

Newsletter

December 2008

Dear CDAH Participants,

As another year draws to a close, I am happy to report that activity levels at CDAH Headquarters have not diminished! Many of the researchers you have been introduced to in previous newsletters are still hard at work making sense of the thousands of pieces of data we have collected from you. You can read about some of our latest publications in this newsletter, as well as viewing all CDAH papers on our website.

The period between ages 30 and 40 is a time when people commonly have life changes, so now is a good time to get a snapshot of what has changed since we saw you last and how it has affected other areas of your life. We plan to do this through what we call CDAH2! You can read all about CDAH2 below. Finally, a big thank you to all those who took the time to complete an updated contact details sheet that was sent with the newsletter in March this year – it certainly makes our job a lot easier if we can track you down easily whenever you move!

A very Merry Christmas 2008 to you all.

Marita Dalton, Project Manager

CDAH2

What's all this about?

Heart disease and diabetes affect a large proportion of Australian adults: heart disease causes 34% of male and 39% of female deaths in Australia, and the prevalence of diabetes has doubled since 1981 to affect approximately 7.5% of Australian adults. However, there are still many questions about the causes of these diseases that have not been answered. Data collected in CDAH 2 will enable us to update information on your current lifestyle, so that we can put together a more complete picture of each study participant during their lifetime. We hope to be able to continue updating some of this information at regular intervals. This next follow-up will enable us to gain more understanding of how lifestyle and mental health in young Australians affect the development or persistence of behaviours that are associated with the risk of heart disease and diabetes. This study will be one of very few in the world with the capacity to explore this area with a large number of young adult participants and extensive measures collected since childhood.

What will I be required to do?

Unlike the first CDAH follow-up, we will not be seeing you in person. However, we will be sending you a questionnaire to complete; some of the questions will be similar to those you completed 5 years ago, and will update your current circumstances. There will be some new questions on things like major life events and occupation. We will also be interested in further developments in your health and your family's health in the areas of diabetes and cardiovascular disease. Following completion of the written questionnaire, we will also ask for your agreement to do a 20 minute questionnaire over the phone with a trained interviewer. You may also be asked to wear a pedometer again.

When will this happen?

We would like to collect this information as close as possible to 5 years from the time we last collected data from you. Therefore, we will be sending out our first questionnaires around April 2009, and will continue doing this until early 2011.



*Associate Professor Alison Venn
and the CDAH Team*



Recently Published Papers

(To view the full articles of all published papers, please go to the CDAH website <http://www.menzies.utas.edu.au/cdah.html>)

A comparison of subjective and objective measures of physical activity and fitness in identifying associations with cardiometabolic risk factors. Schmidt MD, Cleland VJ, Thomson RJ, Dwyer T, Venn AJ. *Annals of Epidemiology*. 2008;18:378-386.

Using clinic and questionnaire data this study compared the usefulness of various physical activity and fitness measures in identifying the relationship between physical activity and cardiovascular health. Results suggest that self-report measures of physical activity and sedentary behaviour, as well as objective measures of walking and fitness appear to capture different facets of physical activity and that each of these facets independently contributes to the prediction of cardio-metabolic risk in young adults.

Television viewing and abdominal obesity in young adults: is the association mediated by food and beverage consumption during viewing time or reduced leisure-time physical activity? Cleland VJ, Schmidt MD, Dwyer T, Venn AJ. *American Journal of Clinical Nutrition*. 2008;87:1148-1155.

This study examined whether the relationship between TV viewing and abdominal obesity can be explained by increased energy intake during TV viewing or by displacement of leisure-time physical activity. Results indicate that this relationship is explained, in part, by food and beverage consumption during TV viewing, but is not explained by a reduction in leisure-time physical activity.

Parental smoking and smoking experimentation in childhood increase the risk of being a smoker 20 years later: the Childhood Determinants of Adult Health Study. Paul S, Blizzard L, Patton G, Dwyer T, Venn A. *Addiction*. 2008;103:846-853.

Using data from the 1985 Australian Schools Health and Fitness Survey and the CDAH follow-up study, this study examined the long-term effects of childhood smoking experimentation and exposure to parental smoking on the risk of adult smoking. Findings suggest that any childhood smoking experimentation and exposure to parental smoking in childhood increase the risk of being a smoker in young adulthood 20 years later.

The provision of compulsory school physical activity: Associations with physical activity, fitness and overweight in childhood and twenty years later. Verity Cleland, Terence Dwyer, Leigh Blizzard and Alison Venn. *International Journal of Behavioral Nutrition and Physical Activity* 2008, 5:14.

Data from the 1985 Australian Schools Health and Fitness Survey and from follow-up in 2004-2005 were used to determine whether the provision of higher levels of compulsory school physical activity is associated with higher physical activity and fitness levels and less overweight in childhood and 20 years later. Results indicated that the amount of compulsory physical activity reported by schools was not associated with total physical activity, fitness or overweight in childhood or in adulthood. Policies promoting amounts of compulsory school physical activity in this range may not be sufficient to increase physical activity and fitness or reduce the prevalence of obesity in children.

Measures of childhood fitness and body mass index are associated with bone mass in adulthood: a 20-year prospective study. Foley S, Quinn S, Dwyer T, Venn A, Jones G. *Journal of Bone & Mineral Research* 2008, Feb 26.

To estimate the long-term effects of childhood exercise and body mass index (BMI) on bone mass, we used fitness and body mass index measurements from the 1985 Australian Schools Health & Fitness Survey, and heel bone density measurement from the 2004-2005 CDAH follow-up. Higher bone mass reduces the risk of osteoporosis and fractures in later life. Results indicate that childhood fitness levels, particularly in females and in the early pubertal years, are predictive of adult bone mass as measured by ultrasound, whereas BMI is predictive in males only

Knee Cartilage Study

In our last newsletter, we told you about the Knee Cartilage Study which is recruiting CDAH participants living in Sydney and Melbourne. Many of you will now have received an invitation to take part in that study, and Liz here in Hobart has been busy on the phone conducting short interviews with participants. Unfortunately there have been some hold-ups with the bookings for knee MRI scan in Sydney, but we are confident that these will soon be taking place and clearing up the backlog. MRI scans are starting in Melbourne before Christmas, and will pick up the pace when the "silly season" is over. Invitations are still in the process of being sent to eligible Melbourne participants, and we really hope that you will consider taking part in this important study on knee osteoarthritis if you do receive an invite.