



## 2007 Newsletter

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Wave 3 interviewing commenced in April of this year. We have found that the 20+ age group has been happy to hear from us and are now becoming easier to find as they 'settle down'. There have been a number of changes to the questionnaire. You will no longer be asked if you can 'get a party going' which will please many of you. With a number of the questions we ask it is important to see if there is change over time. For some questions it is appropriate to only measure this on two occasions. However, for other questions, such as questions that ask about bad things that may have happened to you recently, we need to ask each time we interview you. Such events can effect your current health, which is what we are trying to discover.

### Feedback from you

In the 2006 Newsletter we announced that we were going to have a few group meetings of participants to give you a chance to express your opinions of the project. Unfortunately, not enough 20+ participants were interested so these meetings did not go ahead. In January 2008 we will be offering meetings with 40+ participants who are interested. If anyone in this age group would like to take part please contact us (see contact details above.). The first 20 to do this will be able to take part in these meetings. Dates have not been finalised yet. Please note that the office will be closed from 24<sup>th</sup> December to 2<sup>nd</sup> January.

### Some Results from Medicare Data

Many of you have expressed an interest in what we do with the Medicare data we obtain on those who consent to us accessing their information. Others have been concerned about the security of this data. Our first consideration when we request linkage of your name with Medicare data is the security of the answers you have given in the questionnaire. To allow access to Medicare data we have to provide the Health Insurance Commission (HIC) with an electronic file of your name, date of birth and Medicare number. We then give each name a unique ID number. This is a different number to the 'respid' number which you will have seen on all your paperwork. The 'key' for matching your Medicare data to your questionnaire data is stored on an internal server that only Karen, Trish and Liz have access to. This ensures that there is no way that anyone at the HIC who might see your name could ever make the connection between you and the questionnaire data that has your 'respid'.

Obtaining Medicare data is a slow process. We want information for the 6 months following your interview and then we have to wait a further 6 months to give you all a chance to submit your claims to Medicare. So we do not request Medicare data from the HIC until 1 year after the last interview for each age group. Then the HIC takes months to link the data. At this stage no analysis has been undertaken on Wave 2 Medicare data but a number of studies have been undertaken using Wave 1 data.

One initial interesting finding was that both men and women in the 20's had more visits to their GP for 3 months after their first interview suggesting that surveys such as PATH may increase self-awareness of current physical and mental health.. Further study of this age group has found that young women attending GPs are more likely to have poorer mental health, more suicidal thoughts and more likely to be regularly taking marijuana. GPs need to be aware of these problems in this age group.

Looking at the 40's and 60's, it was found that, while the reasons women go to the GP is solely because of self-rated ill health, men are influenced by other factors in their lives, particularly marital status. Those men with a partner are more likely to go to a GP. Looking specifically at our 40-44 year olds, we found that those in jobs with a lot of job strain and insecurity had poorer mental and physical health and visited the GP more frequently.

This is a very brief overview of some of the work that has been done using the Medicare data. If you would like to know more please contact Trish (see above).

In Wave 3 we are asking all age group to allow us to have access to information from the Pharmaceutical Benefits Scheme (PBS) data as well as Medicare data. This will provide us with information on the prescriptions that you have obtained from pharmacies over the period specified on the Consent Forms. It is known that medications can effect people's physical and mental health (not always in intended ways) and it provides us with important data which will allow us to look for associations (both positive and negative) between medication use and the health data you provide at interview. The potential value of such research can be seen from the recent report that some over-the-counter painkillers may be able to reduce the risk of Parkinson's disease.

### **Cheek swabs and genetic analysis**

After cheek swabs have been collected they are frozen as quickly as possible. The samples which are only labelled with the 'respid' number' are taken across the road to the Immunology and Genetics Division of the John Curtin School of Medical Research where it is deep frozen until required. The first step is to isolate the DNA from samples. Once the DNA is purified, small samples can be taken and, using a method called "polymerase chain reaction" certain parts of the DNA can be reproduced many times ('photocopied'). This provides enough material to analyse the differences in genes between participants. So far we have not found any gene variations that are associated with the health conditions we are looking at. But we are hoping to be able to analyse many more genes in the future.

### **PATH Web Site**

CMHR's web address has changed and is now [www.cmhr.anu.edu.au](http://www.cmhr.anu.edu.au). You can then find the link the PATH on the left side of the page. The PATH webpage has recently been updated. Previously we have had to rely on people outside of PATH to put through our updates which has limited how frequently we could do this. However, early next year Trish is going to learn how to do this so we are hoping that we will be updating the site more frequently.

### **Comparing age groups and waves**

In the 20+ age group scores on all the memory and concentration tests went up over 4 years and there was little change in the physical test scores. In the 40+ group scores on memory and concentration test went up very slightly over 4 years except for matching symbols to numbers. In the physical tests this age group had slightly lower scores on average for lung function and handgrip. The 60+ age group had slightly lower scores at the second testing for memory and matching symbols to numbers but slightly higher scores for repeating numbers backwards and recognising the correct word in a pair.

Comparing the age groups, blood pressure went up with age while lung function went down. Handgrip was similar between 20's and 40's but lower for the 60s. Memory and concentration tests scores went down on average in older age groups except for recognising the correct word pair which went up.

### **Our Queensland participants**

Our interviewer, Denise Melville, will be travelling to Queensland in February to interview our northern respondents. If any one living in Brisbane or surrounding areas has not yet been contacted or has moved since last being contacted could yet please contact the PATH office (see above) so that you don't miss out.