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2019 Lifespan Research Day

25 July 2019



THE UNIVERSITY OF
SYDNEY

Program

8:45	Registration
9:15	Welcome - Prof Richard Lindley, Lifespan Research Network co-leader
Session 1 LIFE STAGES	
9:25	Chair, Dr Xingzhong (Jason) Jin - Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders
9:30	K01 Dr Adrienne Gordon – Central Clinical School and Charles Perkins Centre <i>A lifespan approach to help babies both survive and thrive</i>
10:05	K02 Prof Cathy Sherrington – Institute for Musculoskeletal Health <i>Scalable physical activity interventions across the lifespan</i>
10:40	P01 Dr Kelly McNamara – Central Clinical School <i>Addressing unmet contraception needs in women who access drug and alcohol services</i>
10:55	P02 Ms Fiona Halar – Faculty of Health Sciences <i>Prevalence of chronic conditions and treatment strategies used by athletes competing at masters games</i>
11:10	MORNING TEA
Session 2 TRANSITIONS & TRAJECTORIES	
11:40	Chair, Dr Tonia Crawford - Susan Wakil School of Nursing and Midwifery
11:45	K03 Prof Kate Steinbeck – The University of Sydney Discipline of Child and Adolescent Health <i>Why the second decade matters and why action is needed</i>
12:20	P03 Dr Amabile Borges Dario – Faculty of Health Sciences <i>Psychological distress in early childhood and the risk of adolescent back pain with impact: a longitudinal cohort study</i>
12:35	P04 Ms Geraldine Wallbank – Institute for Musculoskeletal Health <i>Active Women over 50 randomised control trial</i>
12:50	I01 Prof Yun-Hee Jeon - Susan Wakil School of Nursing and Midwifery <i>Step Up for Dementia Research</i>
1:00	LUNCH
Session 3 TRANSLATION	
2:00	Chair, Ms Jovana Mijatovic - Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders
2:05	K04 Prof Parisa Aslani – The University of Sydney School of Pharmacy <i>Parent empowerment in asking questions about ADHD</i>
2:40	K05 Prof Heiko Spallek – The University of Sydney Dental School <i>From womb to tomb: A vision for how data can improve health</i>
3:15	P05 Dr Leanne Hassett – Discipline of Physiotherapy, Faculty of Health Sciences and Institute for Musculoskeletal Health <i>Participation in physical activity by Australians with a disability: cross-sectional findings from the AusPlay Australian national survey 2015-2018</i>
3:30	P06 Dr Katrina Prior – Matilda Centre for Research in Mental Health and Substance Use <i>Emerging adults who drink to cope with anxiety: Can we re-train the brain?</i>
3:45	P07 Ms Kristie Weir – Wiser Healthcare and Sydney Health Literacy Lab, Sydney School of Public Health <i>Do GPs think discussing patient goals and preferences is important? A qualitative study focused on prescribing</i>
4:00	AFTERNOON TEA
4:40	PRESENTATIONS: 2019 Lifespan Research Collaboration Award 2019 People’s Choice Award for ‘Best Presentation of the Day’

Organising Committee

Dr Rahena Akhter	Discipline of Cariology, Sydney Dental School
Dr Tonia Crawford	Susan Wakil School of Nursing and Midwifery
Dr Xingzhong Jason Jin	Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders
A/Prof Steve Kamper	Sydney School of Public Health
Dr Yorgi Mavros	Physical Activity, Lifestyle, Ageing and Wellbeing Group, Faculty of Health Sciences
Dr Seema Miharshahi	Sydney School of Public Health
Dr Jovana Mijatovic	Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders
Dr Shekeeb Mohammad	Children's Hospital at Westmead Clinical School
Dr Helen Parker	Discipline of Exercise and Sport Science, Faculty of Health Sciences
Dr Jonathan Penm	Sydney Pharmacy School
Ms Susie Redfern	The University of Sydney Lifespan Research Network
A/Prof Anne Tiedemann	Institute for Musculoskeletal Health, Sydney School of Public Health

Welcome message from the Lifespan Research Network co-leaders

On behalf of the Lifespan Research Network, we welcome you to 2019 Lifespan Research Day. We especially welcome our keynote speakers Dr Adrienne Gordon, Professor Cathie Sherrington, Professor Kate Steinbeck, Professor Parisa Aslani and Professor Heiko Spallek.

Since the Network was launched in 2014, Lifespan Research Day has been a highlight of our community's calendar. All the presentations you will hear today are exemplars of the lifespan research theme which has relevance within many disciplines.

We will hear about projects that seek to increase understanding of significant life stage transitions and investigate determinants of trajectory effects from one developmental life stage to the next. Our speakers will discuss research that sheds light on under-researched life stages and disadvantaged populations, and we'll learn about research findings that not only contribute to discipline knowledge but have the potential for important health impact when translated.

We will also present the 2019 Lifespan Collaboration Award. Our finalists Katrina Prior, Leanne Hassett and Geraldine Wallbank will give oral presentations of original work as part of our program today. The Lifespan Collaboration award recognises outstanding multidisciplinary, cross-faculty and/ or international collaboration in lifespan research.

We hope that you enjoy the program, meet new people with similar professional interests, and leave with some bright ideas for future collaborations.

Professor Richard Lindley and Professor Kate Steinbeck, Lifespan Research Network co-leaders

About the Lifespan Research Network

The Lifespan Research Network is a diverse community of researchers from the University of Sydney who are devoted to the study of human health and development across the stages of life.

Since it began in 2014, the Lifespan Research Network has grown to include members from across the University's schools and faculties, and many of the affiliated centres and institutes. The 2019 Research Day program reflects the diversity of the Lifespan community and highlights the broad reach and relevance of the Lifespan theme within health and medical disciplines and beyond.

Membership of the Network is free and open to all clinical and health services and basic science researchers and HDR students from The University of Sydney and affiliated centres and institutes.

For further information and for member registration, please contact the Lifespan Research Network Office:

lifespan@sydney.edu.au

www.sydney.edu.au/lifespan-research-network

Keynote speakers

Dr Adrienne Gordon

Dr Adrienne Gordon is a Senior Neonatal Staff Specialist in the Royal Prince Alfred Hospital (RPAH) centre for newborn care and has recently completed her NHMRC Early Career Fellow (ECF) at the University of Sydney. She is particularly interested in perinatal topics with a public health impact and her Fellowship focused on improving evidence and information resources for pregnant women targeting health behaviours that can optimise pregnancy outcome particularly stillbirth prevention. She is a chief investigator on the NHMRC Centre of Research Excellence in Stillbirth and leads the public awareness aspect of the program. Adrienne is involved in many ongoing multicentre NHMRC funded randomised controlled trials in perinatal care including the Australian Placental Transfusion Study, the My Baby Movements Trial, LIFT and PROTECT and is a key member of the Perinatal Society for Australia and New Zealand IMPACT Network which supports investigator led perinatal trials to improve maternal and newborn care. She currently leads a collaborative intervention enabled cohort called BABY1000 at The University of Sydney's Charles Perkins Centre, which aims to determine the modifiable risks and interventions prior to and during pregnancy that impact on offspring obesity, diabetes and cardiovascular disease.

Professor Cathie Sherrington

Professor Cathie Sherrington FAHMS, PhD, MPH, BAppSc (Physio) is a Professorial Research Fellow and National Health and Medical Research Council Senior Research Fellowship holder at the University of Sydney, School of Public Health and Institute for Musculoskeletal Health The University of Sydney/ Sydney Local Health District where she leads the Physical Activity, Ageing and Disability Research Stream. Her research focuses on the design and evaluation of falls prevention and exercise interventions for older people and those with disabilities. She has authored 227 refereed journal articles, including reports of 32 clinical trials and 17 systematic reviews, and has been a Chief Investigator on NHMRC grants totalling over \$19 million. She was one of the founders of PEDro, the Physiotherapy Evidence Database. Prior to completing a PhD and Masters of Public Health, Cathie was a physiotherapist in aged care and rehabilitation settings.

Professor Kate Steinbeck

Professor Kate Steinbeck is an endocrinologist and adolescent physician and Chair in Adolescent Medicine at The University of Sydney. She is a senior staff specialist in the Department of Adolescent Medicine, the Sydney Children's Hospital Network. Kate is also Director of the NHMRC Centre of Research Excellence in Adolescent Health: Wellbeing, Health & Youth. Kate's research includes the effects of puberty hormones on adolescent wellbeing, mood and behaviour, access to health care for adolescents and young adults with a focus on marginalised and vulnerable groups, the complications and management of adolescent and young adult obesity, the long term endocrine effects of childhood cancer therapy, and research methodologies in adolescents especially in the use of digital technology in research and health care.

Professor Parisa Aslani

Professor Parisa Aslani, PhD, BPharm(Hons), MSc, G Cert Ed Stud (Higher Ed), is the Professor in Medicines Use Optimisation at The University of Sydney, School of Pharmacy.

Professor Aslani has been a researcher and educator in the field of consumer medicine information and adherence for the past 25 years. Her goal is to improve quality use of medicines by patients/consumers. Her research has impacted policy and education in the healthcare sector, and at the Australian Government level, and has led to a global initiative on developing medicine information strategies for implementation at national and local levels.

Parisa is a Fellow of the International Pharmaceutical Federation (FIP). She was awarded the Royal Pharmaceutical Society (UK) Pharmacy Research UK Award, in recognition of a significant contribution to the field of pharmacy research and has over 130 research articles in peer-reviewed journals and over 180 presentations at international conferences.

Professor Heiko Spallek

Professor Heiko Spallek serves as Head of School and Dean at The University of Sydney, School of Dentistry and is Academic Lead Digital Health and Health Service Informatics at the Faculty of Medicine and Health.

Prior to joining the University of Sydney, Professor Spallek was Associate Dean at the University of Pittsburgh where he still holds adjunct appointments. In 2000, while appointed at Temple University School of Dentistry in Philadelphia, he earned an MSBA (Computer and Information Science).

Professor Spallek's research has its focus on the implementation of Evidence-Based Dentistry into routine practice using Health Information Technology. His projects have a foundation in the fields of education, behaviour change, usability engineering, medical and dental informatics and computer science. He published more than 60 peer-reviewed papers and a textbook for Dental Informatics that has been published in Germany and in the US. In 2015, Professor Spallek established the US Center of Excellence in Pain Education: Pain Challenges in Primary Care and in 2016 he commenced a major clinical trial, funded by the US National Institute of Dental and Craniofacial Research, to evaluate the effectiveness of a clinical decision support system to improve dental providers' delivery of smoking interventions.

Abstracts

K01 A lifespan approach to help babies both survive and thrive

Adrienne Gordon

Central Clinical School and Charles Perkins Centre

“Communities and countries and ultimately the world are only as strong as the health of their women.” — Michelle Obama

Synopsis: Recognition of maternal and child health as central to optimising lifelong health is one of the most important aspects of a lifespan approach. Pregnancy is a key window to improving not only survival of the next generation but the health trajectories of both women and children. The risk of death beyond 20 weeks of pregnancy and in first days of life is 1 in 100, a statistic that we don't approach as adults until the age of 70. In newborn care, despite the advances in innovation and technology available for preterm or sick infants – the greatest improvements in survival are often related to antenatal interventions. With the aim of describing why it is essential to start before the beginning and why perinatal care and research collaboration is so important, I will discuss my journey backwards from caring for sick newborns into public health research to improve baby survival and then into preconception health to improve pregnancy outcomes.

K02 Scalable physical activity interventions across the lifespan

Cathie Sherrington

Institute for Musculoskeletal Health

Physical activity can have many physical, mental and social benefits for people with disabilities across the lifespan and for older people. However, participation rates remain sub-optimal in both these groups. This means that potential benefits are not realised. Unfortunately, much of the research in this area is observational. We really need to know about the impacts of interventions, particularly interventions that could be scaled up for delivery to many people. As resources are limited and the size of the problem is huge, it will not be realistic to deliver highly supervised exercise programs to all. Rather, focus on behaviour change, participation in community exercise and sport, technology and use of existing resources is needed. Our group focuses on the development and evaluation of scalable intervention strategies in collaboration with consumers, health professionals and service providers. We particularly use large-scale pragmatic trials with economic analyses to evaluate these interventions. This presentation will overview some of this work.

P01 Addressing unmet contraception needs in women who access drug and alcohol services

Kelly McNamara^{2,3}, Rachel Deacon^{1,2}, Annie Malcolm¹, Nicholas Lintzeris^{1,2}, Kirsten Black²

1 Drug and Alcohol Services SESLHD

2 Central Clinical School, The University of Sydney

3 Royal Hospital for Women

Background: In Australia, women who present for alcohol and drug (D&A) treatment report 76% of past pregnancies were unintended, compared to 26% in the general population. Accordingly, the unmet need for contraception is high, with low rates of highly effective contraception use. Unintended pregnancy is associated with a range of adverse effects, including preterm birth and delayed utilisation of antenatal services. These effects are likely to be compounded by use of alcohol and other drugs. Unintended

pregnancy is largely preventable through the use of long acting reversible contraception (LARC), including intrauterine devices or subdermal implants.

Aims: In women who present for outpatient alcohol and other drug treatment, we aim to i) assess contraception use and pregnancy intention, and ii) test a facilitated, rapid access pathway to increase uptake of highly effective contraception, including LARC.

Methods: Female participants were recruited to two public, outpatient alcohol and drug treatment services in 2017. Participants completed a questionnaire on pregnancy intention, contraception use and reproductive history, then watched a video on contraception options. Participants were offered referral to an integrated contraception clinic. Participants were followed up at 12 months to assess contraception use and pregnancy rates.

Results: 18 participants were recruited. 12 (67%) had a past history of unintended pregnancy. 3 were planning to conceive within 12 months. 3 had LARC in-situ and 12 (67%) were using no contraception or less effective methods. 8 women accepted referral to the contraception clinic and 3 requested insertion of an intra-uterine device (IUD). At 12 months, 11 participants were contacted. No new IUDs had been inserted; 10 participants were using no or less effective contraception. There had been 2 unintended pregnancies.

Conclusions: Despite demonstrable need and interest in uptake of contraception, there were systems barriers to uptake of contraception, particularly for IUD insertion.

P02 Prevalence of chronic conditions and treatment strategies used by athletes competing at masters games

Fiona Halar¹, Helen O'Connor^{1,2}, Xiaojing Wu³, Tania Prvan⁴, Mike Climstein⁵, Wendy Stuart-Smith^{2,6}, Peter Reaburn⁷, Janelle Gifford^{1,2}

1 Faculty of Health Sciences, The University of Sydney

2 Charles Perkins Centre, The University of Sydney

3 Faculty of Medical and Health Sciences, University of Auckland

4 Department of Mathematics and Statistics, Macquarie University

5 School of Health and Human Sciences, Southern Cross University

6 Faculty of Science, The University of Sydney

7 Faculty of Health Sciences and Medicine, Bond University

Background: Older individuals who compete at masters games may be considered an example of healthy ageing. However the presence of chronic conditions may complicate nutrition requirements for masters athletes (MA). An understanding of the prevalence of chronic conditions, current treatment approaches and nutrition information sources will inform nutrition education strategies.

Aim: The primary aim was to investigate the prevalence of chronic conditions and treatment strategies in MA competing at national/international masters games in Australia. A secondary aim was investigation of sources of nutrition information.

Methods: An online survey deployed during the Australian Masters Games (2017) and Pan Pacific Masters Games (2018) collected demographic information, medical conditions and treatment strategies, and rankings of nutrition information sources (1-5; 1=most important). Influence of demographic factors on presence of chronic conditions and treatment strategies will be determined using general linear modelling, generalised logistic regressions and logistic regression analysis as appropriate. A weighted score for importance of nutrition information sources was calculated using rank and response numbers.

Results: A total of 817 participants (53.7±14.0 years, 60.8% female) provided responses. Of participants self-reporting useable height and weight data (n=814), 59.3% were overweight/obese compared to 36.8% self-categorising as overweight. About half (48.6%) reported another condition (including arthritis (15.9%), mental health (12.9%), heart/circulatory conditions (11.4%)). Less than two fifths (38.5%) used exercise to treat their condition, 30.5% used diet, and 29.0% used no treatment. Sports dietitian/nutritionists or general dietitian/nutritionists (score 1031 and 927), general practitioners (score 1196), and the internet (score 1050) were most important sources of nutrition information for MA (n=757).

Summary: Chronic conditions were common in MA, however many may not optimally utilise diet and exercise as a treatment. Education strategies tailored to MA by dietitians/nutritionists and general practitioners may support MA in healthy ageing. Further analysis including influence of demographic factors may provide more insight.

K03 Why the second decade matters and why action is needed

Kate Steinbeck

University of Sydney Discipline of Child and Adolescent Health

Adolescence or the second decade of life is a period of major physical, neuro-cognitive and psychosocial development. It is also a time when many health trajectories are set for life. The improvements in health and wellbeing that investment in early childhood health has provided, are being lost in adolescence. Adolescence is a time of transition that has been recognised by WHO and other international bodies as a time of major opportunity to set health agendas and focus on developmentally appropriate health care. There is a changing morbidity profile in the second decade: the appearance of adult type non-communicable diseases, of the effects of health risk behaviours often with long term impacts and of a greater mental health burden. Research in adolescent health is low output compared to paediatric and adult health research, despite the dramatic biological, psychosocial and neurocognitive changes that occur during adolescence. This situation affects our ability to provide quality adolescent health care in a system that focuses on the very young and on the conditions of ageing.

P03 Psychological distress in early childhood and the risk of adolescent back pain with impact: a longitudinal cohort study

Amabile Borges Dario¹, Steven Kamper^{2,3}, Chris Williams^{2,3,4,5}, Leon Straker⁶, Peter O'Sullivan⁷, Rob Schütze⁷, Garth Kendall⁷, Anne Smith^{6,7}

1 Faculty of Health Sciences, The University of Sydney

2 School of Public Health, The University of Sydney

3 Centre for Pain, Health and Lifestyle

4 School of Medicine and Public Health, Hunter Medical Research Institute, University of Newcastle

5 Hunter New England Population Health, Hunter New England Local Health District

6 Raine Foundation, Curtin University

7 School of Physiotherapy and Exercise Science, Curtin University

Background: Adolescent back pain (BP) is common and often associated with substantial disability and impact on the life of teenagers. Contemporary understanding of BP favours a biopsychosocial approach, and emerging evidence suggests an important influence of psychological, rather than physical risk factors.

Study question: Does the experience of psychological distress in childhood increase the risk of back pain in adolescence?

Methods: Prospective cohort study of adolescents enrolled in the Western Australian Pregnancy Cohort (Raine) Study. Psychological distress was assessed at ages 2, 5, 8 and 10 using Child Behaviour Check List (CBCL). Back pain, including low back, mid back, or neck/shoulder, was measured at age 17. As we are interested in adolescent back pain with impact, cases were defined as those with BP and one or more of; care seeking, medication use, school absenteeism, daily activity interference, leisure activity interference. We investigated the longitudinal associations between psychological distress and adolescent BP using multivariable regression models. Confounders were: child sex, age, body mass index, physical activity, sedentary behaviour, family pain history, income and maternal education.

Results: 1175 adolescents were included in the analyses. Having psychological distress in childhood increased the odds of back pain with impact in adolescence (adjusted OR 1.33; 95% CI 1.01 to 1.76). The odds of BP increased incrementally with increasing duration of psychological distress by 18% per time point (adjusted OR 1.18; 95% CI 1.03 to 1.35).

Conclusion: Psychological distress in childhood increases the risk of back pain with impact in adolescence. Longer exposure to psychological distress is associated with higher risk. Preventative interventions for adolescent BP may benefit from consideration of psychological distress in children.

P04 Active Women over 50 randomised control trial

Geraldine Wallbank¹, Catherine Sherrington¹, Colleen Canning², Leanne Hassett^{1,2}, Roberta Shepherd², Bethan Richards⁴, Catherine Mackay⁵, Anne Tiedemann¹

1 Institute for Musculoskeletal Health, School of Public Health, The University of Sydney

2 Discipline of Physiotherapy, Faculty of Health Sciences, The University of Sydney

3 Department of Rheumatology, Royal Prince Alfred Hospital, Sydney Local Health District

4 Workplace Health and Safety, Royal Prince Alfred Hospital, Sydney Local Health District

Background: Physical activity can improve health across the lifespan and is of global public health significance. Some age-related disabilities can be prevented with adequate physical activity in earlier life, yet physical activity uptake in middle age is generally sub-optimal.

Aim: To test the impact of a low-cost, scalable intervention involving a seminar, activity tracker and follow-up email support on physical activity in women aged 50+.

Methods: Participants were 126 female university and healthcare staff (mean age 56.6 years, SD 5.2), not currently meeting the national physical activity guidelines. Participants randomised to the intervention group (n=65) received a one-hour seminar with follow-up email support and activity tracker loan for 3 months. The wait-list control group (n=61) received the intervention after completing 3-month follow-up. Primary outcome was proportion of people achieving $\geq 10,000$ daily steps, objectively measured at 3-month follow-up. Secondary outcomes included other measures of physical activity, physical functioning and mood. The intervention group gave program feedback at follow-up.

Results: At follow-up, all intervention participants had investigated/ adopted \geq one of the strategies suggested in the intervention and planned to increase their physical activity over the next 6 months. Thirty-one intervention participants (58%) adopted technology to support their physical activity, 39 (74%) set physical activity goals, of which 35 people (90%) partially/fully achieved them. Intervention participants took 510 more steps per day (95% CI -69.9 to 1090, $p=0.08$). We detected no between-group differences at follow-up on primary and secondary outcomes.

Conclusion: Encouraging results for increasing the number of daily steps taken amongst participants following this simple, low-intensity, scalable intervention warrants further investigation. Participants

readily adopted strategies suggested in the program to increase their physical activity. A more intensive intervention perhaps using technology with greater follow-up support is likely needed to impact physical activity and health outcomes in this population.

I01 Step Up for Dementia Research

Yun-Hee Jeon

Susan Wakil School of Nursing and Midwifery

StepUp for Dementia Research is a “one-stop-shop” online, postal and telephone service that connects people interested in participating in dementia research with researchers conducting studies into dementia prevention, diagnosis, treatment, care and cure. Anyone in Australia aged 18 and over, with or without dementia, can sign up for StepUp for Dementia Research. Once registered, volunteers will be matched to studies based on their characteristics such as age, location and diagnosis.

Researchers can register their interest on the Researchers section of the website. StepUp for Dementia Research is a free service specifically designed to help researchers meet their recruitment needs. It can be used by approved researchers across Australia to list their ethically approved studies and match participants. www.stepupfordementiaresearch.org.au

K04 Parent empowerment in asking questions about ADHD

Parisa Aslani

The University of Sydney School of Pharmacy

Attention-deficit hyperactivity disorder (ADHD) is one of the most common, chronic and disabling psychiatric disorders of childhood, affecting 6-7% (~300,000) of children and adolescents in Australia. The consequences are broad, affecting short- and long-term academic, social and occupational performance. ADHD places great strain on the child’s family, with parents of children with ADHD reporting increased levels of anxiety and depression. Parents want access to reliable information that remains relevant across their child’s developmental lifespan to help them decide whether to initiate and persist with ADHD medications. Including parents and their child in treatment decision-making improves adherence, quality of life, and overall health outcomes for the child.

In response to this need, we developed and piloted an innovative, evidence-based “question prompt list” (QPL) which consists of a range of easy-to-ask questions addressing pertinent issues across a child’s developmental lifespan, for parents to use in consultations with clinicians.

This presentation will discuss how this first-ever ADHD-specific QPL was developed through stake holder and parent involvement, its pilot testing and the current evaluation in practice.

K05 From womb to tomb: A vision for how data can improve health

Heiko Spallek

The University of Sydney Dental School

The adoption of electronic health records is being heralded as a step forward for research and service delivery promising the efficient collection of quality data to detect changes in individual and population health over time. However, today’s Health Information Technology infrastructure remains mostly a collection of systems unable to deliver on these promised benefits. Professor Spallek will identify common challenges to data use and unintended consequences of artificial intelligence in health ranging from the lack of interoperability to the public perception of data collection. This will lead to a discussion about the Faculty of Medicine and Health’s digital health strategy that has its foundation in the vision of the Learning

Health System—a system capable of continuous self-study and improvement by harnessing data that are routinely collected during the care delivery process. Professor Spallek is convinced that if we embrace that vision we will be able to establish pathways to “Convert Data Cemeteries into Sources of Knowledge” — a phrase that he often calls his “tagline.” Returning to the challenges and barriers he will conclude by asking some uncomfortable questions that will allow us to shift health care from its focus on diagnosis and treatment to prevention and early intervention—so a move from crisis management to health management.

P05 Participation in physical activity by Australians with a disability: cross-sectional findings from the AusPlay Australian national survey 2015-2018

Leanne Hassett^{*1,2}, Jenni Cole³, Nora Shields⁴, Cathie Sherrington¹

1 Institute for Musculoskeletal Health, The University of Sydney

2 Discipline of Physiotherapy, Faculty of Health Sciences, The University of Sydney

3 Disability Sports Australia

4 Department of Physiotherapy, Podiatry, and Prosthetics and Orthotics, School of Allied Health, Human Services and Sport, La Trobe University

Background: International studies indicate that people with disability are often physically inactive, but this has not been evaluated in Australia.

Aim: To compare physical activity participation across the lifespan between Australian adults with and without self-reported disability.

Methods: Cross-sectional study of AusPlay national telephone-based survey (01/10/2015 to 30/06/2018) of sport and physical recreation participation over the past year, and barriers and motivators to participation. De-identified data provided by Sport Australia to the investigators. Descriptive statistics and chi-squared analysis (incorporating survey weightings) were conducted to describe and compare those who did and did not report a disability for ≥ 6 months.

Results: Fifteen percent of the 54,564 adults surveyed reported a disability. Fewer adults with disability met the physical activity guidelines compared to those without (46% vs. 62%; $p < 0.05$). Walking, swimming and soccer were top five physical activities for both groups. Adults with disability had lower participation across all age brackets compared to adults without disability, with $> 20\%$ of adults with disability older than 45 years consistently not participating. Sport only participation reduced with increasing age and was always lower for adults with disability. Physical recreation only participation increased with increasing age and was always higher for adults with disability up to 70 years. More adults with disability wished to try a new activity for physical health or fitness benefits whereas for adults without disability it was for social reasons. The biggest reported barrier for inactive adults with disability was poor health or injury (62%) whereas for adults without disability it was time (43%).

Conclusion: Australians with disability across the adult lifespan are more inactive and have different physical activity profiles, motivators and barriers than adults without disability. This information can inform planning for physical activity opportunities to maximise participation of adults with disability of all ages for better health outcomes.

P06 Emerging adults who drink to cope with anxiety: Can we re-train the brain?

Katrina Prior¹, Lexine Stapinski¹, Alison Mahoney², Lauren McLellan³, Nicola Newton¹, Elske Salemink⁴, Bethany Teachman⁵, Briana Lees¹, Maree Teesson¹, Andrew Baille^{1,6}, Reinout Wiers⁷

1 Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney

2 Clinical Unit for Anxiety and Depression, St Vincent's Public Hospital

3 Centre for Emotional Health Clinic, Macquarie University

4 Faculty of Social and Behavioural Sciences, Utrecht University, The Netherlands

5 Department of Psychology, School of Arts and Sciences, University of Virginia

6 Faculty of Health Sciences, The University of Sydney

7 Faculty of Social and Behavioural Sciences, University of Amsterdam, The Netherlands

Background: In any given year, 1 in 10 emerging adults (18-25 years) develop an alcohol use disorder. During this transition to young adulthood, individuals with anxiety commonly report "drinking to cope", putting them at 6-times the risk of developing an alcohol use disorder later in life. It is clear that interventions to prevent disorders from becoming entrenched in adulthood are of paramount public health importance. One innovative intervention shown to be effective for anxiety and alcohol use individually is Cognitive Bias Modification (CBM). By directly targeting cognitive factors implicated in the development and maintenance of these disorders, this cognitive re-training program has demonstrated significant improvements in symptoms (e.g. 13% reduced relapse rates one-year after treatment). Despite these encouraging findings, the effectiveness of CBM in preventing the escalation of symptoms associated with anxiety-alcohol comorbidity among emerging adults has not yet been explored.

Aim: To develop a comorbidity-focused CBM program and evaluate its preliminary efficacy as an adjunct to standard care for emerging adults who drink to cope with anxiety.

Methods: Phases 1 and 2 involve consultations with emerging adults (n=15) and treatment providers (n=15) to co-design an age-appropriate CBM program that can be feasibly implemented. Phase 3 involves a pilot trial to examine the efficacy of 'CBM+standard care' among emerging adults with anxiety and harmful alcohol use (n=60; recruited from youth services), compared to standard care only. The CBM group will receive 10 bi-weekly internet-delivered CBM sessions for alcohol-approach and anxiety-interpretation biases, with efficacy examined 6-weeks and 6-months post-baseline.

Results: Pending.

Conclusions: This world-first CBM program carries enormous potential to improve outcomes in a complex group that respond poorly to standard treatments. If efficacious, the program will help emerging adults lead healthier lives by interrupting the trajectory into chronic, life-long disorders. Findings will be of international interest to the scientific/clinical community.

P07 Do GPs think discussing patient goals and preferences is important? A qualitative study focused on prescribing

Kristie Rebecca Weir^{1,2}, Vasi Naganathan^{3,6}, Kirsten McCaffery^{1,2}, Carissa Bonner^{1,2}, Lyndal Trevena⁴, Andrew J McLachlan^{3,5}, Jesse Jansen^{1,2}

1 Wisser Healthcare, Sydney School of Public Health

2 Sydney Health Literacy Lab, Sydney School of Public Health

3 Centre for Education and Research on Ageing (CERA), Concord Clinical School

4 Ask Share Know Centre for Research Excellence, Sydney School of Public Health

5 Faculty of Medicine and Health, Sydney Pharmacy School

6 Ageing and Alzheimer's Institute, Concord Repatriation General Hospital

To optimise medication use in older people, it is recommended that clinicians evaluate evidence on potential benefits and harms of medicines in light of the patients' overall health, values and goals. Older patients have varied preferences for involvement in health decisions, but most older people want their perspectives heard. This suggests GPs should attempt to facilitate patient involvement in decision-making, in practice this is often challenging. Our study aimed to explore GPs' perspectives on the importance of discussing patient goals, values and preferences, and on the role patient preferences play in GPs' prioritisation of medicines.

Method: Semi-structured interviews were conducted with GPs (n=32) from Australia. Participants were purposively sampled with maximum variation on experience levels, solo vs group practice and geographic location. Transcribed audio-recordings of the interviews were coded using Framework Analysis.

Results: Most GPs recognised the importance of understanding patients' goals/preferences regarding their medicines. Most reported routinely discussing goals/preferences with patients, but often because this discussion was initiated by the patient. In addition, goal/preference elicitation was often restrictive, either limiting 'goals' to only clinical targets, or eliciting goals/preferences so as to better persuade the patient to accept the doctors' decision. A few GPs rarely discussed priorities with their patients, stating individual goals/preferences were not a "real world issue", often rooted in the belief that all older patients have universal goals (i.e. quality of life, living pain-free). These GPs tended to be older, male, and working in a small/solo practice.

Conclusion: This study highlights challenges in providing care that aligns with patients' goals/preferences. We identified limitations importantly goals/preferences may not be actively elicited regularly. Not all GPs were convinced of the clinical significance of individual, patient-specific goals. Future research could investigate the benefits of incorporating patient priorities in health care decision-making, and practical support strategies to help clinicians involve patients in discussions about their medicines.