Welcome to the 2015 CDAH Newsletter. We have seen some exciting developments since our last newsletter in 2013 – the CDAH3 pilot and our new international collaboration with the ‘i3C’ project.

CDAH3 Pilot
In late 2014 CDAH conducted the pilot phase of a third follow-up of CDAH participants (CDAH-3), to demonstrate to our funding body that participants were still willing to attend clinics. Conducted in Tasmania and Ascot Vale in Victoria, we were thrilled with the wonderful turn-out ten years after our first clinics!

Altogether, we welcomed 204 people back through clinic doors. This was 45 percent of all people we approached, only one percent below the original 2004-6 turnout. There were many familiar faces and some happy reunions! Others gave up their time to fill out questionnaires, do phone interviews, and altogether over three-quarters in this catchment participated in one way or another. This was an extremely encouraging outcome - better than we had hoped for - and helps strengthen our case for future funding. We are grateful for pilot study funding from our donors, especially Blundstones.

Future Clinics
After our CDAH3 pilot, we applied for further research funds to run more clinics nationwide. Our application scored well, but unfortunately was unsuccessful in this increasingly-competitive funding environment: only 13 percent of project grant applications were funded by the National Health & Medical Research Council this year. But it hasn’t deterred us - we are determined to apply again next year and are committed to further clinic follow-up as soon as we are able and to take advantage of the latest ultrasound technology to measure cardiovascular health. In the meantime, we are recontacting CDAH participants for our new i3C project.

Exciting New Project with United States & Finland
In 2002, CDAH lead investigators Professors Terry Dwyer and Alison Venn initiated an international collaboration to pool data from similar cohorts around the world. This has developed into the International Childhood Cardiovascular Cohorts (i3C) Consortium which brings together researchers and data from seven long-standing cohort studies, including CDAH. All 40,000 participants had key cardiovascular disease risk factors measured at least once in childhood, making it possible to investigate their role in predicting adult disease decades later. At the end of 2014, the i3C Consortium was successful in securing major funding from the US National Heart Lung & Blood Institute to re-survey as many of the participants as possible in middle age to ascertain current health status and identify those diagnosed with cardiovascular disease or diabetes.

As part of this new project, CDAH is conducting short 10-minute telephone or online surveys focused on cardiovascular health. In mid-2015 Victoria was the first cab off the rank and we’ve completed over 500 surveys so far. Thank you to all those Victorians who have helped us! We look forward to being in touch with the rest of Australia over the next 2-3 years, and in early 2016 we’ll be calling on South Australia and the Northern Territory.

Please note: whether you have perfect health or health problems, your participation makes a huge difference to the study and its scientific value. We do hope you will agree to participate in this important ongoing research.

For more information on i3C research and cohorts: http://www.i3cconsortium.org/background.html

Alison Venn: New Menzies Director
Congratulations to our Chief Investigator, Professor Alison Venn, who has recently been named the new Director of Menzies Institute for Medical Research!

Professor Venn not only leads the CDAH Study, but also holds an NHMRC Senior Research Fellowship, is the Director of the Tasmanian Cancer Registry and the Tasmanian Data Linkage Unit, and leads two NHMRC-funded partnerships with the Tasmanian Government. She is co-investigator of a major NHMRC-funded trial into whether Vitamin D supplementation reduces mortality and the incidence of cancer.

The University is excited about Menzies’ future under Professor Venn’s stewardship and looks forward to her taking up her appointment in the new year.
Highlights from recent research findings

Preventing high blood pressure. Children with higher than average blood pressure are more likely to have high blood pressure in adulthood and therefore higher cardiovascular disease risk. Our work has shown that children with high blood pressure are more likely to have normal blood pressure in adulthood if they reduce their body mass index and alcohol consumption, and increase their vegetable intake and education level relative to their peers. Kelly RK et al. The Journal of Pediatrics 2015

Harms of passive smoke exposure. In the 1980s, when CDAH participants were first surveyed, it was more common for children to be exposed to their parents’ smoking than it is now. Passive smoke exposure is known to have a range of harmful effects, particularly on children’s respiratory health. We have shown that it also has long-term effects on children’s blood vessel health that can be detected by ultrasound 20 years later. These findings further strengthen the case for protecting children from passive smoke. Gall S et al. European Heart Journal 2014.

Benefits of physical activity for mental health. Physical activity is known to have beneficial effects for people with depression but the value of physical activity for preventing depression has been less clear. Findings from CDAH have shown that children who maintained higher than average levels of physical activity, or who increased their physical activity levels from childhood to adulthood, had a lower risk of developing depression. McKercher C et al. Social Psychiatry & Psychiatric Epidemiology 2014

Heart Foundation Future Leader Fellows

Three of our CDAH researchers, Dr Seana Gall, Dr Verity Cleland and Dr Costan Magnussen, have been awarded prestigious Heart Foundation fellowships that will enable them to continue their research with CDAH and i3C. As well as recognising their excellent research achievements, these fellowships recognise the value of these studies and, of course, your contributions as participants!

CDAH Staff

Gearing up for CDAH3 and our i3C collaboration saw some new staff at CDAH HQ. While Karen is busy coordinating questionnaire completions, following up medical records and liaising regularly with US counterparts, Janette’s is often the voice you will hear on the telephone when it comes to organising your participation.

Our long-serving volunteer, Irma, is still flat-out tracking down everyone who has moved (a never-ending task!) so that we can continue to stay in touch with you.

HAVE YOU MOVED OR CHANGED YOUR CONTACT DETAILS?

This year marks 30 years of our CDAH study. It’s easy to lose touch with you as our study progresses. Please help us keep up to date with your details.

Text 0418 491 988
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DO YOU ‘LIKE’ Us?

You can now keep up with all the happenings at CDAH HQ on our Facebook page. Find out what’s happening next; will we be calling your area soon? Read about all the latest research findings at any time. Just go to https://www.facebook.com/cdahstudy and ‘like’ the page.

Wishing you and your family a very Happy Festive Season from all at the CDAH Team!