



2005 Newsletter

Progress this year

The second wave of interviewing of the 40+ age group was finished in March of this year. We were extremely pleased with the number of people who were willing to take part again. We interviewed 93% of those interviewed at wave 1. Fifteen percent of these people had moved away from the Canberra area since they were first interviewed with a handful now living overseas. Most of those living in other parts of Australia were visited by one of our interviewers while the remainder completed mail or email versions of the questionnaire.

Interviewing the 60+ age group commenced in April this year. At this stage, only about 90 participants from Wave 1 have moved out of the Canberra area. The questionnaire for this group is rather longer than that for the 20+ and 40+ groups, taking 2 hours or more to complete. We are collecting information on 'caring for grandchildren' and volunteering, both of which can play a significant part in the lives of retired people. We are very appreciative of those in this age group giving us the time to complete this interview.

Two sub-studies are again being run in conjunction with the 60+ interview. Those who had a brain MRI last time are being asked if they will have another one. This will enable us to look at changes to the brain over time. Also, some people are being selected to take part in our Health and Memory sub-study in which participants have a more detailed interview with a clinician.

Plans for Wave 3

The PATH project has been funded by a grant from the National Health & Medical Research Council (NHMRC). This grant finishes at the end of 2006 and we will be applying for further funding to enable us to continue PATH. As we are unsure about how much money we will have to run PATH, we have been considering some different options for the third Wave. One possibility is that we will ask those in the 20+ and 40+ age group to complete a web-based interview via the internet. Although not everyone would have access to the internet, we would hope to provide computers at CMHR to do the interview. ***We are very interested in your opinion about this option.*** *On the "change of address" card we ask you to indicate whether you have access to the internet and how you would feel about completing the interview this way. Although we are not considering this method for the 60+ age group, we would still be interested in your opinion. So please complete the card and send it back to us.*

Other happenings in 2005

We have had a number of staff changes this year. Carolan Marstin retired at the end of June, however, we have enticed her back to do some work with the Health and Memory project. Brian McNamara fractured a vertebra in his neck and is out of action until at least the end of the year. We have a new interviewer, Cathy Muggleton, who has started in the last month or so. Also, we have a new clinician, Dr Mary Vett, working on the Health and Memory study. Mary was a GP in Canberra for many years before retiring a few years ago.

Our previous director, Professor Tony Jorm and Dr Ruth Parslow have left the ANU and gone to work at the Orygen Research Centre at the University of Melbourne. Ruth, however, will still be undertaking research on PATH data. Our new Director is Professor Helen Christensen who has been involved with the PATH project since its beginning. Our new deputy director is Professor Andrew Mackinnon who has joined us from the Mental Health Research Institute of Victoria. Andrew is a biostatistician and will be undertaking complex, longitudinal analysis of the PATH data.

This year a number of our academic staff have presented talks on the PATH project at scientific conferences, both throughout Australia and overseas. Some of the results of the study have also captured media interest. Dr Stephen Rosenman, a Visiting fellow at CMHR and currently working in London was recently interviewed by BBC radio on his work on childhood adversity based on PATH data.

The value of this research

The major aim of our research is to identify ‘risk factors’ of commonly occurring mental health problems. By ‘risk factors’ we mean anything in peoples’ lives – things that happened in their childhood, physical injuries or illness, stressful things that have happened to them, and even their personality – which may make them more likely to suffer from conditions such as anxiety and depression, substance abuse disorders and, in late life, dementia or Alzheimer’s Disease. This type of information can be helpful for GPs who, given a patient’s history, can anticipate and take preventative action or recognise and treat symptoms earlier. For example we found that those who reported head injuries at some time in their lives were more likely to develop depression later in life as are those who have suffered bad family experiences as children. Also, people complaining of memory problems were more likely to have symptoms of depression than they were to have actual memory problems.

This research can also be useful in the development of government policy. For example, results from the 40+ age group showed that more job stress and job insecurity is associated with depression, anxiety, poorer physical health and visits to the doctor. This can place a considerable economic burden on employers in lost production hours. This information should be used to improve workplace conditions to the benefit of both employer and employee.

Also, community awareness of risk factors for ill health enables individuals to make life choices, which may lead to better health. An excellent example of this was the discovery that smoking cigarettes increases the risk of lung cancer. From the PATH project we have found that maintaining good lung function may be important for brain health and cognitive function. Results from the MRI sub-study show that very small changes to the brain are related to subtle changes in motor function, such as slowing of responses, and to depression. This finding suggests to us that any interventions to prevent small vessel disease, which causes the changes in the brain should start early in life. Such measures include good control of high blood pressure and diabetes.

If you would like further information about the PATH Project including more research results, you can go to our web page: <http://www.anu.edu.au/cmhr/path.php>. Alternatively, you can contact Trish Jacomb on 6125 8408.

Some Average Results for the 40+ Group at first and second interview

(results at first interview are in brackets)

The results indicated almost no change between the first and second interview.

Blood pressure: The average systolic pressure is 125 (126) and the average diastolic pressure, 81 (81).

Pulse rate: The average pulse rate is 71 (71) beats per minute.

Handgrip: The average handgrip strength for men is 48 kgs (47) and the average for women was 28 (29) kgs.

Lung function:

Height	Men		Women	
	FEV*	FVC**	FEV	FVC
Less than 160 cms	-	-	2.3 (2.3)	2.7 (2.7)
160-169 cms	3.1 (3.1)	3.7 (3.7)	2.6 (2.6)	3.1 (3.1)
170-179 cms	3.4 (3.4)	4.1 (4.1)	2.9 (2.9)	3.4 (3.4)
180-189 cms	3.8 (3.8)	4.6 (4.5)	3.2 (3.2)	3.7 (3.8)
190 cms or taller	4.1 (4.1)	5.0 (5.0)	-	-

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