

T.A.S. NEWS: 1968 - 2005

Welcome to the T.A.S. 2005 Newsletter.

This newsletter is designed to provide you with some background information on the Tasmanian Health Study, which started in 1968, and to update you on the progress of the current follow-up study. We would like to thank all of our participants and their families who have contributed to this research over so many years, making this study one of the most important medical research studies in the world!



Some of the T.A.S. research team (left to right):

Dr. Aindralal Balasuriya
Dr Mark Jenkins
Ms Cathryn Wharton
Prof. E. Haydn Walters
Dr Shyamali Dharmage
Prof. John Hopper
Assoc. Prof. Michael Abramson



What is T.A.S.?

You and your family are part of the Tasmanian Health Study (T.A.S.), which is one of the world's largest and longest health studies, spanning 37 years from childhood to adulthood.

The history of T.A.S.

In 1968, all Tasmanian school children born in 1961 (8,583) were surveyed about their health with a questionnaire filled out by their parents. These children also had medical examinations including breathing tests. This group of participants are referred to as the 1961 birth group. Their parents (16,266) and brothers and sisters (21,043) were also asked about their health using separate questionnaires.

Subsequently, three follow-up studies on either all or part of the 1961 birth group have been conducted when the participants were aged 13, 20 and 31 years.

- **1974 follow-up:** a questionnaire was mailed to 7,980 members of the 1961 birth group (then aged 13 years) with 7,132 responding. From these, 851 individuals participated in a clinical study that included breathing tests and height and weight measurements.
- **1981 follow-up:** the participants of the 1974 clinical study (aged 20 years) were asked to participate in a postal survey and 658 responded. Of these, 218 participated in a clinical study, which included breathing tests and measurements of height, weight and blood pressure.
- **1992 follow-up:** 1,723 participants from the 1961 birth group (aged 31 years) were asked to take part in a survey, and 1,494 subjects participated by completing a questionnaire on themselves and their children.

An invitation to be part of the current follow-up

We are now re-approaching all participants of the 1961 birth group to ask for their help once again. The objective of this follow-up study is to look at the health of this group of adults 37 years on and to determine the causes of particular diseases that contribute to illness and premature death in Australia.

Please remember that your participation this study is important even if you have good health. In fact it is best for the research if as many people as possible take part in the survey so we can better understand the prevalence of illness in the community. We hope this will lead to interventions to prevent these diseases.

Over the last 18 months we have been able to locate addresses for 7,000 of the original 8,593 participants and posted out surveys asking for help with this medical research. To date about 4,500 have taken part in this study.

To make this research valuable we encourage everyone to please consider completing the enclosed survey. Any information you provide is kept strictly confidential and used only for the purpose of this medical research.

Your participation in this follow-up is completely voluntary and you can withdraw at any time.

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The progress of the current follow-up

Over the last 18 months we have been working to establish as many current contact details of all 45,900 participants from the 1968 survey as possible. With permission from the relevant Ethics Committees, this has been done using many processes including matching participants to the Electoral Roll, the Tasmanian Marriage Registry, the National Death Index and the Medicare database. We have also sent out letters to some brothers and sisters requesting their assistance in providing the contact details of family members.

To date we have been able to trace 82% of the 1961 birth group, 52% of the brothers and sisters, and 23% of parents. This tracing process is still continuing.

If you know anyone who could have been a participant in the 1968 survey (i.e. born in 1961 and attended a school in Tasmania in 1968) but has not received a survey booklet, it would be appreciated if they could contact us on 1800 110 711.

The current follow-up study has been approved by the Human Research and Ethics Committees at the University of Melbourne, Royal Hobart Hospital and Australian Institute of Health and Welfare. This study is funded by the National Health and Medical Research Council, the University of Melbourne, Royal Hobart Hospital, Victorian Asthma Foundation and Helen MacPherson Smith Trust Foundation. The Tasmanian Asthma Foundation and the National Health & Medical Research Council have funded the T.A.S. in the past.

Participating in the current postal survey

If you agree to participate in this postal survey, we would be most grateful if you would **complete the enclosed survey booklet** and post it in the **reply paid envelope** provided or mail to:

Tasmanian Health Study
Department of Public Health
The University of Melbourne
Reply Paid 75370
CARLTON VIC 3053

If you need to contact us

If you would like more information about this research, please ring **1800 110 711** (free call within Australia) or e-mail inq-tas@unimelb.edu.au. Our fax number is (03) 9349 5815 (Attn: Cathryn Wharton). You can also contact the chief investigator of the project Dr. Shyamali Dharmage on (03) 8344 0737.

Keeping information up-to-date

For our research to be valuable, we need to ensure the contact details of all participants are kept current. This includes any changes of name and address details. If you or any of your family members change their contact details in the future we would be most grateful if you could please let us know by phone, mail or e-mail.

Contribution of the T.A.S. to research

To date the T.A.S. has resulted in substantial contributions to medical research, including major publications in medical and scientific journals.

According to the most recent survey findings of the T.A.S., three quarters of those who had childhood asthma were free of asthma at age 30, but one in nine of those who didn't have childhood asthma did have asthma at age 30. Eczema, poor lung function, having a parent with asthma and having many asthma attacks during childhood all increased the chance that a participant would still have asthma at age 30. The findings also showed that while boys are more likely to have asthma than girls, young women are more likely to have asthma than young men. We plan to investigate the reasons for this reversal of risk as well as the childhood factors that influence adult respiratory diseases in the current follow-up study.

Journal publications of the T.A.S. to date:

1. Gibson H.B. et al. Respiratory disorders in 7-year-old children in Tasmania: Aims, methods and administration of the survey. *MJA* 1969; 2:201-205.
2. Hall G.J. et al. The interrelationship of upper and lower respiratory tract symptoms and signs in seven-year-old children. *Int J Epidemiol* 1972; 1:389-405.
3. Gibson H.B. et al. What happens to wheezy children and why? *Transactions of the Menzies Foundation* 1980; 1:23-27.
4. Giles G.G. The use of discriminant analysis in the detection of geographic types of asthma. *Soc Sci Med* 1980; 141:225-232.
5. Giles G.G. The Tasmanian Asthma Survey. In: King H, editor. *Epidemiology in Tasmania*. Canberra: Brolga Press; 1987
6. Giles G.G. et al. Respiratory symptoms in Tasmanian adolescents: A follow-up of the 1961 birth cohort. *Aust NZ J Med* 1984; 14:631-637.
7. Jenkins M.A. et al. Factors in childhood as predictors of asthma in adult life. *BMJ* 1994; 309:90-93.
8. Jenkins M.A. et al. The association between childhood asthma and atopy, and parental asthma, hay fever and smoking. *Paediatr Perinatal Epidemiol* 1993; 7:67-76.
9. Hopper J.L. et al. Increase in the self-reported prevalence of asthma and hay fever in adults over the last generation: a matched parent-offspring study. *JPH* 1995; 19:120-124.
10. Jenkins M.A. et al. Validation of questionnaire and bronchial hyperresponsiveness against respiratory physician assessment in the diagnosis of asthma. *Int J Epi* 1996; 25:609-616.
11. Jenkins M.A. et al. Regressive logistic modeling of familial aggregation for asthma in 7,394 nuclear families. *Genet Epidemiol* 1997; 14:317-32
12. Hopper J.L. et al. Regressive logistic modeling of familial aggregation for smoking in a population-based sample of nuclear families. *J Epidemiol Biostat*