



## 2004 Newsletter

### Interviewing in 2004

In February this year we completed interviewing our 20+ group. One of the major challenges for the interviewers was finding our participants. Although many had returned cards giving new addresses, this age group is so mobile that many had not even received the Newsletters with the Change of Address cards. We have found the names and contact details of friends and relatives provided at the first interview invaluable in helping us to find our participants. Nearly 400 (17%) of the 20+ group had moved interstate while 82 (3.4%) were living overseas. Our interviewers travelled to all capital cities as well as up and down the east coast to interview those who now lived interstate with 94% of these people being interviewed. Many of our overseas participants (67%) were happy to complete the interview by mail or email. We ended up interviewing 89% of those in our 20s group who were interviewed the first time. This is an excellent result as this age group can be so difficult to find.

In April this year we started to reinterview the 40+ age group. We have had a very positive response to our 're-appearance'. Although this age group is much less mobile than the 20s we have found that about 100 have moved interstate. So far, our interviewer, Denise Melville has interviewed 49 participants between Sydney and Bundaberg in Queensland, Marianne Crane has been interviewing in Melbourne, Betty Smith has been interviewing in Perth while Margaret Chapman has been interviewing along the NSW south coast.

We would like to sincerely thank all those interstate participants – both 20s and 40s – for their willingness and co-operation in fitting in with our interviewers tight travelling schedules.

When we last interviewed the 60+ age group we offered 500 randomly selected participants a brain MRI. We are now doing the same for the 40+ age group. Unfortunately we were not able to start the MRIs until August so those interviewed prior to this were not given this opportunity. The aim of this study is to examine how brains change over time and what health and lifestyle factors may produce these changes.

### A few results that are particularly relevant to residents of the Canberra region

**Bushfires:** Our second round (Wave 2) of interviewing commenced about 3 months after the Canberra bushfires. Because of the large impact of this event on many Canberrans' lives we felt that it was important to ask participants about their experiences and the impact this had had on their lives. Firstly we asked about experiences of bushfire related events and then we asked about a number of symptoms that are indicators of Post Traumatic Stress Disorder (PTSD). Analysis of the 20+ age group revealed that the bushfires had had an impact on 80% of our participants. 63% lived or worked in an area that had been put on alert, 20% had buildings in their own suburbs damaged or destroyed while 49% had friends or relatives who had had home, possessions or work place damaged or destroyed. 14% were personally involved in fighting fires while 19% did other work involving the fires. PTSD symptoms decreased with the amount of time between the fires and when a participant was interviewed. Taking account of time between fires and interview, we found that those who were evacuated (98) were about 6 times more likely to have some level of PTSD. Men who had had home, possessions or workplace damaged or destroyed were 6 times more likely to have PTSD symptoms while women in the same situation were 12 times more likely. Both men and women who reported feeling very frightened or upset (nearly half of our participants) were 5 times more likely to be suffering from some level of PTSD.

**Job stress:** Ruth Parslow has been examining levels of stress in those participants who are Australian Government Employees. She found that government employees working at lower levels

tend to experience more work-related stress (less control, fewer opportunities and less job security) than those working at a higher level. However, unlike some other studies, those at lower levels did not have poorer physical or mental health. Although both men and women participants in higher grades reported higher positive mood, there was no mental health benefit associated with having a more senior position. Regardless of level, those who rated their job demands as more manageable had significantly better mental health. Women with less job control tended to visit their GP more often while men were more likely to visit the GP if they reported less job control, job discretion and more job insecurity. The results suggest that Australian Government employees' health is more affected by the specific stressors in their job than their position in the hierarchy. (This paper can be found at [www.biomedcentral.com/1471-2458/4/41](http://www.biomedcentral.com/1471-2458/4/41)).

If you would like further information on the PATH project or any of the other research undertaken by CMHR please visit our website: [www.anu.edu.au/cmhr](http://www.anu.edu.au/cmhr) and select 'Research Overview'. Alternatively, you can contact Trish on 6125 8408 or [patricia.jacomb@anu.edu.au](mailto:patricia.jacomb@anu.edu.au).

### Why we ask some of the questions we do

Many participants are puzzled by some of the questions we ask. So we thought we would briefly explain why some of these questions are included.

**Personality measures:** The interview contains two measures of personality. The first is the Eysenck Personality Questionnaire which assesses levels of extroversion, 'neuroticism' and non-conformist personality. The second is the Behavioural Inhibition System and Behavioural Activation System Scales (BISBAS), which examines the importance of 'reward' to people as well as the extent to which people may be inhibited by things in their lives. These personality measures are thought to be biologically-based and have been found to be highly correlated to vulnerability to anxiety and depression. However, whereas people's level of depression and anxiety fluctuate a lot over time, personality tends to remain stable over the lifespan. These measures are *not* meant to provide a complete picture of personality.

**Repetitive questions:** It is important that we are able to compare our results with results published by other researchers. To be able to do this we have to use measures that have been used by others. These measures have been designed to look at very specific, but related, aspects of mental health. So many of these measures use almost the same question or even exactly the same question but the time it is asking about may be different eg in the last 2 weeks or the last 4 weeks.

**Mental activity:** These questions are toward the end of the questionnaire and ask if you have done any of a long list of activities in the last 6 months. You don't have to read a maths textbook to use your brain. All of the varied activities listed here require mental activity. (Even meeting important people!) It is thought that keeping ourselves mentally active may help us stay mentally alert as we age so it is important that we have a measure of these activities.

### Some Average Results for the 20+ Group at first and second interview (results at first interview are in brackets)

**Blood pressure:** The average systolic pressure is 118 (120) and the average diastolic pressure, 74 (74).

**Pulse rate:** The average pulse rate is 70 (70) beats per minute.

**Handgrip:** The average handgrip strength for men is 48 kgs (47) and the average for women was 30 kgs (30).

#### Lung function:

Height	Men		Women	
	FEV-*	FVC-**	FEV	FVC
Less than 160 cms	3.7 (3.4)	4.2 (3.8)	2.7 (2.7)	3.1 (3.0)
160-169 cms	3.5 (3.3)	4.2 (3.9)	2.9 (3.0)	3.7 (3.3)
170-179 cms	4.0 (4.0)	4.6 (4.5)	3.3 (3.2)	3.7 (3.6)
180-189 cms	4.3 (4.3)	5.0 (4.9)	3.7 (3.6)	4.1 (4.0)
190cms or taller	4.7 (4.7)	5.5 (5.4)	-	-

\* Expired volume in 1 second (litres) \*\* Full lung volume (litres)