

**Australian Longitudinal Study on Women's Health**

- Longitudinal cohort study of the health and well-being of Australian women
- Designed to run for at least 20 years (1996-2015+)
- More than 40,000 participants from all parts of Australia
- Funded by Australian Department of Health & Ageing

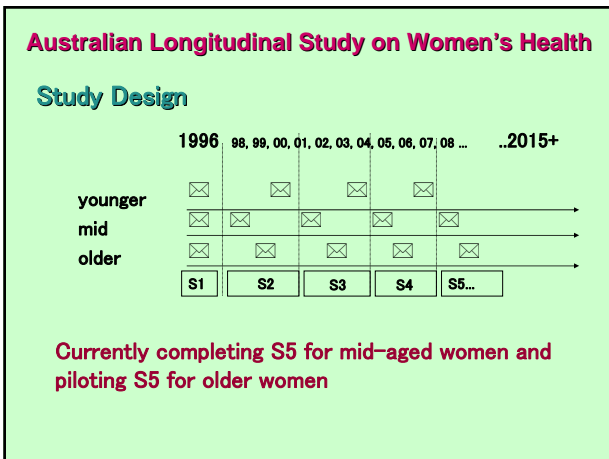
**Australian Longitudinal Study on Women's Health**

- Social view of health
- Physical and mental health, symptoms, diagnoses
- Health service use, access and satisfaction
- Health related behaviours
- Social factors related to health and well-being

**Australian Longitudinal Study on Women's Health**

Three age groups: 18-23, 45-50 and 70-75 years in 1996

- Sampled randomly from Medicare database
- Systematic over-sampling in rural/remote areas
- Postal surveys every 3 years
- Linkage to Medicare database
- Additional sub-studies on particular issues



**Australian Longitudinal Study on Women's Health**

**Older cohort – women aged 70-75 in 1996**

	Survey 1	Survey 2	Survey 3	Survey 3
Deaths since last survey		529	569	769
Too frail/withdrawn since last survey		368	779	888
Non-respondents		1101	1540	1372
Respondents	12,432	10,434	8,647	7158
Retention (% of eligible)		90.5%	84.9%	83.9%

## Australian Longitudinal Study on Women's Health

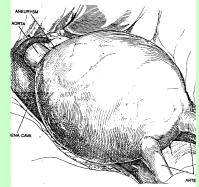
### Methods

- Quantitative data from surveys
- Qualitative data – comments written on surveys
- Sub-studies
  - Surveys
  - Phone interviews
- Standard measures, to maximise comparability with other data sources

## Health In Men's Study An Evolving Study of the Health of Older Men

### WA randomised controlled trial of screening for abdominal aortic aneurysms (AAA)

Norman, Jamrozik,  
Lawrence-Brown,  
Dickinson



### WA randomised controlled trial of screening for AAA

#### Primary Aims 1996-8

- To conduct a population-based randomised control trial of ultrasound screening for AAA in men
- To measure and compare mortality from AAA in the screened and non-screened groups using an intention-to-treat analysis

#### Secondary aims 1996-8

- Cost benefit analysis
- Quality of life assessment
- Expansion rates in small AAAs

### WA randomised controlled trial of screening for AAA

#### Methods

- Men aged 65-79 years identified from electoral roll
- Randomised to Screen and Control groups
- Postal letter of invitation
- Aortic ultrasound plus questionnaire
- Participant given a letter with his result and returned to care of GP
- Outcome via WA Linked Data System

### WA randomised controlled trial of screening for AAA

#### Target population

- Men only – AAA rare in women
- Attempted 65-79 years
- Actual 65-83 years
- Mean (sd) 72.6 (4.7) years

### WA randomised controlled trial of screening for AAA

#### Participation

- Randomised in Screen group (20,500)
- Died before invitation (1,148)
- Invited (19,352)
- 'Ineligible' (1,836)
- Eligible (17,516)
- Attended (12,213)
- Successfully scanned (12,203)

#### Attendance

- 12,213 attended for screening
- Crude: 63% (12,213/19,352)
- Corrected: 70% (12,213/ 17,516)

## WA randomised controlled trial of screening for AAA

### Assessment

- Risk factor survey (modified NHF risk factor questionnaire) included:
  - Medical history
  - Smoking, diet and alcohol
  - Edinburgh Claudication Questionnaire
  - Ethnicity & Education level
  - Physical activity
- Height, weight, BP, circumference at waist and hips
- Aortic ultrasound to measure aortic diameter
- Ankle:brachial pressure ratio (4,000 men only)

## Health In Men's Study

Follow-up survey  
Nov 2001-Oct 2004

Jamrozik, Norman, Hankey, Flicker, Almeida

### Aims

To examine the relationship between aspects of lifestyle and medical history and:

- Mortality from all causes
- Fatal and non-fatal cardiovascular disease
- Incidence of cancers
- Cognitive impairment  
.....in older men

## Health In Men's Study

AAA attendees	12,203 (100%)
Deaths before HIMS	2,379 (20%)
Non-participants in HIMS	4,240 (35%)
Questionnaire only	1,322 (11%)
HIMS attendees	4,262 (35%)
~43% survivors of AAA attended	

## Health In Men's Study

### Assessment

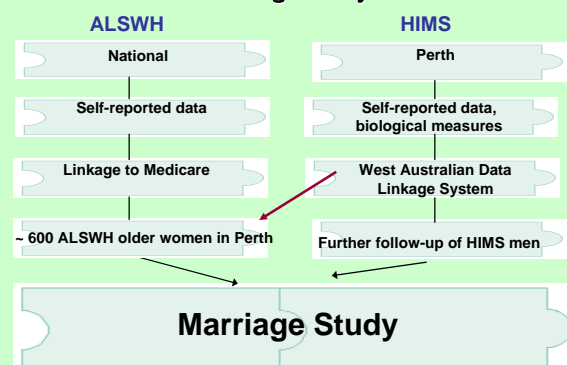
- New questionnaire
- Height, weight, BP and circumference at waist and hips measured again
- Cognition: Mini Mental State (all men) and Word Recall in 700 men
- Fasting blood sample (lipids, sugar, creatinine, CRP, homocysteine, DNA, archived sera and plasma)

## Health In Men's Study

### HIMS questionnaire

- Repeat ECQ
- Medical history in the last 5 years
- Smoking
- Medication
- Psycho-social – based on ALSWH
- GDS

## Marriage study



### Marriage study

#### HIMS + ALSWH questionnaire items in common

- |                            |                                   |
|----------------------------|-----------------------------------|
| ➤ Medical history          | ➤ Availability of health services |
| ➤ Falls                    | ➤ Living arrangements             |
| ➤ CAMDEX (eg sleep)        | ➤ Housing                         |
| ➤ SF36                     | ➤ Social support                  |
| ➤ Medications              | ➤ Neighbourhood                   |
| ➤ Smoking                  | ➤ Family support                  |
| ➤ Hearing & sight problems |                                   |

### Marriage study

#### Research questions (1)

- What health-related, personal, lifestyle and social factors predict survival and healthy non-disabled life in men and women aged 70-90 years?
- Do changes in lifestyle in older age (eg smoking cessation) affect length and quality of life?
- Who makes greatest use of health services, and who least, and how does this relate to health outcomes?

### Marriage study

#### Research questions (2)

- How are health and lifestyle factors related to social connectedness and independent living in older age?
- What health and lifestyle factors predict positive mental health in older age?
- How are older men's and women's lifestyles and health status different, and how are they the same? Should health promotion programs in old age target men and women separately, or not?