

T.A.S. NEWS: 1968 - 2003/04

Welcome to the T.A.S. 2003/04 Newsletter. □

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



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

□ Dr. Aindralal Balasuriya □

□ Dr Mark Jenkins □

□ Ms Cathryn Wharton □

□ Prof. E. Haydn Walters □

□ Dr Shyamali Dharmage □

□ Prof. John Hopper □

□ Assoc. Prof. Michael Abramson



THE UNIVERSITY OF MELBOURNE



What is T.A.S.?

You and your family are part of the Tasmanian Asthma Study (T.A.S.), which is the world's largest and longest research study on respiratory health, spanning 35 years from childhood to adulthood.

The history of T.A.S.

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

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

- **1974 follow-up:** a questionnaire was mailed to 7,980 members of the 1961 birth group (then aged 13 years) with 7,132 responding. From these, 851 individuals participated in a clinical study that included breathing tests and height and weight measurements.

- **1981 follow-up:** the participants of the 1974 clinical study (aged 20 years) were asked to participate in a postal survey and 658 responded. Of these, 218 participated in a clinical study, which included breathing tests and measurements of height, weight and blood pressure. □

- **1992 follow-up:** 1,723 participants from the 1961 birth group (aged 31 years) were asked to take part in a survey, and 1,494 subjects participated by completing a questionnaire on themselves and their children.

An invitation to be part of our current (fourth) follow-up

We are now re-approaching all participants of the 1961 birth group to ask for their help once again. The objective of this follow-up is to identify the causes of respiratory diseases including asthma in adults. We are focusing on these diseases because they are a leading cause of illness and premature death in Australia. □

□ **Please remember that you don't need to have any respiratory illness to participate in this study.** When we are examining the causes of a disease, we compare people with the illness to people without (who are called "controls"). Having lots of controls has been a strength of T.A.S. in the past. So, irrespective of your respiratory health status, your participation in this research will help us identify who is most likely to develop respiratory diseases. We hope this will eventually lead to interventions to prevent these diseases. □

□ The current follow-up of the T.A.S. has three stages. These are:

- Stage 1 (2003/04): Completion of the **postal survey booklet** which has been mailed to those of you who belong to the 1961 birth group (enclosed with this newsletter).

- Stage 2 (2004-2005): Those of you who **participated** in the 1992 postal survey will be asked to attend a laboratory for breathing tests. □

- Stage 3 (2004): A questionnaire will be mailed to **all the family members** of the 1961 birth group.

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Your participation in this follow-up is completely voluntary and you can withdraw at any time. Participating in the stage 1 postal survey does not commit you or your family to be involved in stage 2 or 3.

The progress of the current follow-up

Over the last 12 months we have been working to establish as many current contact details of all 45,900 participants from the 1968 survey as possible. With permission from the relevant Ethics Committees, this has been done using many processes including matching participants to the Electoral Roll, the Tasmanian Marriage Registry, the National Death Index and the Medicare database. We have also sent out letters to some brothers and sisters requesting their assistance in providing the contact details of family members. □

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To date we have been able to trace 82% of the 1961 birth group, 52% of the brothers and sisters, and 23% of parents. This tracing process is still continuing, so any information you would be willing to provide about **the contact details of your family** would be greatly appreciated (see the Family Contact Details Form provided in the booklet). **All names and addresses are strictly confidential and will only be used for this research project.** □

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

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

Participating in the current postal survey

If you agree to participate in this postal survey, we would be most grateful if you would **complete the forms in the booklet provided** (which includes a Consent Form, a Respiratory Health Questionnaire and a Family Contact Details Form) and post it in the **reply paid envelope** provided or mail to: □

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

If you need to contact us

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

Keeping information up-to-date

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

Contribution of the T.A.S. to research

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

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

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

1. Gibson H.B. et al. Respiratory disorders in 7-year-old children in Tasmania: Aims, methods and administration of the survey. *MJA* 1969; 2:201-205. □
2. Hall G.J. et al. The interrelationship of upper and lower respiratory tract symptoms and signs in seven-year-old children. *Int J Epidemiol* 1972; 1:389-405. □
3. Gibson H.B. et al. What happens to wheezy children and why? *Transactions of the Menzies Foundation* 1980; 1:23-27. □
4. Giles G.G. The use of discriminant analysis in the detection of geographic types of asthma. *Soc Sci Med* 1980; 141:225-232. □
5. Giles G.G. The Tasmanian Asthma Survey. In: King H, editor. *Epidemiology in Tasmania*. Canberra: Brolga Press; 1987. □
6. Giles G.G. et al. Respiratory symptoms in Tasmanian adolescents: A follow-up of the 1961 birth cohort. *Aust NZ J Med* 1984; 14:631-637. □
7. Jenkins M.A. et al. Factors in childhood as predictors of asthma in adult life. *BMJ* 1994; 309:90-93. □
8. Jenkins M.A. et al. The association between childhood asthma and atopy, and parental asthma, hay fever and smoking. *Paediatr Perinatal Epidemiol* 1993; 7:67-76. □
9. Hopper J.L. et al. Increase in the self-reported prevalence of asthma and hay fever in adults over the last generation: a matched parent-offspring study. *JPH* 1995; 19:120-124. □
10. Jenkins M.A. et al. Validation of questionnaire and bronchial hyperresponsiveness against respiratory physician assessment in the diagnosis of asthma. *Int J Epi* 1996; 25:609-616. □
11. Jenkins M.A. et al. Regressive logistic modeling of familial aggregation for asthma in 7,394 nuclear families. *Genet Epidemiol* 1997; 14:317-32. □
12. Hopper J.L. et al. Regressive logistic modeling of familial aggregation for smoking in a population-based sample of nuclear families. *J Epidemiol Biostat* 1997; 2:45-52. □