



A big thank you...

FROM THE TEAM at the Stress and Health study, a very big thank you to everybody who has helped us up to now. This newsletter tells you a bit more about what we have done with the information you have allowed us to collect – really helpful findings, which have changed the way people think about stress and health. We are also hoping to have your help again in the near future. Even if you have retired, or missed some of our questionnaires or check-ups, we would still like you to take part next time.

In fact, we're especially interested if you've retired, or have moved out of the Civil Service. Although the study started as an examination of civil servants, these days less than half of those taking part still work as civil servants. About a fifth are working in other places, and around a third have retired. And those retired people are part of a generation that is making researchers take a different view of health in retirement. That's why we're so keen to stay in touch – to find out more.

Finally, an apology to those of you who were affected by mailing mishaps the last time we sent our questionnaires (phase 6). We have listened to your suggestions, changed our ways, and are confident we will get things right next time. Thanks again for your continuing co-operation. We hope you enjoy reading this Update!

Professor Sir Michael Marmot

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Check-ups – our promi

LATER THIS YEAR we'll be inviting you once again to take part in a health check-up of all your main health systems. We call it Phase 7, and it's the next vital stage in our continuing research. For you it's a chance of a free medical check – and we've taken note of your questions and feedback from previous years. On these two pages we explain what's involved, and what you can expect from us.

Travelling to the clinics

We know that for some people it's not easy to organise travel tickets to London, especially if you need to pay for them privately and then claim them back. So instead of refunding your fares, this year we will send you a voucher (called a 'travel warrant') which will allow you to make the journey while we pick up the fare. Of course if you do end up out of pocket, we'll refund the money against the relevant receipts. If you, or someone you know is unable to travel to London for a check-up, do get in touch.

1 Advance notice

We'll send appointment details to your last known address. If the details with this newsletter aren't correct, let us know

2 Getting to clinic

We'll send you a voucher so your journey to London will be free (no need to claim it back). If you can't get there, let us know

Details wrong?
Use the change of
address card with this
newsletter

Travel problems?
Call us free: phone
0800 068 1562



The Stress and Health study team is constantly using your results to publish new findings of great importance to medical science. Some of the most recent are highlighted on other pages. If you want details of the papers published by the study (which scientists usually refer to as Whitehall II), call us free on 0800 068 1562. We'll send you a copy of any paper quoted here. Miriam Harris, Project Director, Stress and Health

se to you

Test results: as soon as we can get them to you

We'll get the results to you as soon as we can. At the time of your check-up, we'll let you know how soon that will be. We've had problems in the past with getting the results to you as quickly as we – and you – would like: apologies to all of you who had to wait so long for your Phase 5 results. Heart traces (ECGs) in particular were severely delayed, and we're reviewing the method we use for producing them. We have also employed a project director whose job is to make sure things keep to timetable.



That's quick. It's my test results

Eating before the check ups

For morning check-ups, you'll need to fast from midnight (drinking water is OK in moderation). Afternoon check-ups usually mean a fat-free breakfast and then nothing else for at least 4 hours before you arrive at the clinic. The fasting is important: we will be doing what one participant called the 'Lucozade test' (and which doctors call a glucose tolerance test), and this has to be done on an empty stomach. After the screening is over, we'll give you a light meal of sandwiches and drinks. People with diabetes don't need to fast.

3 The check-up

The check-up is thorough and you will need to allow about 3½ hours for all the tests. You may also need to fast on the day

Food and drink
Light refreshments
will be provided
after the check-up

Returning results
We will let you know at
the time of the check-up
how long results will take.

4 Results to you

Your individual test results will be sent to you with an extra copy which you can pass on to your doctor.

On the day

MANY OF YOU have expressed interest in meeting the research team at your check-up, and team members will be on hand whenever the tests are being carried out. They'd be delighted to talk to you and answer questions.

WE KNOW THAT some people have been

worried at the prospect of blood samples being taken during the check-up, and concerned that this should be done gently and professionally. All the staff taking blood are trained to do so. Let them know if you are nervous!

What is a healthy later life?

new thinking

WE ARE FACING an ageing revolution. As a nation, we have never lived as long as we do now; many people are retiring earlier than they did a generation ago. For many of us, there will be years more life between retirement and death. But how will we spend those years and to what extent is health in later life related to your working life? A new view of health in older age is being built up from information provided by you.

Who retires early?

Study researchers have recently published an analysis of the reasons for early retirement after tracking 2,500 participants aged between 50 and 60 (published in *Age and Ageing* (2000) **29**: 529-536). Just over a quarter of them retired early during the course of seven years. Some of the findings were what you would expect: men with low job satisfaction were twice as likely to retire early as those whose job satisfaction was high (women were one and a half times more likely). People in poor health also retired early more often than others. Single women retired early more often than married women. But people in lower grades retired later, probably for financial reasons.

Different patterns in retirement

Study researchers are doing more work on analysing what happens when people do retire. What's clear from the information you have given us is that people react to retirement in different ways. Some say their pattern of activities is just as busy as before; others report very different daily routines. The importance of such differences for health and functioning in older age is not well understood and is a major reason for continuing the study. One particular issue: is it good health that keeps people active, or do range of activities help keep people in good health? These activities may be social (participating in charities or meeting friends), personal (such as hobbies), or they may be directly related to health (such as exercise).

An important question for the next phase of the study is how people's economic circumstances and their patterns of activity in later life are important to health in retirement.

Health in later life

We highlight work in this issue, but we're studying other aspects of health and age. For example, the health effects of:

- Children moving away
- Losing a parent
- The menopause.

With your help, we hope to shed light on these, and more.

Keep in touch...

We especially want to hear from you:

- if you have retired
- if we've been out of touch for a while
- if you have moved to a different area
- if you're involved with caring for relatives, spouses or partners.

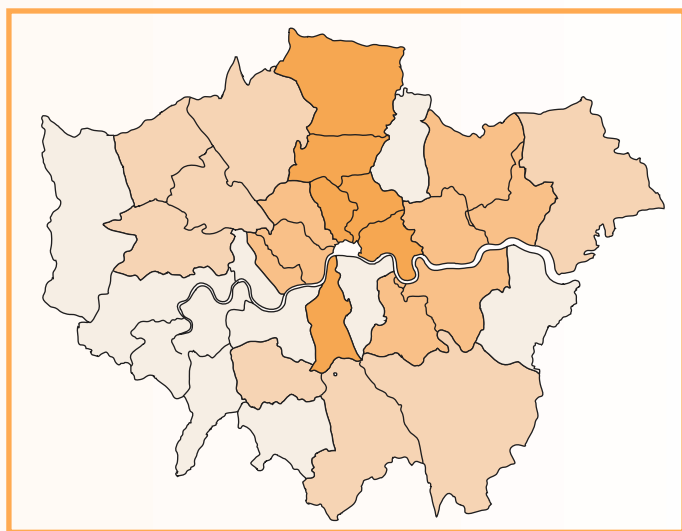
With this Update is a change of address card, which will allow you to fill in all your up-to-date details. If there's no card in your pack, or if there's anything you need to ask us or tell us about, simply ring us free on **0800 068 1562**.

You're helping the good work to keep going

FINDINGS FROM THIS STUDY have been used around the world, and have led to changes in the way that stress is understood. Until recently, stress at work was linked with busy executives – but we found that it affected lower grades more than higher. Since then, UK Government policy on protecting employees from stress has been tightened up. Other countries are doing similar research. But the study is not just about work.

Health and where you live

People in some places tend to be healthier than people in others: this has been known for a while. But is it the sort of people who live there or the place itself that makes the difference? With your help,



researchers on the Stress and Health study have started to explore this question by looking at the health profiles of districts in and around London. On the map (left) the darker colours show the areas with the highest proportion of people saying they were in bad health. In our analysis, it seems that both the place and the job grade made a difference. In deprived areas, higher status people were healthier than people lower down the ladder. But they were less healthy than their peers living in the more affluent areas. It looks as if there is something about the areas that contributes to health – over and above the type of people who live there. Published in: *Health and Place* (2001) 7: 117-129.



According to my test results, we should move to Croydon

Study research news

What is an optimal diet?

Stress and Health researchers last year published a paper looking at whether it was better to replace saturated fat with polyunsaturates (margarine instead of butter), or eat more carbohydrates (starches and sugars) instead. By comparing diet questionnaires with the results from the last check-up, it became clear that, contrary to previous thinking, there wasn't a lot of difference

between the two. Nutritionists had argued that, once you'd cut down on saturated fat, carbohydrates were a better replacement than other fats. But, while there are pros and cons to both, the importance of cutting down saturated fat remains. *International Journal of Obesity* (2001) 25: 45-53.

Life after privatisation: Job insecurity seems to lead to mental health problems (such

as depression) and more visits to the GP. We studied the health effects on civil servants whose working life was affected by privatisation of the Property Services Agency. People who ended up unemployed or in insecure jobs had poorer health. Those who left paid work for ever were about as healthy as the people re-employed and working in secure jobs. *British Medical Journal* (2001) 322: 647.

When heart risk starts: Your heart disease risk is related, in part, to social status as a child (as defined by your father's job). Out of 6,976 Stress and Health participants, children of poorer fathers were more likely to be overweight adults; women were more likely to smoke and to have high cholesterol. But the health effects of your own job grade were stronger. *Journal of Epidemiology and Community Health* (1999) 53: 757-764.

You ask us...



Results were too slow

The last time I completed a check-up, it was several months before I got the results – several months of worry and distress. Can you make sure it's quicker this time?

WE WILL DO OUR BEST to get the results of the screening back to you as soon as possible. Sorry for the delay last time round. We have looked at our procedures to make them more efficient. We do rely partly on outside bodies, and we have let them know that we expect a speedy response. As usual your results will come with a copy for you to pass on to your doctor. For more details, see pages 2 and 3.

Why only women?

I received your phase 6 questionnaire. I see that while there is a section on women's health, there is no equivalent coverage of men's health. Why is this? It seems unbalanced.

MEN'S HEALTH is every bit as important to us as women's. But there is nothing in a man's life with quite the same health consequences as the menopause. The Stress and Health study was set up in 1985 and recruited 35 to 55-year-olds. So most of the women taking part have now passed the menopause.

Is it really confidential?

Can you assure us that the study process is completely confidential?

YES. ONLY BONA FIDE MEDICAL researchers work on the project research team. They are overseen by a local research ethics committee, which is there to ensure that the study is run according to the highest ethical standards. The only things we ever publish are about large groups of people and your name is never passed on.



*Eat up your greens
or you'll never grow up like your father*

Why ask about fathers?

I am interested to know why the recently issued Phase 6 questionnaire included questions on father's employment.

RECENT SCIENTIFIC thinking has put more emphasis on the role of past circumstances (such as childhood

health) in contributing to their health in later years. We need a shorthand for this, and the easiest way is to use the Registrar General's classification of your father's occupation. It may seem archaic to be asking about your father, but we want to be able to classify things as they were in his lifetime.

Genetic or DNA testing

At the last check-up, I was asked to sign a consent form for genetic testing. I wondered if this has any relevance to insurance forms or job applications, which often ask if one has been tested for a genetic condition. What is the legal position?

YOU DON'T NEED TO declare this sort of testing on any insurance form. We have cleared this with the Human Genetics Advisory Committee. What we ask for is your permission to analyse blood samples that we've already taken. We will then compare them, anonymously, with the pattern of illnesses which are thought to have a genetic component. In this way we hope to find out how strong the genetic link really is – which may take several years. But the results of individual genetic tests will not be made public – either to you or to anybody else.

Write or email your questions to the addresses below

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