

QUEST

Winter 2011

The Quarterly Newsletter of the Royal Hobart Hospital Research Foundation

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Our QUEST is for knowledge that will lead to better healthcare and medical services for the people of Tasmania. You can help us by supporting our research efforts with a gift, bequest or donation.

Each year the Foundation funds research into a variety of disorders affecting the lifestyle and well-being of the people of Tasmania, including cancer, heart disease, stroke, diabetes, Alzheimer's and Parkinson's diseases.

This research is undertaken by doctors, nurses, surgeons, anaesthetists, scientists, pathologists and many other health professionals at the Royal Hobart Hospital, and the University of Tasmania's medical school and Menzies Institute.

Many of our researchers are nationally-renowned in their fields, whilst others have achieved international acclaim for their efforts. All of them are working to improve the quality of healthcare for Tasmanians.

Your gift, bequest or donation can be vital in ensuring that this QUEST continues to provide benefits for Tasmanians, now and into the future.



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Heather Francis – Our new CEO



Heather Francis

We are delighted to announce the appointment of Heather Francis as our new CEO.

Heather comes to the Foundation with a career background which has a strong focus in health and management, together with direct research involvement at both practical and capacity building levels. Her most recent role was as CEO of The MS Society of Tasmania which allowed her to couple her strong interests and skills in contemporary organisational management with direct involvement in health care and support. In guiding the development of new fundraising initiatives to expand traditional activities, Heather has been pivotal in shaping community awareness strategies designed to improve understanding and support for those living with MS across Tasmania.

Heather has also been a Director of the Australian Marketing Institute for the past seven years and is currently both Deputy Chair of the AMI's National Board and Chair of its Industry and Policy Committee. Stepping forward as a Director to the Board of Crime Stoppers Tasmania in mid-2010, Heather has also recently been appointed by the State Minister for Community Development to the Tasmanian Women's Council. Most significantly, Heather cites her role as a mother of two young children as the greatest and most inspiring element of her active but satisfying life.

We are sure you will all join us in welcoming Heather to the Research Foundation.

MBS Motors Series Breakfasts



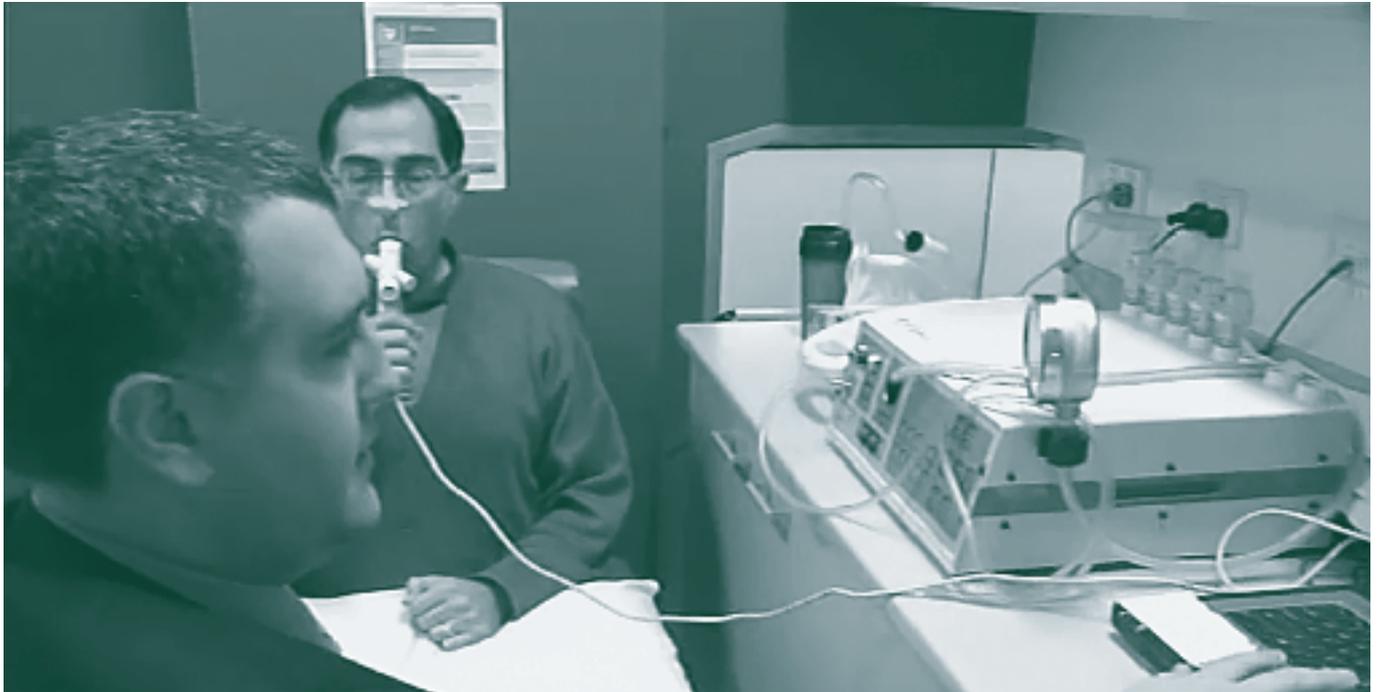
Caption

The breakfast series has been a feature of the Research Foundation for over 10 years. This year has seen an interesting

mix of speakers and a increase in the number of people attending the breakfasts.

Continued on page 6

Research Update – Asthma Study



Dr John Marrone and Dr Amir Soltani

The Tasmanian longitudinal Health Study (TAHS – www.tahs.com.au), is the world's largest and longest running respiratory health study. It is based on all Tasmanians born in 1961 that have been studied sequentially since 1968. The recent tracing of the study families has allowed us to repeat studies over the past 5 years, with financial support from the Royal Hobart Hospital Research Foundation (and through it a post-doctoral fellowship from the Sypkes family), Clifford Craig Medical Research Trust, Asthma Foundation of Tasmania and the National Health and Medical Research Council. Within this world class Tasmanian respiratory research resource, the Sypkes research fellow Dr. John Marrone now updates Quest with current progress within the TAHS, with special focus on his contributions over the past 3-4 years.

As reported previously to Quest in 2009 John's first exciting duty was establishing respiratory testing sites and training up personnel at RHH, LGH, NWRH and more recently at the new Menzies Research Institute of Tasmania, in the Medical Science Precinct in Hobart.

The establishment, maintenance and expansion of these respiratory sites over the years, with ability to test at all times throughout the week and weekend, has allowed the TAHS to maximise participation from our long term community collaborators across Tasmania, where 75% of the 1960s children and their families still live. We have also

been able to pursue some individuals into their own homes or places of work if the travel to a testing centre has been too difficult. This has all lead to a high ongoing participation rate and even enhanced the public profile of the TAHS in local communities.

Our TAHS team has been able to process just over 2,500 individuals during John's tenure in leading the field research effort, which includes detailed questionnaires on respiratory and general health, respiratory physiological testing, weight and body measurements, obtaining blood, saliva and breath condensate samples, all at high levels of documented and auditable quality standards.

Broadly our research team has been involved in five recent TAHS studies:

[Original TAHS participants \(probands\) - follow-up study](#) In 2008 a selection of approximately 1,500 from the original TAHS participants studied in 1968 completed full laboratory testing and 5,729 completed postal surveys. A lot of effort has and is currently being put into analysing all these data. The focus is on defining the effects of genetics and personal life events all the way back to childhood which impact on respiratory health in middle age.

[TAHS siblings & Asthma rich - family studies](#) In 2009, a selection of approximately 1,600 brothers/sisters (siblings) of original participants also completed laboratory testing

Research Update – Asthma Study continued...

and 12,045 completed our postal survey. We also looked at approximately 500 family group individuals where the occurrence of asthma was high in these family units. Again, we will use these data to understand the relationship between genetics and environment on respiratory outcomes.

Bronchial Hyper-Responsiveness (BHR) testing - a pilot study in healthy young adults In 2010 a convenience sample of 23 healthy adults (some with and without asthma) completed BHR testing or “airway sensitivity testing” for the first time ever in a research setting in Tasmania (inhaling an active ingredient (provocholine) or a placebo solution (saline) initially and the opposite solution at a second testing session). BHR testing aims to understand how “airway sensitivity” may be linked with various respiratory outcomes. During this BHR pilot study we also for the first time used novel equipment on participants to analyse how the smaller airways of individuals empty in very fine detail when under such stress, whether central aortic blood pressure changes during BHR testing and recorded or quantified the acoustic and respiratory rate outputs of individuals in terms of cough and wheeze during testing. These preliminary studies will be useful in allowing us to add value to the larger population studies that we will be undertaking.

Original TAHS participants - BHR study As of 2010 we have been conducting for the first time, BHR testing and assessment of airway inflammation in our original TAHS cohort members, focusing on those who have already been up to the lab for more conventional lung function tests. To date, 600 have taken part in a full BHR inhalational challenge tests and completed a follow-up questionnaire. We aim to understand how BHR or “airway sensitivity”, respiratory symptoms, questionnaire data and exhaled breath condensate analysis (for airways inflammatory products), may lead to enhanced lung ageing or disease outcomes throughout the next decade of observation. This will allow us to potentially anticipate sub-clinical disease states and intervene before damage has occurred. We are aiming to concluding testing for this BHR phase of the TAHS by the end of 2011.

The strength of the TAHS is how we can look at associations not only in adulthood with outcomes such as asthma, but track these factors all the way back to childhood, whilst adjusting for smoking, educational background, allergies and other pertinent variables we have found, such as obesity. We plan to continue investigating our core groups of TAHS participants (originals, siblings and parents) using the most advanced testing procedures to old age and possibly continue investigating the next

generations too! Such an intergenerational TAHS study will be a world-beater!

Some of the most recent findings in the TAHS over the last five years include:

- Living closer to the equator increases the risk of allergy (Oktaria et al, *Respirology*, 2011)
- Early-onset eczema strongly predicts food allergy in infancy (Martin et al, *EAAI*, 2010)
- Childhood eczema and hay fever predict new onset asthma in middle age (Burgess et al, *JACI*, 2008)
- Increasing childhood body mass index (obesity) is associated with increasing asthma and chronic bronchitis in middle-aged females (Marrone et al, *Respirology* 2009)
- Lower levels of certain anti-inflammatory proteins in the blood are associated with persistence of childhood asthma into adulthood (Kandane et al, *Respirology*, 2009)
- Lower levels of certain skin proteins are associated with childhood eczema which then leads on to asthma (Matheson et al, *IMJ*, 2010)
- Prematurity (but not birth weight), is associated with an increased risk of asthma from childhood to adulthood (López-Polín et al, *Respirology*, 2008)
- Poor lung function and tonsillectomy in childhood are associated with premature death (Mészáros et al, *Thorax*, 2010)
- Childhood immunisations are not related to asthma in middle-age (Nakajima et al, *Thorax*, 2007)

Currently Dr. John Marrone (our RHHRF Sypkes Fellow), is also involved in the wider community serving on:- the Medical and Scientific Committee of the Asthma Foundation of Tasmania and Australia, is a member of SmokeFree Tasmania (and is media spokesperson for the group); is a member of the Public Health Association of Australia (and on the executive board in Tasmania); is a member of the Australian Epidemiological Association; tutors on occasion at the University of Tasmania (as an Honorary Fellow in the School of Medicine); and is involved in a programme at UTAS directed at engaging and inspiring youth to attend tertiary education settings from disadvantaged backgrounds.

Health Update - Asthma Tips for asthma sufferers in winter

As winter envelopes Tasmania, we can expect a spike in the flare-up of asthma for the 65,000 Tasmanians who suffer from the condition.

Here are six tips for a less wheezy winter from the Asthma foundation of Tasmania:

1. Always carry your reliever medication.

Paradoxically, people with well-controlled asthma represent a high percentage of asthma fatalities. This is because in the case of an unexpected emergency they are unprepared. Regardless of whether your asthma is under control or not, or even if you have not had an attack for years, always carry reliever medication.

2. Take your doctor-prescribed medication.

Because of the warmer weather in summer, some asthma symptoms for some asthmatics may disappear for a while. Even if this is the case for you, continue taking your medication. Many people make the mistake of not taking their prescribed medication when they show no symptoms only to find that the symptoms return – with a vengeance – over winter. The rule is: if your doctor prescribes medication for asthma - take it. And keep taking it until your GP tells you to stop.

3. Get a written asthma action plan or ensure your current one is up-to-date.

The plan helps you to identify when your asthma is out of control and gives you the type and dosage of medication to take various levels of severity. If you already have an action plan, ensure that its recommendations have the stated effect on your asthma.

4. See your doctor if you use your reliever 3 or more times per week.

This is probably the best rule-of-thumb indication that your asthma is deteriorating. If you use reliever medication three times a week or more, see your GP as soon as possible.

5. Use a spacer

A spacer is a valved plastic tube that will ensure that you are receiving puffer medication into your lungs where it is needed. If you are not using a spacer, even if you have the best technique in the world, much of your medication will be swallowed, rather than finding its way into your airways.

6. Don't mix your meds

Because you are likely to find yourself at a pharmacy seeking relief from winter bugs always tell your pharmacist what asthma medication you are taking. This applies even if you are buying "natural" or complementary medicines

If you have any questions about asthma or its related conditions, call the Asthma Foundation of Tasmania. The staff are more than happy to discuss any aspect of the condition. Face-to-face consultations are welcome, but please make a booking. They also have a very useful FREE booklet entitled Asthma in the Home. Contact the Foundation on its help and advice line: 1800 645 130.

Many thanks to our friends at the Asthma Foundation of Tasmania for this helpful information.



Office Max providing invaluable support

The team at leading office supplies business Office Max are continuing to provide outstanding support for the work of the Research Foundation through their generous supply of many of our stationery and other office needs.

This allows us to preserve our funds for vital local research, so a very special thankyou to **Jason Mackenzie** and his professional colleagues for their assistance.

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Raffle success continues

Our first MEGA raffle for 2011 was drawn at the Royal Hobart Hospital foyer on 25 May, 2011 by Catherine Einoder from our wonderful friends and supporters, Andrew Jones Travel.

The RHHRF Mega Raffle 1st prize of a Holden Barina was won by a lady in Burnie who couldn't believe her luck ...

Phoning people to say they had won a prize is definitely one of the nicer jobs that we get to do at the Foundation.

Our second raffle for 2011 is about to get underway and will be drawn in November. Prizes include a new car, interstate flights and accommodation, a pampering hotel stay with the Grand Chancellor and more!

Don't miss your chance – contact the Foundation office on 6222 8088 to arrange your tickets.



Donation form

Yes – I would like to contribute to the Royal Hobart Hospital Research Foundation

I/We wish to make a donation of: (please tick)

\$250 \$150 \$100 \$50 \$20 Other \$ _____

OR – I would like to become a member of the Foundation's RSVP by making a donation from my credit card (record details below) of \$ _____ every – (please tick) Month Quarter Year

All donations to the Research Foundation of \$2 and over are tax deductible.

Method of payment

Cheque Money order Visa MasterCard

Credit card number

Expiry date _____

Signature _____

Name on card _____

Address _____

Postcode _____

Daytime phone no. _____

Please send me the bequest brochure “Your lasting legacy”

Please return donation to: Reply Paid, Royal Hobart Hospital Research Foundation, GPO Box 1061, Hobart 7001

QUEST

Winter 2011

On a cold winter's day there is nothing like a nice warm soup to chase the winter blues away.

This recipe is courtesy of "Slow Cooker" by Sally Wise, published by ABC Books.

Country Chicken Soup

Serves 6

1kg chicken drumsticks

1 onion

1 carrot

½ parsnip

60g sweet potato

1 stalk celery

2 tablespoons green split peas (Marlene from the Foundation office uses yellow split peas instead)

2 tablespoons pearl barley

3 cups chicken stock, or water with 1 tablespoon chicken stock powder

Salt and White pepper, to taste



Remove as much skin from the chicken as possible.

Peel and chop the onion, carrot, parsnip and sweet potato, and chop the celery.

Place chicken and vegetables in the slow cooker with the split peas, barley and stock.

Stir to combine.

Place lid on cooker and cook for 4 hours on High

Add salt and white pepper to taste.

MBS Motors Series Breakfasts *continued from page 1...*



Jane Bennett

May saw Jane Bennett from Ashgrove Cheese as the speaker. Jane has recently withdrawn from her Managing Director's role at Ashgrove and is focusing on the new directions. She gave us a fascinating insight into how she ended up in the cheese business (despite resisting for a long time), how the wasabi cheese came into being and what she is planning

to do next, including being newly appointed to the Board of Ben Lomond Water.

June saw an absolute contrast in Hetty Johnston, founder of Bravehearts. Hetty told a heart-rending story of how, when her daughter was 7, she discovered that she was being abused by her grandfather. Hetty told of how she and her husband had loved his father and were devastated



Hetty Johnston

when they found he was abusing their child. It was only when the police investigation was underway they discovered he had abused women in two generations but everyone was too frightened to talk about it. When trying to find out information about child abuse Hetty discovered how difficult it was for families to find out what services were available and get

access to services. This drove Hetty and her husband to form Bravehearts.

Sadly, statistics show that 1 in 5 children in Australia will suffer some form of sexual assault or exploitation. Bravehearts aims to "Break the Silence" around this sad comment on our society.

Don't forget we have moved

We are now settled into our new office

Come and find us on the 5th Floor of MBF Building, 25 Argyle St.

Postal address and phone numbers all remain the same....