



## The PATH through Life Project 2010 Newsletter

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

### Contact Information

Email: [karen.maxwell@anu.edu.au](mailto:karen.maxwell@anu.edu.au)

Phone: Karen on 02 6125 8417 or Trish on 02 6125 8408

Mail: PATH Through Life Project, CMHR, Bldg 63, Eggleston Rd. Australian National University ACT 0200

Website: <http://cmhr.anu.edu.au/path/index.php>

### Funding from 2011 until 2014

Unfortunately, despite reviewers praising the PATH project we were not given enough money to undertake Wave 4 in the same way as in previous years. Next year, the 20+ participants will be asked to complete the PATH questionnaire online, or if this is not possible, to complete a paper questionnaire. ***These 20+ participants will find another sheet in with this newsletter providing more details about this.*** At this stage we will be applying for more funds later this year to undertake face-to-face interviews with the 40+ group in 2012. We do, however, have enough money to do face-to-face interviews of our 60+ participants in 2013.

### Collaboration with ACT Department of Health

As mentioned in the 2009 Newsletter, CMHR and ACT Health have established a collaboration that will allow CMHR researchers to prepare a report that will describe the characteristics related to the mental wellbeing of people living in the ACT and surrounding regions. This report will be completed by the end of this year and is expected to be released in February 2011. It will be available from the website <http://www.health.act.gov.au/c/health?a=&did=11032719>

### Conference

On the 30<sup>th</sup> November, we had a one day conference for PATH researchers. This provided the opportunity for those analyzing PATH data to share their results, to discuss ideas and develop collaborations. Twenty presentations were given with a number of posters with PATH results on display. It was a very successful and productive day

### Some Research Highlights

Cognition in pregnancy and motherhood: Previous research has reported that pregnant women become forgetful. However, unlike the PATH project, these studies did not interview women prior to pregnancy. In results from the PATH project, no significant differences were found as a function of pregnancy or motherhood, although late pregnancy was associated with deterioration of one of the four tests of memory and cognition.

Predictors of serious suicidal thoughts: Over a four year period the prevalence of suicidal thoughts and attempts had decreased in the total PATH sample. However, over one quarter of those reporting serious suicidal thoughts at Wave 1 still experienced such thoughts four years later. Those with the greatest risk of serious suicidal thoughts were women in the 20+ age group who had never married and had a physical illness and men in the 40+ age group who were not employed. Women in the 60+ age group who were depressed or anxious were 30% more likely to have serious suicidal thoughts. The conclusion from this study is that there are age and gender differences in the risk factors for suicidality. Life circumstances contribute substantially to the onset of suicidal thoughts, in addition to anxiety and depression. These findings are important to the development of effective population-based suicide prevention strategies.

Relationship between substance abuse and brain injury: Serious brain injury (BI) is known to have persistent outcomes, yet 'mild' or 'moderate' BI, which often does not result in hospital treatment, accounts for half the total days of disability attributed to BI as a whole. The occurrence of mild and moderate BI between the first and second PATH interview was examined. It was found that the incidence of BI declined with age with males in the 20+ age group reporting the most occurrences. Sports injury was the most frequent cause with traffic accidents being a great proportion of the 'moderate' cases of BI. Unlike clinical samples, neither marijuana or alcohol problems reported at the first interview were predictors of BI and BI was not a predictor of developing substance use problems at the second interview.

Some average results from Wave 3 (Wave 2 results in brackets)

**20+ age group**

Height	Men		Women	
Blood pressure	131 / 76 (127 / 77)		116 / 73 (110 / 72)	
Pulse	68 (68)		72 (71)	
Handgrip	52 (48)		31 (30)	
	FEV-*	FVC-**	FEV	FVC
Height: Less than 160 cms	3.9 (3.7)	4.0 (4.2)	2.8 (2.7)	3.2 (3.1)
160-169 cms	3.5 (3.5)	4.2 (4.2)	3.0 (2.9)	3.5 (3.7)
170-179 cms	4.1 (4.0)	4.7 (4.6)	3.3 (3.3)	3.9 (3.7)
180-189 cms	4.4 (4.3)	5.2 (5.0)	3.7 (3.7)	4.2 (4.1)
190cms or taller	4.8 (4.7)	5.7 (5.5)	-	-

**40+ age group**

Height	Men		Women	
Blood pressure	135 / 83 (131 / 84)		128 / 79 (119 / 78)	
Pulse	70 (71)		71 (71)	
Handgrip	48 (48)		28 (28)	
	FEV-*	FVC-**	FEV	FVC
Height: Less than 160 cms	3.2 (2.9)	3.9 (3.5)	2.3 (2.3)	2.8 (2.7)
160-169 cms	3.1 (3.1)	3.8 (3.7)	2.6 (2.6)	3.2 (3.1)
170-179 cms	3.5 (3.4)	4.2 (4.1)	2.9 (2.9)	3.5 (3.4)
180-189 cms	3.8 (3.8)	4.7 (4.6)	3.1 (3.2)	3.7 (3.7)
190cms or taller	4.2 (4.1)	5.2 (5.0)	-	-

**60+ age group**

Height	Men		Women	
Blood pressure	147 / 81 (142 / 83)		144 / 78 (134 / 79)	
Pulse	67 (68)		71 (71)	
Handgrip	40 (38)		22 (23)	
	FEV-*	FVC-**	FEV	FVC
Height: Less than 160 cms	2.1 (2.4)	2.7 (3.0)	1.8 (1.8)	2.3 (2.2)
160-169 cms	2.5 (2.5)	3.2 (3.1)	2.0 (2.0)	2.5 (2.5)
170-179 cms	2.7 (2.7)	3.5 (3.4)	2.1 (2.1)	2.7 (2.7)
180-189 cms	3.0 (3.0)	3.9 (3.8)	2.5 (2.4)	3.1 (3.1)
190cms or taller	3.2 (3.3)	4.3 (4.4)	-	-

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