



'ASPiring' ADVENTURES

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 more-so that she hadn't screamed or lost her denture during the freefall, than at having survived the event. This was no ordinary family day out.

Joy, her two grandsons, 52 year old daughter and best friend Bev, aged 75, had just minutes before, stepped into thin air at 15,000 ft. Their first skydive started over Port Phillip Bay, ending in a patch of grass around 50 square feet in Port Melbourne.

"When I was asked to try skydiving, I hadn't given a thought not to say 'yes'," said Joy. "I usually do whatever the kids want me to do." She doesn't recall feeling nervous — not that she had time. "It was only a small plane and I think the seven of us were out in less than a minute. It was 'choof, choof, choof', out the door. There was no backing out.

"Up high, the wind was so strong and cold on my face and in my ears. Then when the instructor pulled the shoot we slowed down and 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 precautionary Polydent 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.

STUDY EVENTS

SALISBURY, ADELAIDE



Participants David Hilliard (left) and John Patterson were both PhD students at the ANU in the 1960s. Fifty years later they met up at the ASPREE study update in Salisbury in January, unaware that each other was in the trial.



Pictured above, Dr Carlene Britt, ASPREE Regional Manager, would like to thank participants and guests for the warm welcome at study updates in Portland and Hamilton in April this year. Picture courtesy of the Portland Observer.

WANGARATTA



Wodonga ASPREE team, Gillian and Sally, hosted study updates in Wangaratta and Laverton in February this year. Attendees, including participants Helen O'Gilbee and Jean Ryan (pictured right with Gillian), travelled from surrounding towns to hear an update on the trial.

Please stay in touch!

- Have any questions about ASPREE?
- Have there been any changes to your health or circumstance?
- Have feedback? We love to hear positive and constructive feedback.

Call: **1800 728 745** or email: aspree@monash.edu
For updates go to www.aspree.org

Rather receive 'The Tablet' ASPREE newsletter by email? Send your name and email address to aspree@monash.edu or call **1800 728 745**.

Newsletter produced by the ASPREE National Co-ordinating Centre, Melbourne. [@aspree_aus](https://twitter.com/aspree_aus)

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

The world's largest disease prevention aspirin study in healthy people aged 70 plus

Participants 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



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.

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, officially opened the new 'Biorepository' in May with Professor Richard Grimm, the Co-Principal Investigator of the ASPREE study in the USA.

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

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ASPREE Funding Organisations
<ul style="list-style-type: none"> • National Institute on Aging (NIA/NIH in the USA) • National Health and Medical Research Council of Australia (NHMRC) • National Cancer Institute (NCI/NIH in the USA) • CSIRO • Victorian Cancer Agency (VCA)
ASPREE Collaborating Organisations
<ul style="list-style-type: none"> • Monash University • Menzies Institute for Medical Research (TAS) • Australian National University • The University of Melbourne • The University of Adelaide • Berman Centre for Outcomes & Clinical Research (Minnesota)

STUDY DETAILS

ASPREE: 16,703 AUSTRALIANS



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predisposition for a particular disease, or a long and healthy life.

Samples destined for the ASPREE Healthy Ageing Biobank are de-identified, barcoded and divided into more than 60 aliquots (portions) in preparation for storage at -80°C or -190°C . Different components of the samples are stored at different temperatures; blood cells are stored at -80°C while the plasma is stored at -190°C . Not a drop is wasted!

In addition to samples from the Healthy Ageing Biobank, the Biorepository will be home to biospecimens from a diverse range of studies and research undertaken across the University.

The Australian arm of the ASPREE study and the ASPREE Healthy Ageing Biobank is led by Monash University, in collaboration with the Menzies Institute for Medical Research (TAS), the University of Adelaide, the Australian National University (ACT) and Melbourne University.



Photo above: ASPREE Healthy Ageing Biobank research assistant, Daniel, checks biospecimens frozen at -190°C in one of five nitrogen tanks in the new Biorepository at Monash University.

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** BREED 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.

FAQS When will study results be available?

ASPREE will follow the health of participants for an AVERAGE of five years. This means that people who joined the study in 2010 may have seven annual ASPREE study visits, while those who enrolled in 2014 will have three years of annual visits.

The 'average' time takes into consideration the time it has taken to recruit enough people into the study and ensures that everyone finishes the study in the same year. The average five year's participation will provide **almost 100,000 years worth of health information about ageing by 2018.**

The ASPREE team has started preparing for analysis of baseline data, which will provide descriptive information about the health of our participants upon enrolment into the trial. Baseline data also creates the foundation for accurately determining changes over the duration of the study and the impact of aspirin in the final analysis.

By staying in the study (even if you have had to cease study medication for medical reasons), you are contributing significant health information that by 2018, will help us understand ageing with and without aspirin. Thank you!

We hope to share baseline data with you at future study updates, in 'The Tablet' newsletter and in letters later this year, and in early 2016.

By the end of 2017, we anticipate being able to advise you which arm of the study you were randomly allocated (aspirin or placebo). Results of the principal ASPREE study are expected in 2018.



Photo above: Guests share a cuppa after a presentation on the trial's progress, held at the Monash Biomedical Imaging Centre earlier this year. The ASPREE team looks forward to sharing findings from the trial at future study updates.

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 (anti-platelet) 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.

SUB-STUDY NEWS



ASPREE-D—could a sample of blood hold a key to fighting depression in older people?

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 will be 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)-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.