

# Health and lifestyles of people aged 50 and over

**This leaflet tells you more about the  
second part of the survey which  
involves a nurse visit**

This survey is being carried out by the National Centre for Social Research jointly with academic researchers from University College London and the Institute for Fiscal Studies on behalf of a number of government departments and the National Institute on Aging in the United States. You have already taken part in the first part of the survey for this year which consisted of an interview.

## The Nurse visit

A registered nurse will ask you some further questions and will ask permission to take some measurements. The measurements are described overleaf. You need not have any measurements taken if you do not wish but, of course, we very much hope you will agree to them as they are a very important part of this survey. If the survey results are to be useful to us, it is important that we obtain information from all types of people in all states of health. As with information obtained in the first part of the survey, we take great care to protect the confidentiality of all information and test results.

## The Measurements

### Blood pressure

High blood pressure can be a health problem. However, blood pressure is difficult to measure accurately. A person's blood pressure is influenced by age and can vary from day to day with emotion, meals, tobacco, alcohol, medication, temperature and pain. Although the nurse will tell you your blood pressure along with an indication of its meaning, a diagnosis cannot be made on a measurement taken on a single occasion. Blood pressure is measured using an inflatable cuff that goes around the upper arm.

## **Lung function**

We would like to measure the amount of air you can breathe out of your lungs and how quickly you can get it out. This involves blowing into a tube. The amount of air you are able to breathe out depends partly on your height, your age, and how fit you are. Your result can only be interpreted in the light of these factors.

## **Height & weight**

Both the height and the weight of the population appear to have been changing very rapidly over the last two decades. These changes reflect the changes in the population's diet and lifestyle. We are interested in the relationship between general build and health. As well as taking a standing height measurement, we also would like to measure your sitting height.

## **Waist-to-hip ratio**

Lately there has been much discussion about the relationship between weight and health, and another important factor is thought to be the distribution of weight over the body. The ratio of your waist-to-hip measurements is most useful for assessing this.

## **Physical functioning measures**

We would like to measure your upper and lower body strength and your ability to balance. The upper body strength measurement involves gripping a handle which will provide a reading of grip strength. The lower body

strength measurement looks at the ability to stand up from a firm chair without the use of your arms. Measuring your ability to balance involves asking you to perform a few simple movements.

### **Saliva sample**

We would like you to provide us with samples of your saliva over a 24hr period. This simply involves allowing saliva to be absorbed into a 'dental roll' of cotton wool placed into the mouth. The sample will be analysed for cortisol. Cortisol is related to levels of stress and is of particular interest because stress may be related to heart disease.

### **Blood sample**

We would be very grateful if you would agree to provide us with a sample of blood. This is an important part of the survey, as the analysis of the blood samples will tell us a lot about the health of the population. You are of course free to choose not to give a blood sample, and the nurse will ask for your written permission before a blood sample is taken.

This part of the survey involves taking a small amount of blood (no more than 22ml, about 4 teaspoons) from your arm by a qualified nurse. The blood sample will be sent to a medical laboratory for testing total cholesterol, HDL cholesterol, fibrinogen, C-reactive protein, ferritin, glycated haemoglobin and haemoglobin.

Cholesterol is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease. Fibrinogen is a protein necessary for blood clotting and high levels are also associated with a higher risk of heart disease. The level of C-reactive protein in the blood gives information on inflammatory activity in the body, and it is also associated with risk of heart disease. Ferritin and haemoglobin are measures of iron levels in the body and are related to diet and other factors.

We would like to store a small amount of blood. Medical tests of blood samples are becoming more advanced and specialised. This means that we may be able to learn more about the health of the population by re-testing blood in the future. We will ask separately for permission to store blood.

The nurse may, in some cases, ask you if you are willing to give your blood sample before you have had anything to eat. Blood samples collected from you when you have 'fasted' can be tested for triglycerides and glucose. Triglycerides are another type of fat present in the blood, related to diet. Glucose levels found in 'fasting' blood provides information on how well your body handles sugar and are associated with risk of diabetes.

The blood samples will not be tested for the HIV (Aids) virus.

## Letting your GP know the results

With your agreement we would like to send your blood pressure, lung function and, if applicable, your blood sample results to your GP because we believe that this may help you to take steps to keep in good health. Your GP can interpret the results in the light of your medical history. We believe that this may help to improve your health.

If the GP considers your results to be satisfactory, then nothing further will be done. If your results showed, for example, that your blood pressure was above what is usual for someone of your sex and age, your GP may wish to measure it again. Often it is possible to reduce blood pressure by treatment or by changing your diet. It is for you and your GP to decide what is the best action to take, if any.

## **Might there be implications for insurance cover?**

If you agree to your results being sent to your GP, then she/he may use them in medical reports about you. This may occur if you apply for a new life assurance policy, or for a new job. Insurance companies may ask those who apply for new policies if they have had any medical tests. If so, the insurance company may ask if they can obtain a medical report from the GP. Because of the Access to Medical Reports Act 1988 an insurance company cannot ask your GP for a medical report on you without your permission. Having given your permission, you then have the right to see the report before your GP sends it to the insurance company and you can ask for the report to be amended if you consider it to be incorrect or misleading.

The purpose of a medical report is for the company to judge whether to charge normal premiums, whether to charge higher premiums or whether, in exceptional circumstances, to turn down life insurance on account of the person's health.

## If I have any other questions?

We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. If you have any other questions, please do not hesitate to ring one of the contacts listed below.

Your co-operation is very much appreciated.

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You can find out more about the study, or contact us, via the ELSA web site:

**<http://www.natcen.ac.uk/elsa>**

**Thank you very much for your help with this  
important survey**