

The **PATH Through Life** Project Being undertaken by the Centre for Research on Ageing Health and Wellbeing

"Science to improve mental health and wellbeing across the lifespan"

2013 Newsletter

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Progress and events in 2013

Earlier this year we completed collection of Wave 4 of our 40+ age group. Interviewing of our 60+ age group commenced in September and is progressing well

On the 8th August this year the Centre for Research on Ageing Health and Wellbeing (CRAHW) was officially launched. CRAHW aims to maximise the well-being of individuals and communities through the life course by conducting innovative and translational research and contributing to public policy. We work in methodological and theoretical traditions drawn from psychology, sociology and epidemiology that focus on adult development and ageing. Our work involves conducting and analysing large-scale epidemiological studies (including PATH) as well as intervention studies.

Our funding comes from a range of sources, the major ones being the NHMRC and the ARC, but we are also significantly supported by many other government and non-government agencies. Some of these include: Alzheimer's Australia, DEEWR, FaCHSIA, Safe Work Australia, ACT Office of Ageing, ACT Chief Ministers Office, ACT Health Directorate, NRMA ACT Road Safety Trust and the Department of Health and Ageing. Our stakeholders, who are often our partners and collaborators, include Alzheimer's Australia, National Seniors, Council on the Ageing, ACT Health, Australian Association of Gerontology, the Productivity Commission and the Ministerial Advisory Council on Ageing.

This year, Professor Peter Butterworth, a chief researcher on the PATH Project was awarded an ARC Fellowship which will support his research for the next 4 years. He and his team undertake epidemiological research to better understand the social causes and social consequences of common mental disorders. This research includes a focus on employment, job quality and welfare dependency across the life course. He works closely with policy makers and the community sector to provide an evidence base to inform the development of effective health and social policy.

Also, Dr Moyra Mortby, who undertakes research on data from the PATH MRI substudy, was awarded an Alzheimer's Australia Postdoctoral Fellowship.

Information for the 60+ age group.

This time, the questionnaire is somewhat longer than previous ones. Also, all of our 60+ participants are being asked to provide a blood sample which will enable us to look at relationships between blood chemistry and both mental and physical health.

As well as this, our MRI substudy group are being asked to take part in two further studies: one looking at activity levels and health and the other involves having retinal pictures taken of their eyes. The first of these is already underway and we expect to start the second one early next year.

We would like to sincerely thank all those who have taken part already. We really appreciate your commitment to this important research. Thank you also to those who will take part in the coming months.

Some Recent Research Highlights

<u>Self-reported memory decline</u>: In previous interviews we have asked our older age group to rate if or how much their memory had declined. Dr Ranmalee Eramudagolla looked at what factors influenced self-reported memory decline. She found that actual memory decline as measured in the interview did not predict this. However, significant predictors of self-reported decline included dementia diagnosis, problems with instrumental activities of daily living, depression and neuroticism at the time of self-report.

<u>Ecstasy and sleep medication</u>: Animal studies have shown that a single dose of ecstasy can result in long-term disruption of sleep. Dr Robert Tait has examined this relationship in the 20+ age group, comparing those who never used ecstasy and those who had used it at all (699 participants). He found that in this sample the use of sleeping medications was associated with ecstasy use but also with being female, having depression and any lifetime trauma. The association between using ecstasy and use the sleeping medications disappeared after controlling for other risk factor.

Risk factors for chronic disease: Examining the 3 PATH age groups, Lara Morris found a 3 fold increase in co-occurring risk factors over the 40 year age range. The most frequent were excess weight, sedentary activity and high blood pressure. Males in the 20s and 40s age groups reported higher rates while there was little difference in the 60s. These results suggest that practitioners and policy makers should take a holistic view of health interventions which recognise the high rates of co-occurrence of lifestyle based health risk factors.

Average Physical results for 40+ (results from the previous interview are in brackets)

Blood pressure: The average systolic pressure is 130 (131) and the average diastolic pressure, 80 (81). *Pulse rate*: The average pulse rate is 71 (70) beats per minute.

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

Lung function:

Height	Men		Women	
•	FEV-*	FVC-**	FEV	FVC
Less than 160 cms	3.0 (3.2)	3.7 (3.9)	2.2 (2.3)	2.7 (2.8)
160-169 cms	3.1 (3.1)	3.8 (3.7)	2.5 (2.6)	3.1 (3.2)
170-179 cms	3.4 (3.5)	4.2 (4.2)	2.8 (2.9)	3.5 (3.5)
180-189 cms	3.7 (3.8)	4.6 (4.7)	3.1 (3.1)	3.9 (3.8)
190cms or taller	4.1 (4.2)	5.3 (5.2)	NA	NA

^{*} Expired volume in 1 second (litres) ** Full lung volume (litres)