WHoA!

Women's Health of Australia

australian longitudinal study on women's health

Newsletter 2013

Welcome to the 2013 edition of the Newsletter. It has been a busy year with many research projects and the recruitment of a new young cohort of 18-23 year-olds. The study has also been rebranded to Women's Health of Australia, or WHoA! (see above). This logo will be displayed on future surveys and correspondence.

We have been developing online surveys so that you have the option to complete questionnaires from your home computer or mobile device. Postal surveys will still be available for those who prefer them in the 1921-26, 1946-51 and 1973-78 cohorts.

Thank you for your continued participation in this important study. Data collected over the last 18 years provide researchers and policy makers with vital information about health and health services for Australian women. Your experiences and contributions ensure that women's health issues over the lifespan are better understood, and will help shape a better health care system.

HOW WOMEN'S DIETS COMPARE TO THE NEW AUSTRALIAN DIETARY GUIDELINES

The Australian Dietary Guidelines (ADG 2013) were recently updated to reflect the latest scientific evidence. The new guidelines encourage Australians to eat a nutritious diet that includes a variety of foods from the five main food groups, and to limit the intake of alcohol and foods containing saturated fats, added salt and added sugar. Compared with previous guidelines, a number of important changes have been made, including providing separate guidelines for those aged 19-50 and 51-70 years. For example, the recommended dairy intake for women aged 51-70 has increased from two to four servings per day.

Recently, researchers compared the diets reported by three groups of study participants – young women who were not pregnant (aged 31-36 years), young women who were pregnant, and mid-age women (aged 50-55 years) – in relation to the new dietary guidelines. Here are some of the key findings:

- Fewer than 3% of women from all groups attained the daily recommended intake of five serves of vegetables.
- Fewer than 10% of young (pregnant or not pregnant) women reached the recommended intake of grains.
- Fewer than one in four women met the guidelines for daily serves of dairy products, with only 1% of mid-age women reaching the recommended four daily serves of dairy.
- Only 10% of pregnant women reached the recommended 3.5 serves of meat and meat substitutes per day.

In terms of Body Mass Index (BMI), 56% of the mid-age women (aged 50-55) were overweight or obese, compared with 46% of young women (aged 31-36) and 43% of pregnant women (based on pre-pregnancy weight). Almost half of the young women (49%), and more than half of pregnant women (64%) and mid-age women (55%) were sedentary or had low physical activity levels.

For most women to follow the ADG 2013 guidelines, they would need to change their diet significantly. To find out more about the new Australian Dietary Guidelines, visit ***www.eatforhealth.gov.au*** or call 02 6217 9466.

VIGOROUS EXERCISE – IS IT WORTH THE EXTRA SWEAT?

The benefits of physical activity are well documented. Among other things, regular physical activity reduces feelings of depression and anxiety, reduces the risk of heart disease and diabetes, helps to maintain healthy bones, muscles and joints, and promotes feelings of well-being. But how hard do we have to work to get the benefits? Do we need to be vigorously active or will moderate intensity activity do?

In a recent study, ALSWH researchers compared the risks of developing high blood pressure (hypertension) and depression in women who reported walking and/or moderate intensity activities only, with those who reported doing some vigorous activity. They examined data from the mid-age cohort over a 12 year period. Women who reported doing 150 minutes/week of walking and/or moderate activities showed a 20-30% reduction in risk of developing hypertension and depression over this period. This risk was further reduced in those who reported vigorous activities, but the real added benefits of vigorous activity were only seen in those women who reported doing a lot of activity (1 -2 hours daily).

Researchers concluded that optimal benefits accrue from 30-60 minutes daily of any activity, regardless of intensity. Doing some activity is better than none, doing more is better than less, and doing vigorous activity does add some slight extra benefit for those who enjoy hard work-outs. But 'working out' is not essential. Choose whatever you enjoy. Activities like walking, swimming, gardening, dancing, cycling, strength training, yoga, tai chi, and all kinds of sporting and recreational activities, will provide health benefits for many years to come.

Medicine & Science in Sports & Exercise (2013) 45(10):1948-1955
DOI: 10.1249/MSS.0b013e3182940b91

ANXIETY AND DEPRESSION AS PREDICTORS OF HEART DISEASE

Anxiety and depression often occur together. A recent study found that having anxiety and depression increases the likelihood of developing heart disease.

The ALSWH study investigated mid-aged women with depression and anxiety, and found that they were significantly more likely to develop heart disease than women with no psychological issues.

The findings of this study are particularly important for clinicians because many of the symptoms of anxiety and depression, such as fatigue, palpitations or shortness of breath, are also indicators for underlying heart disease.

Journal of Behavioral Medicine (2012)
36 (4):347-353
DOI 10.1007/s10865-012-9428

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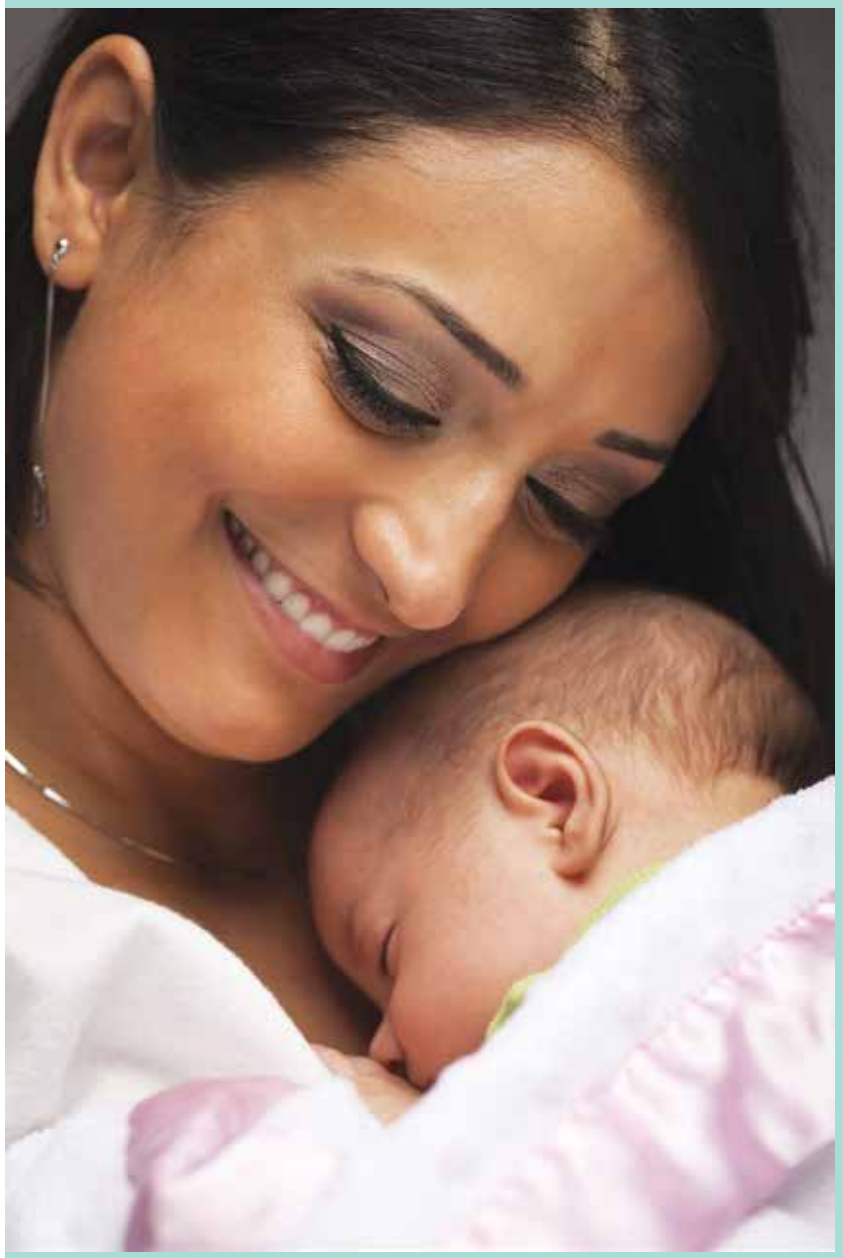
WHoA! Women's Health of Australia

BIRTH INTERVENTIONS DIFFER FOR URBAN AND RURAL WOMEN



This year researchers examined birth interventions provided to women giving birth to their first child based on where they lived.

The study found that women who lived in rural areas had fewer birth interventions than those who lived in the city. Women living in rural areas were less likely to have:

- epidural or spinal block (43% versus 56%)
- elective caesarean sections (8% versus 11%)
- emergency caesarean sections (16% versus 18%).

Researchers believe these differences may be due to a lack of choice in maternity services in some rural locations; however, it could also be argued that women living in areas where epidurals are not the 'norm' for pain relief in labour, are less likely to request or expect such an option. Equally, women are more likely to request or expect an epidural if they live in an area where the perception of labour care includes an epidural.

It is important that women are aware of all the options available to them, and that they have the support of their midwife and/or other health care professionals to carry out their preferred labour care options.

Women and Birth
(2013) 26:e77–e81
DOI 10.1016/j.wombi.2012.12.001

COMPLEMENTARY AND ALTERNATIVE MEDICINE USE BY MID-AGE AND OLDER WOMEN

The use of complementary and alternative medicine (CAM) is growing rapidly, with Australian women being major consumers of these therapies.

The research team has already published a number of scientific papers in relation to CAM use. A recent study investigated the predictive factors associated with CAM use by mid-age and older women.

The use of CAM by older women declined over time. However for mid-age women, there appeared to be a spike in CAM use at 47-52 years. This probably relates to treating common problems associated with menopause. Higher levels of stress and rural location were found to be significant predictors of CAM use by mid-age women.

International Psychogeriatrics (2013)
25(1):168-170
DOI 10.1017/S1041610212001378

MODERATING MENOPAUSAL SYMPTOMS

There is now good evidence that diet can affect the severity of menopausal symptoms experienced by women.

Menopause can lead to a wide variety of symptoms, including vasomotor menopausal symptoms (VMS), i.e. hot flushes and night sweats. These symptoms result from an inability to effectively control body temperature. Many women are keen to seek treatment for these symptoms. Hormone therapy is currently an effective method of addressing these symptoms but has a number of associated risks.

Menopausal symptoms are known to be more severe in women with high alcohol consumption, high BMI, sedentary lifestyle, and who smoke. Previous evidence suggested that the inclusion of soy in the diet, along with reducing fat, could help to reduce symptoms.

The findings of this new study show that a diet rich in fruit and vegetables, and other Mediterranean-style foods (pasta, garlic and red wine), but with less meat and sweets, is associated with less severe VMS. In contrast, women with a diet rich in fat and refined sugar were more likely to experience the symptoms. This finding suggests that changes in diet could help many women to control their menopausal symptoms successfully.

The Mediterranean and fruit-based diets are also high in fibre and lower in saturated fats. This combination results in a lower concentration of oestrogen in the blood, and less overall variation in the levels of the female hormones. It is the abrupt changes in hormone concentration that lead to the symptoms.

Diets that contain large amounts of saturated fat were associated with higher oestrogen and more severe symptoms. Diet was also found to be strongly linked to lifestyle; the women reporting an unhealthy diet were less likely to participate in regular exercise. This may also have an effect on the severity of the symptoms.

For women looking to reduce menopausal symptoms without resorting to hormone replacement therapy, we advise increasing the amount of vegetables in the diet, while also cutting out some saturated fat, such as that found in processed foods or red meat.

American Journal Clinical Nutrition
(2013) 97:1092–1099
DOI 10.3945/ajcn.112.049965

SEEKING BACK PAIN RELIEF

Back pain is the second most common complaint seen in general practice. Mid-age women are particularly prone to suffering from back pain with 55% of 60-65 year-olds reporting back pain.

A range of health care providers is available to assist back pain sufferers, including complementary and alternative medicine (CAM) practitioners. Women are higher users of health services in general than men and tend to use CAM frequently for musculoskeletal conditions.

A recent study examined the use of complementary and alternative practitioners by Australian women (aged 60-65 years) suffering from back pain. The most common consultations were with massage therapists (44%) and chiropractors (37%). Acupuncturists (13%), herbalists or naturopaths (9%), meditation or yoga practitioners (9%), and osteopaths (9%) were also consulted to a lesser degree.

The study also showed that women were less likely to consult a CAM practitioner if they had been to see a GP or physiotherapist first, but were more likely to visit a CAM practitioner if they had seen a pharmacist first.

Clinical Rheumatology (2013)
DOI 10.1007/s10067-013-2357-5

PREDICTORS OF SEXUALLY TRANSMITTED INFECTIONS

There is limited information available on sexually transmitted infections (STIs) in Australia. A recent study has examined the characteristics of women diagnosed with STIs, to increase the understanding of sexual health as women reach their 30s.

The study focused on three groups of women:

- those diagnosed with their first STI in their early 20s
- those diagnosed with their first STI in their late 20s and early 30s
- those never diagnosed with an STI.

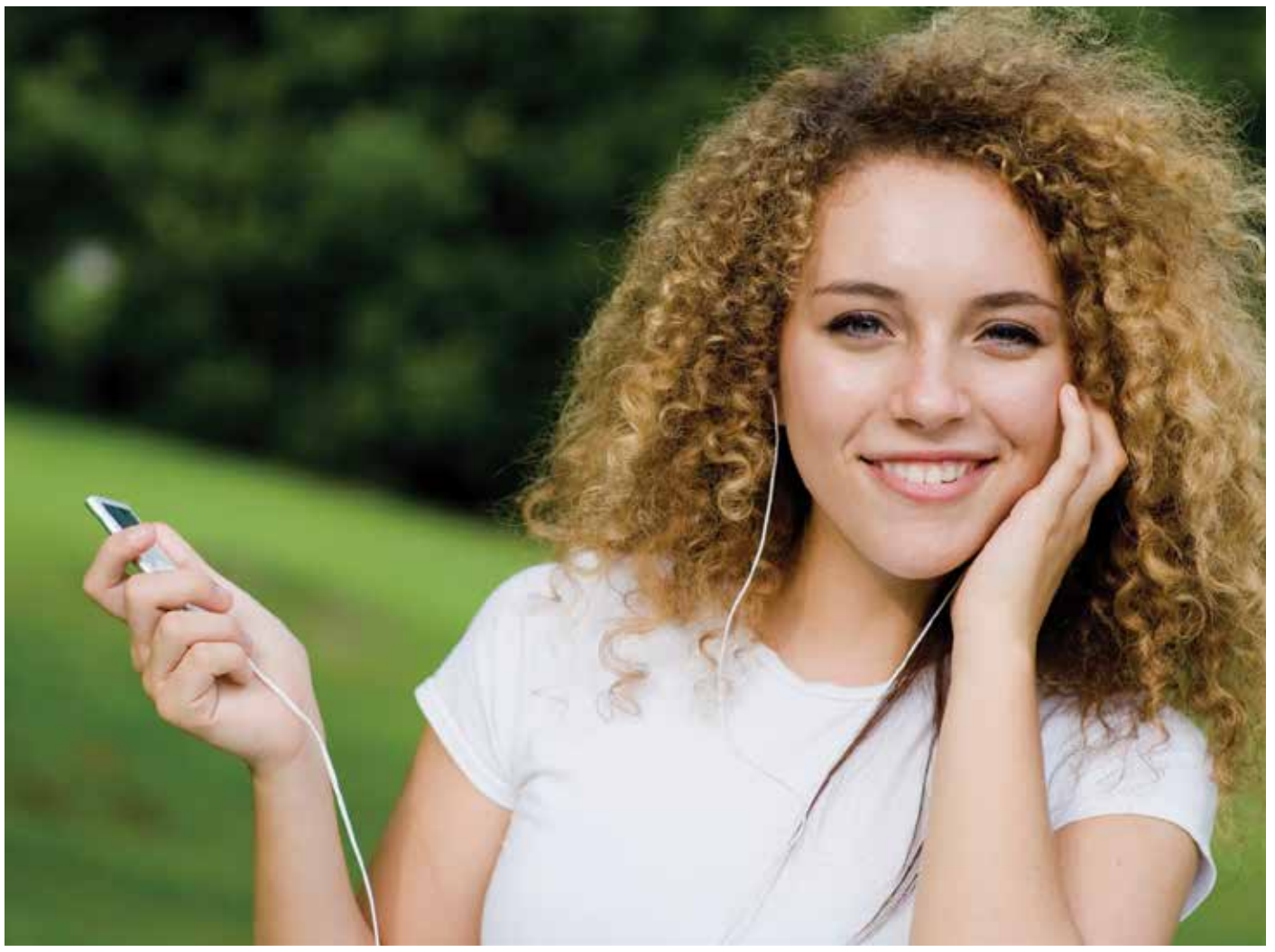
Researchers found that women who reported their first STI in their late 20s or early 30s tended to have had more sexual partners, had never been pregnant, were recently divorced or unpartnered, and had poorer access to Women's Health or Family Planning Clinics (when compared with those never diagnosed with an STI).

The women diagnosed with their first STI in their late 20s or early 30s were less likely to have ever been pregnant or to have had a recent Pap smear (compared with those women diagnosed with their first STI in their early 20s).

A relationship break-up for women in their 20s predicted a later STI. This finding highlights the need to provide resources and education to women and men negotiating sexual relationships at all ages and stages of life.

Archives of Sexual Behavior (2013) 42:237-246

THE NEW YOUNG COHORT



To date, almost 15,000 18-23 year-old women have signed up to be a part of the new cohort. Their participation will ensure that young women continue to be represented in the formulation of future health policies and practice. It also allows ALSWH data to represent Australian women across a range of generations, with a current age span of 18-93 years.

The new young cohort represents a generation exposed to a different environment from that of the previous young cohort (born in 1973-78). This new generation has grown up with technological advances, such as mobile phones, the internet, social media and online learning being a part of every day life. They face different health risk behaviours, a greater diversity of opportunity and influences, and a social environment where there are fewer traditional roles and more varied family structures.

PHYSICAL FUNCTIONING

New research has shown that women retain their physical functioning – the ability to undertake everyday tasks – for longer than previously thought. It has previously been suggested that physical functioning peaked in early adulthood and then steadily declined.

Findings from this latest research show that physical functioning does not decline in a linear fashion. Physical functioning does decline with age; however, the rate of decline is gradual, with a more rapid decline in older age.

The study also showed that being physically active did not slow the decline in physical functioning; however, it did result in living longer independently in the community.

Bulletin of the World Health Organization (2013) 91:661–670

IMPROVING HEALTH AND HEALTH CARE SERVICES FOR AUSTRALIAN WOMEN

Background

You may remember that during this project we have asked you for permission to receive details from Medicare Australia about your use of Medicare-funded health services. By putting the Medicare data together with the survey data, we have looked at general patterns of use of health services, particularly general practitioner and specialist consultations. Having these data has helped us to write reports about women's access to health services and particularly about how much the services cost according to where women live around the country. These reports have been provided to the government to help improve services for women.

What 's new?

Following discussion with Medicare Australia, information held by them will be regularly provided to the research team without your needing to consent every time. Other information, such as birth and death records, disease registers and hospital discharge records, aged care and community datasets, will also be available subject to strict privacy and confidentiality rules. Names and addresses are not included with the information. The project staff analysing these datasets and the survey data have signed confidentiality statements and they have no information in the datasets that could identify an individual person. This research is conducted in accordance with relevant privacy requirements and other legislation protecting this information.

What happens next?

You do not need to do anything. However if you have any questions about this process or if you need more information, please call the Freecall number and we will send you a more detailed information sheet. If you have concerns about this method of data collection, you can opt out of this by phoning the Freecall number 1800 068 081. We will provide updates in future newsletters about our progress and findings and how this research will benefit the health of women now and in the future.

If you have any concerns about this project, and would prefer to discuss these with an independent person, you should feel free to contact the Human Research Ethics Officer at either the University of Newcastle or University of Queensland.

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