



## Happy 25th Anniversary

Your study, our study, has changed the world. Is that too grand a claim? Let me explain. Your commitment to the Stress and Health Study (also known as the Whitehall II Study), over a remarkable 25 years, has changed the way governments, the World Health Organisation and academics think about health, and health inequalities.

Our study showed that 'inequalities in health' does not only mean poor health for the poor. There is a striking social gradient: the higher the grade of employment the better the health. This gradient means that to improve health for everyone our approach should be much more ambitious than only to remedy the worst effects of poverty. We need to bring everybody's health up to that enjoyed by the best off. The question is how. There has been much concern with unhealthy behaviours as causes of preventable illness. But what are the causes of these causes? Our approach has been to examine the circumstances in which people live and work and show how they are related to preventable ill-health.

Largely because of findings from the Stress and Health Study the World Health Organisation invited me to chair the Commission on Social Determinants of Health. The Commission concluded that to tackle avoidable inequalities in health the global community had to improve the conditions in which people are born, grow, live, work, and age. The Commission's report is now being discussed in many countries and I was invited by the UK government to consider what could be achieved here. My review, *Fair Society Healthy Lives*, made recommendations in six areas of living and working conditions to reduce health inequalities in England.

This year, as President of the British Medical Association, my priority is to engage the medical profession in the important issue of health inequalities. It all started with the Stress and Health Study, which is now set to make similar landmark contributions to our understanding of health and well-being in later life.

**Professor Sir Michael Marmot**



# All change at Phase 10



Even numbered phases of the Stress and Health Study have traditionally been a questionnaire sent to everyone for completion at home. Odd-numbered phases also involve a clinic visit. This time things are going to be a little different.

Our main funder, the Medical Research Council, has asked that the next clinic at Phase 11 places special emphasis on mental health. Most measures of mental well-being have not been tested extensively in older groups before. In order to study how these new tests would work, before incorporating them at Phase 11 on everyone, a small group of 250 Stress and Health participants will be selected at random and invited to our research clinic in central London in February 2011. This visit will be the new-style Phase 10 and will replace the usual questionnaire we send to everyone.

The Phase 10 clinic visit will take 1½-2 hours and will involve new non-invasive measures. These include a facial expression recognition test, which is used to identify emotions conveyed by faces displayed on a computer screen, and a structured clinical interview, which is used to assess mental well-being. Full details of these measures will be sent to the 250 randomly selected Phase 10 participants. These participants will also be given the opportunity to volunteer to take part in a brain imaging study at Oxford University in Autumn 2011. We know how keen you all are to take part in our study but unfortunately, this time, we can only include those participants selected by the random sampling process.



## 2012, our Olympic year

At Phase 11, you will all be invited to our clinic in central London, which will run for 12 months starting in January 2012. For those unable to travel to the London clinic, the National Centre for Social Research (NATCEN) will help us with home visits, as they have at previous phases.



The Phase 11 clinic visit will include many of the measures you have become familiar with, such as blood pressure, cholesterol and glucose from fasting blood samples, ECG, lung function, walking speed, balance tests, general knowledge and hand grip strength. However, to make room for new tests, including those introduced at Phase 10, you may be happy to hear that you will not have to drink Lucozade or provide a 2-hour blood sample!

The Phase 11 clinic will take about 3 hours to complete. As usual, we will cover your travel costs and do everything we can to make your visit as easy and enjoyable as possible. Your participation is essential to the success of the Stress and Health Study. We look forward to seeing you in 2012.

# Research news from the Stress and **HEALTH** Study



The wealth of information you have given us since you joined the Stress and Health Study in the mid-1980s is now enabling us to work out how people's social circumstances and health from early middle-age onwards affect their health and well-being as they grow older.

People are now living much longer than ever before and it is very important that we know what it is that determines the ability to remain independent, healthy in body and mind, into old age.

## Why it is important to tackle depression among those who have heart disease

People with depression or heart disease are known to lead shorter lives, but what happens when someone who has heart disease also has depression. We found that people who have both illnesses were over twice as likely to die early than those who have either depression or heart disease. This finding emphasises the importance of treating both conditions. *Heart* 15<sup>th</sup> Sept 2010



## Good news for those with metabolic syndrome

The metabolic syndrome, previously known as syndrome X, is a potent combination of factors like central obesity and high triglyceride levels that can lead to a greatly increased risk of diabetes and heart disease. The good news for anyone with metabolic syndrome is that researchers on the Stress and Health Study have shown that it can be reversed by sticking to a healthy diet. *Diabetes Care* 29<sup>th</sup> July 2010



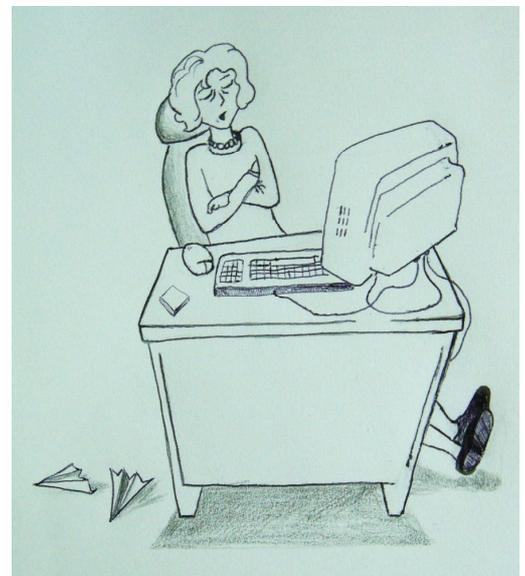
## Insomniacs anonymous

Sleeping only 5 hours or less a night is known to be associated with early death from heart disease. However, some people seem to thrive on a limited number of hours sleep. So what is going on? Stress and Health researchers have found it is the disrupted sleep among those of us who don't get a long night's sleep that appears to be the real culprit. Well, those of us that are insomniacs could have told you that! *Sleep* 2010 **33**:739-44

## Could Civil Servants be bored to death?

Finishing on a light-hearted note! You may not remember that the first questionnaire you filled in for the Stress and Health Study contained an innocuous little question about boredom during the past 4 weeks. Two of our researchers remembered this question and decided to see if the old adage 'bored to death' held any water. What they found was that those who were bored a great deal of the time were over twice as likely to die younger

than those that were never bored. Their finding was widely reported in the media including a report on CNN which you can watch on your computer <http://ije.oxfordjournals.org/> (Bored to Death?). The authors concluded that as boredom itself is an unlikely assassin it must act as a marker for other risk factors that reduce life expectancy. *International Journal of Epidemiology* 2010 **39**:370-371



# You can trust us to protect your confidentiality



Over the last 25 years we have collected a very large amount of information and biological samples from you. This has been and continues to be an invaluable resource for our researchers.

Gaining informed consent from you and safeguarding your confidentiality are essential to us. All personal information, which we need to hold in order to contact you, is exclusively handled by the Stress and Health Administrative team and access to it is secure and strictly controlled. Biological samples are also securely stored and only the Clinical team is allowed to handle them.

When it comes to research and statistical analysis, all information used by Stress and Health researchers and their collaborators is anonymised and securely stored and transferred. These data are available in the form of electronic files processed by the Data Management team. Anonymisation is achieved by using a six-digit number to identify participants, and by removing all personal information (such as name, NHS number, contact details, date of birth, GP details, etc), so that results cannot be linked to named individuals.

Furthermore, we have security measures implemented in order to ensure that all of our computing facilities, paper work, network and equipment are used in a secure manner and adequately protected against loss, misuse or abuse.

## Involving the scientific community

### Keep in touch...

Now more than ever, we want to stay in touch, particularly if you have retired, or have moved out of the area, even if you live, or are about to move, abroad. With this newsletter we enclose 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 you prefer simply to ring us, please phone **0800 068 1562** (freephone from landline) or e-mail **s&h.study@public-health.ucl.ac.uk**

Stress and Health research data are available as a resource for the scientific community and we welcome proposals for collaborative projects. Only fully anonymised processed data may be shared with other researchers. The Stress and Health team ensures that data are only accessed by bona-fide scientists who work on projects of high scientific probity and respect the study rules. To streamline this process, we have developed a data sharing policy, which conforms to the funders' guidelines and the UK Data Protection Act.

In addition, the Stress and Health Study has been selected by the new Medical Research Council Data Support Service as one of 6 exemplar studies. The aim is to provide a user-friendly mechanism to enable researchers to discover relevant datasets, as well as provide online guidance on good practice in managing data.

## Update to Stress and Health Study website

Our Stress and Health Study (also known as the Whitehall II Study) website has recently been updated ([www.ucl.ac.uk/whitehallII](http://www.ucl.ac.uk/whitehallII)). It covers the history of the Whitehall studies, current research projects and recent findings and details all our publications. Under the Data Collection link, we hope you will enjoy looking at the photos and video of our Phase 9 clinic.

UCL RESEARCH DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH  
Whitehall II Study (Stress & Health Study)

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**WHITEHALL II (ALSO KNOWN AS THE STRESS & HEALTH STUDY)**

The Whitehall II study was set up in 1985 by Professor Sir Michael Marmot to investigate the importance of social class for health by following a cohort of 10,308 working men and women.

Looking towards the future, the study seeks to answer questions about how previous and current circumstances affect health and quality of life in an ageing cohort. The study is currently funded by major grants from the **Medical Research Council (MRC)**, the **British Heart Foundation (BHF)**, the **National Heart Lung and Blood Institute (NHLBI)**, USA and the **National Institute on Aging (NIA)**, USA.

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Please send or email your questions, comments or change of address to:

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