Moments after Joy Howard’s 78-year-old bottom settled on the ground, she lay, willing the motion sickness to subside. Her grandson leaned over her stilled body with a panicked call, “For God’s sake, we’ve killed Nan!”

Nan opened her eyes to the towering young man and laughed, thrilled though. “Up high, the wind was so strong and cold on my face and in my ears. It had stuck like glue!”

“We were sitting in a plane. “I have a great plane,” she said. “It was lovely. He was showing me the sights of Melbourne, swirling me around in the air. Maybe this made me feel sick or maybe it was the adrenaline, or maybe it’s my age. The landing was perfect though.”

Once the nausea subsided, Joy’s only contention was with the prejudice Polyclent she’d plied on her upper denture. “I couldn’t get the thing off the roof of my mouth. It had stuck like glue!”

With more generations joining the ranks, it is unlikely this is the family’s first and last jump from a plane. “I have a great-grandson who is 15 and wants to skydive with me. Of course we will, when he’s old enough,” laughs Joy.

Right: ASPREE participant Joy Howard before and during her skydiving adventure.

ASPREE (ASPirin in Reducing Events in the Elderly)
- A community based study, primarily undertaken in general practice
- Funded by the US & Australian Governments
- A double-blind, randomised, placebo-controlled trial
- Will determine whether low-dose aspirin can help older people stay healthier for longer

Participating in Australia’s largest clinical trial: 16,703 (2,411 USA)
- Females: 9,175
- Males: 7,528

Age of Australian ASPREE participants:
- Average: 76.9 years
- Oldest: 98 years

ASPREE locations: Victoria, Tasmania, Adelaide, Mount Gambier, ACT and Southern NSW

Why study aspirin in healthy older people?
- Knowledge of whether healthy older people should take low-dose aspirin will only come from a study that considers all the potential benefits and risks in that age group.
- No previous clinical trial of aspirin has before focussed on healthy older people.
- People are living longer. If life expectancy increases at the same rate observed in recent history, 50% of Australian babies born today are predicted to live to 104.
- ASPREE is investigating the common causes of disability in older people such as dementia, cancers and cardiovascular disease (heart attack and stroke).
- At the heart of the ASPREE study is a goal to discover how to maintain a good quality life within that increased lifespan.

NEW ASPREE WEBSITE
The ASPREE website has been revamped! The one-stop site is the place to visit for information about the ASPREE study. Plus we have a blog with the latest news and events! Go to www.aspree.org

Monash University has built a dedicated long-term storage facility to preserve valuable blood, saliva, urine and tumour samples generously donated by ASPREE participants for research into ageing. By 2017, the architecturally designed Biorepository will house an estimated 1.3 million samples in the ASPREE Healthy Ageing Biobank alone.

Professor Christina Mitchell, Dean of the Monash Faculty of Medicine, Nursing and Health Sciences, and visiting Professor Richard Grimm, the Co-Principal Investigator of the ASPREE study in the USA, officially opened Monash University Biorepository in late May.

More than 12,200 ASPREE participants in the Healthy Ageing Biobank have provided baseline samples for future research. Of these, 3000 participants have provided an additional three year follow-up sample. Each sample is linked to a wealth of clinical health information collected at ASPREE study visits and from medical records. The collection becomes a unique global resource that may provide the bridge between an older person’s health and what is happening at a genetic or cellular level. In the future, researchers will be able to analyse the samples from ASPREE participants who develop later onset disease, such as dementia and cancer, versus those who do not.

Proteins or genetic patterns in the samples may provide clues as to a person's
Revised timing of daily study medication
Participants no longer need to wait 30 minutes between taking the ASPREE study tablet and other medications.
What ever time you choose to take ASPREE medication, we ask you to please take it at approximately the same time every day.

ASPREE uptake in Wonthaggi exceeds all
With recruitment now closed, the final numbers are in. Medical clinics with the highest number of ASPREE participants (bolded) are:
- 139 Wonthaggi Medical Group, Wonthaggi ( Vic)
- 114 Hamilton Medical Group, Hamilton ( Vic)
- 108 Victor Medical Centre, Victor Harbour ( SA)
- 101 Hawkins Medical Clinic, Mount Gambier ( SA)
- 95 Warrnambool Medical Clinic, Warrnambool ( Vic)
- 93 Ararat Medical Centre, Ararat ( Vic)
- 91 Bred Street Clinic, Traralgon ( Vic)
- 89 Drysdale Village Medical Centre, Drysdale ( Vic)
- 88 Victoria Street Clinic, Ulverstone ( TAS)
- 86 Bairnsdale Medical Group, Bairnsdale ( Vic)

What an outstanding effort by country towns! We are very thankful to these clinics and to each and every medical practice in south-eastern Australia supporting the ASPREE study.

ASPREE: 16,703 AUSTRALIANS

Why is the study using ‘low-dose’ aspirin?
The dose of aspirin used in the ASPREE study is 100mg, a third of the strength of an aspirin tablet sold over the counter for pain relief and fever. This ‘low-dose’ still has blood thinning (antiplatelet) actions, but it is less likely to cause side effects such as bleeding. It is the same dose prescribed for people who need it for secondary prevention e.g. to prevent a second heart attack or stroke.

Half of ASPREE participants have been randomly assigned low-dose aspirin, the other half a matching placebo. Both the ‘active’ aspirin and the ‘inactive’ placebo study tablets have enteric coating, which acts to help reduce abdominal discomfort. It also ensures the tablets look identical to remove bias from the study results.

Have a question about ASPREE? For more FAQs go to www.aspree.org or email aspree@monash.edu with your question.

New evidence suggests that inflammation may play a role in depression in older people. However, it is not known if this inflammation contributes to the onset or the severity of depression, or if it is a by-product. Aspirin has a well-known anti-inflammatory action. Due to the large number of people enrolled in ASPREE, for the first time, researchers in the ASPREE-D sub-study are able to determine whether aspirin can prevent depression in older people.

The ASPREE-D sub-study involves ASPREE participants answering a few questions about their history of depression and completing a measure of depression called the Center for Epidemiologic Studies Depression Scale (CES-D). The CES-D 10 item scale at annual study visits. The (CES-D-10) is a screening tool that may indicate possible depression; only a qualified practitioner (such as a GP) can make an actual diagnosis.

In the next few years researchers will examine more than 6,000 blood samples in the Healthy Ageing Biobank for the presence (or absence) of proteins or ‘biomarkers’ associated with inflammation. They will then be able to determine the relationship between these inflammatory ‘biomarkers’ in the blood and diagnoses of depression.

ASPREE-D is funded by the NHMRC (National Health and Medical Research Council), Australia’s peak government research agency.

An estimated 10-15% of people aged between 70 – 85 years will experience depression at some point in time. Symptoms of depression are often incorrectly attributed to ageing and subsequently remain undetected and untreated, contributing to a loss of quality of life and a shortened lifespan.

Anyone concerned that they may have depression is urged to contact their GP or ring Lifeline on 131114.