week (Monday/Wednesday) at a nature-based site, and two days per week (Tuesday/Thursday) at a traditional preschool location. All participants will be outfitted with a waist-worn Actigraph GT3X accelerometer, which they will wear from the moment they arrive to their preschool location until the moment they leave. Measurements will be conducted for four consecutive school days across two separate measurement periods, once in the winter and once in the spring. Additionally, a trained researcher will be present for the entirety of each measured day to document the types of activities participants engage in throughout the day, when these activities occur, and for how long. Accelerometer data will be analyzed using total counts, a reflection of total PA across all intensities, to determine school-based PA. Total activity counts will also be reduced to counts per minute and cross referenced with direct observation data to determine which activities contribute to higher and lower periods of PA throughout the day. Within child comparisons using two-tailed t-tests be made at both measurement periods between both preschool sites to determine whether significant differences in PA levels exist in children while attending either a nature-based or traditional preschool program. Logistic regression will also be applied to assess variables contributing to children's PA

including, preschool location, weather, and time spent outside. **RESULTS/ANTICIPATED RESULTS:** It is hypothesized that preschool children will engage in significantly more PA while attending a nature-based preschool program compared to a traditional preschool classroom setting. Opportunities for free and unstructured play will be greater in a nature-based setting compared to a traditional preschool location. Time spent outdoors will be the determining difference between preschool children's PA behaviors at a nature-based versus traditional preschool program. Variations in PA levels as a result of seasonal weather differences will be minimized on days in which children attend a nature-based preschool program. **DISCUSSION/SIGNIFICANCE OF IMPACT:** To our knowledge, this will be one of the first studies conducting a within child comparison of preschool-aged children's PA levels between a nature-based and traditional classroom setting. If, as hypothesized children engage in significantly more PA while attending their nature-based preschool program, the comparison to their traditional preschool site will provide insight into the magnitude of differences and where these differences in PA behaviors may occur throughout the school day. This information may then be used to inform future intervention's focusing on better aligning children's PA levels in a traditional school setting with what might be achieved through a nature-based educational program.

3224

### Impact of aortic arch anatomy on technical performance and clinical outcomes in acute ischemic stroke patients

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**OBJECTIVES/SPECIFIC AIMS:** This study aims to examine the relative impact of aortic arch and carotid artery anatomy on the procedural times and clinical outcomes in patients who have suffered acute ischemic strokes (AIS). Mechanical thrombectomy remains the gold-standard of care for large vessel ischemic stroke. Given that short procedural times are necessary for good clinical outcomes, arterial access is an important technical consideration. It has been recently demonstrated that abnormal carotid artery anatomy can increase endovascular procedure times in this patient population. However, there are no studies examining the impact of aortic arch anatomy on operative times. Additionally, no studies have looked at the impact of aortic arch and carotid artery tortuosity on clinical outcomes in AIS. Thus, we sought to exam the influence of various aortic arch and carotid artery anatomic variables on interventional procedure times and clinical outcomes. **METHODS/STUDY POPULATION:** We included 56 patients who underwent embolectomy with successful revascularization for acute ischemic stroke in the anterior circulation from a period of 01/2016-05/2018. The average age was 71 (+/- 17 years) with 39% being male. We calculated anatomic variables on the affected side from CT angiograms immediately prior to embolectomy including the medial-to-lateral span, as well as the anterior-to-posterior span, of both the aortic arch and carotid arteries. In addition, the take-off angle of the respective vessel (left common carotid or right brachiocephalic) was calculated. Charts were reviewed for procedural times and epidemiologic information (HTN, HLD, DM, CAD and Afib). Modified Rankin Scale (mRS) was calculated from PT/OT and outpatient neurology notes. Partial correlation coefficients were performed between anatomic variables, temporal variables and outcome variables