Upcoming Data Collection: Record Review 2016

- ♥ We will commence our biennial review of participants' GP records in January 2016.
- ♥ We thank our colleagues in the General Practices across England, Wales and Scotland for always taking the time to complete these forms which provide an important update on the health of our cohort members.



Where can I find out more information about the British Women's Heart and Health Study?

♥ We are based at The Farr Institute for Health Informatics, part of the University College of London. British Women's Heart and Health Study (c/o Ms Antoinette Amuzu) You can contact us at: **UCL Farr Institute** 222 Euston Road London, NW1 2DA

We are more than happy for you to contact us at any time with any queries or ideas that you have about the study. You can contact Antoinette Amuzu on 0203 5195064.

• We are currently working on moving our web address to UCL, in the meantime please continue to use the LSHTM web address: http://www.lshtm.ac.uk/eph/ncde/research/bwhhs/

Where can I find out more information about coronary heart disease?

- Coronary heart disease is the biggest cause of death and disability among women in Britain but it is still often seen as a man's disease.
- ♥ If you want to know more about coronary heart disease what causes it, how to prevent it, how to treat it – then contact the British Heart Foundation (BHF)



British Heart Foundation 14 Fitzhardinge Street London W1H 6DH

Free Heart Info line: 08450 70 80 70 Tel: 020 7935 0185 Email: internet@bhf.org.uk Website: www.bhf.org.uk/index.asp

The National Heart Forum (NHF) is a leading alliance of over 40 national organisations working to reduce the risk of coronary heart disease in the UK.

NATIONAL 赵 **Heart Forum**

National Heart Forum Tavistock House South **Tavistock Square** London, WC1H 9LG

Tel: 020 7383 7638 Fax: 020 7387 2799 Email: webenquiry@heartforum.org.uk Website: www.heartforum.org.uk

Once again a very big THANK YOU from the British Women's Heart and Health Study team. Without your help we could not continue with the study



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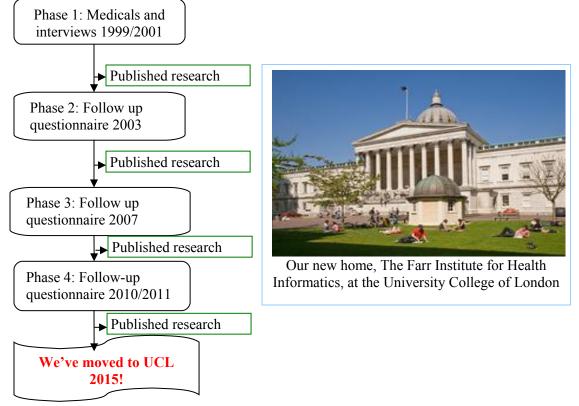
BRITISH WOMEN'S HEART AND HEALTH STUDY

ISSUE 3. Autumn 2015

you for all your ongoing support.

and treatment of heart disease.

What have we been doing?



In September 2015, study team moved to the Farr Institute of Health Informatics at the University College of London, though we still collaborate closely with our colleagues at the London School of Hygiene & Tropical Medicine and Bristol University. The study will now be administered from the new site, and the data and blood samples that you have given us will be stored securely at UCL. Your data will remain completely confidential and will be used for research only.

Since you completed the follow-up questionnaire in 20010/2011, we have been looking at the changes in the health and well being of the study group. We have summarised our important findings in this newsletter.

This study would not exist without your continuing support, so from all of the BWHHS team, a huge THANK YOU! If you have any queries, please contact us on 0203 549 5064

Welcome to the newsletter for the British Women's Heart and Health Study (BWHHS). We hope to share our achievements with you, tell you our plans and thank

Over 4000 women from all over Britain are taking part in this study, and we hope that you will continue to support us. The study aims to find out more about the prevention

Introducing the study team...



Professor Juan-Pablo Casas - Study Director

JP Casas is Professor of Clinical Epidemiology and Informatics at the Farr Institute of Health Informatics. Professor Juan Pablo-Casas gualified in Medicine in 1999 and continued to train in cardiovascular science. His main research interest is in Translational Medicine, with a strong focus on cardiovascular disease and ageing.



Professor Debbie Lawlor – Co-Director

Debbie Lawlor is Professor of Epidemiology at the University of Bristol. She is a co-director of the BWHHS and has worked on the study since its inception. Her main research interests are concerned with the genetic and life course epidemiology of insulin resistance, diabetes and cardiovascular disease.



Antoinette Amuzu – Study Coordinator

Antoinette Amuzu is our Study Coordinator. Antoinette is responsible for managing the database that contains all the information that we collect, and for designing and organising the new questionnaires. Antoinette will be happy to answer any questions you might have about the study and our latest move, please call her if you have guestions on 0203 549 5064.



David Prieto Merino – Statistician

David Prieto-Merino is the statistician for the study. Before this post he spent 8 years as an associate lecturer in Statistics at the University of Alcala de Henares in Spain and as a freelancer consultant. He is now a lecturer at the Medical Statistics Unit with an interest in Bayesian methods that he tries to apply whenever it makes sense.



Dr Caroline Dale - Research Fellow in Epidemiology and Statistics

Caroline Dale joined the British Women's Heart & Health Study as Research Fellow in January 2010. Before this she was studying for her PhD in life-course trajectories of alcohol use at the London School of Hygiene & Tropical Medicine where she also gained her MSc in Demography & Health with distinction. Her research interests are in the lifestyle causes of cardiovascular disease with a particular interest in alcohol epidemiology.



Amy Mulick Cassidy – Research Fellow in Statistics

Amy started working with the BWHHS in 2014 as a research fellow in statistics. She is developing statistical methods for handling high dimensional blood metabolome measurements taken from samples drawn during the 1999-2001 baseline interviews. She is currently exploring the relationship between high density lipoprotein (HDL) particles and the risk of developing coronary heart disease (CHD), and the relationship between metabolic measures including lipids, fatty acids, proteins and amino acids and the risk of all-cause and cause-specific mortality.

Physical Activity Amongst the Elderly

- ♥ As you may remember, as part of our follow up survey in winter 2010 we asked our study participants to wear an activity monitor called an 'Actigraph' to tell us about your physical activity during the week.
- We have recently published on the effect of changes in moderate or vigorous physical activity on changes in health-related quality of life and have found the following:
- Changes in physical activity levels in the elderly are possible and can help older women not only to prevent a decline in health-related quality of life, but also to improve their enjoyment of life.
- ♥ Efforts to reduce or treat diseases would likely generate an important beneficial impact on physical activity levels in elderly women

Disability Free Life Expectancy

- increased mortality,
- This suggested that interventions aimed to modify this may help to delay mortality.
- We also developed the first population-based risk-score to identify women at risk of future disability.
- This could help in allocation of resources for treatment and prevention of disability in the elderly.

Exploring the Effect of Area-Level Characteristics on CVD

- The BWHHS is collaborating with Dr Karen Lock, based at the London School of Hygiene & Tropical Medicine to document evidence of which aspects of the built environment affect risk behaviours associated with chronic disease, such as smoking, alcohol consumption and physical activity.
- The research aim is to understand how differences in the characteristics of places people live in neighbourhood.
- Our on-going work on neighbourhood deprivation focuses directly on government policy to lower between the most deprived areas and the rest of the country.
- Our work will provide a means to explore the specific features of the built environment that affect health (e.g. physical activity, obesity) in elderly people.
- Our research will be of value to local neighbourhood renewal teams working in each of the 23 towns health behaviours.



In the area of disability, our worked showed that women with low-levels of social participation have an

(services, open space, crime, price of food), influence their ways of life and health behaviours, and how these factors explain population inequalities in cardiovascular risk factors for older adults, who often have reduced mobility and therefore are potentially more vulnerable to the impacts of their local

worklessness, crime and improve health, skills, housing and physical environment, narrowing the gap

of BWHHS in improving understanding of mechanisms by which area deprivation results in adverse