

Number of presentations by year:		
• 2013 - 30	• 2012 - 38	• 2011 - 15
• 2010 - 13	• 2009 - 18	• 2008 - 22
• 2007 - 15	• 2006 - 21	• 2005 - 27
• 2004 - 12	• 2003 - 8	• 2002 - 5

PLANNED

SUBMITTED

2014

2014 - ORAL PRESENTATIONS

1. **(PAMS)** Howard N, Paquet C, Coffee N, Hugo GJ, Lekkas P, Taylor A, Adams R, Daniel M. A propensity matched analysis of population movement implicating area contributions to increased cardio-metabolic risk over time. *142nd American Public Health Association Annual Meeting & Exposition*, New Orleans USA, Nov 2014.

RESULTS: Four hundred and thirteen 'movers' were pair-matched with 'non-movers' for individual-level predictors of residential movement. 'Non-movers' had an increase in the count of elevated cardio-metabolic risk factors (mean 0.04) than 'mover' counterparts (mean -0.11). DISCUSSION: 'Non-movers' had a greater increase in risk of cardio-metabolic disease. In so far as this analysis accounted for individual-level factors that contribute to re-location, area-level influences are potentially implicated for advancing understandings of population movement

2. **(MAILES)** Adams R, Appleton S, et al. Obstructive sleep apnea is associated with incident pre-diabetes in a population cohort of men. *American Thoracic Society*, San Diego, May 2014.

Same abstract as Thoracic Society of Aust & NZ (2014 poster presentation)

3. **(MAILES)** On Z, Grant J, Shi Z, Taylor A, Wittert G, Martin S. The association between Gastro-Oesophageal Reflux Disease (GORD), sleep quality, depression and anxiety in a cohort study of South Australian men. *Australian Society for Medical Research (ASMR)*, Victoria (30 May) & Adelaide (4 June) 2014.

RESULTS: The multi-adjusted regression models for current GORD-related symptoms are shown in Table 1. Those with anxiety had increased odds of concurrent GORD-related symptoms (adjusted OR 2.3, 95% CI 1.2-4.5, $p < 0.001$). There was no relationship observed with depression. Sleep quality was associated with GORD-related symptoms (adjusted OR 0.5, 95% CI 0.3-0.8, $p = 0.006$). CONCLUSIONS: Anxiety was found to have strong association with GORD. Reflux symptoms could possibly result in anxiety, as there is a consequence of being bothered and conscious by the reflux symptoms over time. Moreover, anxiety might influence individual's feeling of reflux symptoms, resulting in lower threshold for once bodily sensation and manipulated the oesophageal stimuli are perceived and reported. The relationship between depression and GORD-related symptoms were not consistent. This finding was partially consistent with a previous study. Sleep quality was the mediate variables here which resulting participants to have the depressive feeling.

4. **(MAILES)** Adams R, Appleton S, et al. Identification of clinical phenotypes in Obstructive Sleep Apnea (OSA) using cluster analysis: a population study. *Thoracic Society of Aust & NZ*, Adelaide, April 2014.

RESULTS: Undiagnosed OSA (apnea-hypopnea index [AHI] ≥ 10 events/hour) was identified in 52.9% ($n = 443/837$). In OSA population ($n = 332$ after cancer and depression excluded), four clusters were identified. Cluster 1 (22%) was characterised by predominantly younger age ($< 50y$), economic advantage, and high burdens of moderate to severe OSA, obesity, hypertension, hypertriglyceridemia, and low testosterone but minimal sleepiness. Cluster 2 (27%) was similar to cluster 1 (with the exception of economic advantage) but with frequent sleepiness and low SF-36 vitality. Cluster 3 (19%) demonstrated more mild OSA, lowest burdens of obesity, hypertriglyceridemia and elevated interleukin 6, and aged < 65 years. Cluster 4 (32%) were predominantly aged > 65 years, demonstrating high burdens of moderate-severe OSA, economic disadvantage, diabetes, hypertension, nocturia, cardiovascular disease and hypertriglyceridemia, but not sleepiness. CONCLUSION: Distinct clinical OSA phenotypic clusters could be identified. Further work can examine if these groupings can prospectively identify outcomes, and be used to identify groups for targeted interventions.

5. (MAILES) Wittert G, Vincent A, Adams R, Antic N, Vakulin A, Martin S, Grant J, Catcheside P, Taylor A, McEvoy D. Obesity vs sleep architecture. *12th International Congress on Obesity (ICO)*, Kuala Lumpur, Malaysia, March 2014.

RESULTS: AHI ($p < 0.0001$) and ODI ($p < 0.0001$) increased with increasing BMI over 25. In the obese a one unit increase or decrease in BMI was associated with a concordant change in OSA severity (AHI or ODI) ($P < 0.02$). Obesity was without affected on REM and SWS sleep duration, but independently associated with increased sleep disturbance ($p = 0.01$), daytime sleepiness ($p = 0.05$), and improved sleep efficiency - subjectively ($p = 0.02$) more than objectively ($p = 0.07$). However, sleep efficiency deteriorated in obese individuals who gained rather than lost weight ($p = 0.03$). Weight gain increased daytime dysfunction more in non-obese than obese individuals ($p = 0.04$). CONCLUSIONS: The severity of obesity is related to the severity of OSA, sleep disturbance and daytime sleepiness. Relatively small increases or decreases in weight aggravates or ameliorate daytime symptoms and function as well as OSA.

6. **NOBLE2 Research Seminar, March 2014:**

- Prof Graeme Hugo – Issues and myths; also challenges and opportunities
- Assoc Prof Anne Taylor – (i) NOBLE2 methodology/background; (ii) Retirement intentions of working Baby Boomers
- Prof Gary Wittert – NOBLE2 (to be updated); also men’s health and work
- Prof Mark Daniel – Place and health/NOBLE2 (to be updated)
- Rhiannon Pilkington/Dr Helen Feist – Health in the workplace
- Prof Helen Winefield - NOBLE2 (to be updated)
- Prof Robert Adams – Sleep and workforce participation
- Dr Zumin Shi – Dietary patterns and chronic disease
- PhD students – Rhiannon Pilkington, Constance Kourbelis, Christopher Bean, Judy Lewis; with Anne Taylor

2014 - POSTER PRESENTATIONS

7. (MAILES) Adams R, Appleton S, et al. Identification of clinical phenotypes in Obstructive Sleep Apnea (OSA) using cluster analysis: a population study. *Thoracic Society of Aust & NZ*, Adelaide, April 2014.

Same abstract as Thoracic Society of Aust & NZ (2014 oral presentation)

8. (MAILES) Adams R, Appleton S, et al. Obstructive sleep apnea is associated with incident pre-diabetes in a population cohort of men. *Thoracic Society of Aust & NZ*, Adelaide, April 2014.

RESULTS: In cross-sectional analyses, significant age adjusted odds ratios (95% CI) for prevalent diabetes [2.42 (1.41-4.17)] or incident diabetes [2.15 (1.04-4.43)] associated with severe OSA (AHI \geq 30) did not persist after additional adjustment for obesity. Longitudinal analyses showed that longstanding OSA was not significantly associated with incident diabetes [age-adjusted OR: 1.55 (0.74-3.23)] but was significantly associated with incident pre-diabetes [1.83 (1.00-3.35), $p = 0.049$] after adjustment for age, obesity, smoking, physical activity, sleepiness and grip strength. There were no significant relationships of oxygen desaturation index (3%) ≥ 16 or time oxygen saturation $< 90\% \geq 4\%$, persisting after age and obesity adjustment. CONCLUSIONS: In a population-based sample of men, longstanding OSA was independently associated with the development of pre-diabetes or impaired glycaemic control.

9. Newbury W, Lorimer M, Crockett A. Cohort and period effects are evident in spirometry predictive equations. *Thoracic Society of Aust & NZ*, Adelaide, April 2014.
10. Newbury W, Lorimer M, Crockett A. Investigating Delta Lung Age (DLA) using independent data. *Thoracic Society of Aust & NZ*, Adelaide, April 2014.

2013 - ORAL PRESENTATIONS

11. (PAMS) Carroll SJ, Paquet C, Howard N, Taylor A, Adams R, Daniel M. Continuous measures of cardiometabolic risk constructed from clinical factors: validation and comparison with Framingham Risk Scores. *International Diabetes Federation*, Melbourne, Dec 2013.

This study used data from an Aust population-based biomedical cohort (n=4056), collected over 10 years in 3 waves. Two continuous measures of cardiometabolic risk (CMCRs) were constructed from waist circumference, mean arteriole pressure, fasting glucose, triglycerides and HDL cholesterol: 1) the mean of age-standardised risk factors (CMCR-Z); and 2) the weighted mean of the two first principal components from principal component analysis (CMCR-PCA). The ability of each score to predict incident CVD, diabetes and cardiometabolic disease was assessed and compared using age-adjusted logistic regression models and the Areas Under the Receiver Operating Characteristic Curves (aROC), according to sex. RESULTS: Both CMCRs demonstrated moderately accurate prediction of incident CVD, diabetes and cardiometabolic disease among men and women (aROCs 0.72-0.76). There were no significant differences between the aROCs of the CMCRs and the Framingham Risk Scores. CONCLUSION: CMCRs constructed solely from clinical risk factors, may be useful in research investigating associations between health and behavioural or demographic factors by providing suitable alternatives to current risk scores which are either dichotomous, or include these factors.

12. Bagheri N, McRae I, Konings P, Del Fante P, Douglas K, Adams R. Model for estimating the population prevalence of undiagnosed diabetes from GP practice data: a spatial-statistical analysis. *Health Services Research Association of Australia and New Zealand Conference*, Wellington NZ, Dec 2013.

We used data from the North West Adelaide Survey (NWAHS) to develop a model (based on demographic and clinical measures) to predict total diabetes (defined as diagnosed diabetes or FBS \geq 7.0mmol/L or HbA1c \geq 6.5mmol/L). This model was then applied to GP practice data to predict the total level of diabetes in each small area. The discrepancy between total expected and already diagnosed was defined as undiagnosed diabetes prevalence. The area level prevalence was calculated by aggregating percentage of undiagnosed diabetes at statistical area level one (SA1) in the study area. The pattern of diagnosed and undiagnosed diabetes were also visualised to highlight the areas with greater prevalence rate. LESSONS LEARNED: The average prevalence rates were 12.8%, 9.9% and 2.9% for total expected diabetes, diagnosed and undiagnosed respectively in the study area. Higher expected and observed diabetes prevalence was seen in the lower socioeconomic status areas. The prevalence of undiagnosed diabetes was slightly higher in the least disadvantaged areas. Diagnosed, and undiagnosed diabetes prevalence varied widely between the SA1 areas. IMPLICATIONS: This approach both flags the possibility that undiagnosed diabetes may be a problem of the less disadvantaged social groups, and can be used as a tool to identify areas of high levels of unmet needs for diabetes which would enable policy makers for geographic targeting of effective interventions.

13. Pilkington R, Taylor AW, Hugo G & Wittert G. Are Baby Boomers healthier than Generation X? *American Public Health Conference*, Boston, Nov 2013.

RESULTS: Tertiary educational attainment was higher among Generation X males (27.6% vs.15.2% $p<0.001$) and females (30.0% vs.10.6% $p<0.001$). Boomer females had a higher rate of unemployment (5.6%vs.2.5% $p<0.001$). Boomer males and females had a higher prevalence of 'excellent' self-reported health (35.9%vs.21.8% $p<0.001$; 36.3%vs.25.1% $p<0.001$) and smoking (36.3% vs. 30.4% $p<0.001$; 28.3% vs. 22.3% $p<0.001$). Generation X males (18.3% vs.9.4% $p<0.001$) and females (12.7%vs.10.4% $p=0.0152$) demonstrated a higher prevalence of obesity(BMI $>$ 30.00). No differences in physical activity were observed. Model 1 and 2 indicated Generation X were more likely than Boomers to be overweight/obese (OR:2.05,1.13-3.71) and have diabetes (OR:2.10,1.82-2.44). CONCLUSIONS: Self-rated health has deteriorated while obesity and diabetes prevalence has increased. This may impact on workforce participation and health care utilization in the future.

14. Harding JL, Shaw JE, Peeters A, Magliano DJ (on behalf of the ANZDCC collaborating group). Pre-diabetes is associated with incident cancer in a pooled Australian cohort. *International Diabetes Epidemiology Group Meeting*, Melbourne, Nov 2013.
- This study included 56,632 adults (58.5% women) from the ANZDCC, a pooled cohort with measured FPG, followed over an average of 14.4 years. Incident cancers (other than non-melanoma skin cancers) were ascertained by linkage to the Australian Cancer Registry. During 814,835 person years of follow-up, 3,727 men and 3,492 women developed cancer. For women, positive associations were observed between FPG and the incidence of all cancers combined, pancreatic, lung, and breast cancer. For men, positive associations were seen for pancreas and lung cancer, but these did not reach statistical significance. There was, however, a significant decreased risk for prostate cancer was observed among those with FPG relative to those without. CONCLUSIONS: These findings provide further evidence that elevated FPG concentrations, even in the non-diabetes range, is associated with the incidence of several types of cancer for both men and women.*
15. (PAMS) Daniel M. The environment and mental health. *Physical/Mental Interface Conference*, Melbourne, Nov 2013.
16. Gill TK, E Shanahan EM, Allison D, Alcorn D, Hill CL. An examination of shoulder pain using magnetic resonance imaging in older people. *American College of Rheumatology/American Rheumatology Health Professionals Association Annual Meeting*, San Diego (USA), Oct 2013.
17. Harding JL, Peeters A, Shaw JE, Magliano DJ (on behalf of the ANZDCC collaborating group). Anthropometric measures of obesity and risk of cancer in Australia and New Zealand. *Australian and New Zealand Obesity Society Conference*, Melbourne, Oct 2013.
- This study included 60,107 adults from ANZDCC, a pooled cohort with objectively measured BMI, WHR and WC, followed for cancer from 1983-2010. During 892,066 person-years of follow-up, 4,876 men and 4,052 women developed cancer. Among men, overall cancer risk was elevated for Q5 vs. Q1 for WC [HR: 1.24(95%CI:1.01–1.52)] and WHR [1.98(1.09–3.58)], but not BMI; for colorectal cancer, Q5 vs. Q1 of BMI was the only predictor [1.75(1.37–2.43)]. There was no association with prostate cancer. Among women, overall cancer risk was elevated for Q5 vs. Q1 of BMI [1.21(1.11–1.33)], WC [1.41(1.26–1.57)] and WHR [1.26(1.15–1.38)]; for colorectal cancer, Q5 vs. Q1 of WC [1.43(1.08–1.88)] and WHR [1.78(1.19–2.66)], but not BMI were associated with an increased risk; for breast cancer, Q5 vs. Q1 of BMI [1.18(1.00–1.40)] and WC [1.35(1.10–1.68)], but not WHR were associated with an increased risk. BMI, WC and WHR adequately predicted the risk of overall and colorectal cancer, AUROC ≥ 0.70 , but no measure was better than another. CONCLUSION: BMI, WC, and WHR similarly discriminate risk of cancer, but those with marked central adiposity have a greater magnitude of risk associated with overall, colorectal (women), and breast cancer. Associations between anthropometric measures and cancer are complex, and further work is needed to understand them better.*
18. (PAMS) Carroll SJ, Paquet C, Howard N, Coffee N, Dal Grande E, Taylor A, Daniel M. Using population health surveillance data to develop a measure of local area health-related norms of relevance to cardiometabolic health. *State Population Health Conference*, Adelaide, Oct 2013.
- Local area norms related to diet, physical activity, and BMI are being constructed for participants in a biomedical cohort (North West Adelaide Health Study, NWAHS; n=4056), using data collected as part of the South Aust Monitoring and Surveillance System (SAMSS; 2006-2010). Local exposures are being operationalised to capture the immediate residential environment by using a space (buffer) defined by 1-km, 1.6-km and 2.5-km road distances from NWAHS participants' place of residence. SAMSS data are then aggregated within these buffers across multiple years to ensure adequate sample within buffers. These local area norms will subsequently be used in analyses to assess associations between health-related norms and NWAHS participant cardiometabolic health. The use of population health surveillance data like SAMSS to derive local area norms provides: (1) multiple observations over time for aggregation; (2) an independent source of data to represent environmental exposures; and (3) expression of norms at a spatial scale. This approach represents a useful alternative to subjective norms measures and will allow one of the first assessments of the role of local norms in explaining spatial variation in cardiometabolic health.*
19. (PAMS) Coffee N, Lockwood T, Paquet C, Howard N, Daniel M (2013). Using relative property wealth as an SES-health indicator: association with obesity. *Australasian Epidemiological Association (AEA) Annual Scientific Meeting*, Brisbane, Oct 2013.
20. (PAMS) Lekkas P, Paquet C, Daniel M (2013). Application of finite mixture models to the study of changing residential contexts in association with health over time. *Australasian Epidemiological Association (AEA) Annual Scientific Meeting*, Brisbane, Oct 2013.

21. (PAMS) Coffee N, Lockwood T, Paquet C, Howard N, Daniel M. Using relative property wealth as an SES-health indicator: association with obesity. *Public Health Association Australia (PHAA) 42nd Annual Conference*, Melbourne, Sept 2013.
22. (PAMS) Coffee N, Lockwood T, Paquet C, Howard N, Daniel M. Relative property value wealth as an SES-health indicator. *XVth International Symposium in Medical/Health Geography*, Michigan, USA, July 2013.
23. Bagheri N, McRae I, Konings P, Hewett M, Del Fante P, Adams R. Spatial patterns of undiagnosed diabetes from GP practice data. *Primary Health Care Research and Information Service Conference*, Sydney, July 2013.

Total expected diabetes prevalence will be estimated for the LeFevre Peninsula of South Australia based on a model derived from the North West Adelaide Health survey data, with age, gender, BMI, and pension status used as the determinants of diabetes prevalence. De-identified patient records from practices in the LeFevre Peninsula have been geo-coded to SA1 level to enable estimation of the ratio of the diagnosed prevalence to expected total prevalence at this small area level. The prevalence of undiagnosed diabetes will be mapped at the SA1 scale to examine spatial patterns and identify hot spots. The overall expected and observed prevalence of diabetes among active patients will be analysed to identify demographic and socio-economic patterns. Spatial variation in the pattern of undiagnosed and diagnosed diabetes in the study area will be examined. Implications: Diagnosed diabetes prevalence clearly underestimates true population prevalence. Spatial variation in the undiagnosed ratio across the study area will be visualised and analysed to further understand the patterns and the correlates of undiagnosed diabetes.

24. Yu S, Visvanathan T, Field J, Chapman I, Adams R, Wittert G, Visvanathan R. A prediction equation to aid diagnosis of sarcopenia in primary care. *Australian and New Zealand Society for Geriatric Medicine Annual Scientific Meeting*, Adelaide, June 2013 (published in the *Australasian Journal on Ageing* 2012;31 (Sppl 1):16-33).
25. Yu S, Appleton S, Adams R, Chapman I, Wittert G, Visvanathan T, Visvanathan R. Prevalence of Sarcopenia in Community Dwelling Older Australian. *Australian and New Zealand Society for Geriatric Medicine Annual Scientific Meeting*, Adelaide, June 2013 (published in the *Australasian Journal on Ageing* 2013;32 (Sppl 1):6-35).
26. (MAILES) Adams R, Appleton S, Vakulin A, Martin S, Grant J, Taylor A, Catchside P, McEvoy D, Antic N, Wittert G. Burden of undiagnosed OSA on health-related quality of life (HRQL) among men in the community. *SLEEP 2013, the 27th Annual Meeting of the Associated Professional Sleep Societies*, Baltimore, USA, June 2013.

RESULTS: Mean age was 59.7 (SD 10.9). The prevalence of AHI \geq 10 and AHI \geq 20 were 52.9% (n=443) and 26.2% (n=219) respectively. Unadjusted mean PCS, MCS and scale scores were significantly reduced in those with AHI \geq 10 (except mental health scale) and those with PSQI \geq 6 and ESS \geq 11. In those with PSQI \geq 6, significant reductions in PCS and MCS scores occurred in those with OSA, compared to those without OSA. In those without sleep disturbance, there were no significant differences in PCS and MCS scores in relation to OSA. Regression analyses demonstrated modest but significant relationships between AHI and HRQL. Significant predictors of PCS scores were AHI (unstandardised B=-0.04, p=0.04), PSQI (-0.61, p<0.01) but not ESS, depression scores (-0.50, p<0.01) WC (-0.11, p<0.01) and age (-0.102, p<0.01). Significant predictors of MCS scores were PSQI scores (-0.41, p<0.01) and depression. Of the eight SF-36 scale scores, only Physical Functioning (-0.004, p=0.03) and Role Physical (-0.005, p=0.047) scale z-scores showed modest significant relationships with AHI. The PSQI score was a significant predictor of all SF-36 scale scores. CONCLUSION: The burden of undiagnosed OSA on HRQL among men in the community is substantial. Depression and sleep disturbance were major contributors to HRQL reductions.

27. (PAMS) Carroll S, Paquet C, Howard N, Taylor A, Adams R, Daniel M. Validation of continuous measures of cardiometabolic risk using a population-based cohort of Aust adults. *Heart Foundation Conference*, Adelaide, May 2013.
28. (PAMS) Baldock K, Paquet C, Howard N, Coffee N, Hugo G, Taylor A, Adams R, Daniel M. Associations between overestimation of distance to fresh food retailers and outdoor recreational resources and metabolic syndrome. *Heart Foundation Conference*, Adelaide, May 2013.

RESULTS: MetS was associated with perceived (OR=1.15, 95%CI 1.04-1.28) and objective (OR=1.15, 95%CI 1.01-1.32) walking time from home to the nearest FFR. Greater perceived walking time to the nearest ORR was also associated with MetS (OR=1.13, 95%CI 1.02-1.35). Participants who misperceived these resources as being further than a 20-minute walk were more likely to have metabolic syndrome (FFR: OR=1.38, 95%CI 1.00-1.90; ORR: OR=1.47, 95%CI 1.03-2.11). CONCLUSIONS: The findings of this study support the development of public health and urban planning strategies targeting perceptions of environmental attributes whilst simultaneously improving access to resources supportive of healthful behaviour, which may lead to improved population-level cardiovascular health.

29. (PAMS) Paquet C, Baldock K, Howard N, Coffee N, Hugo G, Taylor A, Adams R, Daniel M. Do relations between perceived neighbourhood crime, local-area crime rates and metabolic syndrome differ by gender? *Heart Foundation Conference, Adelaide, May 2013.*
30. Bean CG, Winefield HR, Sargent C. Gender differences in the association between job strain and BMI when moderated by work/life balance, and quality of life. *Proceedings of the Inaugural APS Health Psychology Conference, Cairns, Apr 2013.*

In light of the current obesity epidemic, it is important to consider how work factors may be associated with BMI. The sample (N = 368, 248 males, aged 28-63 years, M = 43.27, SD = 9.46) comprised full-time employees from a South Aust cohort study. The Job Content Questionnaire was used to categorise jobs into four groups: low strain, active, passive, and high strain. For men, high job strain coupled with favourable work/life balance was associated with the highest overall BMI; whereas for women, high job strain coupled with favourable work/life balance was associated with the lowest overall BMI. For men, high job strain coupled with high quality of life was associated with the highest overall BMI; conversely for women, low job strain coupled with low quality of life was associated with the highest overall BMI. These results suggest that relationships between job strain, work/life balance, and quality of life are complex and vary by gender. Consequently, non gender-specific strategies to reduce job strain, improve work/life balance, and/or quality of life, may be ineffective in reducing obesity. A better understanding of the how work factors interact with individual differences (e.g. gender) may assist in the formulation of targeted strategies.

31. (PAMS) Baldock K, Paquet C, Howard N, Coffee N, Hugo G, Taylor A, Adams R & Daniel M. Metabolic syndrome is associated with residential-area crime rates for men and perceived crime for women: Gender differences in social vulnerability to metabolic syndrome. *5th International Congress on Prediabetes and the Metabolic Syndrome, Vienna, Austria, Apr 2013.*

RESULTS: The prevalence of MetS was, for men (n=680), 41.9% (95%CI=38.2-45.7), and for women (n=764), 29.1% (95%CI=25.9-32.4). For men, MetS was associated with rates of violent crime (OR=1.22, 95%CI=1.01-1.47) and total crime (OR=1.21, 95%CI=1.01-1.46), but not perceived crime. For women, MetS was associated with perceived crime (OR=1.26, 95%CI=1.05-1.50), but not reported crime. CONCLUSIONS: Crime is an adverse social exposure. MetS is associated with perceived crime in women and reported crime rates in men. These differentials suggest gender-specific causal pathways by which awareness and perception of adverse social exposures relate to MetS independent of socioeconomic factors.

32. Gill T, E Shanahan EM, Allison D, Alcorn D, Hill CL. An examination of shoulder pain using magnetic resonance imaging (MRI) in older people. *Rheumatology 2013, Melbourne, Feb 2013.*

RESULTS: Overall, 12 males and 18 females participated in the study (mean age 64.8 years). On MRI, all participants had degenerative changes to the acromioclavicular joint. Tendinosis and tears of the rotator cuff were present in approximately half of the participants in each group. CONCLUSION: Shoulder pathology occurs in both those with and without pain however the extent of the pathology may determine the presence and ongoing nature of the pain.

2013 - POSTER PRESENTATIONS

33. Pilkington R, Taylor AW, Hugo G & Wittert G. Are Baby Boomers healthier than Generation X? *American Public Health Conference, Boston, Nov 2013.*

RESULTS: Model 1: Boomers demonstrated greater odds of HWC(1.59,1.25-2.02). Model 2: Generation Xers in a low strain (3.33,1.96-5.64) or passive job (1.99, 1.13-3.52), community and personal services workers (2.91,1.13-7.52) and those with psychological distress s(2.45,1.39-4.31) had greater odds of HWC. Odds of HWC was less in technicians or trades workers (0.47,0.23-0.96). Model 3: Boomers in a low strain job (0.51,0.29-0.89) had lower risk of HWC. Higher odds for community and personal service workers (2.25,1.05-4.81) of HWC remained. CONCLUSION: Results demonstrate generational differences and suggest occupational groups at greater risk of HWC with potential for intervention in the workplace.

34. Bean CG, Winefield HR, Sargent C. Psychosocial work factors associated with waist-to-hip ratio in South Aust employees. *7th Annual University of Adelaide Faculty of Health Sciences Postgraduate Research Conference*, Adelaide, August 2013.

RESULTS: Interestingly, results from the whole sample regression suggest that skill discretion (ie the ability to work in an independent manner) and decision authority (ie the possibility to make decisions) are both significantly associated with WHR but in a contradictory manner. This is most interesting because these two dimensions are commonly combined to calculate a composite measure of job control, which is thought to have a stress-buffering effect. Contrary to expectations, poor work/life balance was associated with significantly lower WHR when assessed in the whole sample and for women specifically. Possible mechanisms for these associations warrant further consideration. CONCLUSION: While the contribution of psychosocial work factors in explaining WHR appears modest, at around 6% for both males and females, it is important to remember that overweight and obesity are "whole of system" problems influenced by a vast array of environmental factors. A better understanding of the nuances in the relationship between psychosocial work factors, and overweight and obesity, are important pieces in the puzzle to reduce prevalence of overweight and obesity.

35. Gill TK, Shanahan EM, Taylor AW, Appleton SL, Adams RJ, Hill CL. Vitamin D and musculoskeletal pain. *54th Annual Scientific Meeting of the Aust Rheumatology Association/Rheumatology Health Professionals Association*, Perth, May 2013.

RESULTS: Overall, 0.9% (95% CI 0.6-1.3) were classified as vitamin D deficient (<25 nmol/L) and 21.9% (95% CI 20.3-23.6) as vitamin D insufficient (≥25nmol/L and < 50nmol/L). Overall, 74% had pain in at least one joint. Univariate logistic regression analysis indicated that females were significantly more likely to be classified as vitamin D insufficient (OR 1.57, 95% CI 1.19-2.07) or deficient (OR 3.76, 95% CI 1.25-11.32) and were also significantly more likely to report pain in at least one joint (OR 1.31, 95% CI 1.01-1.71). Multivariate analysis adjusted for age, sex and season indicated that there was no association with individual joint pain sites, apart from a weak association with hand pain (OR 1.32; 95%CI 1.06-1.65). CONCLUSION: In this population-based Aust study, we showed little evidence of an association between joint pain and vitamin D levels. More than a fifth of adult Austs were vitamin D insufficient/deficient.

36. Gill TK, Shanahan EM, Allison D, Alcorn D, Hill CL. An examination of shoulder pain using magnetic resonance imaging (MRI) in older people. *54th Annual Scientific Meeting of Aust Rheumatology Association/Rheumatology Health Professionals Association*, Perth, May 2013.

RESULTS: Overall, 12 males and 18 females participated in the study (mean age 64.8 years). The mean total SPADI score for those with current shoulder pain was 35.7 (range 13-62). On X-ray, there was no significant difference between groups in terms of glenohumeral arthrosis using the Samilson and Prieto method of classification. On MRI, all participants had degenerative changes of the acromioclavicular joint. Tendinosis and tears of the rotator cuff were present in more than half of the participants in each group. There was little difference in the MRI findings between any of the groups. CONCLUSION: Shoulder pathology occurs in those with and without pain however MRI is a costly method of detecting pathology. If surgery is not a consideration, MRI may not be an appropriate method of investigating shoulder pain.

37. (PAMS) Paquet C, Baldock K, Howard N, Coffee N, Hugo G, Taylor A, Adams R, Daniel M. Do relations between perceived neighbourhood crime, local-area crime rates and metabolic syndrome differ by gender? *Heart Foundation Conference*, Adelaide, May 2013.

RESULTS: For men, MetS was associated with rates of violent crime (OR=1.21, 95%CI=1.01-1.46) and total crime (OR=1.22, 95%CI=1.01-1.47), whereas for women, MetS was related only to perceived crime (OR=1.26, 95%CI=1.05-1.50). CONCLUSIONS: Crime is an adverse social exposure for cardiovascular risk. MetS is associated with perceived crime in women and reported crime rates in men. These differentials suggest gender-specific causal pathways by which exposure to and perception of adverse social exposures relate to MetS independent of socioeconomic factors. Health and social policy, along with interventions concerned with crime reduction, should consider strategies which not only reduce crime rates, but also target improvements in perceptions of neighbourhood crime and safety, which in turn, may have wide-reaching effects on population cardiovascular health.

38. (PAMS) Carroll S, Paquet C, Howard N, Taylor A, Adams R, Daniel M. Validation of continuous measures of cardiometabolic risk (CMCR) using a population-based cohort of Aust adults. *Heart Foundation Conference, Adelaide, May 2013.*
- RESULTS: For predicting metabolic syndrome status, CMCR-Z (AUC = .948 [.935-.959]) performed best among men (p<.0001), and CMCR-Z (.968 [.959-.976]) and CMCR-PCA (.966 [.957-.975]) were best among women (p<.0001). CMCR-PCA (.700 [.667-.730]) and the F-CVD (.724 [.692-.754]) performed best in men (p<.05) at predicting incident CVD and diabetes, while the F-CVD (.722 [.693-.749]) and CMCR-Z (.695 [.666-.723]) were best in women (p<.05). CONCLUSION: CMCR constructed solely from clinical markers, demonstrated excellent concurrent validity against MetS, and similar predictive ability to Framingham Risk Scores. CMCR may be important in research investigating associations between health and behavioural or demographic factors, and may provide a suitable alternative to current risk scores which include these factors.*
39. (MAILES) Adams R, Appleton S, Vakulin A, Taylor A, Grant J, Martin S, Catcheside P, McEvoy D, Antic N, Wittert G. Prevalence and morbidity of undiagnosed obstructive sleep apnea in a population sample of men aged >40 years. *Second International Conference organised by the European Respiratory Society (ERS) & the European Sleep Research Society (ESRS), Berlin, Germany, Apr 2013.*
- RESULTS: Among all MAILES participants, n= 184 (11.3%) self-reported a previous diagnosis of OSA on a sleep study. Among sleep study participants (mean age 59.6 (sd 10.8) yrs) n=451 (53%) had an AHI >10, with AHI 20-29 in 14% (n=119), AHI !30 12.3% (n=105), and Central sleep apnea in 3.8% (n=17). In those with AHI >10, n=199(44.1%) reported frequent diurnal sleepiness, n=198 (51%) had symptoms of sleep disturbance (Pittsburgh Sleep Quality Index >5). In a multivariate logistic regression model, previously undiagnosed severe OSA (AHI !30) was associated with diabetes (OR 1.9, 95% CI 0.94-3.9), pre-diabetes (OR 2.1, 95% CI 1.1-4.0); nocturia (OR 1.7, 95% CI 0.98-3.0); depression (OR 2.7, 95% CI 1.3-5.6), and central adiposity (OR 4.6, 95% CI 2.6-9.2) but not sleepiness or hypertension (OR 1.4, 95% CI 0.8-2.6). Quality of life was impaired in severe OSA vs none, SF-36 Physical Component scores adjusted for age and obesity, 46.9 vs 50.5; Mental Health Component scores 48.1 vs 51.5. DISCUSSION: OSA is common in men aged over 40 years, mostly undiagnosed, and nocturia, pre-diabetes and depression are common co-morbidities.*
40. Gill TK, E Shanahan EM, Allison D, Alcorn D, Hill CL. An examination of shoulder pain using magnetic resonance imaging (MRI) in older people. *Rheumatology 2013, Melbourne, February 2013.*
- Same abstract as Aust Rheumatology Association/Rheumatology Health Professionals Association (2013 poster presentation)*

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41. (MAILES) Adams R etc. [details to be provided: re public health and policy implications of obstructive sleep apnoea] *Aust Health and Medical Research*, Adelaide, Nov 2012.
42. Akompab DA, Bi P, Williams S, Walker IA, Grant J, Augoustinos M. **Socio-demographic predictors of heat-health adaptive behaviour among a cohort of residents in Adelaide, Australia.** *Second International Conference on Climate Change and Social Issues*, Kuala Lumpur, Malaysia, Nov 2012.
RESULTS: In univariate models, gender, marital status, level of education and gross annual household income were statistically significant with adaptive behaviour. After controlling for confounders in a multivariate model, level of education and gross annual household income were statistically significant with adaptive behaviour. CONCLUSION: These predictor variables should be taken into account when authorities and health promotion professional are designing programmes to reduce heat-related morbidity and mortality.
43. Gill TK, Shanahan EM, Taylor AW, Appleton SL, Adams RJ, Hill CL. Vitamin D and musculoskeletal pain. *Aust Rheumatology Association SA Branch, State Conference*, Adelaide, Oct 2012 – same abstract as poster (see 2013).
44. Gill T, E Shanahan EM, Allison D, Alcorn D, Hill CL. An examination of shoulder pain using magnetic resonance imaging (MRI) in older people. *Australasian Rheumatology Association – SA Conference*, Adelaide, Oct 2012.
RESULTS: There were 30 participants (18 female, 12 male; mean age 64.8 years). The mean total SPADI score (pain and function scales) for those with current shoulder pain was 31.2 (range 9.3-58.1). On MRI, all participants had degenerative changes to the acromioclavicular joint. Tendinosis and tears of the rotator cuff were present in over half of the participants in each group (Table 1). CONCLUSION: Shoulder pathology occurs equally in both those with and without pain however the extent of the pathology may determine the presence and ongoing nature of the pain.
45. (PAMS) Daniel M, Paquet C, Howard N, Coffee N, Taylor A, Adams R, Hugo G. Greater obesity and built environment: does the association hold longitudinally? *Australia and NZ Obesity Society (ANZOS) Annual Scientific Meeting*, Auckland, Oct 2012.
RESULTS: No evidence was found of associations between participants' local food environment or POS, and change in central obesity over 10 years. CONCLUSION: These results do not support a longitudinal association between the built environment and central obesity. Research considering the dynamic nature of the built environment and assessing how both the environment and obesity co-vary over time is necessary, however, before ruling out built environmental effects on changes in obesity status.
46. (PAMS) Baldock K, Paquet C, Howard N, Coffee N, Hugo G, Taylor A, Adams R, Daniel M (2012). Greater perceived distance to fresh food retailers and physical activity resources is associated with increased risk of metabolic syndrome in a population-based sample. *Australia and NZ Obesity Society (ANZOS) Annual Scientific Meeting*, Auckland, Oct 2012.

47. (MAILES) Adams R, Appleton S, Vakulin A, Taylor A, Martin S, Catcheside P, Antic N, McEvoy D, Wittert G. High prevalence of undiagnosed OSA in a community sample of men aged 40 years and over. *24th Annual Scientific meeting of the Australasian Sleep Association and the Australasian Sleep Technologists Association*, Darwin, Oct 2012.
- RESULTS: Among all MAILES participants, n= 184 (11.3%) self-reported a previous diagnosis of OSA on a sleep study [mean age:62.0 (sd 10.1), prevalence of diabetes:24%, metabolic syndrome:63%, hypertension:61%, and abdominal obesity:66%]. Sleep study participants (no prior diagnosis of OSA) did not differ from the rest of the cohort in anthropometry, co-morbidities or socio-economic status. Mean age was 59.6 (sd 10.8) years. Among the sleep study participants, n=451 (53%) had an AHI >10; AHI 20-29, and AHI ≥30 were demonstrated in 14.0% (n=119) and 12.3% (n=105) respectively. OSA prevalence increased significantly with age (<50 yrs 41.2%, >70 yrs 63.2%), and was significantly more likely in those with financial stress, lower incomes, and perceived dissatisfaction at work. Among those with OSA (AHI >10), n=198 (51%) had a score on the Pittsburgh Sleep Questionnaire >5, and n=83 (9.8%) had an Epworth scale score >10. Those with previously undiagnosed OSA were significantly more likely to have diabetes (age adjusted OR 1.8, 95% CI 1.1, 2.7), metabolic syndrome (OR 1.9, 95% CI 1.4, 2.6), depression (OR 2.2, 95% CI 1.4, 3.3), hypertension (OR 1.9, 95% CI 1.4, 2.5), waist-to-hip ratio >1 (OR 1.5, 95% CI 1.1, 2.0). DISCUSSION: OSA is highly prevalent in men aged over 40 years, with most being undiagnosed. Men with undiagnosed OSA have concurrent metabolic conditions similar to those expected in OSA. The burden of undiagnosed OSA is substantial and demands innovative methods to extend screening and diagnosis in the community.*
48. (MAILES) Appleton S, Martin S, Grant J, Adams R, Taylor A, Wittert G. Changes in cardiovascular disease and cardiovascular disease risk factors in a population of men. *Population Health Congress*, Adelaide, South Australia, Sept 2012.
- RESULTS: For all age groups (35-44, 45-54, 55-64, 65-74) except the 75+ group, there were non-significant decreases in angina and CVD between baseline and follow-up. These age-specific changes weren't evident in overall rates [Angina: 5.8% (95% CI=4.9-6.7) to 6.0 (5.0-7.0); all CVD 10.9% (9.7-12.1) to 11.3 (9.9-12.7). There were trends to increasing anti-hypertensive use for all age groups and reductions in CVD risk factors (waist circumference >100cm, hypertension, and glucose > 7.0mmol/L) for all age groups except the 75+ group. Reductions in current smoking and low HDL cholesterol (<0.9mmol/L) were observed in all age groups, significantly so for HDL in all age groups <65. Conclusions: CVD and CVD risk factor rates were reduced in all but the eldest age group. Reductions in CVD risk factors including smoking suggest a possible reduction in future CVD burden with ongoing pharmacological management of blood pressure and cholesterol.*
49. (PAMS) Coffee N, Lockwood T. Property value as a socio-economic status measure: an opportunity for health research? *Population Health Congress*, Adelaide, South Australia, Sept 2012.
- RESULTS: RLI (relative location index) resulted in a detailed property based SES measure for health and social research. As the RLI is based upon property location, the measure can be used to analyse SES variation within spatial units or with detailed address geocoded health data. CONCLUSION: RLI provides a household level property status measure that provides a SES measure for health research that can supplement or substitute for SEIFA. RLI provides the basis for SES and health research accounting for ecological fallacy and MAUP (modifiable areal unit problem).*
50. (PAMS) Howard N, Paquet C, Coffee N, Lekkas P, Hugo G, Taylor A, Adams R & Daniel M. Trading spaces through moving places: area-level disadvantage and health-status of 'movers' in a population cohort. *Population Health Congress*, Adelaide, South Australia, Sept 2012.
- RESULTS: Participants who moved (mean 0.09) within the same quintile of IRSD had better self-reported health than their 'non-mover' (mean -0.17, p=0.003) counterparts. Self-reported health did not differ in relation to 'non-mover' counterparts for those participants who moved into more or less deprived areas. CONCLUSIONS: This study indicates that self-reported health does not change when moving into more or less deprived areas and is positively impacted only by moving within the same socio-economic context. The health impact of movement requires further research that accounts for the complexity of mobility processes. KEY MESSAGE: Longitudinal health studies should account for mobility patterns to provide insights into place and health relationships over time.*
51. (PAMS) Paquet C, Howard N, Coffee N, Hugo G, Taylor A, Adams R, Daniel M (2012). Cardio-metabolic risk factors incidence and their associations with public open spaces and food environment. *Population Health Congress*, Adelaide, Sept 2012.

52. Gill T, Shanahan EM, Taylor AW, Hill CL. The impact of smoking on musculoskeletal pain in the population. *Population Health Congress Adelaide*, Sept 2012.
- RESULTS: Overall, over 50% of respondents reported pain and/or stiffness in at least one the following areas: shoulder, hip, knee, foot, hand and back. Logistic regression analysis adjusting for age and sex indicated that there was a significant association between current smoking and ever having self-reported hip (OR 1.7, 95% CI 1.2-2.5) and shoulder pain (OR 1.4, 95% CI 1.1-1.9) while a non-significant association existed for the other joint areas. Adjustment for various other covariates such as socioeconomic status also impacted on the association. CONCLUSIONS: There is a positive association between the presence of musculoskeletal pain and smoking in a community based cohort. This association is however impacted by various other factors highlighting a complex relationship between smoking and pain.*
53. Nitschke M, Li Q et al. Impact of traffic density on respiratory health in the North West Adelaide Health Cohort Study. *Population Health Congress, Adelaide*, Sept 2012.
- RESULTS: Incremental daily traffic density was associated with significant decreases in lung function in all subjects with atopic asthma and in males. Exposure-response relationships in all COPD cases and in males were found across categories of traffic density for lung function parameters. For example, in all COPD cases, average predicted preFEV1% was 72% in the low exposure (<7179 cars) and 63% in the high exposure group (>15269 cars) (p <0.05). Regression analysis indicated significant decrements for all and for male subjects with COPD across a range of lung function parameters in association with increasing traffic density. CONCLUSION: People with pre-existing respiratory conditions are affected by where they live in relation to traffic density. This has repercussions for planning, where increasing density of cities alongside major transport routes is the current concept for the future.*
54. (PAMS) Paquet C, Howard N, Coffee N, Hugo G, Taylor AW, Adams R, Daniel M. Public open spaces and food environment are associated with the development of cardiometabolic risk factors. *3rd International Congress on Abdominal Obesity, Québec, Canada*, July 2012.
55. Akompab DA, Bi P, Williams S, Saniotis A, Walker IA, Augoustinos M. Climate change, community understanding and emotional responses to heat waves in Adelaide, Australia. *Fourth International Conference on Climate Change: Impacts and Responses, Seattle*, Jul 2012.
- RESULTS: Participants had a good understanding about the effects of heat waves and the study found that there are certain emotional responses were associated with heat waves. Interviews revealed that heat waves could result in skin cancer, heat exhaustion, heat stroke, disruption in social life, stress, tiredness, depression, sleeplessness, moodiness, irritability. In addition, fear and anxiety were among the emotional responses cited by the participants. During a heat wave, participants are concern and worried about the safety of their grandparents, their pets, garden, their health, fitness, the cost of running an air conditioner and the threat of bush fires. CONCLUSION: This paper highlights the fact that the community is aware about the effects of heat waves and that heat waves are a major public health concern. It further draws attention to the fact that emotional responses are associated with impacts associated with climate change.*
56. O'Dwyer LA & Winefield H. The relationship between dog breed, physical activity and obesity in Baby Boomer dog owners, *Minding Animals Conference, University of Utrecht, the Netherlands*, Jul 2012.
- RESULTS: Dog walking is not a strong predictor of physical activity even after accounting for breed of dog and typical breed energy requirements but dog owners still exercise more in non-dog walking forms of exercise than non-dog owners. CONCLUSION: These results do not support a clear association between dog ownership, type of dog and physical exercise, at least partly because most people do not exercise their dogs enough and partly because people with high energy breeds do not walk them more than people with small or sedentary breeds. The time dog owners spend exercising is not correlated with the time spent exercising via dog walking, suggesting that active people are more likely to have a dog, but not necessarily more likely to walk it. The direction of causality needs further research.*

57. Akompab DA, Bi P, Williams S, Saniotis A, Walker IA, Grant J, Augoustinos M. Adaptation to Climate Change: Does the public in Adelaide associate recent heat waves with global warming? *Climate Adaptation Conference*, Melbourne, Jun 2012.
- RESULTS: Most of the participants did not associate recent heat waves with global warming, although a few acknowledged the fact that there have been observable changes in weather pattern in recent years. Among those who did not believe global warming was the cause of heat waves, ozone layer depletion, air pollution, the geographic location and urbanisation was mentioned as the cause of heat waves in Adelaide. While some participants agreed with scientific projections that heat waves will likely increase in the future, others disagreed maintaining that scientists were not "super human beings" to predict what would happen in the future. Participants' adaptive behaviour to heat waves was not influenced by their scientific understanding and views about global warming. The most significant barrier to adapt to heat waves was the financial cost of running an air conditioner. CONCLUSION: This study highlights differences in expert and lay knowledge on scientific aspects regarding heat waves. Individuals understanding of heat waves depends on human judgement and may equally be influenced by information they get from the media, friends and family. The paper concludes by suggesting some policy options to facilitate adaptation to heatwaves in Adelaide.*
58. Buckley J. Ageing well in the 21st Century – Are Baby Boomers Planning for a Healthy Old Age or will they 'Just Let it all Hang Out Man'? *Mature Age Physical Activity Network*, Adelaide, Jun 2012 (see below for abstract results & conclusion).
59. (PAMS) Daniel M. Beyond Multi-Level: The need for an explicit framing, and spatio-temporal measurement, of built and social environment factors to support and evaluate inter-sectoral policy interventions on lifestyle risk factors. *McGill World Platform for Health and Economic Convergence Research Seminar*, Montréal, Canada, May 2012.
60. Buckley J. Baby boomers: planning for a healthy old age or just letting it 'all hang out'? *11th Global Conference of the International Federation of Aging*, Prague (Czech Republic), May/June 2012.
- RESULTS: A strong discrepancy was observed between health beliefs and behaviours across the cohort, however, structural and psychosocial constraints were more common in at-risk subgroups while time constraints were more common in mainstream groups. Gender differences in relation to physical activity were also notable. CONCLUSION: Health policies need to take diversity within the cohort into account and programme development should incorporate an awareness of how barriers to healthy lifestyles vary by gender, age and subgroup.*
61. Buckley J. Are baby boomers healthier than their parents? *11th Global Conference of the International Federation of Aging*, Prague (Czech Republic), May/June 2012.
- RESULTS: Initial results show a substantial increase in lifestyle risk factors such as obesity and alcohol but a reduction in smoking. In the baby boomer sub-cohort there is also a gender convergence of smoking and alcohol risk that was not present for the previous generation, suggesting the impact of social change on women's lifestyles. Significant increases were also observed for arthritis, diabetes, hearing loss, migraine, asthma and back problems. CONCLUSION: These results have broad relevance to developed countries in the international community and have implications for health policy, government strategies on mature age participation and workplace health and wellness policies.*
62. Buckley J. The health of older workers – implications for future labour participation. *11th Global Conference of the International Federation of Aging*, Prague (Czech Republic), May/June 2012.
- RESULTS: Initial results show a positive association between reduced labour participation and poor-fair self rated health and/or chronic conditions, with this association varying by age and gender. In addition, job strain, low job satisfaction and variable work conditions were negatively associated with good-excellent self-rated health. CONCLUSION: The results from this study have significant policy implications for how health is managed in the workplace both in Australia and in other Western developed nations.*
63. (PAMS) Coffee N, Howard, N Paquet C, Hugo G, Taylor A, Adams R, and Daniel M. Is walkability associated with clinical markers of cardio metabolic risk scores? *Annual Meeting of the International Society for Behavioural Nutrition and Physical Activity (ISBNPA)*, Austin, Texas, May 2012.
- RESULTS: The mean number of CMRS risk markers was 2.2 (SD=1.5). In multi-variable analyses, walkability was statistically significantly associated with cardio metabolic risk score (RR: 0.94 [0.91, 0.98]) for the 1600m buffer. CONCLUSION: Walkability was positively associated with cardio metabolic health.*
64. (PAMS) Baldock K, Paquet C, Howard NJ, Coffee NT, Hugo G, Taylor A, Adams R.J & Daniel M. Associations and pathways linking real and perceived crime to metabolic syndrome. *American Thoracic Society International Conference*, San Francisco, May 2012.
- RESULTS: MetS was associated with both crime rate (OR 1.33, 95% CI 1.02, 1.72) and perceived crime (OR 1.18, 95% CI 1.03, 1.34), accounting for individual-level age, sex, education and income. Actual crime rate*

was associated with perceived crime (estimate=0.35, 95% CI 0.09, 0.60). Perceived crime was a statistically significant mediator linking crime rate to MetS (estimate=0.056, 95% CI 0.005, 0.129). The association between crime rate and MetS became non-significant after adjusting for area-level socioeconomic indicators. CONCLUSION: MetS is related to local-area perceived and actual crime, and perceived crime accounts for some of the relationship between actual crime and MetS. That area-level socioeconomic status removed the association between actual crime, but not perceived crime, and MetS, indicates an underlying complexity of social environmental influences.

65. (PAMS) Howard NJ on behalf of the Place and Metabolic Syndrome team. Building active choices into our everyday. *2012 Heart Week Professional Forum: Myth-busting food fads, fitness fanatics and footpaths*, Adelaide, May 2012.
66. Adams R, Gill T, Hill C, Visvanathan R, Appleton S. Asthma control is associated with blood granulocyte patterns in a population cohort. *American Thoracic Society International Conference San Francisco*, May 2012; and *Thoracic Society of Australia and NZ Annual Scientific Meeting*, Canberra, Mar/Apr 2012.
RESULTS: In subjects with self-reported asthma (n=281, 11.3%), eosinophilia was present in 42.4% (n=118) and neutrophilia in 30.1% (84). Asthma control was significantly associated with ICS use, age <60, university education, higher household income and normal body mass index but not with sex, atopy or smoking status. Well-controlled asthma varied by blood granulocyte patterns, and was identified in the following patterns EOS low/NEU low 77.4%, EOS low/NEU high 43.8%, EOS high/NEU low 40.0%, EOS high/NEU high 32.1%, respectively (p<0.001). In multivariable logistic regression, well-controlled asthma was significantly associated with the EOS low/NEU low pattern (OR 5.23, 95%CI 1.76-15.5), female sex, overweight and age <60 years and inversely with ICS use. CONCLUSION: Measures from routine blood tests of granulocytes were strongly associated with recent asthma control. Studies to assess the value of therapy guided by blood testing may be warranted.
67. Newbury W, Lorimer M, Newbury J, Adams R, Crockett A. Lung age: an update. *International Primary Care and Respiratory Group*, Edinburgh, April 2012.
RESULTS: Study 1: Differences between mean Morris LA(Lung Age) and mean Newbury LA were approximately 20 years, with Morris under predicting LA in both healthy never smokers and current smokers compared with actual age. Study 2: Regression analysis confirmed significant differences between the 2 oldest and the 4 newest equations (NWAHS as comparison). Study 3: Preliminary analysis shows the FEV1/FVC LA equation results in greater variance in all subgroups (smokers/healthy never smokers) than the equations based on FEV1 alone. CONCLUSION: LA estimates differ with each equation used, apparently due to date of raw data collection, reflecting both cohort and period effects. International guidelines recommend updating predictive equations every 10 years. Our results support the use of recently-developed equations that are relevant to the population being studied. We hypothesise that more recently developed LA equations might have greater clinical utility for smoking cessation quit attempts.
68. Appleton S, Gill T, Hill C, Visvanathan R, Adams R. Asthma and wheeze are associated with reduced Vitamin D levels in a population cohort. *American Thoracic Society International Conference*, San Francisco, May 2012; and *Thoracic Society of Australia and NZ Annual Scientific Meeting*, Canberra, Mar/Apr 2012.
RESULTS: The prevalence of asthma and wheeze was 18.1% (n=447) and 30.3% (n=727). Compared to the highest quintile of VitD, there was an increased prevalence of asthma (19.7% vs 13.6%, OR, 95% CI:1.6, 1.1-2.3), wheeze (36.8% vs 28.0%, OR:1.4, 1.1-1.9) and moderate-severe symptoms (11.0% vs 4.6%, OR: 3.0, 1.7-5.4) in the lowest VitD quintile and atopy prevalence decreased (60.5% vs 70.0%, OR: 0.6, 0.5-0.8) which persisted in multivariable analyses adjusted for age, sex, smoking, body mass index, household income. The relationship between VitD and wheeze was modified by smoking status, but otherwise associations of VitD, asthma and wheeze were not modified by atopy, age or smoking. CONCLUSION: VitD supplementation trials have been suggested to improve respiratory health however longitudinal studies are required to further investigate these relationships.
69. (PAMS) Coffee NT & Lockwood T. Using housing values as a socio-economic status metric. *6th Australasian Housing Researchers' Conference 2012: Housing in an era of risk and crisis*, Adelaide, Feb 2012.
70. (PAMS) Lekkas P, Paquet C & Daniel M. Mind the gap - emplacing health behaviours in home and space: a critical review. *Australasian Society for Behavioural Health & Medicine 9th Annual Scientific Conference*, Melbourne, Feb 2012.
71. (PAMS) Coffee NT, & Lockwood T. The property wealth metric as a measure of socio-economic status, *18th Annual Pacific Rim Real Estate Society Conference*, Adelaide, Jan 2012.

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72. (PAMS) Baldock K, Paquet C, Howard N, Coffee N, Hugo G, Taylor A, Adams R, Daniel M. Greater perceived distance to fresh food retailers and physical activity resources is associated with increased risk of metabolic syndrome in a population-based sample. *Australia and NZ Obesity Society (ANZOS) Annual Scientific Meeting*, Auckland, Oct 2012.

*RESULTS: Agreement was poor between objective and perceived accessibility measures for supermarkets ($\kappa=0.09$), greengrocers ($\kappa=0.04$), and physical activity resources ($\kappa=0.10$). Metabolic syndrome was associated with both objectively measured ($OR=1.17$, $95\%CI$ 1.02-1.36) and perceived ($OR=1.36$, $95\%CI$ 1.12-1.66) greater distance to the closest supermarket, and perceived greater distance to the closest greengrocer ($OR=1.23$, $95\%CI$ 1.02-1.48) and physical activity resource ($OR=1.25$, $95\%CI$ 1.01-1.54). **CONCLUSION:** Perceptions of local fresh food retailer and physical activity resource accessibility demonstrated superior predictive ability in relation to metabolic syndrome over objective measures. Environmental strategies aimed at improving population health might consider targeting residents' perceptions of local-area resource accessibility, to enhance the effectiveness of such interventions.*

73. (MAILES) Adams R, Appleton S, Vakulin A, Taylor A, Martin S, Grant J, Catcheside P, Antic N, McEvoy D, Wittert G. Sleepiness and the burden of comorbidities in a population sample of men. *24th Annual Scientific meeting of the Australasian Sleep Association and the Australasian Sleep Technologists Association*, Darwin, Oct 2012.

*RESULTS: Day time sleepiness (Epworth ≥ 10) was present in 17.7% (150). Mean age was 58.0 ($SD=10$) compared with 60.0 ($SD=11$) in non-sleepy men ($p=0.03$). Sleepiness was significantly associated with PSQI >5 (adjusted OR, $95\% CI$: 1.78, 1.22-2.60), but no associations with OSA ($AHI \geq 10$), oxygen desaturation index or socio-demographic factors were observed. Sleepiness was significantly associated with depression (age adjusted $OR: 2.40, 1.53- 2.77$) lower urinary tract symptoms (LUTS, $OR: 1.83, 1.23-2.71$) and abdominal obesity (waist to hip ratio >1.0 , OR 1.43, 1.00-2.07). As shown in the table, the presence of OSA exacerbates the rates of comorbidities including hypertension, diabetes and the metabolic syndrome (MetS). **DISCUSSION:** There is a significant burden of untreated day time sleepiness in men aged over 40 years that was related to depression and LUTS and is. The comorbidity burden is increased with men with sleepiness and concomitant OSA.*

74. (MAILES) Adams R, Appleton S, Vakulin A, Taylor A, Martin S, Catcheside P, Antic N, Grant J, McEvoy D, Wittert G. Burden of undiagnosed OSA on health-related quality of life among men aged 40 years and over in the community. *24th Annual Scientific meeting of the Australasian Sleep Association and the Australasian Sleep Technologists Association*, Darwin, Oct 2012.

*RESULTS: Sleep study participants did not differ from the rest of the cohort in anthropometry, comorbidities or socio-economic status. Mean age was 59.6 (sd 10.8) years. Among 451 (53%) men with OSA ($AHI \geq 10$) there were modest, significant ($p < 0.01$) decreases in scores across all SF-36 scales compared to no OSA (z-score difference range 0.06-0.19) except pain. SF-36 scores declined significantly with severity of OSA, with z-scores differences between mild ($AHI \geq 10-20$) and severe ($AHI > 30$) ranging from 0.09-0.25. Compared to men without OSA or sleepiness ($ESS \geq 10$), men with both ($n= 83$, 9.8%) had significantly lower scores ($p < 0.01$) across all SF-36 scales except bodily pain, with z-scores for mental health (MH) 0.62, general health (GH) 0.57 and Physical Functioning (PF) 0.42 lower. Men with OSA and disturbed sleep quality (Pittsburgh >5) ($n=198$, 23.3%) also had significantly lower scores in all scales except pain, with z-scores in MH 0.73, GH 0.47, PF 0.45 and Vitality 0.72 lower. **DISCUSSION:** The burden of undiagnosed OSA on HRQL among men in the community is substantial. The effect of OSA on HRQL is mostly seen in men who report sleepiness or decreased sleep quality, with moderate to large effect sizes reported that are comparable to other major chronic conditions.*

75. (MAILES) Adams R, Sowden J, Hill C, Visvanathan R, Gill T, Appleton S. Readability assessment of consumer information material on sleep and health from Aust websites. *24th Annual Scientific meeting of the Australasian Sleep Association and the Australasian Sleep Technologists Association*, Darwin, Oct 2012.
- RESULTS: Forty separate consumer information documents were examined which dealt with information regarding sleep conditions, sleep lifestyle factors, treatment of sleep disorders, and sleep in other health problems or states. Titles, subtitles, references, weblinks and advertising text were excluded from the analysis, with only body text and bullet point text included. The average percentage of complex sentences identified was 19%, (range 14-25). The table shows the distribution of information sheets by USDHHS classification and grade level. Comparison was also made with 7 consumer information sheets from the same website sourced in 2010, when 6 of 7 (86%) had reading levels at >12 grade. CONCLUSION: Although improvements have been made since 2010, the majority of information documents on the ASA website are written above the capabilities of the average adult and none complied with the USDHHS maximum recommended grade level.*
76. (MAILES) Catcheside P, Vakulin A, Antic N, McEvoy D, Appleton S, Martin S, Taylor A, Adams R, Wittert G. The community prevalence of supine predominant OSA in men aged 40 years and over. *24th Annual Scientific meeting of the Australasian Sleep Association and the Australasian Sleep Technologists Association*, Darwin, Oct 2012.
- RESULTS: 739 (87% of 841) sleep studies had >4 hrs total sleep time and technically adequate signals, including posture all night. %Supine sleep time was; mean±SD 30±26%, median 24% [IQR 9 to 45%]. 650 participants showed ≥ 5 min of both supine and non-supine sleep. 176 of 328 participants with AHI≥ 10 /hr (54%; 95%CI 48 to 59%) showed supine-predominant OSA (supine:non-supine AHI≥2 and non-supine AHI<10 /hr). Prevalence was similar with a cut-off of 20 /hr; 86 of 149 participants (58%; 95%CI 50 to 66%). Using less stringent criteria, 263 of 328 (80%; 95%CI 76 to 85%) and 110 of 149 (74%; 95%CI 67 to 81%) participants showed supine:non-supine AHI≥2 using AHI cut-offs for OSA of ≥10 and ≥20 /hr respectively. DISCUSSION: Supine-predominant OSA is remarkably common in older males in the community. If proven effective and acceptable to patients, simple supine avoidance strategies could benefit a large community group.*
77. (PAMS) Baldock K, Paquet C, Howard N, Coffee N, Hugo G, Taylor A, Adams R, Daniel M. Perception is reality: real and perceived crime and metabolic syndrome. *Population Health Congress*, Adelaide, South Australia, Sept 2012.
- RESULTS: MetS was associated with total crime rate (OR 1.15, 95% CI 1.01, 1.30), crimes against the person (OR 1.15, 95% CI 1.02, 1.31), and perceived crime (OR 1.20, 95% CI 1.05, 1.37), but not property crimes (OR 1.12, 95% CI 0.99, 1.27), in analyses accounting for participant age, sex, income and education. Associations between reported crime rates and MetS lost their statistical significance once perceived crime was entered into models. CONCLUSION: Perceived crime was statistically significant in mediating relationships between crime rates and MetS. KEY MESSAGE: MetS is related to local-area reported and perceived crime, and perceived crime accounts for the relationship between actual crime and MetS.*
78. (PAMS) Paquet C, Howard NJ, Coffee NT, Hugo G, Taylor A, Adams RJ & Daniel M (2012). Public open spaces and food environment are associated with the development of cardiometabolic risk factors. *3rd International Congress on Abdominal Obesity*, Québec City, Canada, July 2012.

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2011 - ORAL PRESENTATIONS

79. (PAMS) Baldock K, Paquet C, Coffee N, Howard N, Taylor A, Adams R, Hugo G, Daniel M. The mediating role of walking behaviour in the relationship between neighbourhood perceptions and metabolic syndrome. *Public Health Association Australia - State Population Health Conference*, Adelaide, Oct 2011.
80. Buckley J, The Baby Boomer cohort. *Royal Geographical Society Meeting*, Adelaide, Sept 2011.
81. Price K, Taylor A, Kralik, D. Answering the question: What does it mean to live with (a) chronic condition(s)? *2011 PHC Research Conference*, Brisbane, Jul 2011.
82. Buckley J. Ageing in the 21st Century - Challenges for individuals and governments. *Aust Social Policy Conference*, Sydney, Jul 2011.
83. Price K, Taylor A, Kralik, D. Implications of how a consumer thinks about health outcomes vis-à-vis a health professional. *Australasian Association of Bioethics and Health Law Conference 2011: Expectations, Hope and Futility: Law and Bioethics in Contemporary Healthcare*, Tweed Heads (Qld), Jul 2011.
84. Buckley J. Baby Boomers: How different are they and are they prepared for later life? *Geographical, Environmental and Population Studies Departmental Seminar*, Adelaide, May 2011.
85. Price K, Taylor A, Kralik, D. Understanding medicines use in people 65 years and over. *Medication Safety for Older People Conference, Change Champions*, Adelaide, Mar 2011.
86. (PAMS) Coffee N, Howard N, Paquet C, Orschulok TP, Hugo G, Taylor A, Adams R, Daniel M. Geographic accessibility to public open spaces and cardio-metabolic risk. *Institute of Aust Geographers Conference*, Wollongong NSW, Jul 2011.
87. (PAMS) Daniel M. Challenges in use and results of analyses of secondary data on food environments. *International Society for Behavioural Nutrition and Physical Activity Meeting*, Melbourne, Jun 2011.
88. (PAMS) Daniel M, Paquet C, Coffee N, Howard N, Cargo M, Taylor A, Hugo G, Adams R. Metabolic syndrome incidence in a population-based, representative biomedical cohort over 4.5 years: assessing area-level socioeconomic disadvantage and individual psychosocial wellbeing. *Fourth International Congress on Prediabetes and the Metabolic Syndrome*, Madrid, Apr 2011 (ref *Journal of Diabetes*; 3 (Suppl 1): 117-118)
89. (PAMS) Lekkas P, Daniel M, Paquet C. Framing health: conceptualising health influences of changes within and between suburban spaces over time. *International Society of Critical Health Psychology*, Adelaide, Apr 2011.

2011 - PUBLISHED ABSTRACTS

90. Grant J, Bai YP, Shi Z, Taylor A & the North West Adelaide Health Study Team. Obesity as a growing concern: is the message getting through? *Aust & NZ Obesity Society Annual Scientific Meeting*, Adelaide, Oct 2011 (*Obesity Research & Clinical Practice*, Oct 2011, 5;s1:60)

2011 - POSTER PRESENTATIONS

91. Buckley J. The health of the mature age workforce. *South Aust Association of Gerontology Conference*, Adelaide, Sept 2011.
92. (PAMS) Paquet C, Orschulok TP, Coffee N, Howard N, Hugo G, Taylor A, Adams R, Daniel M. Accessibility to public open spaces and cardio-metabolic risk in a population-based biomedical cohort. *International Society for Behavioural Nutrition and Physical Activity Meeting*, Melbourne, Jun 2011.
93. (PAMS) Baldock K, Paquet C, Howard N, Coffee N, Taylor A, Adams R, Hugo G, Daniel M. Perceived availability of local resources, sense of community and metabolic syndrome in a population based cohort. *International Society for Behavioural Nutrition and Physical Activity Meeting*, Melbourne, Jun 2011.

2010 (11 in total)

2010 - ORAL PRESENTATIONS

94. (PAMS) Daniel M. Socioeconomic status and risk of developing diabetes. *Aust Diabetes Council Inaugural Diabetes Policy Conference*, Sydney, Dec 2010.

95. (PAMS) Howard N, Daniel M, Hugo G, Paquet C, Taylor A, Adams R, Coffee N. Changing places for better or worse: exploring the interaction between population mobility, social environments and health within an Aust biomedical cohort. *15th Biennial Conference Aust Population Association*, Gold Coast Nov/Dec 2010.
96. Sverdlov AL, Ngo DT, Chan WP, Chirkov YY, Horowitz JD. Relationship between endothelium-dependent and independent vasomotor and platelet dysfunction. *Cardiac Society of Aust & NZ Annual Scientific Meeting*, Adelaide, Aug 2010.
97. Appleton S, Wilson D, Ruffin R, Taylor A, Adams R. Correlates and longitudinal outcomes in metabolically healthy obese and metabolically obese normal weight phenotypes. *1st International Conference on Abdominal Obesity*, Hong Kong, Jan 2010. (ref CMRe Journal 2010;3(1):9)
98. Appleton S, Wilson D, Ruffin R, Taylor A, Adams R. Body composition in metabolically healthy obese and metabolically obese normal weight phenotypes. *1st International Conference on Abdominal Obesity*, Hong Kong, Jan 2010. (ref CMRe Journal 2010;3(1):9)
99. Buckley J. Key themes for ageing policy in South Australia, *Healthy Ageing Research Cluster (HARC) Seminar*, Adelaide, (month not supplied) 2010.

2010 - POSTER PRESENTATIONS

100. Gill TK, Grant JF, Appleton S, Pickering S, Shi Z, Taylor AW. Chronic disease and risk factor prevalence using an Aust based cohort study. *20th International Union for Health Promotion & Education Conference*, Geneva, Jul 2010.
101. Shanahan EM, Glaetzer K, Gill T, Allcroft P (2010): The prevalence of shoulder pain in motor neurone disease. *51st Annual Scientific Meeting Aust Rheumatology Association*, Melbourne, May 2010.
102. Wang J, Taylor A, Gill T, Grant J, Shi Z, Phillips P, and the North West Adelaide Health Study Team. Factors predicting progression of dysglycaemia in an Adelaide population cohort. *6th World Congress on the prevention of diabetes and its complications*, Dresden, Apr 2010.
103. Shi Z, Taylor A, Gill T, Grant J, Wang J, Price K, Phillips P, and the North West Adelaide Health Study Team. Medication patterns by glucose levels in North West Adelaide Health Study. *6th World Congress on the prevention of diabetes and its complications*, Dresden, Apr 2010.
104. Adams R, Appleton S, Wilson D, Ruffin R. Correlates of poor asthma control in a population sample. *Thoracic Society of Aust & NZ*, Brisbane, Mar 2010 (ref Respirology 2010 15 (Suppl 1): A46).
105. Adams R, Appleton S, Wilson D, Ruffin R. Effects of lipid lowering therapy in a representative asthma population. *Thoracic Society of Aust & NZ*, Brisbane Mar 2010 (ref Respirology 2010 15 (Suppl 1): A46).
106. Buckley J. The Health of the Mature Age Workforce, *Workcover SA Conference*, (month not supplied) 2010.

2009 (16 in total)

2009 - ORAL PRESENTATIONS

107. Massey-Westropp N, Gill T, Taylor A, Hill C. Normative hand grip strength; the North West Adelaide Health Study. *SA Branch Aust Rheumatology Association Annual Scientific and Clinical Meeting*, Adelaide, Nov 2009.
108. Buckley J. Ageing in the 21st Century – are baby boomers prepared? *Emerging Researchers in Ageing (ERA), 8th National Conference*, Melbourne Oct 2009.
109. Ruffin R, Appleton S, Brito-Mutunayagam R, Wilson D, Adams R. Excess lung function decline is associated with GOLD stage 0. *European Respiratory Society Annual Congress*, Vienna (Austria), Sept 2009.
110. Stocks N, Broadbent J, Seidel B, Taylor A, Grant J, Adams R. Awareness, perception and knowledge of cardiovascular disease and prevention among residents in the north western districts of Adelaide. *PHCRED (Primary Health Care Research, Evaluation and Development) Tri-State Conference*, Alice Springs, Sept 2009.
111. Grant J, Taylor A, Chittleborough C, Vickers A, Ruffin R, Wilson D, Phillips P, Adams R, Price K, Gill T. North West Adelaide Health Study: summary of policy implications 2000-2008. *18th Aust Epidemiological Association Annual Scientific Meeting*, Dunedin, Aug/Sept 2009.
112. Menz H, Hill C, Gill T, Taylor A. Prevalence and correlates of foot pain: the North West Adelaide Health Study. *Australasian Podiatry Conference*, Gold Coast, May 2009.
113. Adams R, Appleton S, Brito-Mutunayagam R, Wilson D, Ruffin R. Smoking cessation in GOLD Stage 0: an opportunity for intervention. *Thoracic Society of Aust & NZ*, Darwin, Apr 2009.
114. Buckley J. Ageing in the 21st Century – A glimpse of their future health and wellbeing? *South Aust Office for the Aged (OFTA) Seminar*, Adelaide, (month not supplied) 2009.

2009 - POSTER PRESENTATIONS

115. Phillips P, Baldock K, Shi Z, Taylor A and NW Study team. Development of metabolic syndrome affects health-related quality of life. *Aust Diabetes Society/ Aust Diabetes Educators Society*, Adelaide, Aug 2009.
116. Baldock K, Taylor A, Shi Z, Phillips P and NW Study team. Diabetes incidence among those with metabolic syndrome. *Aust Diabetes Society/ Aust Diabetes Educators Society*, Adelaide, Aug 2009.
117. Shi Z, Taylor A, Gill T, Grant J, Wang J, Phillips P and NW Study team. Medication patterns by glucose levels in the North West Adelaide Health Study. *Aust Diabetes Society/ Aust Diabetes Educators Society*, Adelaide, Aug 2009.
118. Hill CL, Gill TK, Shanahan EM, Adams RJ, Taylor A. Effect of socio-economic status (SES) and musculoskeletal pain in Australia. *Aust Rheumatology Association*, Wellington, May 2009.
119. Taylor A, Baldock K, Phillips P. Diabetes incidence: seven-fold risk among those with metabolic syndrome. *3rd International Congress on Prediabetes and the Metabolic Syndrome*, Nice (France), Apr 2009.
120. Phillips P, Taylor A, Baldock K. Development of metabolic syndrome affects health-related quality of life. *3rd International Congress on Prediabetes and the Metabolic Syndrome*, Nice (France), Apr 2009.
121. Appleton SL, Hill C, Gill T, Wilson DH, Taylor AW, Adams RJ. Complementary and alternative medicine use in asthma. *Thoracic Society of Aust & NZ*, Darwin, Apr 2009.
122. Ngo DTM, Sverdlov AL, McNeil JJ, Horowitz JD. Low 25-hydroxyvitamin D levels are associated with elevated plasma ADMA and c-reactive protein concentrations: nexus with cardiovascular disease. *European Society of Cardiology*, Barcelona, Aug/Sept 2009.
123. D'Onise K, Lynch J, McDermott R. Can preschool reduce the risk of tobacco smoking in adulthood? *Oceania Tobacco Control Conference*, Darwin, Oct 2009.
124. D'Onise K, McDermott R, Lynch J. Does attendance at preschool affect adult health? *Physicians week - , Royal Australasian College of Physicians* Sydney, May 2009.

2008 (21 in total)

2008 - ORAL PRESENTATIONS

125. Buckley J, Hugo G, Wilson D. Baby Boomers – A glimpse of their future health and wellbeing. *SA Population Health Conference, Adelaide, Oct 2008.*
126. Baldock K, Phillips P, Chittleborough C, Taylor A. Increased medication use is associated with poorer health-related quality of life among people with diabetes independent of glycaemia. *Australasian Society for Psychological Research in Diabetes 10th Annual Scientific Conference, Melbourne, Aug 2008.*
127. Grant J, Taylor A, Montgomerie A, McDermott R. Four studies and a collaboration: intergenerational research in South Australia – the SAPHIRE project. *Population Health Congress (Aust Epid Assoc, A'asian Fac Public Hlth Med, Aust Health Prom Assoc, Public Hlth Assoc Aust), Brisbane, Jul 2008.*
128. Cole A, Gill TK, Shanahan E, Philips P, Taylor AW, Hill CL. The association between shoulder pain and diabetes mellitus: a population based study. *European League Against Rheumatism (EULAR), Paris, Jun 2008.*
129. Gill T, Taylor A, Hill C, Shanahan EM. The prevalence of musculoskeletal pain in an Aust population based cohort study. *Aust Rheumatology Association, Adelaide, May 2008.*
130. Adams R. Chronic cough and mental health. *Thoracic Society of Aust & NZ, Melbourne, Mar/Apr 2008.*

2008 - INTERNET PRESENTATIONS

131. Hill CL, Gill TK, Whittle S, Cole A, Taylor A. Prevalence and associations of hand pain: results from a population based cohort study. *Asia Pacific League Against Rheumatism (APLAR), Yokahama (Japan), Sept 2008.*

2008 - POSTER PRESENTATIONS

132. Wilson D, Appleton S, Adams R, Ruffin R. Mental health, obesity and asthma. *European Respiratory Society, Berlin, Oct 2008.*
133. Adams R, Appleton S, Wilson D, Ruffin R. The risk of cardiovascular disease associated with asthma may be mediated by short-acting β_2 -agonists. *European Respiratory Society, Berlin, Oct 2008.*
134. Adams R, Appleton S, Wilson D, Ruffin R. Chronic cough is associated with psychosocial disturbance in a population sample. *European Respiratory Society, Berlin, Oct 2008.*
135. Sverdlov AL, Ngo DT, McNeil JJ, Horowitz JD. Diabetes is associated with paradoxically low plasma concentrations of asymmetric dimethylarginine (ADMA). *4th International Symposium on ADMA, Bregenz (Austria), Aug 2008.*
136. Gill TK, Phillips P, Rowett D, Taylor AW and Laddipeerla NR. Medication use among those with osteoporosis in the community. *18th Annual Meeting Aust & NZ Bone and Mineral Society, Melbourne, Aug 2008.*
137. Gill TK, Phillips P, Taylor AW, Laddipeerla NR. Prevalence of osteoporosis in a community sample. *18th Annual Meeting Aust & NZ Bone and Mineral Society, Melbourne, Aug 2008.*
138. Baldock KL, Chittleborough CR, Gill TK, Phillips PJ, Taylor AW. Hypertension and dyslipidaemia: missing medications and missing targets. *Aust Diabetes Society Annual Scientific Meeting Melbourne, Aug 2008.*
139. Baldock KL, Chittleborough CR, Phillips PJ, Taylor AW. Incidence of diabetes in the North West Adelaide Health Study: socioeconomic and biomedical risk factors. *Aust Diabetes Society Annual Scientific Meeting, Melbourne, Aug 2008.*
140. Sverdlov AL, Ngo DT, McNeil JJ, Horowitz JD. Diabetes is associated with paradoxically low plasma concentrations of asymmetric dimethylarginine (ADMA). *Cardiac Society of Aust & NZ Annual Scientific Meeting, Adelaide, Aug 2008.*
141. Gill T, Phillips P, Rowett D, Hill C, Taylor A. Medications and osteoporosis in the community – some missing and some inappropriate. *European League Against Rheumatism (EULAR) Paris, Jun 2008.*
142. Hill C, Shanahan M, Gill T, Taylor A. Prevalence and associations of shoulder pain in a population-based study: the North West Adelaide Health Study. *European League Against Rheumatism (EULAR), Paris, Jun 2008.*

143. Hill C, Gill T, Taylor A. The use of fish oil among participants in the North West Adelaide Health Study. *Aust Rheumatology Association*, Adelaide, May 2008.

2008 - PUBLISHED ABSTRACTS

144. Gill TK, Laddipeerla NR, Phillips P, Hill CL and Taylor AW. Prevalence and associated medication use of those with osteoporosis in the community. *International Osteoporosis Foundation*, Thailand (conference cancelled).
145. Hill C, Gill T, Taylor A. Knee pain prevalence and arthritis: Results from a population-based study cohort study. *European League Against Rheumatism (EULAR)*, Paris, Jun 2008.
146. Hill C, Gill T, Taylor A. Hand pain prevalence and arthritis: Results from a population-based study cohort study. *European League Against Rheumatism (EULAR)*, Paris, Jun 2008.

2007 (14 in total)

2007 - ORAL PRESENTATIONS

147. Appleton S, Wilson D, Taylor A, Gill T, Ruffin R, Adams R. Relation of body composition to asthma in a population sample of older Austs. *12th Congress of the Asian Pacific Society of Respiriology*, Gold Coast, Nov/Dec 2007.
148. Price K, Cheek J, Taylor A, Ruffin R. Is shortness of breath normal in the older person? *Geriatric National Conference: Caring for the Aged in all Contexts: Models, myths and magic*, Brisbane, Oct 2007.
149. Ngo DT, Sverdlov AL, Willoughby SR, Nightingale AK, Chirkov YY, McNeil JJ, Horowitz JD. Aortic valve sclerosis is associated with impairment of platelet responsiveness to nitric oxide. *European Society of Cardiology Congress*, Vienna, Sept 2007,
150. Appleton S, Wilson D, Taylor A, Ruffin R, Adams R. Relation of body composition to asthma in a population sample of older Austs. *European Respiratory Society Annual Congress*, Stockholm, Sept 2007. (ref Eur Respir J 2007; 30: Suppl. 51, 43s)
151. Chittleborough C, Phillips P, Drakoulas M, Baldock K, Taylor A. Diabetes can ruin your day – quality of life after diagnosis. *Aust Diabetes Society*, Christchurch, Sept 2007.
152. Price K, Cheek J, Wilson D, Adams R, Ruffin R. Challenging that time and place known as 'the consultation'. *19th International Union on Health Promotion and Education World Conference*, Vancouver, Jun 2007.
153. Adams R, Appleton S, Wilson D, Taylor A, Gill T, Ruffin R. How COPD is defined on spirometry affects prevalence and disease burden in the community. *Thoracic Society of Australia and NZ*, Auckland, Mar 2007 (Respirology 2007;12 (Suppl 1):a16)
154. Buckley J. Baby Boomers, Obesity and Social Change. *South Aust Conference on Collaborative Approaches to Obesity*, Adelaide, Nov 2007.

2007 - POSTER PRESENTATIONS

155. Wilson D, Franzon J, Taylor A. Surveillance data identifies an obesity syndrome - what are the likely determinants? *5th International Conference on Behavioral Risk Factor Surveillance*, Rome, Oct 2007.
156. Wilson D, Appleton S, Adams R, Ruffin R. Early detection of COPD: evidence from a population cohort study. *European Respiratory Society Annual Congress*, Stockholm, Sept 2007.
157. Phillips P, Baldock K, Chittleborough C, Taylor A. Renal function by stage of diabetes progression: impairment begins before diabetes develops. *Aust Diabetes Society*, Christchurch, Sept 2007.
158. Ngo DT, Sverdlov AL, Willoughby SR, Nightingale AK, Chirkov YY, McNeil JJ, Horowitz JD. Aortic valve sclerosis is associated with impairment of platelet responsiveness to nitric oxide. *European Society of Cardiology Congress*, Vienna, Sept 2007.
159. Sverdlov AL, Ngo DT, Willoughby SR, Nightingale AK, Chirkov YY, McNeil JJ, Horowitz JD. Predictors of elevated augmentation index in an ageing population: beyond hypertension. *Cardiac Society of Aust & NZ*, Christchurch, NZ, Aug 2007.
160. Ngo DT, Sverdlov AL, Willoughby SR, Nightingale AK, Chirkov YY, McNeil JJ, Horowitz JD. Aortic valve sclerosis is associated with impairment of platelet responsiveness to nitric oxide. *Cardiac Society of Aust & NZ*, Christchurch, NZ, Aug 2007.
161. Gill T, Taylor A, Phillips P. Osteoporosis: Underestimated and over represented: Prevalence of osteoporosis in the North West Adelaide Cohort Study. *19th International Union on Health Promotion and Education World Conference*, Vancouver, Jun 2007.

2006 (21 in total)

2006 - ORAL PRESENTATIONS

162. Potts N, Wilson D, Taylor A, Gill T, Schrader G, Ruffin R. The prevalence of depression in the North West Adelaide Health Study. *The Australasian Society for Psychiatric Research Annual Meeting*, Sydney, Dec 2006 (ref Acta Neuropsychiatrica 2006; 18(6):266-7).
163. Hill C, Gill T, Taylor A. Prevalence and associations of foot pain in a population-based study. *American College of Rheumatology*, Washington, Nov 2006.
164. Price K. Debating the influence of denial in research and its impact on healthy ageing. *3rd International Conference on Healthy Ageing and Longevity*, Melbourne, Oct 2006.
165. Grant J, Chittleborough C, Taylor A, Phillips P, Ruffin R. Plugging an important research gap: measured incidence of chronic disease from the North West Adelaide Health Study. *Australasian Epidemiological Association*, Melbourne, Sept 2006.
166. Jury H, Avery J, Chittleborough C, Taylor A, Phillips P, Ruffin R. Overall health status in the North West of Adelaide. *Public Health Association of Australia*, Sydney, Sept 2006.
167. Chittleborough C, Taylor A, Wilson D, Adams R, Ruffin R. Gender differences in inequalities in asthma: the North West Adelaide Health Study. *European Respiratory Society*, Munich, Sept 2006.
168. Phillips P, Chittleborough C, Taylor A. Cumulative diabetes incidence: ten-fold risk among those with impaired fasting glucose. *Aust Diabetes Society*, Gold Coast, Aug 2006.
169. Price K. Ageing: the most significant chronic condition! *SA Gerontology*, Adelaide, Jun 2006.
170. Adams R, Appleton SL, Wilson DH, Taylor AW, Ruffin RE. Association of asthma, cholesterol and statins in a population sample. *American Thoracic Society*, San Diego, May 2006 (ref Am J Resp Crit Care Med 2006:A527).
171. Appleton S, Adams R, Wilson D, Taylor A, Ruffin R. Central obesity is associated with non-atopic but not atopic asthma: an epidemiological study. *Thoracic Society of Australia and NZ*, Canberra, Mar 2006. (ref *Respirology* 2006;11 (Suppl 2): A15)

2006 - POSTER PRESENTATIONS

172. Chittleborough C, Phillips P, Taylor A. Socioeconomic inequalities among people with diabetes aged 65 years and over. *International Diabetes Federation*, Capetown, Africa, Dec 2006.
173. Potts N, Wilson D, Taylor A, Gill T, Schrader G, Ruffin R. Depression and health risk factors in the North West Adelaide Health Study. *The Australasian Society for Psychiatric Research Annual Meeting*, Sydney, Dec 2006 (ref Acta Neuropsychiatrica 2006; 18(6):304-305).
174. Buckley J. Are Baby Boomers preparing for later life? Positioning oneself to age well. *Emerging Researchers in Ageing (ERA), 5th National Conference*, Sydney, Oct 2006.
175. Chittleborough C, Taylor A, Gill T, Phillips P, Adams R, Wilson D, Ruffin R. Socioeconomic disparities associated with metabolic syndrome differ by gender. *International Congress on Obesity*, Sydney, Sept 2006.
176. Howard N, Wilson D, Taylor A, Hugo G. Investigating spatial relationships and obesity: area and individual level disadvantage in the north west region of Adelaide, South Australia. *International Congress on Obesity*, Sydney, Sept 2006.
177. Taylor A, Wilson D, Adams R, Ruffin R. Examining asthma incidence in an Aust prospective cohort: the North West Adelaide Health Study. *European Respiratory Society*, Munich, Sept 2006.
178. Appleton S, Adams R, Wilson D, Taylor A, Ruffin R. Asthma severity is not modified by central obesity. *European Respiratory Society*, Munich, Sept 2006.
179. Price K. Ageing: the most significant chronic condition? *British Society of Gerontology*, Bangor (Wales), Sept 2006.
180. Baldock K, Chittleborough C, Phillips P, Taylor A. Reduction of A1c, blood pressure, and cholesterol decreases 10-year risk of coronary heart disease among those with diabetes. *Aust Diabetes Society*, Gold Coast Aug 2006.

181. Montgomerie A, Chittleborough C, Taylor A, Phillips P, Adams R, Ruffin R, Wilson D. The relationship between metabolic syndrome and health related quality of life – results from the North West Adelaide Health Study. *Health Outcomes Conference*, Canberra, Aug 2006.
182. Ngo DT, Sverdlov AL, Willoughby SR, Nightingale AK, Chirkov YY, Horowitz JD. Correlates of aortic sclerosis: a population study. *Cardiac Society of Aust & NZ Annual Scientific Meeting* Canberra, Aug 2006.

2005 (27 in total)

2005 - ORAL PRESENTATIONS

183. Appleton S, Adams R, Wilson D, Ruffin R. The complexity of the association between obesity and respiratory disease. *Australasian Society for the Study of Obesity*, Adelaide, Oct 2005.
184. Baldock K, Jury H, Chittleborough C, Phillips P, Taylor A. The relationship of central obesity with diagnosed and undiagnosed diabetes – results from the North West Adelaide Health Study. *Australasian Society for the Study of Obesity*, Adelaide, Oct 2005.
185. Dal Grande E, Taylor A, Chittleborough C, Gill T, Grant J. The impact of undiagnosed chronic conditions (diabetes, asthma and COPD) on health-related quality of life: results from the North West Adelaide Health Study. *Australasian Epidemiological Association*, Newcastle, Oct 2005.
186. Grant J, Chittleborough C, Taylor A. The NWAH Study: quiet achievers in chronic disease epidemiology. *Public Health Assoc of Australia*, Perth, Sept 2005.
187. Chittleborough C, Taylor A, Wilson D, Adams R, Ruffin R. Population surveillance in North West Adelaide: lung function and chronic obstructive pulmonary disease (COPD) across the diabetes spectrum. *European Respiratory Society*, Copenhagen, Sept 2005.
188. Gill T, Taylor A, Ruffin R. Risk factors and quality of life in the NWAH Cohort Study. *Health Outcomes Conference*, Canberra, Aug 05.
189. Gill T, Taylor A, Ruffin R. Costs associated with chronic conditions in the NWAH Cohort Study. *Health Outcomes Conference*, Canberra, Aug 05.
190. Ruffin R, Wilson D, Adams R, Appleton S. Asthma and obesity. *American Thoracic Society*, San Diego, May 2005.

2005 - POSTER PRESENTATIONS

191. Appleton S, Adams R, Wilson D, Taylor A, Ruffin R. Central obesity is associated with non-allergic but not allergic asthma: an epidemiological study. *Australasian Society for the Study of Obesity*, Adelaide, Oct 2005.
192. Howard N, Grant J, Montgomerie A, Taylor A. Using a tape measure to examine chronic disease and risk factors: the North West Adelaide Health Study. *Australasian Society for the Study of Obesity*, Adelaide, Oct 2005.
193. Baldock K, Gill T, Chittleborough C, Taylor A. The relationship between waist to hip ratio and quality of life – results from the North West Adelaide Health Study. *Australasian Society for the Study of Obesity*, Adelaide Oct 2005.
194. Montgomerie A, Grant J, Chittleborough C, Taylor A, Adams R. Results from the North West Adelaide Health Study – Which measure of central obesity is best? *Australasian Society for the Study of Obesity*, Adelaide, Oct 2005.
195. Baldock K, Chittleborough C, Phillips P, Taylor A. Coronary heart disease risk in South Austs with diabetes. *Aust Diabetes Society*, Perth, Sept 2005.
196. Chittleborough C, Baldock K, Taylor A, Phillips P. Men are more likely than women to have prediabetes or the metabolic syndrome. *Aust Diabetes Society*, Perth, Sept 2005.
197. Baldock K, Chittleborough C, Taylor A, Phillips P. Income and diabetes: prevalence is higher among the poor. *Aust Diabetes Society*, Perth, Sept 2005.
198. Taylor A, Chittleborough C, Wilson D, Adams R, Ruffin R. Population surveillance in North West Adelaide: medical costs among males and females with diagnosed and undiagnosed asthma. *European Respiratory Society*, Copenhagen, Sept 2005.
199. Gill T, Taylor A, Wilson D, Adams R, Ruffin R. Population surveillance in North West Adelaide: physical activity associated with chronic obstructive pulmonary disease (COPD). *European Respiratory Society*, Copenhagen, Sept 2005.
200. Taylor A, Baldock K, Chittleborough C, Wilson D, Adams R, Ruffin R. Population surveillance in North West Adelaide: The impact of diagnosed and undiagnosed chronic obstructive pulmonary disease (COPD) on quality of life. *European Respiratory Society*, Copenhagen Sept, 2005.

201. Wilson D, Appleton S, Adams R, Taylor A, Ruffin R. Population surveillance in North West Adelaide: undiagnosed asthma. *European Respiratory Society*, Copenhagen Sept, 2005.
202. Adams R, Appleton S, Wilson D, Taylor A, Ruffin R. Population surveillance in North West Adelaide: Misclassification of asthma is dependent on FEV1 reversibility criteria. *European Respiratory Society*, Copenhagen Sept, 2005.
203. Adams R, Appleton S, Wilson D, Taylor A, Ruffin R. Population surveillance in North West Adelaide: the population attributable risk (PAR) of atopy for asthma varies with age. *European Respiratory Society*, Copenhagen, Sept, 2005.
204. Gill T, Taylor A, Ruffin R. Costs associated with risk factors for chronic conditions in the NWAH Cohort Study. *Health Outcomes Conference*, Canberra, Aug 2005.
205. Wilson D. Research opportunities in the Dept of Medicine. *TQEH Advertising Opportunities Day*, Adelaide, Jul 2005.
206. Phillips P, Chittleborough C, Baldock K, Taylor A. Changing the diagnostic criteria for impaired fasting glycaemia: effects in a South Aust population. *1st International Congress on Prediabetes and the Metabolic Syndrome*, Berlin, Apr 2005.
207. Chittleborough C, Phillips P, Baldock K, Taylor A. Are the demographic and risk factor profiles different for males and females with impaired fasting glucose? *1st International Congress on Prediabetes and the Metabolic Syndrome*, Berlin, Apr 2005.
208. Taylor A, Phillips P, Chittleborough C, Baldock K. The effect of impaired fasting glycaemia on quality of life in a South Aust population. *1st International Congress on Prediabetes and the Metabolic Syndrome*, Berlin, Apr 2005.
209. Appleton S, Adams R, Wilson D, Ruffin R. Misclassification of asthma: a comparison of FEV1 reversibility criteria in the diagnosis of asthma. *Thoracic Society of Australia and NZ*, Perth, Mar 2005.

2004 (12 in total)

2004 - ORAL PRESENTATIONS

210. Phillips L, Chittleborough C, Phillips P, Baldock K, Taylor A. Metabolic control in diabetes - the effect on health-related quality of life. *European Association for the Study of Diabetes*, Munich, Sept 2004.
211. Worthley D, Chittleborough C, Phillips P, Baldock K, Taylor A. Health-related quality of life in diabetes by stage of disease progression. *European Association for the Study of Diabetes*, Munich, Sept 2004.
212. Wilson D, Adams R, Taylor A, Ruffin R. Health promotion and population surveillance: an important partnership for improved health outcomes. *18th World Conference on Health Promotion & Health Education*, Melbourne, Apr 2004.
213. Phillips P. NWAH Study information. *The Directions in Diabetes Medical Conference*, Adelaide, Mar 2004

2004 - POSTER PRESENTATIONS

214. Grant J, Chittleborough C, Phillips P, Taylor A. A gendered look at the epidemiology of diabetes in SA. *Australasian Epidemiological Association*, Adelaide, Oct 2004.
215. Baldock K, Chittleborough C, Phillips P, Taylor A. Impaired fasting glucose: is it more than just high blood sugar? *Australasian Epidemiological Association*, Adelaide, Oct 2004.
216. Chittleborough C, Phillips P, Baldock K, Taylor A. Do people with diabetes have poorer health-related quality of life than those with asthma or COPD? *Aust Diabetes Society*, Sydney, Aug 2004.
217. Chittleborough C, Phillips P, Caudle L, Taylor A. Achieving diabetes management targets: the North West Adelaide Health Study population. *Aust Diabetes Society*, Sydney, Aug 2004.
218. Phillips P, Chittleborough C, Baldock K, Taylor A. Health-related quality of life in diabetes: the effect of metabolic control and stage of disease progression. *Aust Diabetes Society*, Sydney, Aug 2004.
219. Burke M, Chittleborough C, Phillips P, Taylor A, Cook G. Health service use and diabetes risk factor concentration. *18th World Conference on Health Promotion & Health Education*, Melbourne, Apr 2004.
220. Chittleborough C, Burke, Taylor A, Dal Grande E, Grant J. Why should we reduce obesity in the population? Health resource use implications. *18th World Conference on Health Promotion & Health Education*, Melbourne, Apr 2004.
221. Grant J, Chittleborough C, Dal Grande E, Taylor A. Severe obesity: who should be targeted? *18th World Conference on Health Promotion & Health Education*, Melbourne, Apr 2004.

2003 (8 in total)

2003 - ORAL PRESENTATIONS

222. Grant J, Chittleborough C, Dal Grande E, Taylor A, Wilson D, Phillips P, Ruffin R. Chronic disease and risk factor multiplicity: who should be targeted? *Public Health Association of Australia*, Brisbane, Sept/Oct 2003.
223. Chittleborough C, Taylor A, Phillips P, Wilson D, Ruffin R. Perception of diabetes risk in North West Adelaide: a population biomedical study. *Australasian Society for Behavioural Health & Medicine*, Brisbane, Feb 2003.

2003 - POSTER PRESENTATIONS

224. Appleton S, Wilson D, Adams R, Taylor A, Dal Grande E, Chittleborough C, Ruffin R. The burden of multiple biomedical and behavioural risk factors for chronic disease assessed in an urban population. *Global Surveillance Meeting*, Noosa, Oct 2003.
225. Chittleborough C, Burke M, Phillips P, Taylor A. Health service use among people with diabetes. *Aust Diabetes Society*, Melbourne, Sept 2003.
226. Grant J, Chittleborough C, Taylor A, Phillips P. Identifying people with diabetes-related complications from a population perspective. *Aust Diabetes Society*, Melbourne, Sept 2003.
227. Wilson D, Appleton S, Adams R, Ruffin R. Asthma and the burden of risk factors. *Thoracic Society of Australia & NZ*, Adelaide, Apr 2003.
228. Ruffin R, Wilson D, Adams R, Taylor A, Hiller J, Hugo G, Wilkinson D. A high prevalence of mild chronic obstructive pulmonary disease in a population sample. *Thoracic Society of Australia & NZ*, Adelaide, Apr 2003.
229. Chittleborough C, Dal Grande E, Taylor A, Grant J, Wilson D, Adams R, Ruffin R. Asthma prevalence and perception of severity in North West Adelaide: a population biomedical study. *Thoracic Society of Australia & NZ*, Adelaide, Apr 2003.

2002 (5 in total)

2002 - ORAL PRESENTATIONS

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