



Ageing Mind Initiative

Issue 17, April 2013 Newsletter

www.uq.edu.au/ami

Welcome back to another edition of AMI. We have been listening to your feedback and as requested, AMI is proud to be updating you on a number of results from research projects we have advertised in the past. Some of these studies have been going on for a number of years so we are very excited to finally be seeing the results of everyone's hard work, both researchers and participants alike.

This edition of AMI is also proud to promote an upcoming free public lecture being held at the University of Queensland (pg 3). Globally respected international researcher Dr Mo Wang will be presenting on a topic that the majority of Australians should be considering: Retirement, curse or a blessing?

The AMI team also had the pleasure of interviewing Associate Professor Geoff MacDonald from the University of Toronto on his views about attachment theory and how it applies to older adults (pg 2-3). So enjoy the latest edition of the Newsletter and if you have any questions, please address them to ami@uq.edu.au

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ISSUE QUOTE:

"The wiser mind mourns less for what age takes away than what it leaves behind"

~ William Wordsworth (1770-1850)

How Attached Are You? (Part 1)



Associate Professor Geoff MacDonald from the University of Toronto describes himself as a relationship researcher. The common thread that runs through his research is attachment theory.

that a key area of the brain that is activated when being rejected, was less active in those who had taken acetaminophen compared to the placebo.

While remarkable, MacDonald did caution, “While these studies are remarkable, it does not mean we should start taking pain medication to overcome hurt feelings. But it does highlight the strength of this emotional and physical connection.”

Attachment theory explores how people connect with one another. Traditionally, this theory has been focused on exploring the early attachments of infants and children to their parents and how this goes on to influence their future attachments to others as adults. Surprisingly, very little has been done on how attachment theory applies to older adults, despite “relationships having as just as much significance in later life as they do in early life” quoted MacDonald.

MacDonald explained “our best strategy for surviving and reproducing is having close and meaningful connections with other people. If we don’t meet or satisfy that deep need for meaningful connection, it can lead to a number of emotional and physical health problems. This effect is so strong that actual physical pain systems are involved in registering social rejection”.

MacDonald described one study that explored how acetaminophen (the active ingredient in Tylenol, an over-the-counter pain medication) was able to reduce social pain (DeWall et al., 2010). DeWall from the University of Kentucky, had healthy volunteers take regular doses of acetaminophen or a placebo, then simulated a social rejection scenario. Researchers found

MacDonald also discussed how there is growing evidence that even a short-term experience of social isolation can affect the immune system. “Long term prospective studies have shown that social isolation is as strong a risk factor for mortality as smoking” MacDonald explained (House, Landis and Umberson, 1988). “I find this extraordinary. When you consider the attention placed on the effects of smoking and how unhealthy it is, why aren’t we promoting the effects that our social interactions have on our health?”

These studies have particularly interesting implications for older adults. Social isolation can be a concern for many older adults when reduced mobility and access to normal social networks are impaired. MacDonald remarked, “As health problems become more common with age, it becomes increasingly important to address those social needs. What people need is social connection. When health becomes an issue, we don’t keep people in the family home as much. This has implications. If we really understood the impact of social connections maybe we would be more focused on homecare or opportunities for increased social connection in aged care facilities.”

How Attached Are You? (Part 2)

MacDonald also reflected on the value you place on yourself and as a member of society and how that is also strongly influenced by attachment. "As people grow older, one thing that creates a lot of personal value is giving care and passing on wisdom. Attachment theory suggests that it is a natural human impulse to care for others. But when you are concerned about your attachment to others, it interferes with your ability to care for others" MacDonald explained. "There is so much wisdom and knowledge to be learned from our elders but insecure attachment could interfere with their ability to carry out that passing on of information. So again, how we connect with people plays a huge role in the value we place not only on others but also ourselves".

Attachment theory also poses some interesting questions about how our society is economically set up. MacDonald reasoned "we seem to see relationships as this frivolity but they are a basic and essential need.

Society focuses more on material needs. There is a false belief that as long as they have a bed

to sleep in and food to eat, you can survive and social needs are often ignored. If we understood the true cost of these social needs to our health, people's behaviours would change and the economic structure would shift. We may be more motivated to set up systems to promote opportunities to spend time with family for example. Long-term stable connections are extremely valuable. This would reduce health costs and promote healthier well-being".

Lastly, when asked to give advice on how to improve your social connections, MacDonald said "develop relationships with people who are in themselves secure. You will start to internalize the way other people treat you so pick people who treat you with unconditional affection and you will do better. Choose your social surroundings carefully and well. It is important to really understand how deeply our need for other people goes. It is so easy to underestimate. I would argue it is the strongest need people have. So ignore your own needs at your own peril."

UPCOMING EVENT

Free Public Lecture by international expert Dr. Mo Wang. Dr Wang will be delivering his lecture on "RETIREMENT: CURSE OR A BLESSING" at The University of Queensland, St Lucia. The event is set to take place on **27th May 2013** in the ICTE Auditorium. The talk will be in the ICTE Auditorium (6.30-8.00pm), followed by a Reception held in the Terrace Room (8-9pm).

This talk will introduce the global trend of retirement to the audience. It will explore the various effects of retirement and how it influences people's financial, physical, and psychological well-being. In addition, it will address various ways for retirees to adjust to retirement and reach productive post-retirement life

If you would like to attend, RSVP to psychalum@psy.uq.edu.au by Wednesday 22 May.

RESEARCH UPDATES

Update on Cognition in Motor Neuron Disease

Motor neurone disease (MND), known as Amyotrophic Lateral Sclerosis (ALS) in many parts of the world, and as Lou Gehrig's disease in the USA, is a progressive neurological disease. Motor neurone disease (MND) is the name given to a group of diseases in which the nerve cells (neurones) controlling the muscles that enable us to move around, speak, swallow and breathe fail to work normally. With no nerves to activate them the muscles gradually weaken and waste. The patterns of weakness and rate of progression vary from person to person. While some people can live a long time with MND, the average life expectancy is 2 to 3 years from diagnosis.

MND affects approximately 1400 people in Australia and thousands more - their carers, families and friends - live daily with its impact. On average, every day in Australia at least one person dies from MND and another is diagnosed (Adapted from the MND Australia website see for more details <http://www.mndaust.asn.au/>).

An estimated 50% of patients experience cognitive, language and behavioural deficits, in addition to the typical motor symptoms in MND. Our study aimed to investigate the cognitive, language and behavioural characteristics of an MND sample compared to healthy matched control participants. Seventeen MND patients and 19 age, education and IQ matched controls completed an extensive battery of cognitive and language tests.

The results demonstrated that 18% of MND patients had probable dementia, 41% showed significant cognitive and/or language impairment and 41% were unimpaired, consistent with the spectrum of impairments reported in the literature.

The MND group showed impaired performance on measures sensitive to fronto-temporal lobar degeneration including elevated apathy, reduced spontaneous speech, impaired action naming, sentence comprehension, verbal memory, response initiation, and generative fluency (phonemic and semantic word, fixed design, meaningful gesture and unconventional ideational fluency tasks). Impaired action naming in the present sample supports the notion that action processing may be selectively impaired in MND (Bak, O'Donovan, Xuereb, Boniface, & Hodges, 2001; M. Grossman et al., 2008).

This research has helped further our understanding of cognitive and language symptoms experienced by those who suffer MND. Future research building on these findings may help us understand the brain structures that are affected in MND and help guide treatment and care of patients with MND.

The researchers Rosemary Argall and Dr Gail Robinson would like to thank the AMI volunteers who participated in this project.



RESEARCH UPDATES

The Coping With Caring Program

Zoë L. Barnett B.PsySc (Hons), DPsych

The Coping With Caring Program (CWCP) is one of the first dementia specific carer interventions based on empirical research, is self-directed and delivered via post to both male, and female carers.

The program aimed to treat mood and stress symptoms in carers of older people with dementia using Cognitive Behavioural Therapy (CBT) concepts and mindful strategies.

Another aim of the CWCP was to enhance carers' self efficacy and coping skills.

Participants were 34 Queenslanders (Men = 9, Women=25) caring for a family member with moderate stage dementia. The average age of participants was 68 years. Some participants were recruited through the 50+ Registry.

Participants were randomly assigned to one of two conditions (1) CWCP: a self-directed, correspondence intervention consisting of eight weekly workbooks and minimal telephone support or (2) Waitlist control: a comparison group who received educational, information only newsletters. When each condition was completed, participants then crossed over to complete the alternate condition. This design allowed all carers the opportunity to take part in the program, at some point.

After participating in the CWCP, carers reported improvements in the number and frequency of behaviours of concern in the person for whom they provided care. Further, the results showed significant improvements in carer's overall mood with less sadness, less hopelessness, less

irritation, and more sense of control regarding their caring duties compared to carers who hadn't yet undertaken the program.

The carers in the CWCP were both candid and very generous in providing their personal stories. Most were relieved to be able to speak to someone about their experiences and the profound effect that caring had on their social life, emotional life, and mental wellbeing.

Caring for someone with dementia is often a 24-hour job, particularly when the person moves from early stage to moderate or advanced stage dementia. A combination of time and financial restrictions means that carers have significantly reduced access to specialist services including psychologists, traditional face-to-face carer support groups, or community agencies. Because the CWCP utilises an innovative correspondence format to treat mood and stress symptoms in carers of older people with dementia, it provides a solution to the problem of limited access and can be considered an effective, practical, inexpensive treatment intervention, with significant potential for widespread use. This way, many carers will have access to high quality treatment who may otherwise not have had the opportunity to do so.



RESEARCH UPDATES

Tennis elbow recurrences following steroid injections not prevented by physiotherapy

University of Queensland researchers are challenging the commonly-held belief that the combination of physiotherapy and steroid injections is an effective treatment for tennis elbow.

Their study found that adding multimodal physiotherapy to corticosteroid injection provided no reduction of recurrence of chronic unilateral lateral epicondylalgia (tennis elbow), which is common following the injection. Nor did it enhance beneficial long-term effect on complete recovery, improvement of pain or quality of life.

Professor Bill Vicenzino of the School of Health and Rehabilitation Sciences said current clinical practice for the treatment of tennis elbow combined the use of physiotherapy and steroid injection to improve the effect of the steroid whilst helping to prolong and overcome recurrence of injury.

He said recent high quality trials have found steroid injections for tennis elbow result in initial short term benefit, followed by the high chance of recurrence (over 70 per cent) of injury after two months as well as protracted delayed healing.

“The recurrences usually appear as patients feel a lot better after the injection and despite being advised to gradually resume activities, they might do too much too soon,” he said.

“The common remedy is to then undertake physiotherapy after the injection to moderate the return to full activity through graduated exercise.

“Interestingly, it would seem the effect of physical therapy is less if combined with steroid injection, especially in the short-term.”

Professor Vicenzino said their research found the steroid injection produced higher recurrence rates than did a placebo injection, indicating that the actual steroid medication was the likely reason for the higher recurrence rates.

He said in the long-term (12 months), the steroid injection was significantly less beneficial than the placebo injection, despite additional physiotherapy. In the short-term, physiotherapy was not as effective if combined with steroid injection.

“We recommend patients having steroid injections should be warned of the potential for recurrence some three to 12 months after the injection, as well as poorer longer term outcomes,” he said.

“Physiotherapy should first be tried in the absence of any steroid injection, and then if not fully resolved, further consideration of other management strategies be undertaken.

“In the absence of steroids, physiotherapy alone provides short-term benefits, as well as the lowest recurrence rates and 100 per cent recovery or much improvement 12 months after injury.”

RESEARCH UPDATES

Language in Parkinson's Disease

Connected speech is a continuous sequence of utterances produced during spoken language or discourse. To produce connected speech one must first conceptualise a message. Theories of language production and recent research in neurological patients highlight several important conceptual processes involved in the production of connected speech including producing multiple novel ideas or propositions and linking these in a coherent manner.

These processes occur at a stage that is prior to that of linguistic formulation of the message and may be subserved by distinct neural regions in the right hemisphere or diffuse regions in both hemispheres. Broader cognitive functions such as attention may mediate these processes. Sustained and selective attention are two attentional processes thought to be necessary for the production of connected speech.

The primary aim of the study was to investigate the processes important during prelinguistic formulation of connected speech, and the underlying cognitive mechanisms, in stroke. A second aim was to explore whether distinct neural regions differentially support conceptual preparation processes and core language abilities that are fundamental to the production of connected speech, and subsequently ascertain the role of attention in these processes. The final aim was to explore whether the connected speech profile in stroke patients or the relationship between attention and conceptual processes differs depending on the method used to elicit speech.

Eighteen stroke patients and 19 healthy matched controls undertook a detailed assessment of

neuropsychological and language functioning.

Cognitive baseline measures showed stroke patients were impaired on a range of attention, executive function and verbal fluency measures but overall were not aphasic. Despite this, impairments in novel idea generation, cohesion and coherence in connected speech were observed in the stroke group. Left brain damage largely accounted for differences between stroke group and controls on microlinguistic (within-sentences) abilities. Stroke patients with right brain damage and left brain damage were impaired on macrolinguistic measures of novelty, cohesion and coherence; however, to a greater extent following right brain damage.

Selective and sustained attention was found to be important for producing narrative speech that was novel and coherent. However, these results differed as a function of the method used to elicit speech. Selective attention was associated with these conceptual processes during both picture-elicited and self-generated narrative production tasks, while sustained attention was only associated with novelty and coherence during self-generated narratives. Selective attention was also associated with reduced novelty and coherence in stroke patients with right brain damage.

In sum, impairments in novel idea generation, cohesion and coherence in connected speech may occur in stroke, even without the presence of aphasia. Further, diversely represented cognitive processes such as attention, appear to play a role in these conceptual processes. While an important cognitive mechanism, attention could not entirely account for impairments in connected speech, suggesting other cognitive or mediating mechanisms may be involved.

RESEARCH UPDATES

Understanding Social Interactions

Affective empathy and personal distress are two distinct types of emotional responses that can be experienced in response to the cognitive or affective state of another. Of particular interest is how these emotional responses are affected as we age.

The limitations of previous research in this area such as an over-reliance on self-report measures and the use of stimuli that inadequately represent true social interactions has prompted further investigation with the present study.

Thirty-three older adults and 28 younger adults watched 4 videos of an older and younger woman describing an emotional and non-emotional experience. While watching the

videos, physiological measures were used to index emotional responding. Facial muscles responses were recorded using electromyography and gaze patterns were examined using a remote eye tracker.

Results revealed no age differences in self reported empathy for the protagonists in the videos, however differences emerged in facial muscle responses. Younger adults displayed greater activity above the brow region in the emotional relative to neutral video when viewing both protagonists (older and younger), however older adults only showed this pattern of responding when viewing the younger protagonist. Results will be interpreted in light of two prominent models of ageing, Socioemotional Selectivity Theory and the Ageing Brain Model.



Current Ageing Research

The following projects are looking for participants. Make a difference in Ageing Research today. Sign up now!

How Much Do You Talk?

We are looking for healthy older adults who do not have any communication disorders to participate in a study that measures talking time. Talking time is measured using a newly developed iPhone app called CommFit™.

CommFit™ is short for Communicative Fitness. CommFit™ works using an iPhone and Bluetooth headset that is worn in the ear. It counts the time you talk for, but does not record what you are saying. You do not need an iPhone or experience using iPhones to participate! The equipment and training on its use will be provided as part of the study.

The main aim of this study is to investigate the talking time of people with aphasia, a language problem following a head injury or stroke. People who have aphasia often withdraw socially, which can contribute to mental health problems and poor quality of life. We want to measure their talking time to see if it is different to healthy adults of the same age. We will use the information we get to create more effective therapies using the CommFit™ app.

Participation takes around three weeks. There are two one-hour sessions and a testing period of two weeks.

Session 1: We will teach you how to use CommFit™ using a video and provide you with a manual for home use.

Trial: You will trial CommFit™ in your everyday life 6 hours a day for two days

Session 2: We will check with you how everything went during the trial, and retrain you if necessary

Main Test: You will use the app in your everyday life 6 hours a day for 14 days Sessions can be held either at the University of Queensland, St Lucia Campus or in your home. We will provide free parking if you wish to drive to UQ.

For more information please contact Caitlin Brandenburg

Phone: 33674946 (you will be prompted to leave a message)

Email: c.brandenburg@uq.edu.au



RESEARCH PROJECTS

How much do you know about ageing in Australia?

The University of Queensland, in conjunction with James Cook University and the University of Southern Queensland, is conducting a study looking at knowledge of ageing in Australia. The aim is to validate a measure of knowledge about ageing that has been adapted for an Australian population.

Around the world, the population is ageing. Unfortunately, this does not necessarily mean that knowledge of ageing is increasing. We are therefore looking to assess how well the Facts on Ageing Quiz (Australian adaptation) measures knowledge of ageing. Such measures help guide training of people who work with older adults to make sure that their skills and knowledge are of an appropriate standard.

If you decide to take part in this project, you will be asked to complete an online-based survey that includes some questions about you, as well as 25 multiple choice questions that relate to older adults and ageing. We expect that it will take around 30 minutes to complete.

Use the following link to go directly to the survey:
http://uqpsych.qualtrics.com/SE/?SID=SV_6G2QsrnkVebscmN

For more information, please contact:
Leander Mitchell
Tel.: (07) 3470 4432
leander.mitchell@usq.edu.au



'Transition to Retirement Study'

We are seeking adults who have retired.

We would like to invite you to participate in this research and help us understand more about people's experiences of their transition to retirement. **If you used to work full-time and have retired from work**, we would like to invite you to take part in this research.

Aim and background of this research

This research seeks to gain a better understanding of people's experiences of their transition to retirement from work. This research aims to gain an understanding of the role of people's relationship with work and their social relationships with other people in the process of retirement. More specifically, this research seeks to examine the role of these issues in people's adjustment to retirement and their subsequent well-being.

Your participation

Participation in this survey should take about 10-15 minutes. In this online survey you will be asked to reflect on various matters related to your work and retirement from it and to respond to series of questions. If you are able to participate, please click on the following link (or copy and paste into your web browser) and complete the following online study:

http://uqpsych.qualtrics.com/SE/?SID=SV_8dGodOppTHJqplp

This research is being conducted by the School of Psychology at the University of Queensland. If you have any questions about this research or any related ideas, please contact:

Dr Niklas Steffens
Tel.: 07 3346 9506
Email: N.Steffens@uq.edu.au



RESEARCH PROJECTS

The Role of Attention in Brain Plasticity

We invite you to participate in our research and help us understand more about how the ageing process affects the way in which the human brain changes itself. We are looking for right-handed males and females over 65 years of age with no existing neurological disorders, to participate in a study investigating neural plasticity in motor (movement) regions of the brain.

Background and Aims of the Project:

This research aims to increase our understanding of how the human brain changes itself. Such change, or plasticity, plays an important role in normal brain functioning and is critical for recovery from brain injury. We are investigating how ageing affects the plasticity process. The present research uses a technique known as transcranial magnetic stimulation (TMS), which allows non-invasive stimulation of a small area of the brain that can be used to investigate plasticity. Results obtained from this research are expected to add to our understanding of how the

brain normally works, and to assist in the development of more effective forms of management and rehabilitation for elderly individuals who have experienced brain injury.

What is required of you?

We will ask you to participate in three sessions, lasting approximately 1-2 hours each. You will be asked to do some paper-based questionnaires, cognitive tasks and will experience non-invasive brain stimulation while performing a simple visual task. All the tasks will be completed at the Queensland Brain Institute, which is located at the St Lucia campus of The University of Queensland. No physical medical procedures or samples are involved. You will receive \$60 as a reimbursement for the time and travel involved in participation.

For more information, please contact:

Daina Dickins
Queensland Brain Institute
University of Queensland
St Lucia QLD 4072
Email: d.dickins@uq.edu.au



RESEARCH PROJECTS

Adults with Anxiety Disorders (without Parkinson's disease) as a comparison group for the Anxiety in Parkinson's Disease Study

We invite you to participate in our research and help us understand more about anxiety disorders in Parkinson's (PD). We seek **right handed adults over 55 years, who have a diagnosis of anxiety disorders but do not have PD** as a comparison group to participate in our PD research project.

PD is a chronic and disabling brain disease affecting 80,000 Australians. People with PD experience problems with their movement such as uncontrollable tremor, stiffness and loss of balance. Other problems like anxiety and depression are common in PD patients. It is estimated that up to 90% of patients experience anxiety and depression and these problems significantly reduce their quality of life. Anxiety and depression in PD are poorly identified and therefore untreated. This project aims to find better ways to identify anxiety and depression in PD, and in general. We will develop tests and techniques to assess these problems in PD and compare our results to people with anxiety disorders, without PD. These novel assessment methods of anxiety and depression are expected to help diagnosis at early stages and potentially treat these problems helping PD patients to cope better with the disease.

What is required of you?

We will ask you to participate in a clinical interview which will be conducted at the University of Queensland Centre for Clinical Research (UQCCR) at the Herston Campus (next to the Royal Brisbane and Women's Hospital,

RBWH). The interview will take approximately 1 hour and 30 minutes to complete. During this interview we will assess your cognitive function and will screen for anxiety and depression.

Recording brain waves while doing a task

Following the interview you will be asked to record your brain waves while you perform a language task. A netted cap which holds electrodes will be placed on your head to record brain waves. These electrodes only record electrical activity over the scalp and you will not feel any discomfort like electrical impulses. This technique is called electroencephalography or EEG. The language task involves looking at words on a computer screen and making decisions about them. It will take approximately 2 hours to complete this part of the project. A research assistant will help with this part of the study. We will reimburse you with \$30 to cover some of your travel or parking costs involved with assisting us with this research project.

Are there any risks?

There are no risks involved with completing this study. If you feel uncomfortable at any point before, during or after the study you may choose to withdraw from the study. This will not affect your future care or relations with the staff at the University of Queensland or hospital you are attending.

More Information

Contact Dr Nadeeka Dissanayaka

Address: Level 3, University of Queensland Centre for Clinical Research, Building 71/918, Royal Brisbane & Women's Hospital, Herston QLD 4029

Telephone: (07) 33465577;

Email: n.dissanayaka@uq.edu.au

RESEARCH PROJECTS

Smokers' understanding of nicotine addiction

About the project

This project aims to examine the understandings of Australian smokers in relation to smoking and nicotine addiction. We would like to know your views about why people smoke and how to prevent people starting to smoke. In particular, we are interested in:

- how you understand your smoking
- your thoughts about addiction in light of recent biomedical research
- your ideas on treatments for nicotine addiction.

Why this is important

Recent biomedical research on smoking could change the way that smoking is understood and lead to new technologies for the prevention and treatment of smoking. We want to know what smokers think because the impact of this information will depend on how well it is understood and accepted by smokers. This research will help to inform public policies responding to new technologies for the treatment and prevention of smoking, and existing policies to manage smoking.

Eligibility

You are eligible to participate in the study if you are aged 40 years or over and smoke tobacco every day.

What you will be asked to do

You will be asked to participate in an interview lasting approximately one hour. Interviews will be conducted by researchers at a private location at The University of Queensland or another location that is convenient for you. In the interview you will be asked a series of questions about your smoking behaviour, your ideas about why people smoke, and your attitudes and opinions about different forms of prevention and treatment for smoking. The interview will be audio recorded, transcribed verbatim, and then analysed and presented in a way that does not identify you.

All participants will be provided with a \$20 Coles Myer voucher in recognition of their time.

Need further information?

If you have any question about your participation in this study please contact Kylie Morphett at the UQ Centre for Clinical Research on (07) 3346 5473 or k.morphett@uq.edu.au.

If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 3365 3924.

We greatly appreciate your help and cooperation in this important study. Thank you very much.



RESEARCH PROJECTS

Emotion Processing in Late Adulthood

How do we process social cues throughout the lifespan?

This research is concerned with emotion processing and the different ways in which we extract social information from our environment. The aim of this study is to further investigate how emotion processing might change with age and the degree to which these changes relate to meaningful real-world outcomes. This research is being conducted as part of the requirements for the Bachelor of Psychology degree at the University of Queensland.

What is involved?

I am looking for volunteers over the age of 65, without any history of mental or neurological illness. Participation is simple and firstly involves filling out several interesting questionnaires and background assessments. You will then go through a series of engaging

computer-based tests. These are designed to assess different aspects of social cognition, such as how good people are at identifying emotions from pictures of people's faces. Finally you will be asked to complete several quick questionnaires to finish off the session. The session will take approximately two hours to complete and you will be given breaks where necessary. You will be provided with a \$30 gift voucher to thank you for your participation.

If you are interested in participating or finding out any more information, please contact Anne-Louise Bint via email at annelouise.bint@uqconnect.edu.au

Confidentiality and your data

Your participation in this study is completely voluntary and you are free to withdraw at any time without prejudice or penalty. All data collected in this study will be stored confidentially and used only for the purposes of this research.



RESEARCH PROJECTS

Facial Expressions & Mental Illness monitoring systems and diagnostic tools are vital.

What is the study about?

The current study is an innovative Queensland Institute of Medical Research (QIMR) project to develop a non invasive diagnostic tool for mental illness. It uses cutting edge audio and video technology to map changes in facial expression. By comparing the reaction of people with and without a mental illness, when watching emotionally salient movie clips, the project aims to develop a laboratory based diagnostic tool. It is hoped the tool can be used to aid in the diagnosis of mental illness and help monitor and assess the effectiveness of treatments. The ultimate aim is improved outcomes for people suffering from a mental illness.

Why is this research so important?

Depression and other mood disorders are common and disabling and have a major impact on both individuals and society. In 2007 it was estimated 3.2 million Australians (20% of the population aged between 16 and 85) had a mental disorder. Mental disorders constitute the leading cause of disability burden in Australia. Health problems, particularly depression, is of concern for older adults as the symptoms of mental health problems can often overlap with symptoms of early dementia and other health problems, making accurate assessment and treatment difficult.

Despite its high prevalence and enormous socio-economic burden, clinical practice relies almost exclusively on the opinion of individual clinicians, risking a range of subjective biases and possible misdiagnosis. Health care costs in Australia rapidly increase the provision of effective health

How can I help?

QIMR is looking for volunteers over the age of 50, without a current or history of mental illness or anti-depressant use, within the greater Brisbane area to participate in this ground breaking research.

If you are interested, please contact via email at facelab@qimr.edu.au or phone 07 3845 3938.

What does participating involve?

For most participants, participating in the study involves:

- ◆ Reading a Participant Information
- ◆ Brochure and signing a Consent Form.
- ◆ Completing questionnaires and interview about your general health, lifestyle and medical information.
- ◆ Attending the clinic at QIMR and viewing movie clips and answering some standard questions.
- ◆ You will be thanked for your participation with a \$25 Coles Myer voucher.

Who is conducting the study?

This study is being conducted by the Mental Health and Systems Neuroscience Laboratory based at the Queensland Institute of Medical Research. The study has been granted Human Research Ethics approval.

What about my privacy?

The researchers must treat all information as strictly confidential. Your information is used for medical research purposes only.

What if I change my mind?

Your participation is completely voluntary and you are free to withdraw from the study at any time.

RESEARCH PROJECTS

What is Wisdom? What does it mean to be Wise?

Have you ever wondered what it takes to be a wise person? What characteristics make one person wise and another not so wise? How do you even know if a decision you make is wise or not? And why do we want or need to make wise decisions anyway?

Wisdom is hailed as one characteristic of humans that can improve with age. Research also suggests that wisdom is something that can contribute to a person's sense of wellbeing and overall life satisfaction. It is something that develops across our lifetime based on the experiences we have lived and allows us to "give back" to those around us.

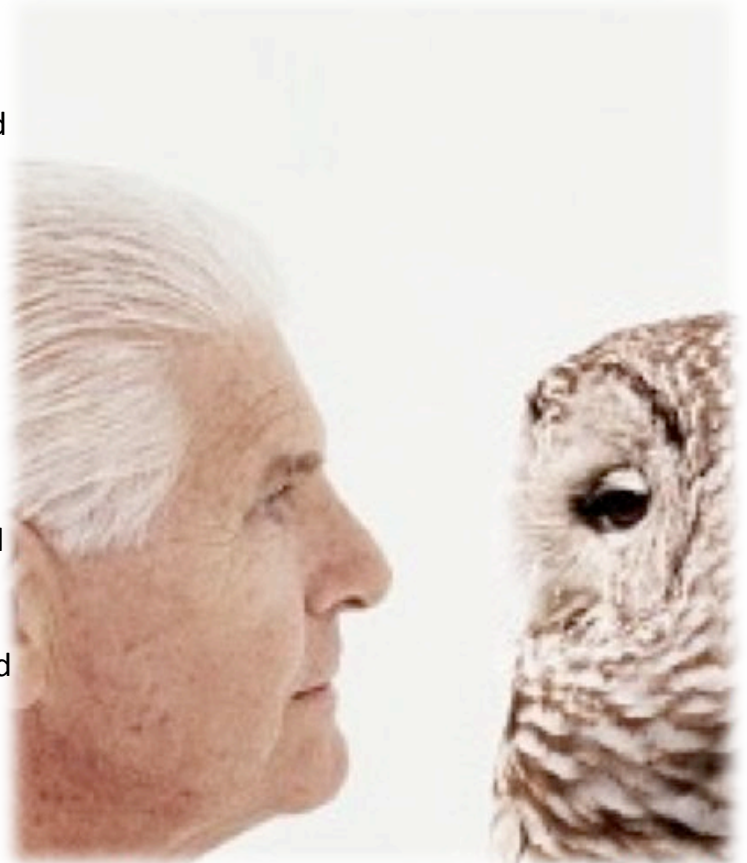
Researcher Leander Mitchell is currently exploring wisdom as part of her PhD project and in this initial study is looking to characterise wisdom from the perspective of Australia's multicultural population.

If you are currently living in Australian and are aged 50 years and over, you are invited to participate in this study (even if you don't think you are particularly wise yet!). You will be asked to complete an online questionnaire including a range of questions about the characteristics and qualities of wisdom (a paper version of the questionnaire is also available if preferred). It is expected that the questionnaire will take around an hour to complete and it can be completed in the comfort of your own home.

You can complete the online version of the questionnaire by visiting the following link: http://uqpsych.qualtrics.com/SE/?SID=SV_9KQFCsOuFdy4mxf

Alternatively, if you are interested in becoming involved in defining wisdom but would like to receive more information about the study or would like to receive the questionnaire via the mail, please contact:

Leander Mitchell
School of Psychology
University of Queensland
St Lucia Qld 4072
Tel.: (07) 3365 5050
Email: leander.mitchell@uqconnect.edu.au



RESEARCH PROJECTS

VOLUNTEERS NEEDED: IDENTITY AFTER INJURY RESEARCH

We need people who have NEVER experienced brain or spinal cord injury to complete online questionnaires.

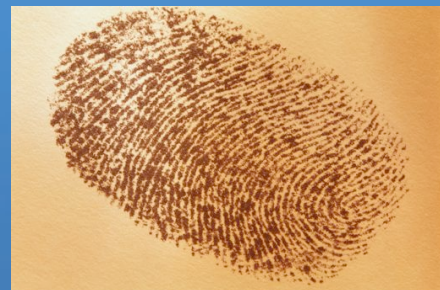
Help this research and learn more about your identity.

FOR INFORMATION, CONTACT

Dr Melissa Kendall (ABIOS, TRP)

(07) 3896 3584

Melissa_Kendall@health.qld.gov.au



Changes to Brain Activity in Parkinson's disease

We are conducting a study to find out how Parkinson's disease can influence brain activity during language processing. In order to do this, we need to compare the brain activity in healthy adults to the brain activity of people with Parkinson's disease.

We are seeking **healthy adults over 50 years of age who are right handed**, have English as a primary language, with no history of neurological disease, mental illness or head trauma.

Participation in the research will involve a brainwave recording session (EEG) while you do some computer-based language tasks. For this EEG recording, a netted cap is fitted on the head which records brain activity while you do the language tasks.

During another testing session you will also be asked to do some general thinking and language assessments whilst your brain activity is not being recorded. The testing will occur at the University of Queensland Centre for Clinical Research, Herston.

You will receive \$30 as a reimbursement for the time and travel involved in participation. Overall, participation in this project is expected to take 1-2 sessions lasting approximately 3-4 hours.

If you live in Brisbane and are interested in knowing more about this study, please contact Dr Anthony Angwin
Email a.angwin@uq.edu.au,
Phone (07) 3346 7460.



Help us find early diagnosis of Alzheimer's disease

Alzheimer's disease is the most common form of aging dementia. In Australia the number of people with this condition is predicted to rise from 245,000 in 2010 to 1.1 million people in 2050. Accurately diagnosing people with, or at risk of, developing Alzheimer's disease and monitoring their progress over time, will be vital to reducing the economic and social burden of this condition. The overall aims of this study are to develop memory tasks and brain imaging methods to measure cognition and brain changes in people with mild cognitive impairment and Alzheimer's disease.

What will the study involve?

In this study we will look at whether some tests can differentiate between three groups of people – those diagnosed with mild cognitive impairment, those with mild Alzheimer's disease, and people who do not have Alzheimer's disease.

This study has two parts. Study 1 will take approximately 1 hour to complete. We will ask you some personal details like your age and place of birth. We will measure your cognition by asking you to complete a brief cognitive screen and some computerized tasks.

Study 2 will take approximately 30 minutes to complete and it will include an MRI. You can choose whether you would like to take part in Study 1 or Study 2 only, or both. Separate consent forms will need to be signed for both studies.

What are the possible discomforts?

The testing can be tiring and we will give you as many breaks as you need to help reduce tiredness. The MRI scanner is tight for space and makes a humming noise, and some people may experience claustrophobia. If you feel it is uncomfortable to be in the scanner, please tell us and you can choose to cease participation in this part of the study.

Who is eligible to participate?

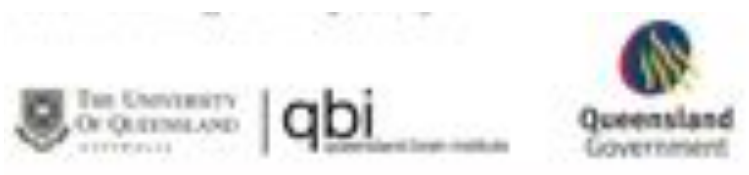
You are eligible to participate if you have never been diagnosed with either Alzheimer's disease or mild cognitive impairment and if you are aged 65 years or older.

What are the benefits of participating in this research?

You will not get any medical benefit from this study, however you may feel good about helping in medical research. The MRI scans will be used in research and will not be used diagnostically. A radiologist will not report on the images, however, if we observe any brain anomalies we will notify you and your GP. This study might help others in the future by giving us a better understanding of how to diagnose Alzheimer's disease early.

Who to contact to participate?

If you would like to discuss this project further or if you wish to, please contact Dr Mirela Wagner on (07) 3346 3343 or m.wagner@uq.edu.au
Cite: "Finding the way study".



RESEARCH PROJECTS

The effects of personal and organisational resources on caregiver strain

PhD candidate from the University of Queensland wants to hear from carers of older people across Australia for a study on the impact of caregiving on carers' health and wellbeing.

Claire Greaves, a PhD candidate in the school of psychology at the University of Queensland, is conducting research into how caring for frail older people or older people with a mental disability, impacts on carers' ability to manage their job roles at work and home, and how this can affect their health and wellbeing.

The research aims to better understand the impact of caregiving to facilitate better support initiatives to assist caregivers with their responsibilities.

Do you care for, or receive some form of support, assistance or care from a family member?

Ms Greaves is looking for family members who work in some capacity and assist a relative to participate in two online questionnaires, taking approximately 20 minutes each, over a 6 month period.

If you provide care to an older person (including a spouse) who requires assistance with their daily living and you would like to find out more or register your interest in participating in the study, please follow the link:

<https://experiment.psy.uq.edu.au/eldercare/> or you can check out the study's facebook page and connect directly with the team and other carers:

<http://www.facebook.com/nationaleldercare>

In accordance with University and research policy, all participants will be ensured confidentiality at all stages of the study.

If you have any queries or would like to contact Claire Greaves directly to request a paper-survey please email c.greaves@uq.edu.au



For additional information or to be added to the AMI mailing list and Listserv, please contact us via email at ami@uq.edu.au.

**Alternatively you may contact Dr Nancy Pachana at
School of Psychology, The University of Queensland
ST LUCIA QLD 4072 or Tel. 07-3365-6832**