



## 2006 Newsletter

In April this year we completed interviewing our 60+ age group for the second time. We interviewed 2222 participants, which is 87% of those interviewed at Wave 1. This completes the second Wave of PATH. In total 6715 people were re-interviewed which is 90% of those interviewed at Wave 1. A sub-sample of our 60+ participants were again asked if they would have a brain MRI. Seventy nine percent of those who had an MRI at Wave 1 were re-interviewed for PATH and had another MRI. One hundred and thirty six people in the 60+ age group also took part in the Health and Memory Sub-study.

*We would like to say a very big thank you to all of those 6715 people who took part in the second Wave.*

### Success!

Earlier this year CMHR submitted a grant application to the NHMRC (the federal government's medical research funding organisation) to fund the next Wave of the PATH Project. This is a very competitive process so we are very proud to be able to say that we were awarded this grant. This was the largest NHMRC grant awarded to any group in the ANU. So – there is no getting away from us! We will be back next year to interview the 20+ group, many of whom will now be in their 30s. As in previous Waves we will be doing personal interviews on laptop computers. In the last Newsletter we asked your opinion about doing web-based interviews and we realise that many of you were keen on this alternative method. However, this was to be our back up if we did not get enough money to do personal interviews. The information we get through the physical testing and the memory and concentration tests is very valuable and adds immeasurably to the value of the research. So we really hope that you will all be willing to find the time to meet with our interviewers for a third time.

We expect to start interviewing the 20+ age group in either April or May 2007.

### Feedback from you

Although we are always happy to have feedback from PATH participants we thought that it would be a good idea to do this more formally by having some focus groups in which participants can express their opinions on the project, including what they like and what they don't like. So, in January 2007 we will run 2 focus groups for the first 20 people *in the 20+ age group only* who ring to volunteer. We will have focus groups for other age groups closer to the time of that age group's interviews. These focus groups will be on 17th & 24th January, 2007 from 7:30 to 9:30 in the evening. There will be no payment for attending but some food and drink will be provided. If you are interested contact Trish at [patricia.jacomb@anu.edu.au](mailto:patricia.jacomb@anu.edu.au) or call 61258408 between 10:00a.m. and 4:00p.m. on weekdays. Please note that the office will be closed from 22<sup>nd</sup> December to 2<sup>nd</sup> January.

We know that many of you have ideas for what questions should be included in the questionnaire and we will give serious consideration to your suggestions. However, we are very limited by the length of the questionnaire and we have to adhere closely to the original aims of the research and to include many of the same questions at each interview.

## Some recent research results

Changes in psychological distress (anxiety and depression) with age: Our study has confirmed previous research showing the psychological distress decreases with age. We found that the most significant risk factors in the younger age group were negative interactions with family and friends and work-related stressors. In the older age group not being in the work force and feelings of lack of control in one's life were risk factors for psychological distress. However, the risk factors don't explain all the difference found in different age groups. Another possibility is that ageing of the brain may affect emotional responsiveness.

The lesser evil: bad jobs or unemployment: It was found that although paid work does confer health benefits, poor 'quality' jobs (lack of control in one's job with high demand and job insecurity) can be as bad for health as being unemployed. So, workplace & industrial relations policies that diminish worker autonomy & security may generate short-term economic gains, but place longer term burdens on the health of employees and the health-care system.

More results on bushfire exposure: 80% of participants were exposed to traumatic bushfire events with 50% experiencing uncontrollable events eg damage to property or injury. Reporting Post traumatic Stress (PTSD) symptoms was more likely in females, those with less education, poorer mental health and those with more anxious personalities before the fires. However, PTSD symptoms were more strongly associated with particular fire experiences such as being evacuated and feeling very distressed at the time of the fires. We also found that experience of traumatic events was associated with an increased tobacco use regardless of the development of PTSD symptoms.

Childhood adversity and adult personality: People who had experienced childhood adversities were found to have more anxious personalities and to be more inhibited and to worry more about bad things happening. There was little difference between the reactions of men and women and the consequences of adversity diminish little across the age groups. The most significant childhood adversity predicting these later characteristics was having a mother with poor mental health. This study underlines the importance of childhood adversity and particularly maternal mental health as a target for preventative intervention for psychological difficulties at all ages.

## Other News

Ailsa Korten, a highly esteemed researcher at CMHR and a valuable contributor to the development of the PATH Project died last December of Motor Neurone Disease. This December she will be awarded, posthumously, the Chancellor's award for Distinguished Contribution to the University's purpose. This award is made to ANU staff, students or alumni whose contribution to the economic, cultural, scientific or social development of Australia or the international community has demonstrated distinguished service of a high degree.

## Some Average Results for the 60+ 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 138 (140) and the average diastolic pressure, 81 (83).

*Pulse rate:* The average pulse rate is 69 (72) beats per minute.

*Handgrip:* The average handgrip strength for men is 38 kgs (42) and the average for women was 23 (25) kgs.

*Lung function:*

Height	Men		Women	
	FEV*	FVC**	FEV	FVC
Less than 160 cms	2.41 (2.62)	2.99 (3.04)	1.78 (1.82)	2.23 (2.28)
160-169 cms	2.47 (2.44)	3.10 (3.04)	2.01 (2.05)	2.50 (2.58)
170-179 cms	2.74 (2.80)	3.41 (3.51)	2.14 (2.23)	2.72 (2.84)
180-189 cms	3.02 (3.06)	3.80 (3.88)	2.36 (2.65)	3.10 (3.08)
190 cms or taller	3.31 (3.20)	4.38 (4.20)		

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