

# Research@DVA

VOLUME 1, ISSUE 4

WINTER 2009 (EXTERNAL EDITION)

Department of Veterans' Affairs

## Successful 2009-10 Funding Proposals

### From the DVA Research Team:

- Next DVA Research Seminar: 19 August
- Next round 2010-11 funding applications: submit by 24 August
- Next DVA Ethics Committee submission dates: 25 September, 27 November

### Inside this issue:

- ARP Project Results Presented at DVA Research Seminars 2
- Upcoming DVA Research Seminars 3
- Brand Substitution and Switching Medicines 3
- Research Resources 4
- Frequently Asked Questions 4

DVA's Applied Research Program (ARP) has already received many excellent proposals for 2009-10.

Some of the research projects that have been successful in applying for funding cover topics including:

- The "Healthy Solider Effect" in epidemiological research (a variation of the "Healthy Worker Effect").
- Economic and social effects of service on Australian conscripts.
- Medication management for Australian veterans taking Warfarin.
- Follow up of the Gulf War Veteran Cohort.

- Balance screening and falls/injury prevention.
- Longitudinal analysis of the health and service needs of older veterans.
- Indigenous soldiers' contribution to the nation.

We are excited to kick off these projects in the new financial year and look forward to the findings.

The successful projects focus on DVA's four research priorities: younger veterans and transition from the ADF; a wellness approach to veterans' physical and mental health; ageing issues affecting veterans and war widows; and promoting use of DVA data.



Start thinking now for next year!

If you have a research proposal or idea, funds are still available. So please contact the Strategic Research Development team for advice on the application process and finding a DVA sponsor:

(02) 6289 6529 or [research@dva.gov.au](mailto:research@dva.gov.au)

## How is an ARP proposal assessed?

The aim of the DVA Applied Research Program (ARP) is to fund research which will deliver maximum benefit to the veteran community through informing policy and service delivery.

Therefore, research project

proposals are scored and compared by the following criteria:

- benefits to DVA (eg relevance, practicality, strategic direction);
- economic assessment (value for money and

availability of funds);

- research quality; and
- priority for DVA project sponsors.

For more details, contact the SRD section (details above) or stay tuned for next quarter's newsletter!

## Research Results Presented at DVA Seminars

Results from some of DVA's recent Applied Research Program (ARP) projects have been presented at two Research Seminars so far this year. The seminars were held on 11 March and 19 May in Canberra, with State Offices joining via video conferencing. They attracted a cross-section of internal and external attendees, including from the Department of Health and Ageing, Department of Defence, Centre for Military and Veterans' Health, Australian Institute of Health and Welfare (AIHW), and several ex-service organisations.

### 11 March : Knee Injuries

#### Relationship Between ADF Service and Patellofemoral Pain Syndrome (PFPS)

*Dr Ruth McLaughlin, Centre for Military and Veterans' Health*

The presentation on this study explained some extrinsic risk factors for PFPS that are relevant to the ADF, and measures that could be taken to reduce the occurrence of PFPS.

Factors included: lower levels of physical fitness prior to joining the military; a history of previous injury to the knee; greater training mileage and a sudden increase in physical activity levels; and occupational risk factors such as kneeling or squatting frequently and lifting heavy weights.

#### Review of Chondromalacia Patellae (CMP) Claims

*Dr Warren Harrex*

This study was a review and comparison of CMP claims under the MRCA and SRCA.

The study found that, while CMP incidence in the ADF service is low, it is a chronic condition so the prevalence is likely to be high. The claimants and claims are similar between SRCA and MRCA but evidence-based rules affect acceptance rates. Onset is usually early in a career.

#### Comparative Well-being of DVA & Centrelink Pensioners

*Craig Palidano*

This study compared DVA and Centrelink pensioners' income

and assets, and health indicators, using HILDA Survey data. An article in the March issue of Research@DVA provided more details about the study findings.

### 19 May : Ageing

#### "Ninety Not Out" Analysis of Hospital services for TPOP Nonagenarians 2006-07

*Dr Tony Ireland*

In 2006-07 there were 19,386 Australian Treatment Population (TPOP) beneficiaries aged 90 or older (90NO). Dr Ireland presented findings from the study's analysis, including differences in health service profiles, clinical outcomes, costs between States, and case mix characteristics for 90NO hospital admissions compared with younger age groups.

The take-home message was an insight into how, for this very elderly age group, experiences of the modern hospital system can be difficult and disorienting. This included comparisons between the hospital model and the 90NO patient's needs on polarised aspects such as: potent interventions vs fragile physiology; bed-centred care vs preserving mobility; and clinical pathways vs familiar routines.

#### A screening program for early balance problems

*Professor Keith Hill and Ms Xiao Jing Yang*

This project screened 225 older people who expressed concerns about their balance, and found that almost three quarters had a

measurable balance dysfunction. Those with impaired balance were randomised to routine care, or a home based balance and strength training program.

Participants in the exercise program achieved significant improvements on a range of balance related outcomes. Key messages from the research were:

**For health professionals:** when an older person presents expressing concern about their balance, many will have a mild balance dysfunction. Use sensitive measurement tools to identify whether balance is within normal limits.

**For older people** who feel their balance is not as good as it used to be, see your doctor or physio.

#### RAP services and falls risk

*Dr Michael Adena*

Data from the DVA Rehabilitation Appliance Program (RAP) and hospital services database were analysed to establish the effect of RAP services on falls.

Findings included that veterans had a reduced relative risk of a hip fall after having a rail installed (0.73); home modifications (0.27); walking aids (0.69); and limb protectors (0.71). Relative risk of a hip fall was higher for those issued with a personal alarm (1.12). DVA staff suggested further analysis to test whether people with a personal alarm spent less time in hospital after falling, than those who did not have a personal alarm, because they could get help sooner.

## Upcoming DVA Research Seminars

19 August 2009, 2.00pm

### Estimating Future Disability Compensation Populations

*Rate of progression to disability pension for Vietnam War and younger veterans*

Dr Philip Clarke  
University of Sydney

*Modeling the MRCA and SRCA beneficiaries population*

Susan Antcliff  
Australian Government Actuary

18 November 2009

### Mental health initiatives: research and implementation

Australian Centre for Post-traumatic Mental Health

**To attend** a research seminar in person at the DVA Canberra office, or via teleconference at a DVA State office, RSVP to:

(02) 6289 6529  
research@dva.gov.au

**DVA RESEARCH SEMINARS ARE AN OPPORTUNITY TO LEARN MORE ABOUT THE LATEST FINDINGS ON VETERANS' HEALTH AND WELLBEING FROM THE RESEARCHERS THEMSELVES**

## Brand Substitution and Switching Medicines

Since 1990, only the cheapest products of each medicine under the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) have been available at the patient co-payment price.

This minimum pricing policy aimed to encourage patients to switch to a bioequivalent generic alternative where available. It was not the policy intention to encourage patients to continually switch between different generic medicines.

Concern has been expressed that patients may receive a different product each time their prescription repeats are dispensed, which has the potential to confuse them.

A recent study, *Switching Medicines in the Veteran Population*, showed that for 80% of patients the minimum pricing policy appears to have had its intended effect.

This retrospective cohort study by Lisa Kalisch, a PhD student at the University of South Australia, examined prescriptions dispensed at community pharmacies for medicines with substitutable products, to determine how many times patients have brand and generic products substituted.

RPBS data was analysed for 160,145 patients from 1 January 2001 to 28 February 2006. Study findings included:

- Over 80% did not switch medicines or switched once.
- For all drugs studied, patients were more likely to:

- remain with the prescribed brand rather than substitute a generic medicine; and

- not switch medicines at all rather than switch multiple times.

- Patients who switched were more likely to switch on one occasion rather than have multiple switches.
- Patients were more likely to have multiple switches if they saw a larger number of prescribing doctors or attended more pharmacies, and with increasing length of follow-up.

This study was part of DVA's Veterans' MATES project.

Results from the study have been the subject of several conference papers and journal articles.

## Department of Veterans' Affairs

Strategic Research Development Section  
13 Keltie Street  
Woden ACT 2606

Phone: (02) 6289 6529  
E-mail: [research@dva.gov.au](mailto:research@dva.gov.au)  
[www.dva.gov.au](http://www.dva.gov.au)

SRD is responsible for developing a strategic direction for DVA's applied and health research agenda. It works to ensure research is relevant to the department's policy decisions and service delivery. SRD activities include policy development, administering the ARP, and managing, or supporting business areas to manage, ARP-funded studies.

## Research Resources

### Recently released reports from the Australian Institute of Health and Welfare (AIHW)

*Hospitalisations due to falls by older people, Australia 2005-06*

AIHW catalogue: INJCAT 122  
<[www.aihw.gov.au/publications/index.cfm/title/10683](http://www.aihw.gov.au/publications/index.cfm/title/10683)>

*Key indicators of progress for chronic disease and associated determinants*

AIHW catalogue: PHE 114  
<[www.aihw.gov.au/publications/index.cfm/title/10774](http://www.aihw.gov.au/publications/index.cfm/title/10774)>

*Projection of Australian health care expenditure by disease, 2003 to 2033*

AIHW catalogue: HWE 43  
<[www.aihw.gov.au/publications/index.cfm/title/10692](http://www.aihw.gov.au/publications/index.cfm/title/10692)>

*The geography of disability and economic disadvantages in Australian capital cities*

AIHW catalogue: DIS 54  
<[www.aihw.gov.au/publications/index.cfm/title/10703](http://www.aihw.gov.au/publications/index.cfm/title/10703)>

*Chronic disease and participation in work*

AIHW catalogue: PHE 109  
<[www.aihw.gov.au/publications/index.cfm/title/10442](http://www.aihw.gov.au/publications/index.cfm/title/10442)>

### Upcoming Conferences

*Australasian Evaluation Society Conference 2009*

31 Aug - 4 Sept, Canberra  
<[www.aesconference2009.com.au/contact-us.html](http://www.aesconference2009.com.au/contact-us.html)>

*You, Your Family, Your Community, Your Mental Health: The Path Ahead*

1-4 September, Perth  
<[www.themhs.org/home](http://www.themhs.org/home)>

*Australian Military Medicine Association Conference 2009*

17-19 October, Hobart  
<[www.amma.asn.au/amma2008](http://www.amma.asn.au/amma2008)>

*8th National Conference of Emerging Researchers in Ageing (ERA)*

22-23 October, Melbourne  
<[www.med.monash.edu.au/sphc/haru/conference09](http://www.med.monash.edu.au/sphc/haru/conference09)>

*Australia's Welfare 2009 (AIHW) Conference*

16-17 November, Queanbeyan  
<[www.aihw.gov.au](http://www.aihw.gov.au)>

## Frequently Asked Questions

### How can I find out more about research funded by DVA?

1. Attend a DVA Research Seminar (see page 3 for details).
2. Contact us at the phone number or email address above.
3. Review the ARP Annual Report which will be published later this year.
4. Keep reading this quarterly newsletter. Or:

5. Check out our website:

<[www.dva.gov.au/health\\_and\\_wellbeing/research/Pages/index.aspx](http://www.dva.gov.au/health_and_wellbeing/research/Pages/index.aspx)>

### What do the ARP "research priorities" mean?

The ARP research priorities are: younger veterans and transition from the ADF; a wellness approach to veterans' mental and physical health; ageing issues for veterans

and war widows; and promoting the use of DVA data. These are areas of research DVA is keen to support with ARP funding, in line with the department's strategic direction, policy needs and service delivery.

Project proposals that fall outside these priority areas, but that would contribute to veterans' or war widows' health and well-being, may still be funded but their case would need to be particularly strong.