WHoA!

Women's Health of Australia

women's health australia

australian longitudinal study on women's health

2015 Participant Newsletter

Welcome to the latest edition of the Participant Newsletter.

In this edition, we've included new research on how drinking behaviours change over the lifespan; workforce patterns; domestic violence; and urinary incontinence. We also explain why we ask the same questions over and over again.

We were recently awarded the Council of Academic Public Health Institutions Australia (CAPHIA) 2015 Team Award for excellence and innovation in public health research. The Award recognises the Study as an exceptional public health resource that provides an evidence base for government and other decision-makers within Australia for healthcare policy and practice affecting women. We could not have done it without your continued participation, so THANK YOU! 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 in Australia.

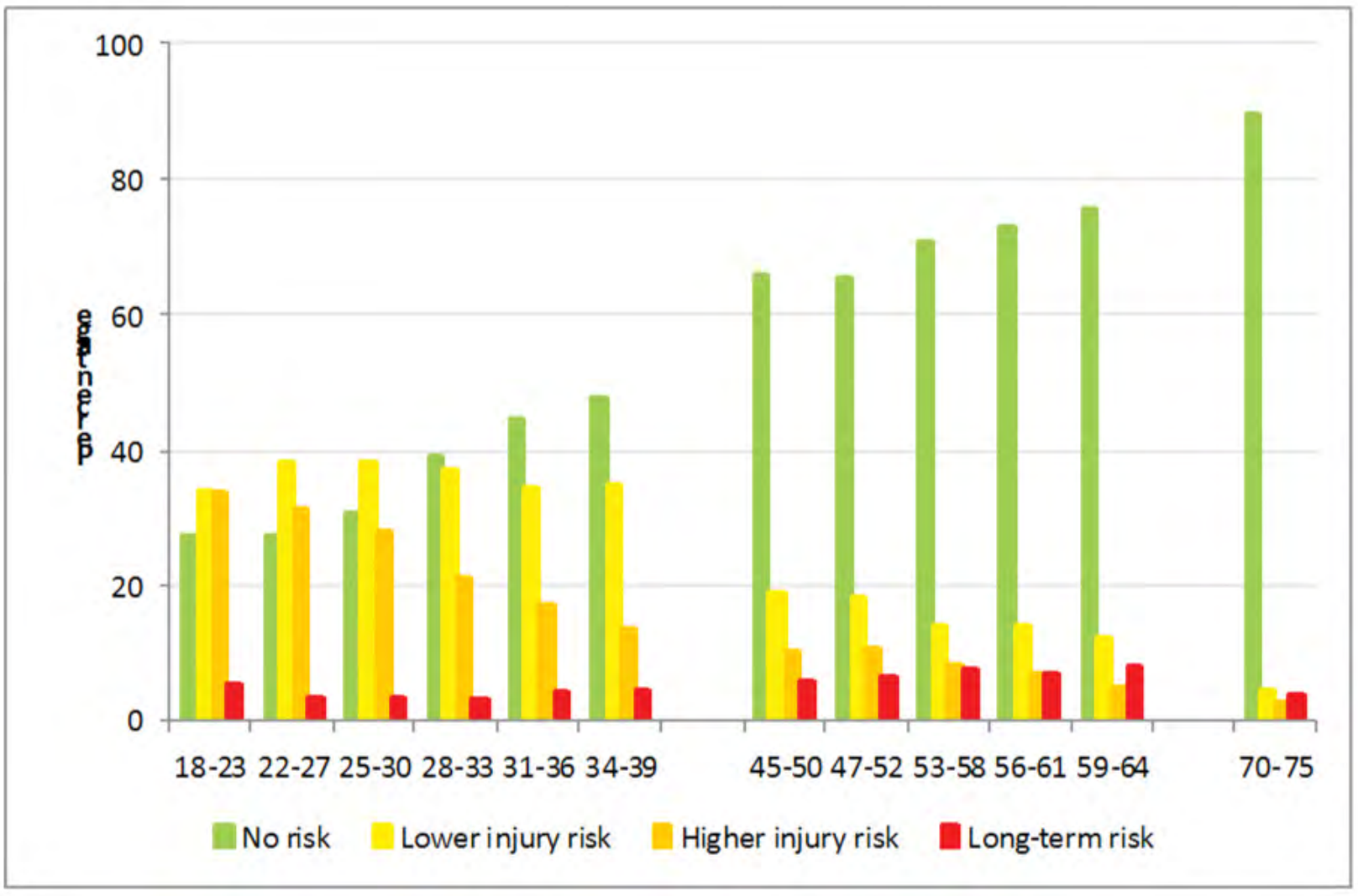
Further information on the articles in this newsletter is available on the ALSWH website (www.alswh.org.au).

DO WOMEN 'GROW OUT' OF RISKY DRINKING?

Since 1996, we have been asking about alcohol consumption. No doubt you remember answering questions about how often you usually drink alcohol, how many standard drinks you usually have and how often you drink five or more standard drinks on one occasion.

These questions are used to calculate risky drinking. According to Australian alcohol guidelines, there are two types of risky drinking. One is regularly drinking more than two drinks a day on average. It is called long-term risky drinking and increases the risk of alcohol-related illness. The other is drinking five or more standard drinks on one occasion (called binge drinking) and this has been shown to increase risk of injury. We split this type of risk into lower risk of injury (binge drinking less than once a month) and higher risk of injury (binge drinking once a month or more often).

So are women drinking at risky levels? The answer is that it depends on age. As shown in the figure below, just under 30% of 18-23 year old women report 'no risk' drinking (including not drinking alcohol at all, shown as green bars below). This increases to 65-75% of women in mid-age (45-50 to 59-64) and 90% of women in their seventies.



But what about risky drinking? Among women aged between 18 and 39, more than a third drink at levels considered to be lower risk (shown as yellow bars above). In the same age range, drinking at levels associated with higher risk of injury (gold bars) drops from about a third to about 10% by age 34-39, and this level continues to decline throughout mid age. Drinking at levels associated with long-term risk (red bars) is reported by less than 5% of women up to age 39, but this proportion is slightly higher in women in their fifties and sixties. Very few women in their seventies drink at risky levels.

More recently, we asked the same alcohol consumption questions of women aged 18-23 years who joined the ALSWH between 2012 and 2013. In 2013, just over 20% were not risky drinkers. The good news is that more than 40% of this group were drinking at lower risk of injury than 18-23 year olds in 1996.

Published in Drug Alcohol Rev (2015) doi: 10.1111/dar.12246

HAVE YOU EVER CONSULTED DR GOOGLE?

Why young women are turning to the Internet for health information

Young women frequently search online for health information, particularly if it relates to health issues they may consider 'embarrassing' or 'sensitive'. Using information from the 1989-95 cohort, we found that women were more likely to seek health information if they had:

- Frequent urinary or bowel symptoms
- Heavy, painful or irregular periods
- High levels of psychological distress or a mental health condition.

The internet may be an attractive source of information for women with these symptoms because it is easy to access, their identity can be hidden, and any concerns and questions can be answered privately.

There are many good websites in Australia that women can access for health information. For example, "Headspace", "Beyondblue" and "Young and Well", offer online support to people with mental health issues. But not all websites offer the correct information or advice and women may find it difficult to know which sources to trust.

This research shows that women want information but we need to find ways to assist and direct women to reliable and trustworthy online health resources.

Here are some recommended websites that offer reliable and accurate health information:

→ **Jean Hailes:** For information on a range of women's health issues:
https://jeanhailes.org.au/

→ **Continence Foundation of Australia:** For information about bladder and bowel control problems:
http://www.continence.org.au/pages/urinary-incontinence.html

→ **Young and Well:** Supporting young people to feel safe, healthy and resilient:
http://www.youngandwellcrc.org.au/

→ **Headspace:** Support for young people and their families in relation to mental and physical health, work and study support, and alcohol and other drug issues:
http://headspace.org.au/

→ **Bladder and Bowel:** Information to assist with the prevention and management of bladder and bowel problems:
http://www.bladderbowel.gov.au/

TACKLING OSTEOARTHRITIS IN MID-AGE WOMEN

Osteoarthritis is a disabling disease that causes severe pain and stiffness in the joints, and currently affects an estimated 1.8 million people in Australia. It is one of the most common forms of arthritis, it becomes more prevalent with age, and is more common in women than men.

We already knew that being active could be beneficial for delaying joint problems, but we did not know if being active in mid-age was important.

Researchers looked at the physical activity levels of women in the 1946-51 cohort, from when they were in their late 40s until their late 50s. They found that being active during the mid and late 50s was important for preventing the onset of joint symptoms when women were in their early 60s.

For many women this life stage is associated with retirement, which often means more 'free time'. This study adds yet another reason for investing time in physical activity during this life stage. As there is currently no cure for osteoarthritis, prevention is key to avoiding the pain and disability associated with this condition.

Published in Osteoarthritis and Cartilage (2015) doi: 10.1016/j.joca.2014.06.040

PATTERNS OF EMPLOYMENT IN MID-AGE WOMEN

Health is important for enabling women to continue to work throughout their adult lives. We have been examining the patterns of women's workforce participation and how work arrangements change for women during their childbearing years and through their mid-age.

We have found five main patterns of employment for women in their 40s and 50s with 48% of women being mostly in paid work in all ALSWH surveys. Another 9% of women showed a pattern of increasing work through their 50s, with most still working in their early 60s.

Some women (11%) gave up work at around age 55 years, around 10% gave up work in their mid 40s and another 22% were mostly not in paid work across all surveys.

Higher education was a strong factor in women's continuing workforce participation. Chronic conditions such as diabetes and arthritis were associated with not being in paid work, or earlier exit from the workforce.

Women who were not in paid work were however more likely to be caring for grandchildren and more likely to be providing care for someone else because of that person's illness or disability. These contributions are also important.

Published in Journal of Women's Health (2015) doi: 10.1089/jwh.2014.5009

WHY DO WE ASK THE SAME QUESTIONS OVER AND OVER AGAIN IN THE SURVEYS?

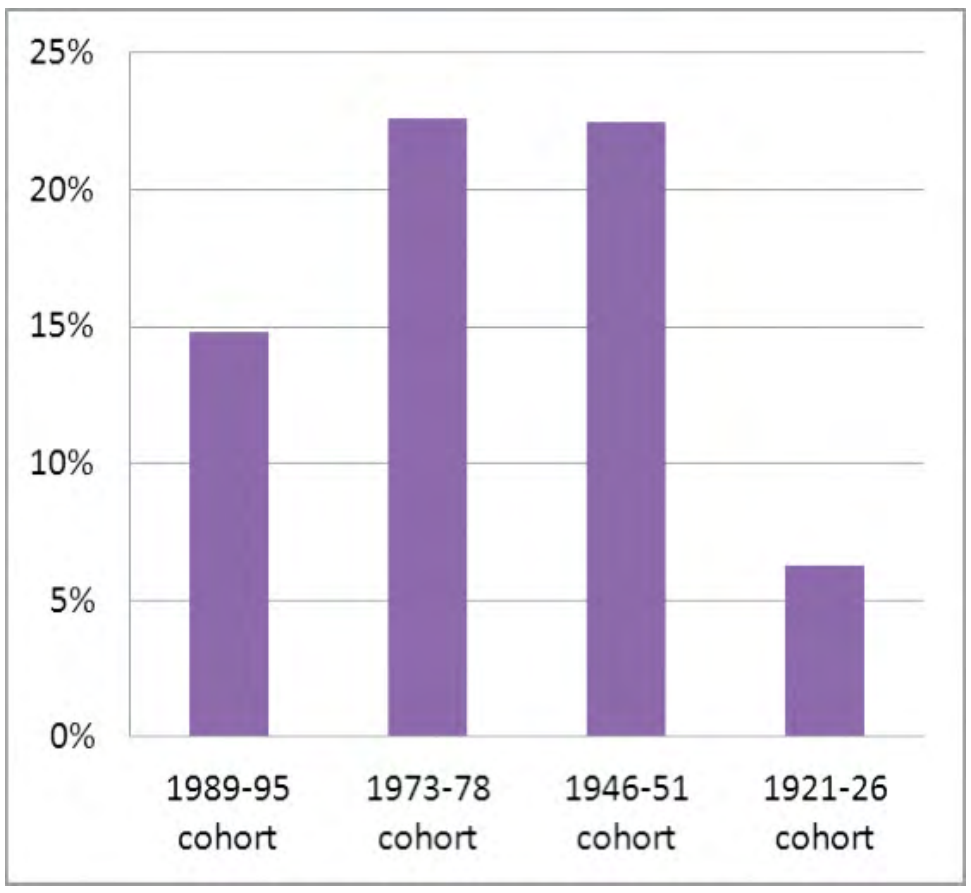
Sometimes we are asked why the same questions are used in each ALSWH survey. Some questions are only asked once because the answers to them do not change e.g. "What was your birthweight?" Other questions are used repeatedly so that changes can be seen over time e.g. "Who do you live with?" This obviously changes with age. In their teens women are more likely to live with parents, later on with a partner and still later, on their own.

We asked women in the 1973-78 cohort how often they experienced severe period pain in the last year. More than one third of women aged between 18 and 23 said they frequently had severe period pain. At each of the following surveys (from early 20s to late 30s) about 20% said they had this symptom. But over time, almost 60% said they had severe period pain at one or more of the six surveys. Fortunately, few women had severe period pain at all six surveys.

Sometimes, but not always, it is possible to see what might be causing these changes. For example, we found that women who smoke are more likely to experience painful periods, and women who stopped smoking sometimes had less period pain. You can read more about it here: *Ju, H., Jones, M., & Mishra, G. D. (2014). Smoking and trajectories of dysmenorrhoea among young Australian women. Tobacco control, tobaccocontrol-2014.*

DOMESTIC VIOLENCE

Over the past 12 months or so, domestic violence has been the topic of many media reports and a lot of public discussion. Many of the women who participate in the study have been generous in providing information about their experiences of abuse, both in the surveys and from time to time in telephone interviews. The number of women who have reported ever living with a violent partner or spouse ranges from 6% to 23%, as the graph below shows.



Across all four of the cohorts, women who have experienced domestic violence are more likely to experience difficulty managing on their incomes. However, it is important to note that domestic violence was also reported by women who found managing on their incomes to be easy.

Women from every age group who had experienced domestic violence consistently reported poorer physical health at every survey. For instance, women in the 1973-78 cohort who had ever lived with a violent partner were more likely to report reproductive health problems, including diagnoses of HPV (Human Papilloma Virus or genital warts). Women from the 1946-51 cohort who had experienced domestic violence were also more likely than other women to experience reproductive health issues, including hysterectomy and cervical cancer. HPV causes cervical cancer, so it is very important that women who have lived with violent partners undertake regular Pap testing. However, our results show that women in their 50s who had lived with a violent partner were less likely to undertake regular Pap testing than women who had never lived with a violent partner. Domestic violence is also consistently related to poorer mental health. For example, women in the 1989-95 cohort who had ever lived with a violent partner were more likely to have high or very high levels of psychological distress.

With so many women experiencing domestic violence across Australia, it is important to identify those things that might help women to recover from abuse. Early results indicate the importance of social support. Interview data also show that non-judgemental assistance from family and friends can be a key element in recovery. As one participant said, "I knew that whatever happened, that I could count on mum and dad's love and support." The information provided by you will continue to help uncover factors that lead to improved health and a better quality of life for women who have lived with violent partners.

URINARY INCONTINENCE AND DEPRESSION—ARE THEY LINKED?

Australian women suffering from depression and depressive symptoms have a higher chance of developing urinary incontinence, new research shows.

While it is well known that urinary incontinence or 'leaking urine' increases with age, this study confirmed the degree of the increase and its association with depression, particularly in young women.

Based on data from women born in 1973-78, researchers found that urinary incontinence increased from 6% when these women were aged 22-27 years to 16% when they reached their mid to late 30s. However, in women with depressive symptoms, this increase was more significant – ranging from 9% in 22-27 year olds to 21% in women in their mid to late 30s.

These findings are consistent with previous research indicating depression as a risk factor for urinary incontinence in mid-age and older women. One reason for this association may be due to changes in serotonin levels in the body.

Serotonin is the chemical in the body responsible for maintaining mood balance, and a deficit can lead to depression. Low levels of serotonin have also been shown to increase bladder activity.

Researchers found that women with children were more than twice as likely to report urinary incontinence as women who had not had children. Overweight and obese women, and women with vaginal tears were also more likely to report urinary incontinence.

Women who participated in high physical activity were less likely to report urinary incontinence, as were those taking oral contraceptives.

These findings for young women are consistent with previous research that has implicated depression as a risk factor for subsequent urinary incontinence in mid-aged and older women.

Published in Maturitas (2015) doi: 10.1016/j.maturitas.2015.05.006

YOU AND YOUR BABY ARE WHAT YOU EAT

A new study using data from women in the 1973-78 cohort has found that women who follow a Mediterranean-style diet before becoming pregnant have a significantly lower risk of developing hypertensive disorders during pregnancy.

Hypertensive disorders – characterised by high blood pressure – are common complications during pregnancy. Among women in the 1973-78 cohort, 8.5% developed a hypertensive disorder during their pregnancy between 2003 (age 25-30 years) and 2012 (34-39 years).

Researchers found that young women who followed a diet rich in vegetables, legumes, nuts, tofu, rice, pasta, rye bread, red wine and fish before pregnancy had a 42% lower risk of developing gestational hypertension and pre-eclampsia.

Hypertensive disorders during pregnancy can lead to an increased post-pregnancy risk of mothers and their children developing chronic diseases.

This research emphasises that a healthy diet is important for women of reproductive age. These findings may encourage young women to consume a healthy Mediterranean-style diet, even before pregnancy, as it will not only have a positive influence on their health, but also on their future children's health.

Published in The American Journal of Clinical Nutrition(2015) doi: 10.3945/ajcn.114.102475

WOMEN IN THE 1921-26 COHORT

Women in the 1921-26 cohort are still returning the surveys we send to them each six months. These women describe a wide variety of health problems that become more common, and have greater impact, as they age. Many women have problems with vision and hearing, mobility, and memory. Falls are a particular problem, often leading to fracture, surgery, loss of confidence and independence, and commonly trigger "big changes" including moving out of the family home. However many older women do still live in their own home, with various forms of assistance from friends, family and community services, appreciating help with meals, housework, bathing, and transport.

While some women describe health as a "challenge" other women describe themselves as being in "good health for my age". The women describe many visits to doctors and other health care professionals, and most have had excellent outcomes from their health care, "feeling the benefit" with major improvements to their quality of life and wellbeing.

While many women say they are "winding down", they also describe how they are embracing this time of life, being quite active, going on cruises, engaging in hobbies, taking up painting, dancing, exercising, driving, and visiting friends and family. Many women are caring for their older husbands or other family members.

Several women have also told us how they celebrated their 90th birthdays in many different ways, from world trips, to cakes with family.

We thank the older ALSWH participants and their families who continue to fill in these surveys. It is so important for us to get such a detailed and rich picture from so many women, and especially to understand their many different experiences.

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 who analyse 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 we do not hear from you after inviting you to complete your latest survey we will send reminders. These may include reminders targeted to participants by matching your email address or mobile phone number with social media records in a secure and confidential manner. If you do not wish to be contacted in this way please let us know by phoning the Freecall number 1800 068 081. Your participation in the project is voluntary.

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.

The Human Research Ethics Officer

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