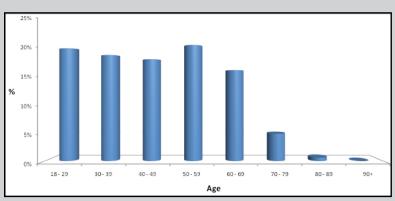


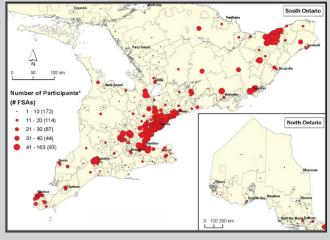
The OHS Insider

Welcome to the inaugural issue of the Ontario Health Study's quarterly newsletter for our participants. We value your involvement with the Study and want to keep you informed of the latest developments. In addition to news about the Study, we hope to bring you an article each issue that focuses on new and emerging research information and on the scientists working on the Study. This issue takes a look at depression and heart disease. As well as reading our newsletter, you can always visit our website at OntarioHealthStudy.ca for frequent updates on Study activities and media coverage.

Who's Making a Difference?

The first wave of the Ontario Health Study took place in 2009 and early 2010, with 8,205 people in Sudbury, Owen Sound and Mississauga taking part. As more and more Ontarians sign up for the online Study (approximately 18,000 to date), a picture of who's participating is starting to emerge. The age of participants ranges from 18-89, and is evenly distributed among those aged 18-69, with the strongest representation falling in the ranges of 18-29 and 50-59. So far, the greatest number of participants tends to live in the Greater Toronto Area, Ottawa, London and Windsor. The geographic scope of those participating is expected to grow as media awareness campaigns about the Ontario Health Study are launched in rural and other urban areas of the province. Please help us spread the word by encouraging your family, friends and social media contacts to participate in the Ontario Health Study.





About our Executive Scientific Director

Professor Lyle Palmer is Executive Scientific Director of the Ontario Health Study. Before moving to Canada in July of 2010 to lead the OHS, Professor Palmer was the founding Director of the Centre for Genetic Epidemiology & Biostatistics at the University of Western Australia from 2003 to 2010. Prior to that, he was an Assistant Professor of Medicine at Harvard Medical School. Professor Palmer has been recognized for his leadership role in biomedical research by numerous awards, including Fulbright and Churchill Fellowships. Meet Professor Palmer in this interview that aired on TVO's The Agenda with Steve Paikin: http://feeds.tvo.org/tvo/TxZN

What's Next?

The OHS team is currently preparing the Study's first follow-up questionnaire. Watch for our email update in the spring.

Feature Article: Depression and Your Heart

By Drs. Jane Irvine, Sherry Grace and Roger McIntyre

Are you aware there's a link between depression and heart disease? While it may come as no surprise that clinical depression affects our health adversely, scientists now know that even mildly elevated symptoms of depression – the so-called blues – can have negative consequences on a person's physical health.



Scientific studies around the world have proven that this link exists.

One particularly comprehensive study looked at almost 25,000 people from 52 countries. Researchers discovered there was a significant association between depression and heart disease in every country, in both men and women, and encompassing all socioeconomic levels.

Taking the next step – finding out whether depression leads to heart attacks – scientists set out to study people before they developed heart disease. They discovered that those who demonstrated more severe levels of depressive symptoms at the beginning of the study were the most likely to develop heart disease either 10, 15 or 25 years later than compared to those who had no or less-severe depressive symptoms. However, the relationship between depression and heart disease seems to be a two-way street. Additional studies show that people who have had heart attacks are more likely to become depressed. From a health-care standpoint, it's important to note that when depression and heart disease co-exist, the risk of mortality is increased.

If you're wondering how depression can lead to heart disease, it's believed that depression may disrupt the body's immune and inflammatory systems, which can cause damage to the heart vessels and heart muscle. Depression is also associated with some behavioural and physiological risk factors for heart disease – for instance, people who are depressed are more likely to smoke and less likely to get regular exercise. They are also more likely to have increased insulin resistance, which is associated with developing diabetes (another important risk factor for heart disease).

Researchers working with the Ontario Health Study will be looking to find out how psychological, behavioural, community and biological factors lead to depression and how depression, in turn, impacts risk of heart disease and possibly other diseases such as cancer and sleep apnea. By participating in the Study, you could help shed valuable light on the link between depression and heart disease.

Add Us to Your Email Contacts

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