

# DOWNLOAD PDF A LIFE COURSE APPROACH TO DIABETES HELEN M. COLHOUN AND NISH CHATURVEDI

## Chapter 1 : Publications Authored by Marcus Richards | PubFacts

*This chapter focuses on determinants of type 2 diabetes in women and girls from conception through the life course. Topics covered include genetic determinants of diabetes risk, parent of origin effects on diabetes risk, the effect of intrauterine environment on diabetes risk in women, the catch-up growth hypothesis, and effect of parity on subsequent risk of diabetes.*

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior permission in writing of Oxford University Press, or as expressly permitted by law, or under terms agreed with the appropriate reprographics rights organization. Enquiries concerning reproduction outside the scope of the above should be sent to the Rights Department, Oxford University Press, at the address above You must not circulate this book in any other binding or cover and you must impose this same condition on any acquirer A catalogue record for this title is available from the British Library. Life course approach to adult health; no. International Ltd, Padstow fm. After an investigation of the poor health of children in Aberdeen and Scotland, Leslie Mackenzie told the Royal Society of Edinburgh in In Andvord reported the outcome of tuberculosis in successive generations of Norwegians, the first quantitative medical study of the cohort effect In , Kermack, McKendrick, and McKinley used data from England and Wales " , Scotland " , and Sweden " to show that birth cohorts with reduced mortality during childhood also experienced increased longevity throughout life see Davey Smith, Kuh, Their analytic method was simple: A generational approach to population data was rejected in the United Kingdom in because the effects of early life on adult health were largely attributed to the control of infectious diseases see Kuh, Davey Smith, A few papers examined the effects of early life on noncommunicable disease. In , Abraham and colleagues reported that fat men whose school records showed that they were lean in childhood had more cardiovascular disease than those who had been fat all their lives. In , Waaler reported that height a surrogate for nutritional status in youth was inversely associated with an excess risk of fatal cardiovascular disease and lung disease. Although the debate continues as to the mechanisms social class, tobacco habit, fetal programming, stress, nutrition, thrifty phenotype, and so on , it is increasingly clear that many adult diseases are strongly influenced by fetal life or early childhood experiences. Childhood and adult health and longevity are also determined by the biologic consequences of the wealth of society and how it is distributed; how civil institutions buffer or exacerbate chronic stress and promote or fm. Although many questions remain, this thoughtful book should persuade almost everyone that perinatal and childhood factors, some potentially modifiable, determine the risk of adult disease; the implications go beyond the study of risk factor-outcomes in individuals and point to community approaches from whence the original observations came to preventive medicine and social health solutions. The implications are particularly large for women, who as mothers provide multiple social, behavioral, and biological imprints, in utero and thereafter, that may determine the biological promise or vulnerability of children throughout life. The child is the mother of the woman and the man! Relationship of childhood weight status to morbidity in adults. What can we learn from studying tuberculosis by generations? Norsk Mag Loegevidensk ; Infant mortality, childhood nutrition, and ischaemic heart disease in England and Wales. Mothers, Babies and Health in Later Life. Davey Smith G, Kuh D. William Ogilvy Kermack and the childhood origins of adult health and disease. Int J Epidemiol ; Hertzman C, Wiens M. Child development and long-term outcomes: Soc Sci Med ; Death rates in great Britain and Sweden: Kuh D, Davey Smith G. When is mortality risk determined? Historical insights into a current debate. Soc Hist Med ;6: The longitudinal perspective and cohort analysis. Height, weight and mortality. Acta Med Scand Suppl. New epidemiological research shows the long-term importance of fetal and childhood experience in the development of common chronic diseases and disorders that pose the main threats to physical and mental health in midlife and beyond. It has been the catalyst for the development of a life course approach in epidemiology that studies the combined effects of both early and later life factors on adult health and disease risk. Our long-term interest in

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childhood influences on adult health comes from our work on the Medical Research Council National Survey of Health and Development. This is a prospective longitudinal study of over women and men who have been followed up since their birth in England, Scotland and Wales in March. We find that their midlife experiences relate in all kinds of expected and novel ways to their life history. We decided to invite colleagues with expertise in a particular health problem to pull together these two strands of research. Authors of the chapters undertook a comprehensive review of the literature, interpreting the evidence and discussing the possible social and biological pathways through which experiences in earlier life might shape specific adult health outcomes. Other contributors provided commentaries on these chapters. In all, forty-eight researchers contributed to this book. Their interest and support for the project was terrific and this book would not have happened without them. The range of health outcomes covered in this volume is wide and includes reproductive outcomes menarche, pregnancy and menopause, breast cancer, cardiovascular disease, diabetes, musculoskeletal ageing, depression and psychological distress, body weight and body dissatisfaction. Even though each chapter reflects the views of individual authors, shared aims and a common life course framework provide a more consistent approach than is usual in such a broad collection of chapters. This conceptual framework is summarised in the introductory chapter. Key findings, common themes, and theoretical and methodological challenges are highlighted in the fm. It is not possible in one volume to cover all possible adult health outcomes where there is evidence of long-term early life influences. The life course framework is widely applicable and later books in the series will develop the ideas with respect to other topics such as cognitive function, and other aspects of mental health. As editors, this book has been an exciting and immense challenge. We have had thought provoking exchanges with contributors and forged new friendships and collaborations as a result. Most of the chapters were first presented at a one-day conference in Oxford, England in September. It has been a privilege to edit this book and we have both gained an enormous amount from doing so. We thank all our contributors very much for their hard work. Special thanks are also extended to our families, friends, and colleagues who were so supportive of our involvement in this project. Finally, we would like to give a special thanks to the women in the birth cohort study who have so kindly and willingly provided information about their lives. Morbidity, mortality, and menarche. Birthweight, childhood growth and risk of breast cancer in a British birth cohort, 1958, by permission of the Nature Publishing Group; Figures 5. Br Med J ; Integration of the immune and endocrine systems by interleukin-6, pp. The pathophysiologic roles of interleukin-6 in human disease. Ann Intern Med ; Adrenal andropause and aging. J Anti-Aging Med ;3: Historical insights into a current debate, Social History of Medicine ;6: Breast cancer mortality rates are levelling off or beginning to decline in many western countries: Power C, Rodgers B. Secular trends in social class and sex differences in height. Infant mortality, stomach cancer, stroke, and coronary heart disease: Br Med J ; School of Hygiene and Tropical Medicine. The emphasis on adult lifestyle as the cause of these diseases is being increasingly challenged by research showing that the sources of risk may lie much earlier in life, or even in previous generations. A life course approach, introduced in this chapter and developed in the chapters that follow, assesses the biological and social factors at each stage of life that affect adult health outcomes. Particular attention is paid to the growing evidence for long-term effects of risk factors during childhood or fetal life on the more common chronic diseases and disorders in women. These are hypothesized to act through developmental processes. A life course approach also studies the biological, psychological, and social pathways that link early life experiences, reproductive events, conventional adult risk factors and health outcomes in later life. It asks whether the emerging life course models of health provide explanations for long-term disease trends, and whether they are relevant for understanding the future health of women now reaching middle-age in developed and less developed countries.

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## Chapter 2 : Browse by Publication - LSHTM Research Online

*A life course approach to diabetes. By Helen M. Colhoun and Nish Chaturvedi. Cite. BibTex; Full citation ; Publisher: Oxford University.*

The life expectancy gap, which has increased since the ? We show that social inequalities in health are not confined to the poor. They follow a stepwise social gradient, even in office-based Civil Servants. Two types of long-term stress associated with work were linked with an increased risk of heart disease. These are 1 low levels of control and high levels of demand, and 2 high levels of effort expended together with low levels of reward respect, salary and career prospects. Although there is a widespread perception that stress is known to cause heart disease, the link has not been proved without doubt. We need to exclude the possibility that increased heart disease risk in those reporting stress is due to smoking, diet and exercise, and other risk factors linked with low social class position. We are studying the biological effects of stress, in order to show the processes that link stress with the development of heart disease. For example, we show the stress hormone cortisol is higher in women reporting financial insecurity, and that high cortisol is linked to higher risk of diabetes in our study. We show also that depression is associated with poorer blood vessel function. We will continue to follow participants? Most participants are now retired, and there are large social inequalities in several measures of physical and mental health in this group, which we will study as participants grow older. During the Health and Safety Executive published draft guidelines to reduce stress in the workplace, based partly on our research. Stress is blamed for over 10 million days per year of sickness absence. We will evaluate this pilot scheme in private and public sector organisations in order to see if employees report lower stress levels after introduction of the scheme. Technical Summary The Whitehall II study was set up to investigate causal pathways involved in social inequalities in health, in particular cardiovascular disease. The cohort of men and women aged working in the Civil Service has been followed since with postal questionnaires at year intervals and research clinic examinations every five years. Most participants are now retired, and we plan detailed investigation of health inequalities in this ageing population, building on 19 years of existing data. Our major hypothesis is that psychosocial factors, related to the circumstances of daily life, make an important contribution to health inequalities. The research strategy involves two steps: Our Aims for the proposed MRC programme are: To study psychosocial and biological pathways to disease and functional decline in an ageing population. Longitudinal data on the changing family, social and working circumstances of participants followed since , together with verified incident CHD events provide for a unique population-based test of psychosocial effects on physical disease. To explain inequalities in CHD and physical and psychological functioning in an ageing population. With the insights gained about the translation of psychosocial circumstances into disease Aim 1 we will investigate how such mechanisms operate to cause social gradients in health-related functioning and disease. To examine the generalisability of findings arising from aims 1 and 2 above, by conducting comparative analyses of data from comparable studies in the UK, USA, France, Finland and Japan. To evaluate the effects of psychosocial interventions in the workplace associated with the introduction of Work Stress Management Standards by the Health and Safety Executive. We request funding for three purposes: To end we estimate we will have accumulated CHD events and deaths, tripling mortality. This will considerably increase power to test our hypotheses, and to detect interactions.

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## Chapter 3 : A life course approach to diabetes - CORE

*A life course approach to women's health. Law --A life course approach to diabetes / Helen M. Colhoun and Helen M. Colhoun and Nish Chaturvedi.*

Do health risks gradually accumulate over the life course or do mentioned factors as a child and young adult have interactive effects on health in midlife and beyond? Are women now reaching middle age in better health than previous generations? A group of international experts critically review the latest scientific evidence on biological and social factors at each stage of life that have long-term effects on reproductive outcomes, breast cancer, cardiovascular disease, diabetes, musculoskeletal ageing, depression, body weights and body dissatisfaction. There is growing evidence that the sources of risk to physical and mental health occur across the course of life, not just in adult life, and in some instances reach right back to pre-natal development, or the previous generation. Contributors draw on their varied expertise in epidemiology, endocrinology, physiology, developmental psychology, sociology, and anthropology to identify the pathways that link early life experiences, reproductive events, adult lifestyle and lifetime socio-economic circumstances to later health. A Life Course Approach looks for connections between development and ageing, and between the childhood and adult social environment. It is scientifically interesting, conceptually and methodologically challenging, inherently interdisciplinary, and policy relevant. Commentary Susan Morgan 3. Commentary Nancy Potischman 4. Menopause and urogenital disorders: Commentary Sybil Crawford and Catherine Johannes 5. Commentary Catherine Law 6. Commentary Janet Rich-Edwards 7. A life course approach to musculoskeletal ageing: Commentary Jane Cauley 8. Depression and psychological distress: Commentary Bryan Rodgers 9. Commentary J Kevin Thompson Biological, Social and Psychosocial Pathways Endocrine pathways in differential and well-being across the life course, Carol M Worthman: Commentary Elizabeth Barrett-Connor Commentary Kate Hunt Commentary Stephen Stansfield and Rebecca Fuhrer Commentary Hilary Graham Overweight and obesity from a life course perspective, Chris Power and Tessa Parsons: Commentary William H Dietz Commentary Andrew J Hall Explaining Health and Disease Patterns Disease trends in women living in established market economies: Commentary Dave Leon The life course of Black women in South Africa in the s: Practitioners with a strong interest in epidemiology will find the book quite fascinating.

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## Chapter 4 : Publications Authored by Abigail Fraser | PubFacts

*Helen M. Colhoun and Nish Chaturvedi Chapter 7 A life course approach to musculoskeletal ageing: muscle strength, osteoporosis, and osteoarthritis Joan Bassey, Avan Aihie Sayer, and Cyrus Cooper.*

Diana Kuh and Rebecca Hardy: Health, Ageing and Disease<sup>2</sup>. Rebecca Hardy and Diana Kuh: Menopause and gynaecological disorders: Sybil Crawford and Catherine Johannes: A life course approach to coronary heart disease and stroke<sup>5</sup>. Helen M Colhoun and Nish Chaturvedi: A life course approach to Diabetes<sup>6</sup>. A life course approach to musculoskeletal ageing: Depression and psychological distress: Lindsay McLaren and Jane Wardle: Biological, Social and Psychosocial Pathways Endocrine pathways in differential and well-being across the life course Nadine F Marks and Kirsty Ashleman: Stephen Stansfield and Rebecca Fuhrer: Mary Schooling and Diana Kuh: Chris Power and Tessa Parsons: Overweight and obesity from a life course perspective Sexually transmitted infections and health through the life course Explaining Health and Disease Patterns Disease trends in women living in established market economies: The life course of black women in South Africa in the s: Practitioners with a strong interest in epidemiology will find the book quite fascinating. This book is another fine example of the application of both individual and population-level course thinking. I highly recommend it as a most valuable addition to any epidemiological library.

## Chapter 5 : JoVE | Peer Reviewed Scientific Video Journal - Methods and Protocols

*The concept that early life experience determines health in later life is not new. After an investigation of the poor health of children in Aberdeen and Scotland, Leslie Mackenzie told the Royal.*

## Chapter 6 : A life course approach to women's health

*A life course approach to Diabetes, Helen Colhoun and Nish Chaturvedi: Commentary Janet Rich-Edwards 7. A life course approach to musculoskeletal ageing: functional performance, osteoporosis and osteoarthritis, Joan Bassey, Avan Aihie Sayer and Cyrus Cooper: Commentary Jane Cauley.*

## Chapter 7 : A Life Course Approach to Women's Health (, UK-Paperback) | eBay

*This volume is the first in a new series of books entitled A Life Course Approach to Adult Health (eds. Diana Kuh, Yoav Ben-Shlomo and Ezra Susser).*

## Chapter 8 : A Life Course Approach to Women's Health - Diana Kuh; Rebecca Hardy - Oxford University Press

*A Life Course Approach to Women's Health Edited by Diana Kuh and Rebecca Hardy A Life Course Approach to Adult Health. Reviews the evidence linking women's experiences throughout their life course to their health and disease in midlife and beyond.*

## Chapter 9 : Recent Publications - Faculty of Medicine and Life Sciences

*Recent studies suggest that growth restriction or other adverse influences acting in utero or during early infancy lead to permanent alterations in growth hormone (GH) secretion.*