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# The biology of poverty.....

some thoughts on the association between  
deprivation and health

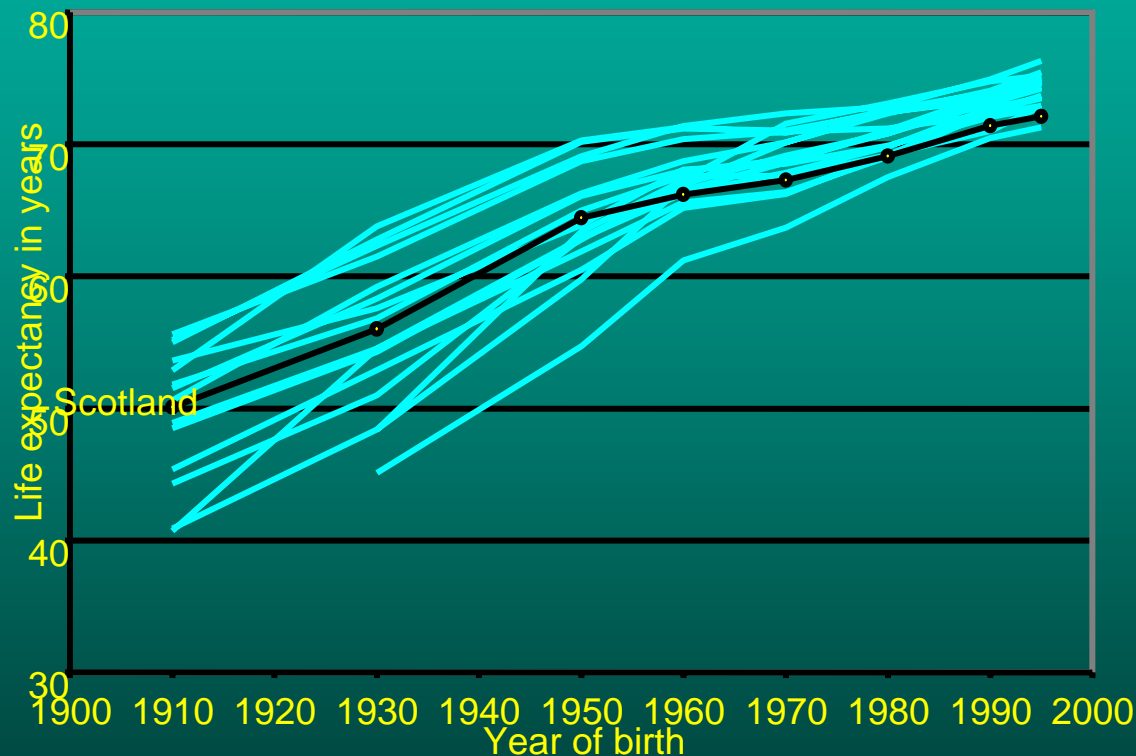
Belfast

27<sup>th</sup> November 2007

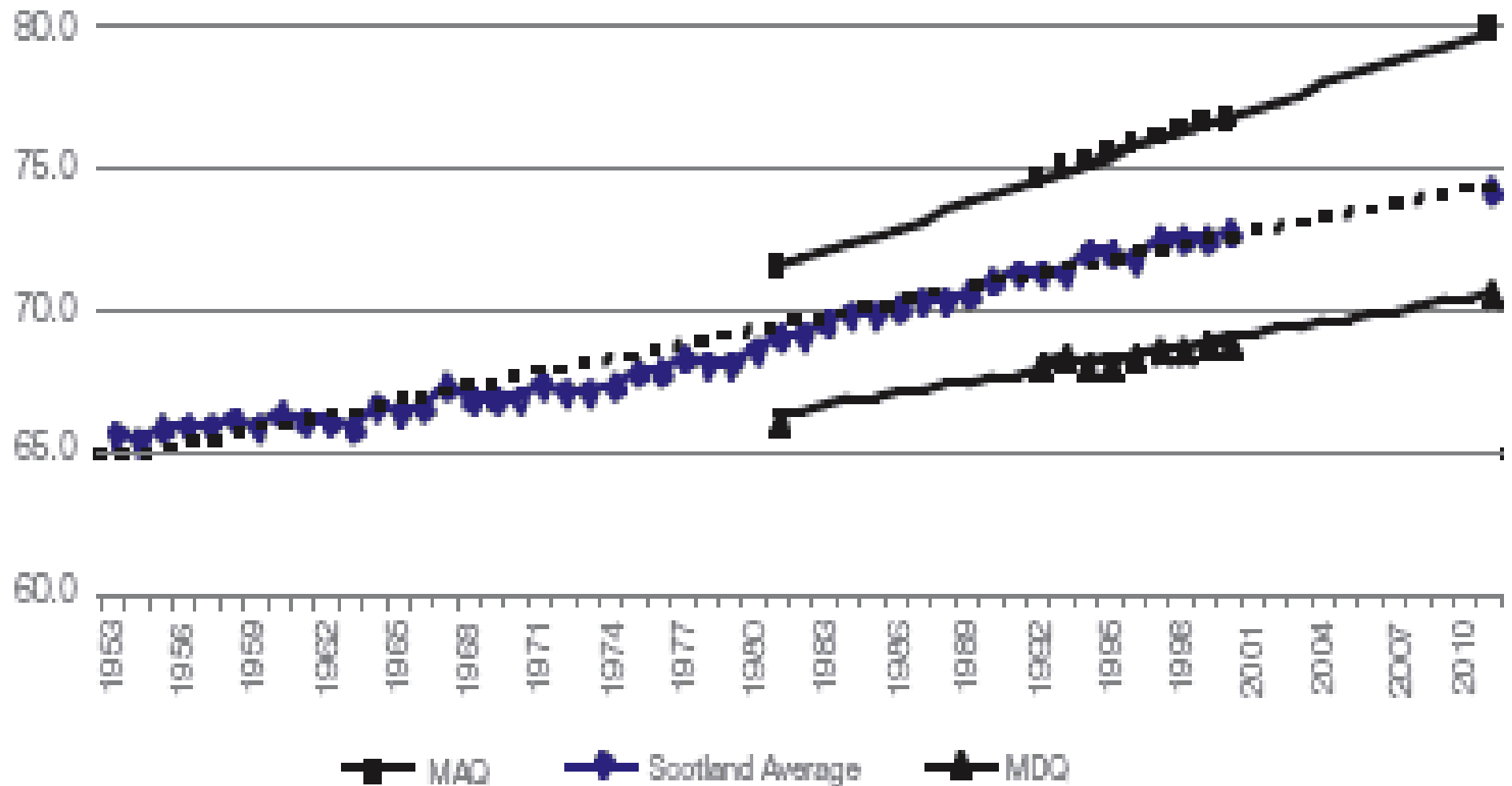
# 20<sup>th</sup> century trends in life expectancy in Scotland and 16 other Western European countries

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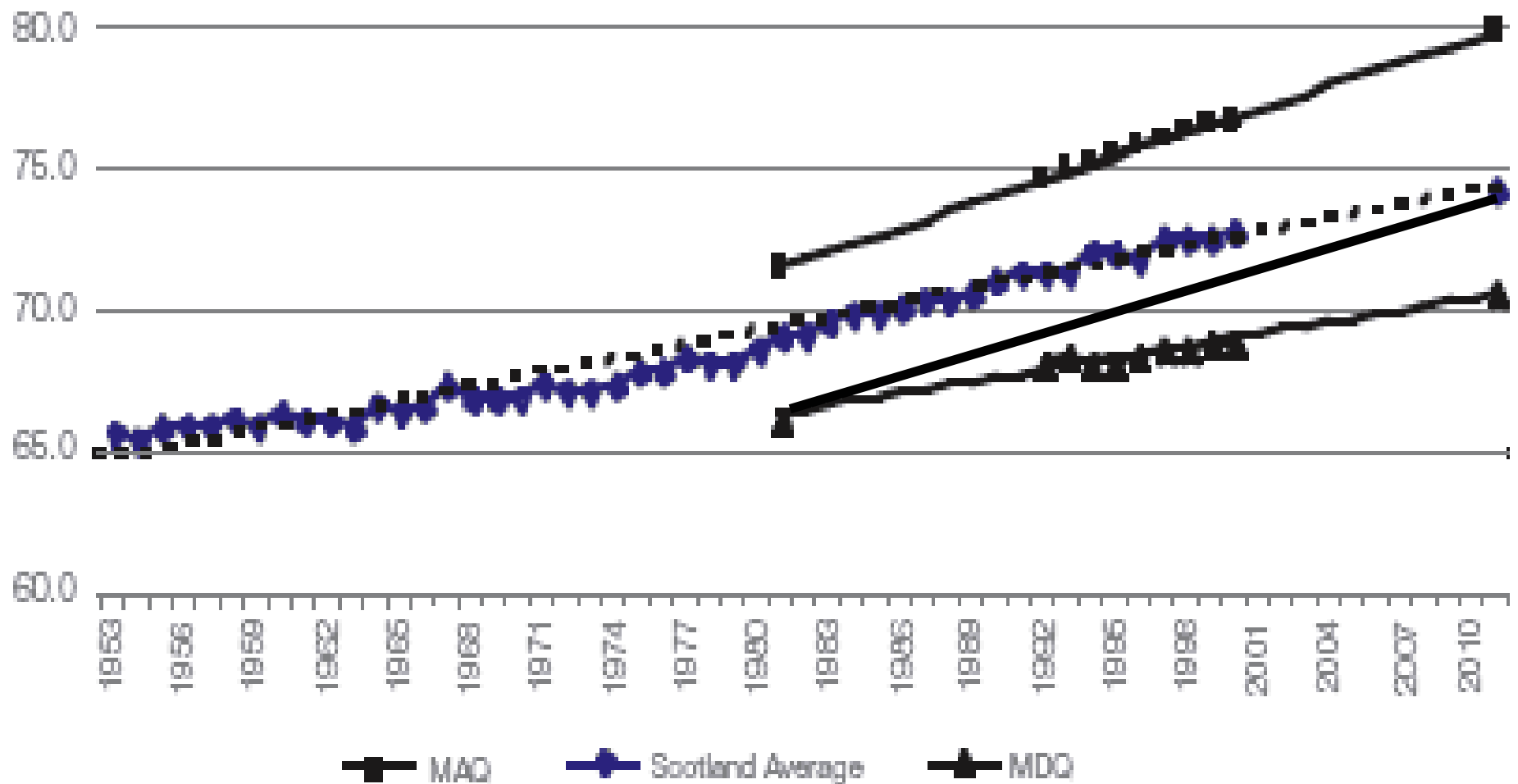
Males



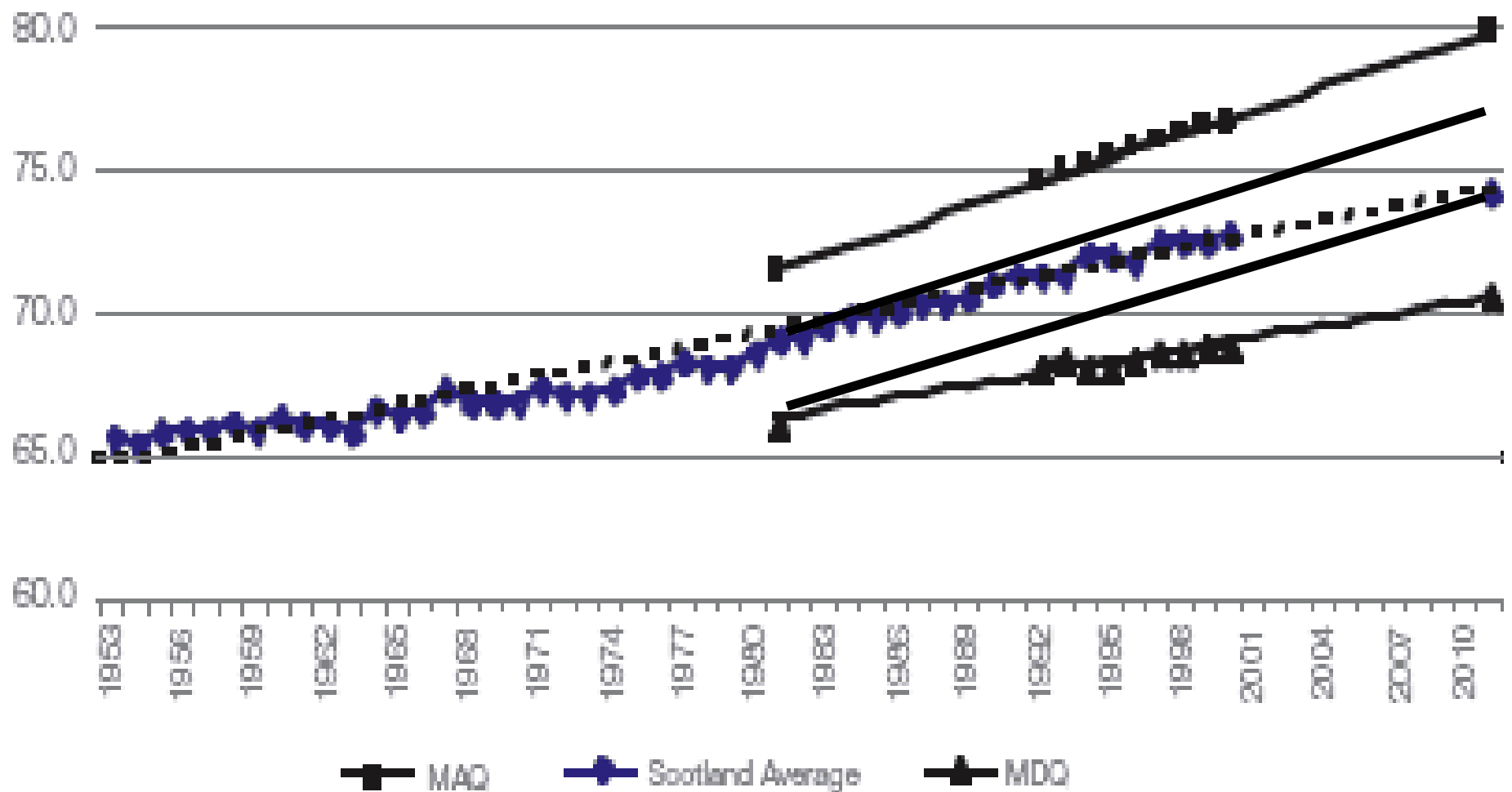
# Trends in life expectancy - males



# Improving Scottish life expectancy

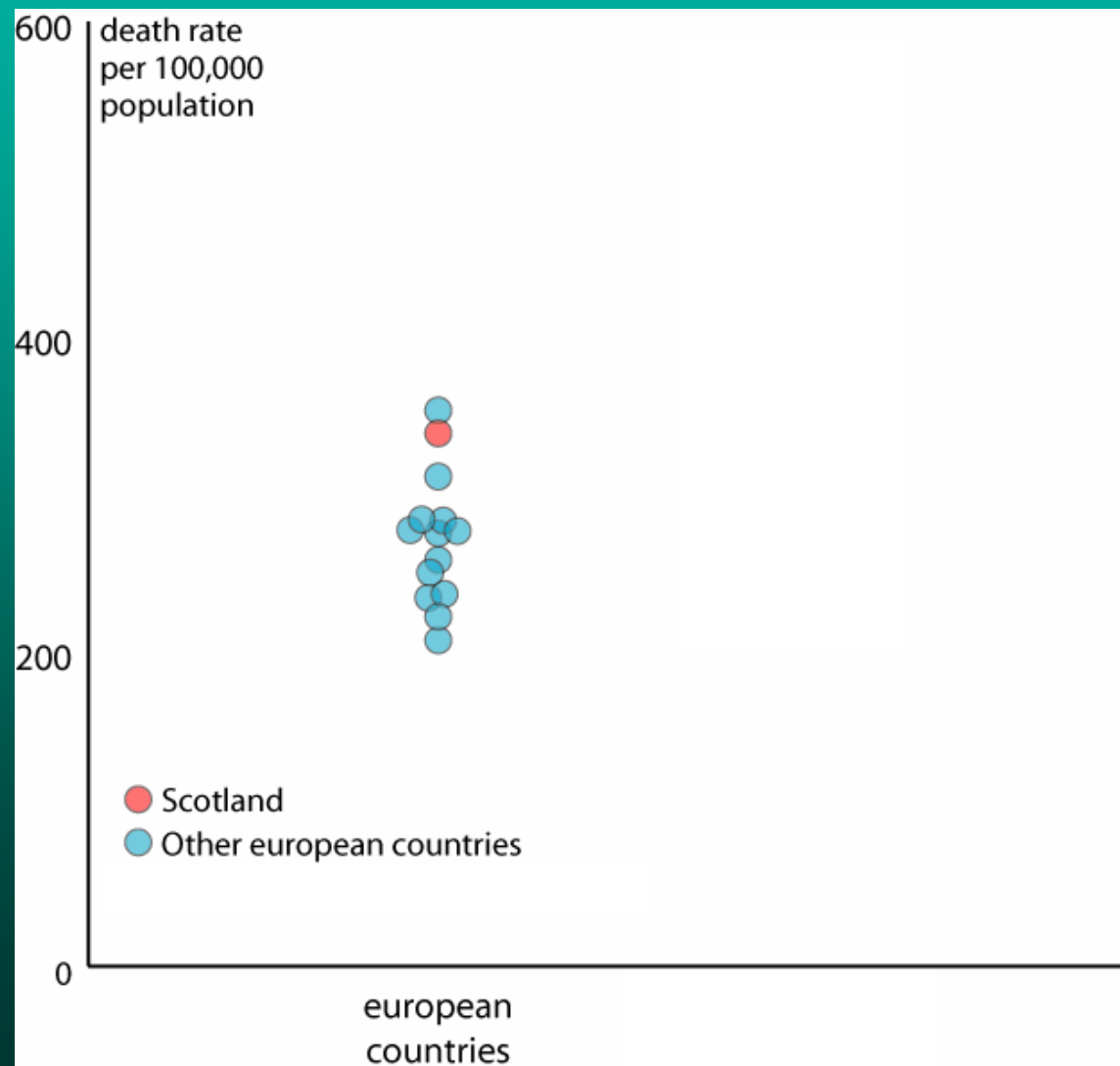


# Improving Scottish life expectancy

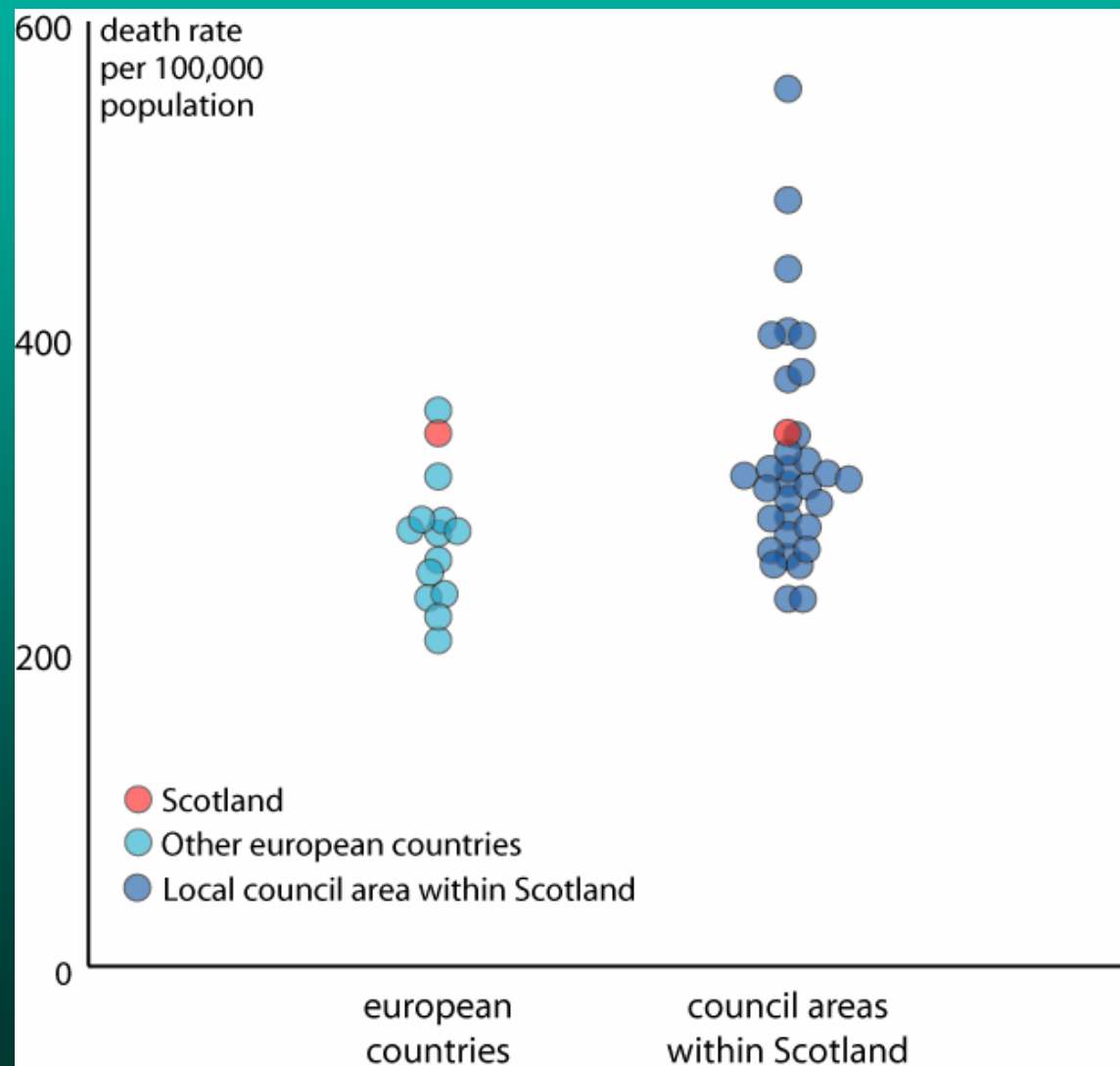


# All cause death rates, M 0-64, 2001

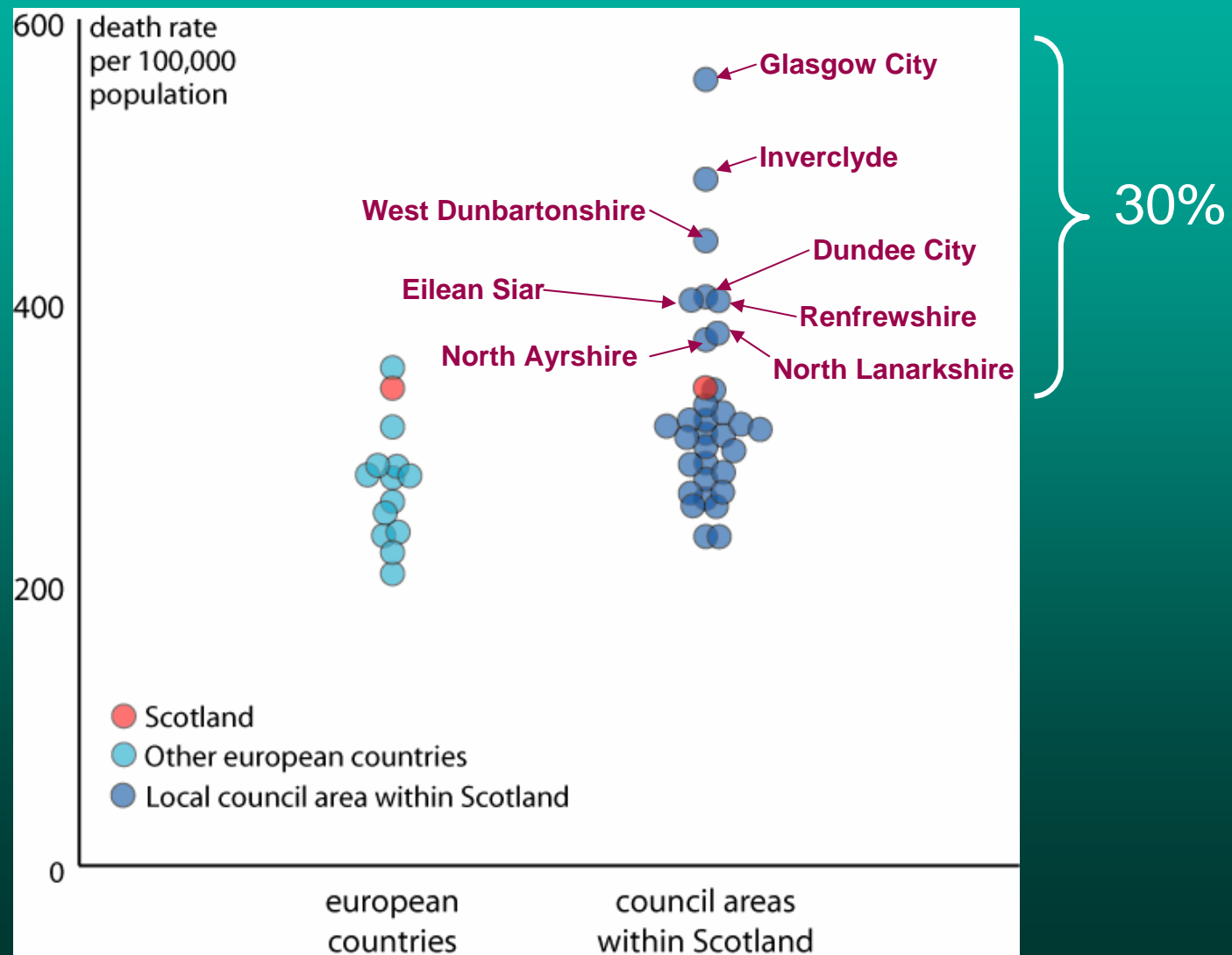
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# All cause death rates, M 0-64, 2001



# All cause death rates, M 0-64, 2001





# Social circumstances and health

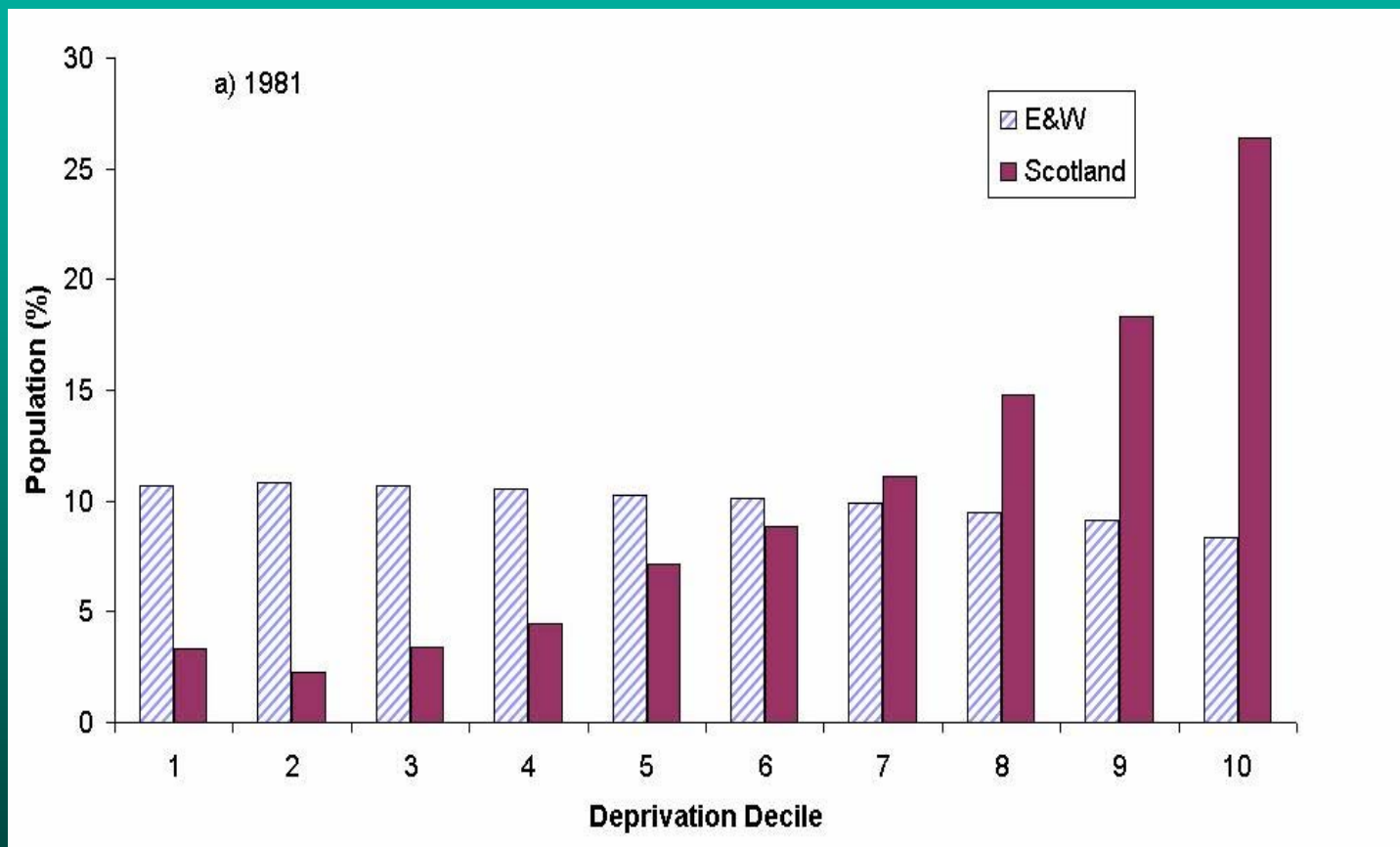
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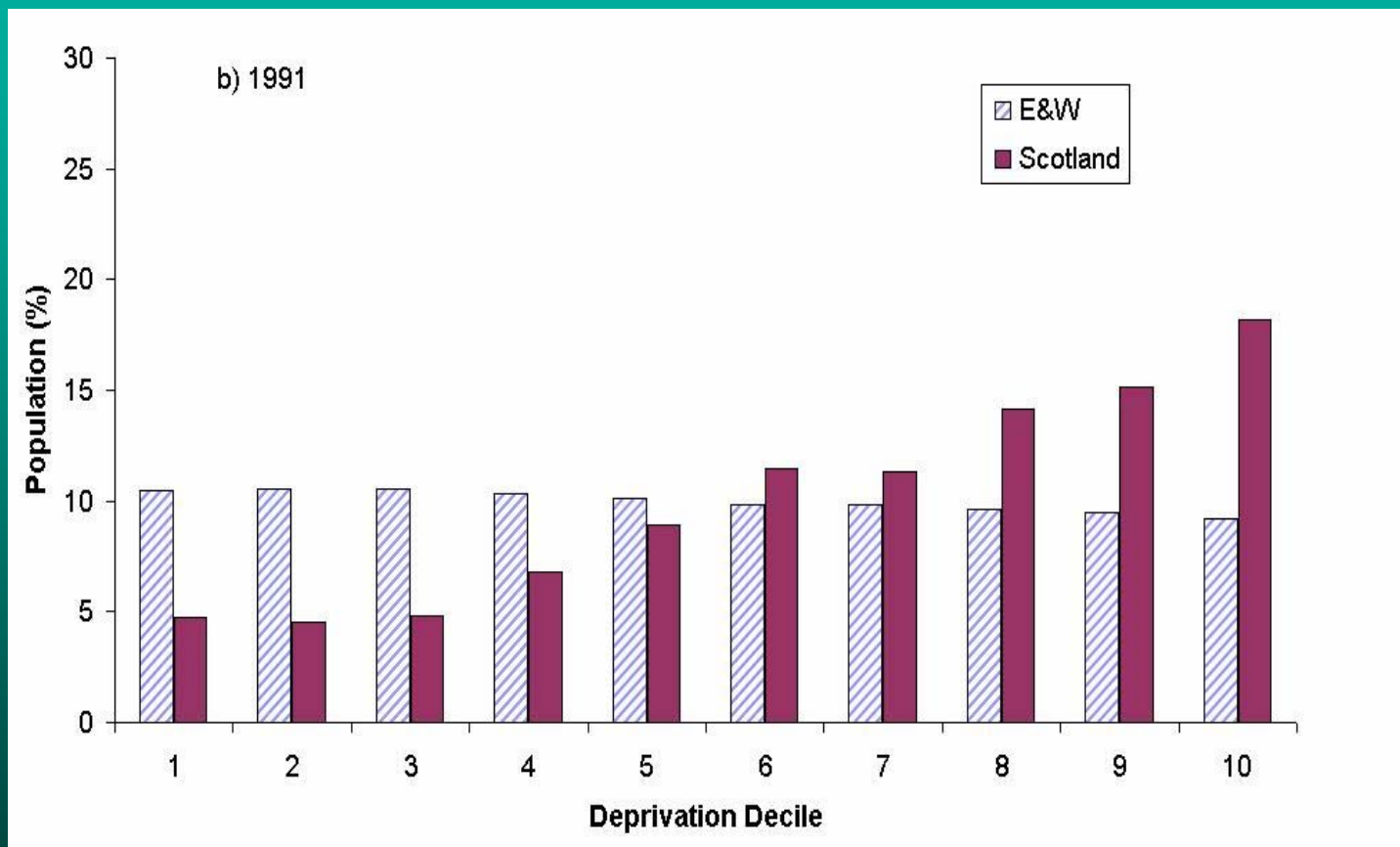
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“If we just deal with the poverty  
and the bad housing, health will get  
better anyway.....”

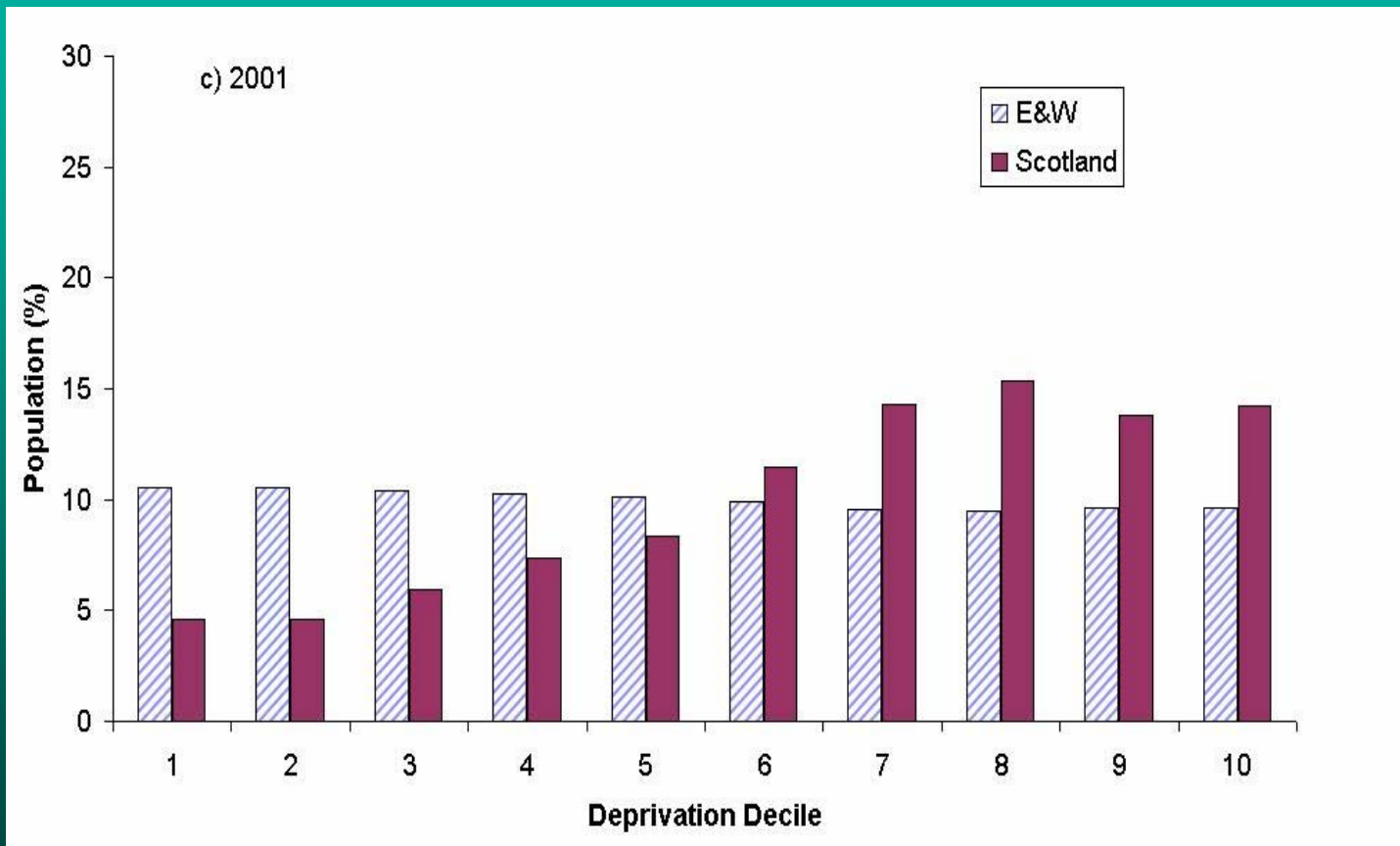
# Deprivation in 1981



# Deprivation in 1991

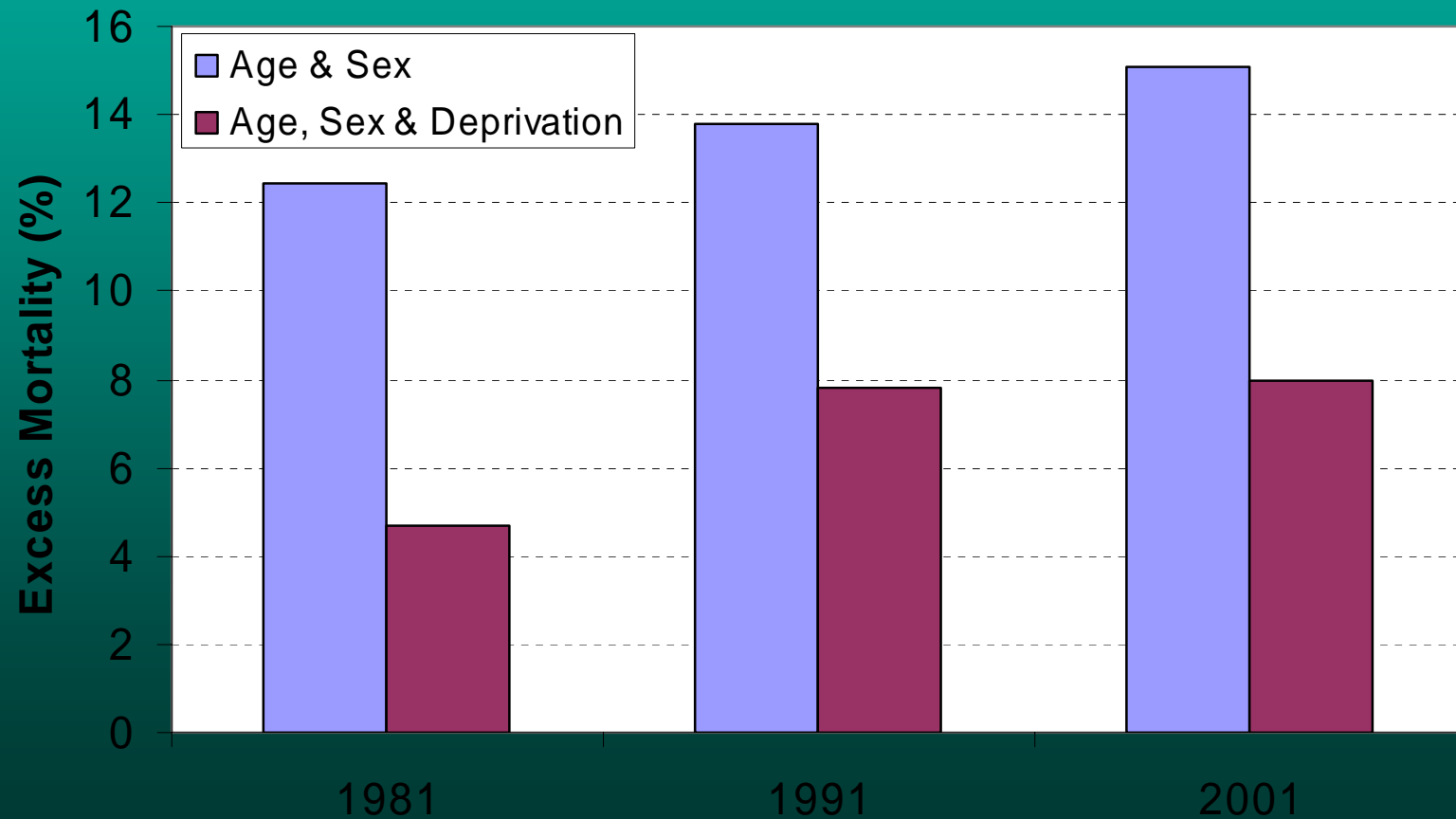


# Deprivation in 2001



# Excess Standardised Mortality not explained by deprivation

(Scotland v. E&W)



# Past experiences: Castlemilk

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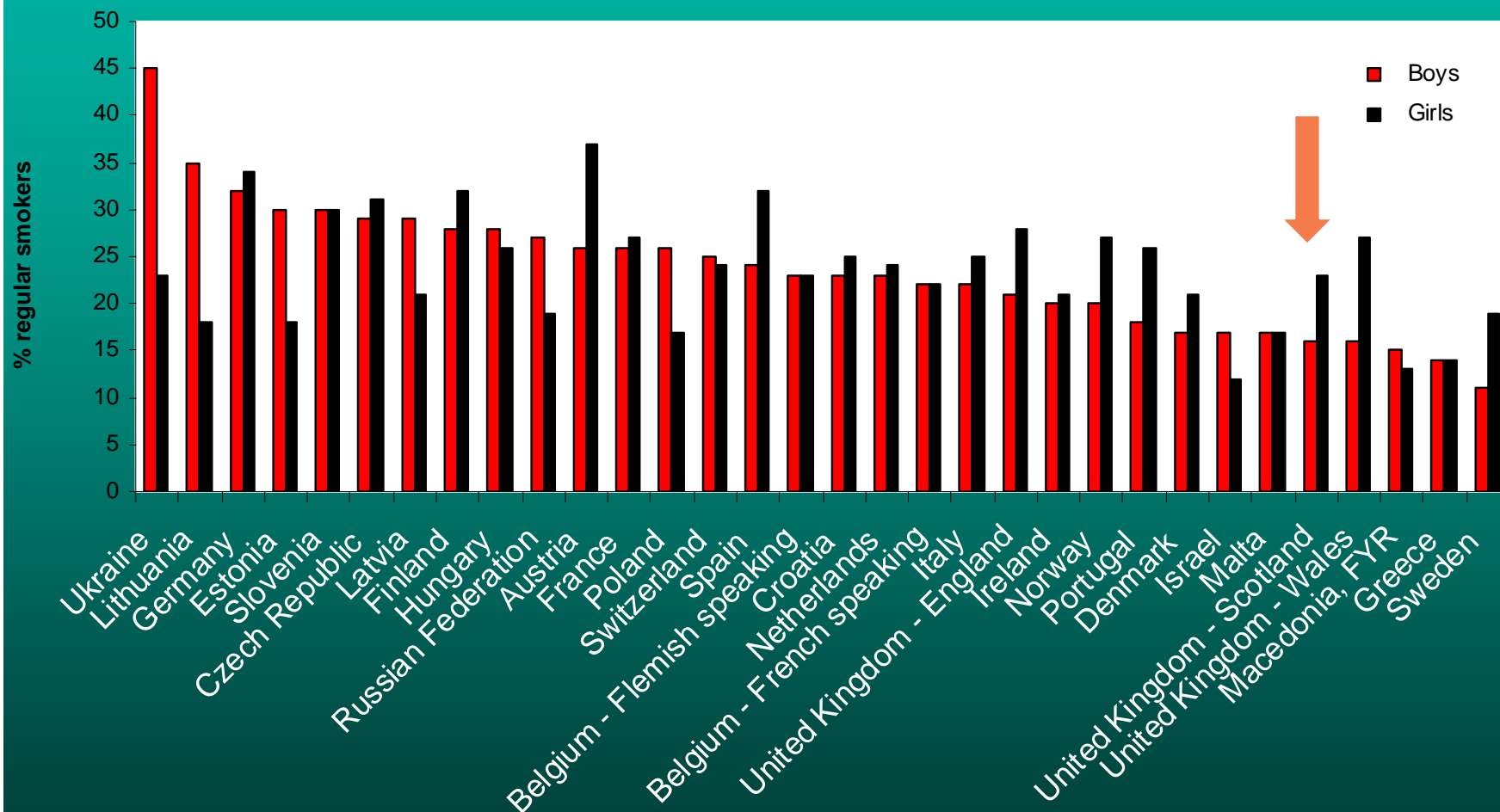
- ◆  $\geq$  £244.5m spent over 10 yrs to 2000
- ◆ Major impact on physical environment
- ◆ Population decline – but stabilised
- ◆ 18% reduction of FTE jobs, though higher employment rate
- ◆ Rise in % with LLT illness (from 21% in '91 to 32% in '01). Glasgow figs 19% to 26%.

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“Well, so many people in  
Scotland smoke. We’ve got to  
tackle smoking.....”



## Prevalence of smoking by country, in 15 year olds by sex, 2000/01, Europe

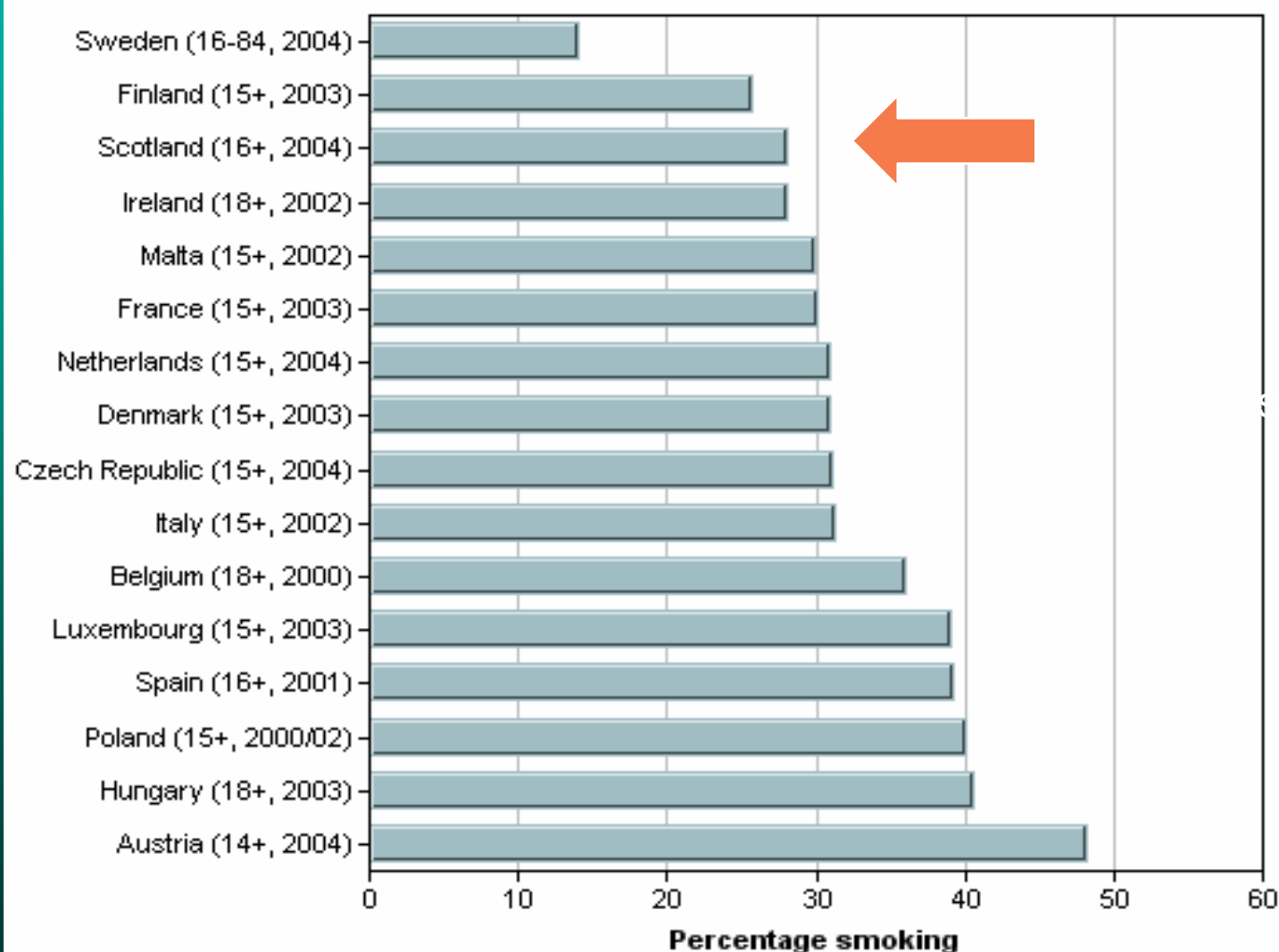


World Health Organization (1997 and 2003)

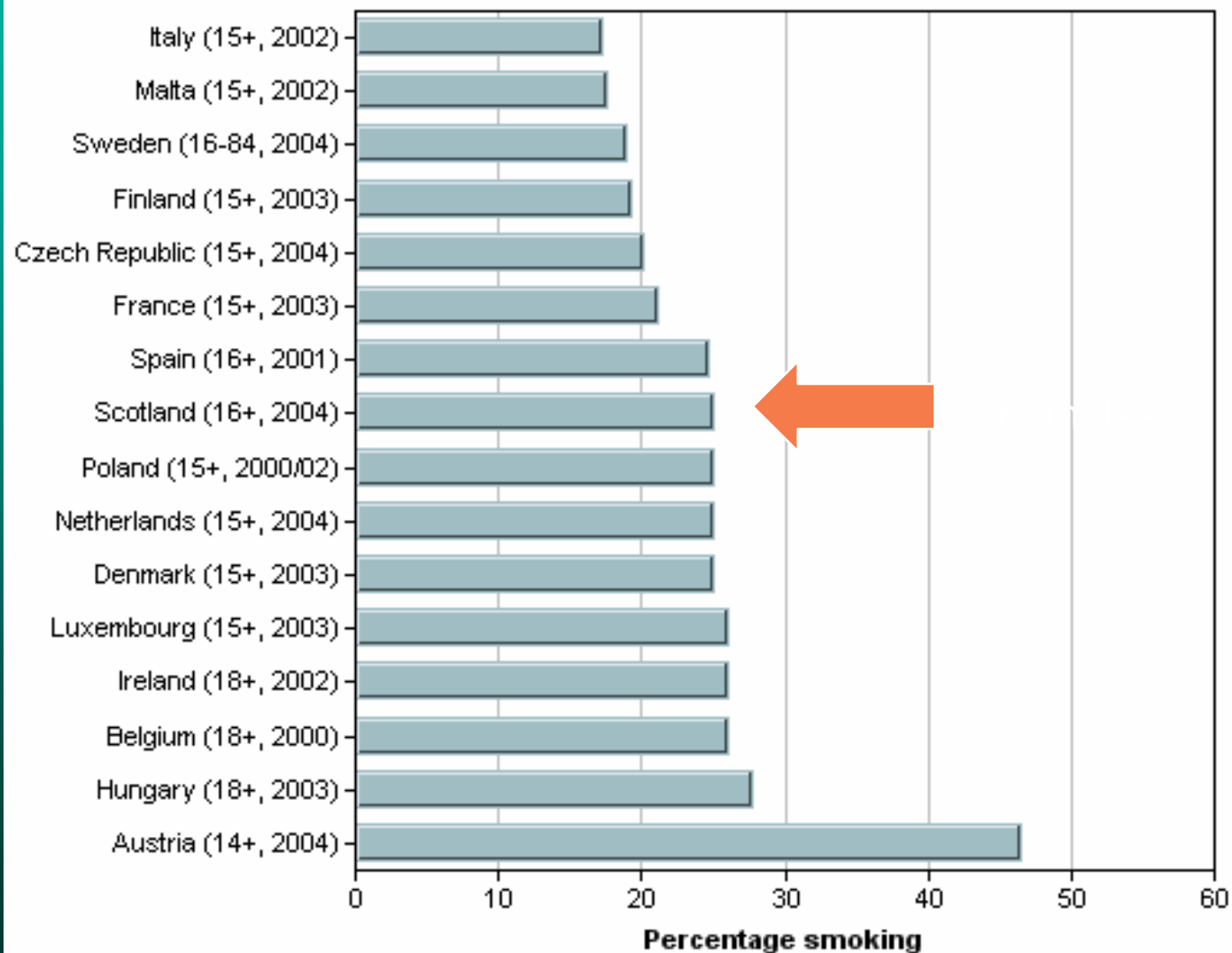
[www.heartstats.org](http://www.heartstats.org)



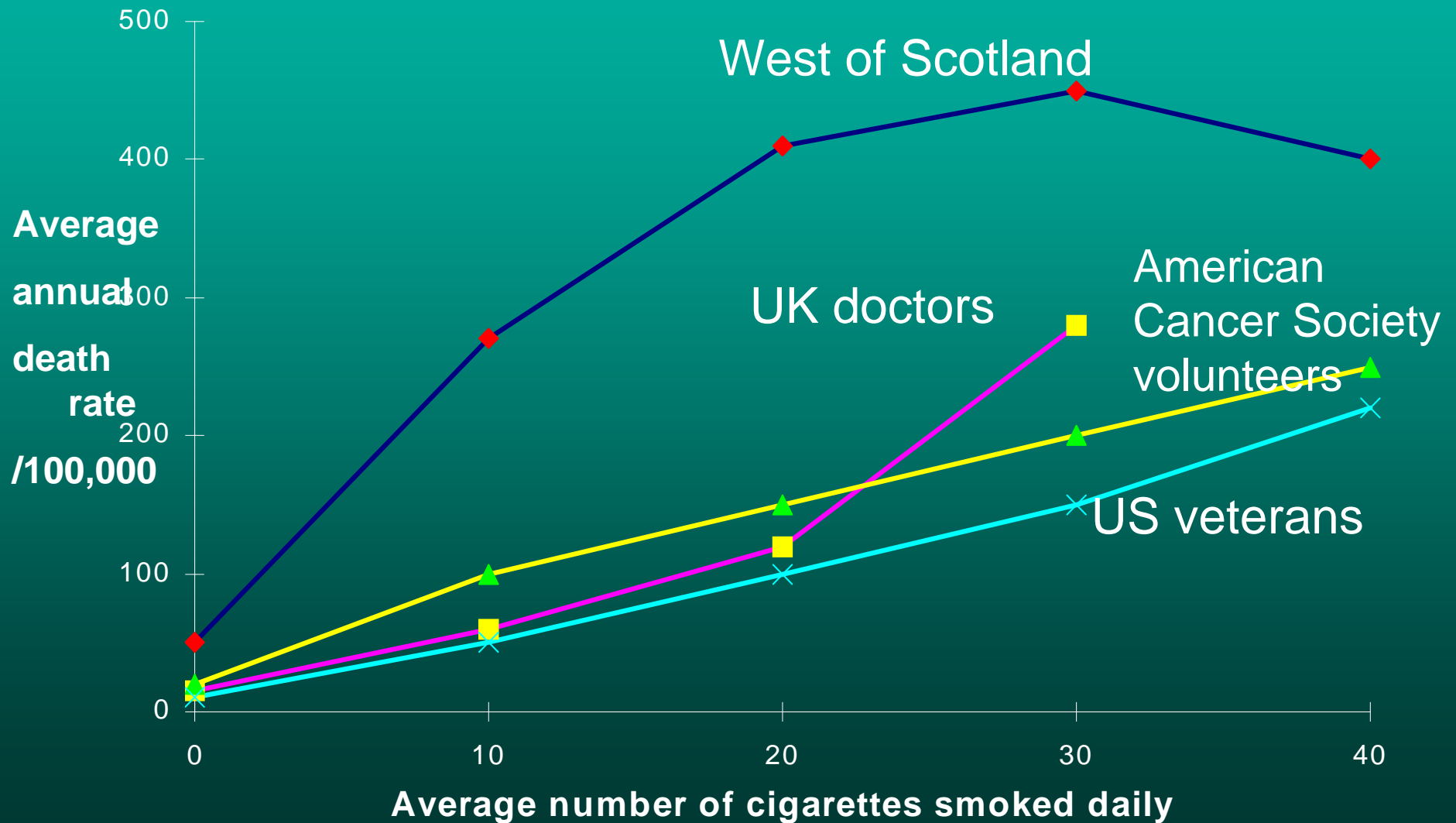
# Smoking prevalence - Europe



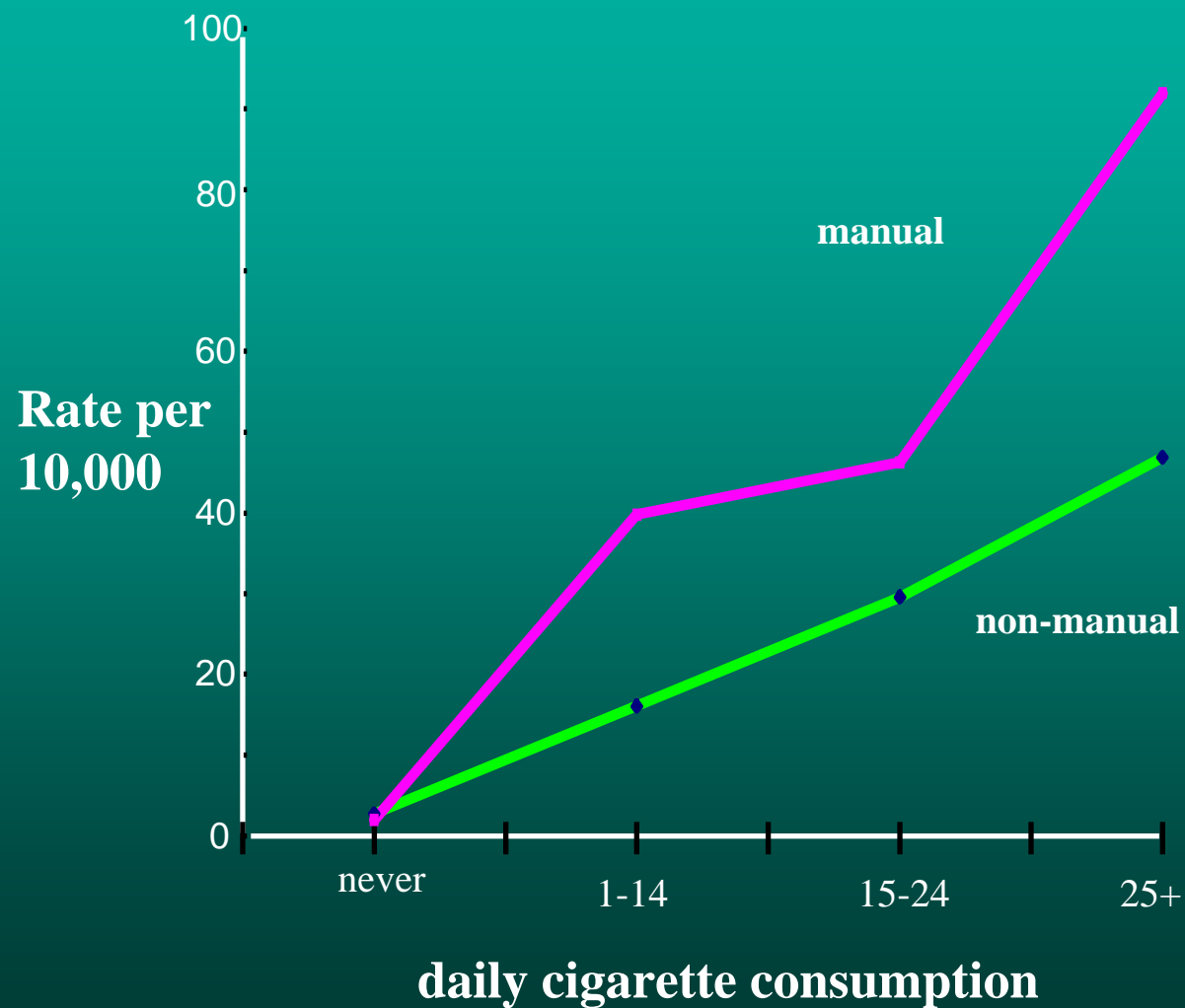
# Smoking prevalence - Europe



# Comparison of lung cancer mortality in West of Scotland and 3 major cohorts



## Lung cancer mortality by social class

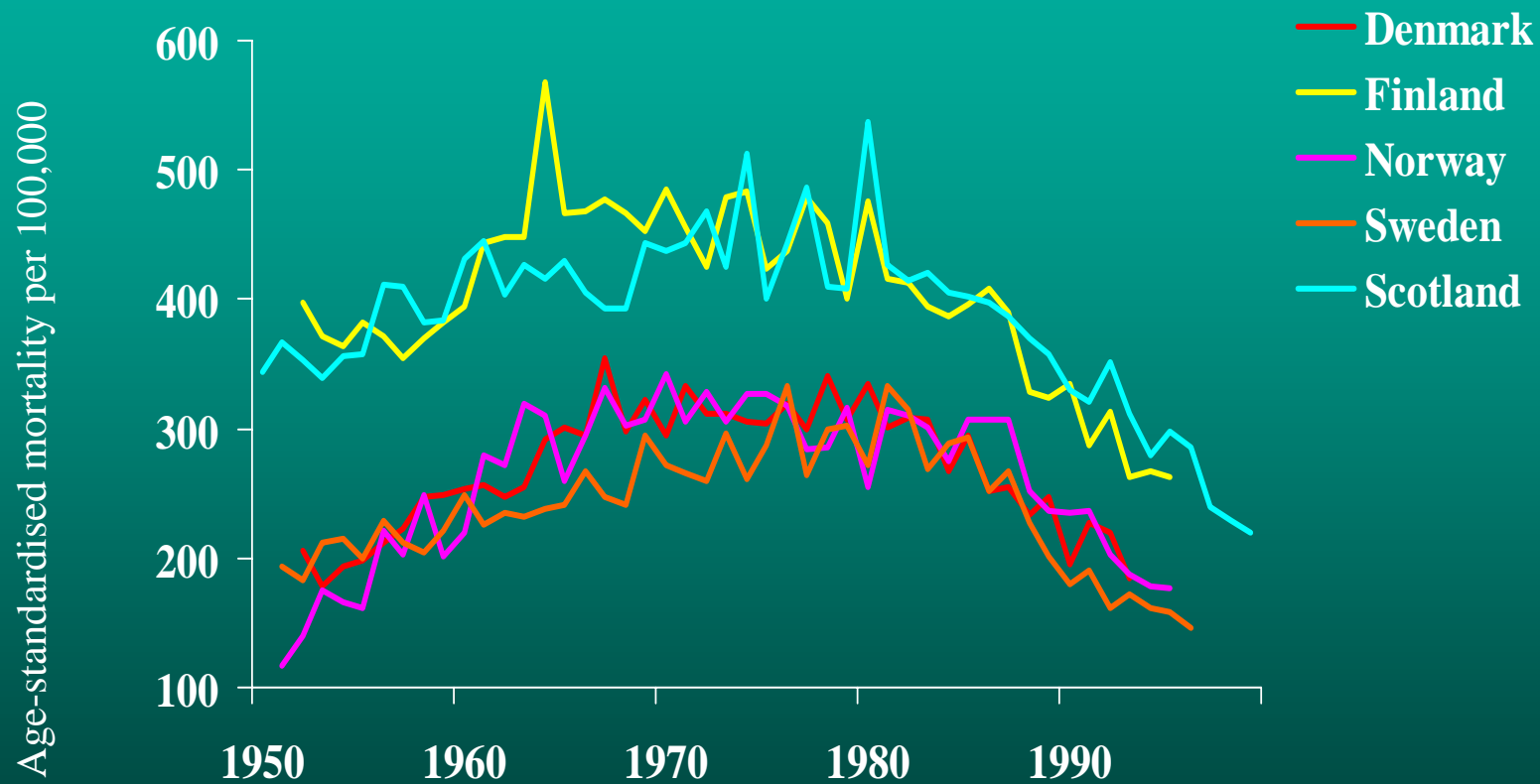


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“It’s diet. That’s the problem.  
We’ve got to get people to reduce  
the fat content of their diet....”

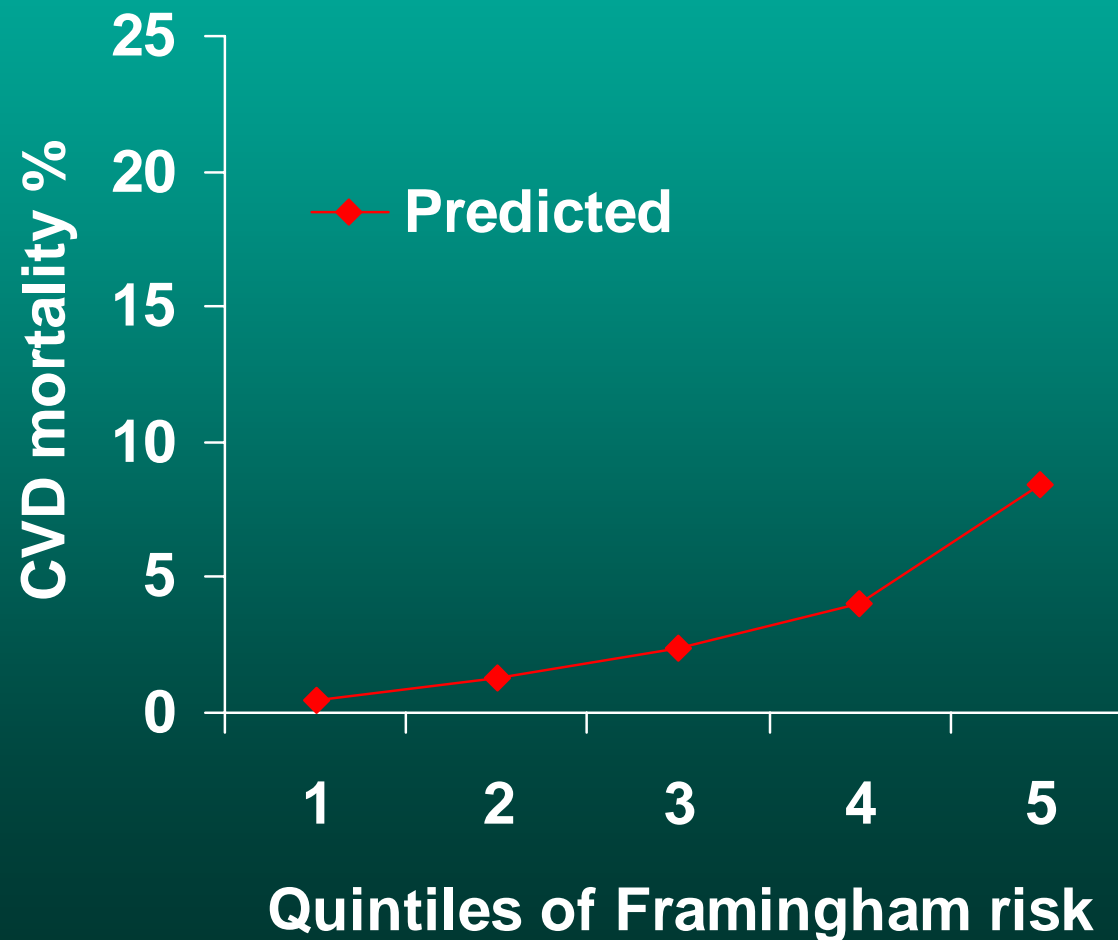
# Coronary heart disease mortality

## Men aged 15-74 years



# PREDICTED HEART DISEASE DEATHS IN RENFREW PAISLEY (MIDSPAN)

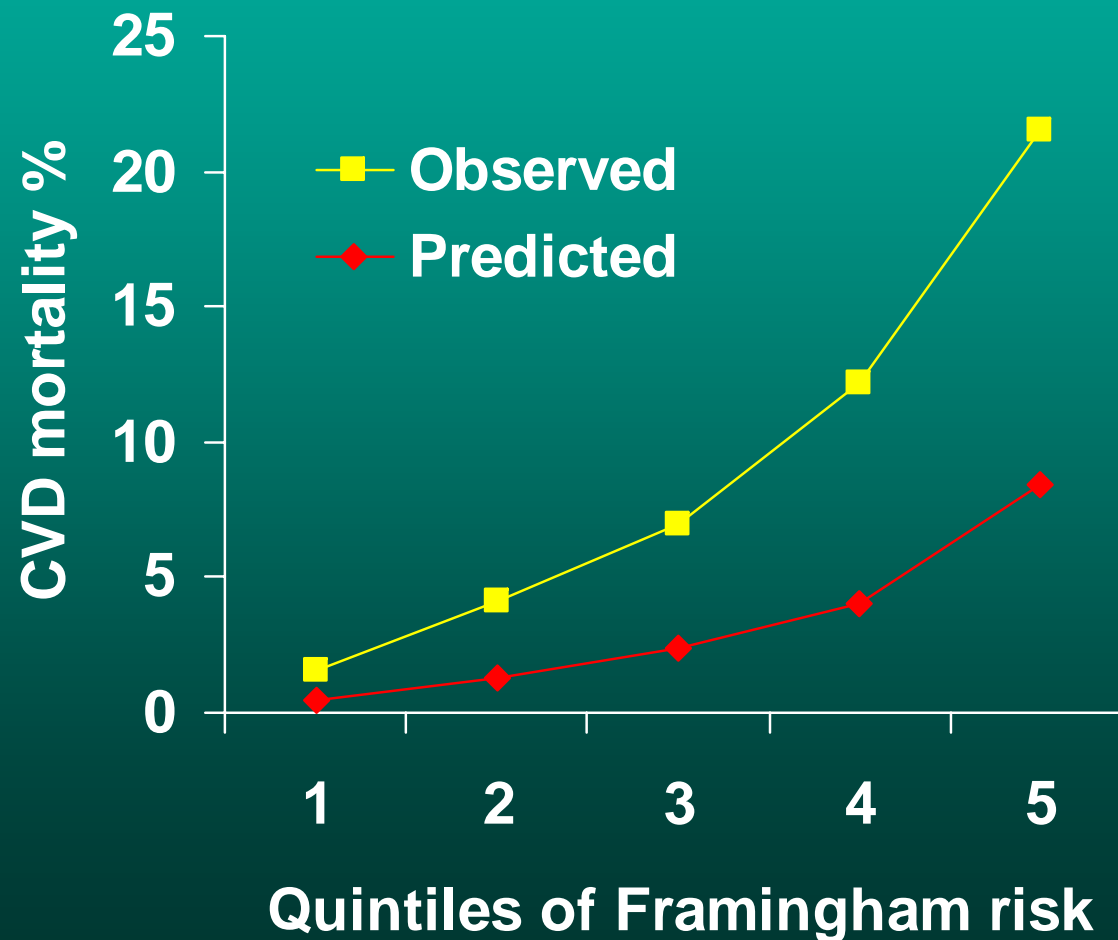
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# PREDICTED AND OBSERVED HEART DEATHS IN RENFREW PAISLEY (MIDSPAN)

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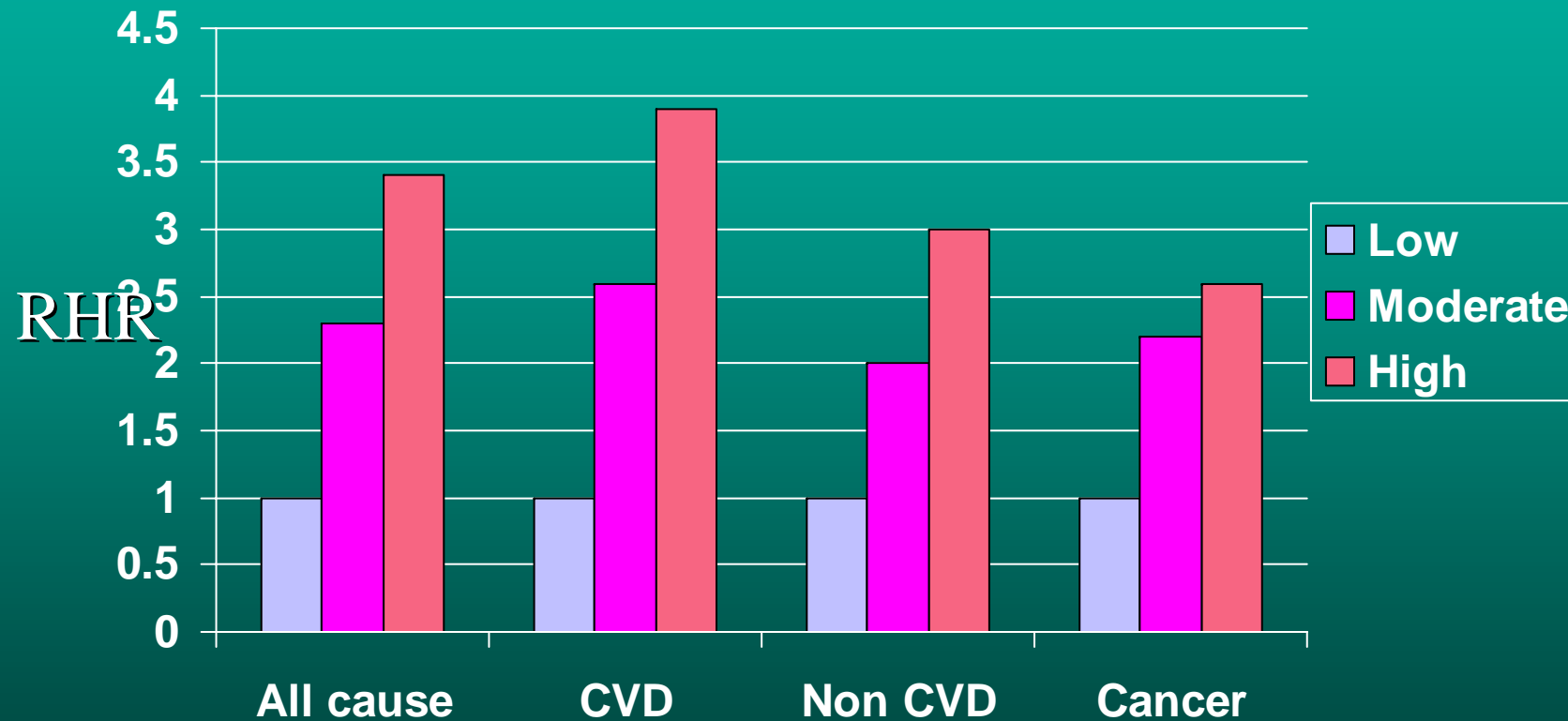
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“OK, smart Alec! What’s the missing factor in our concept of health?”

# Risk of death

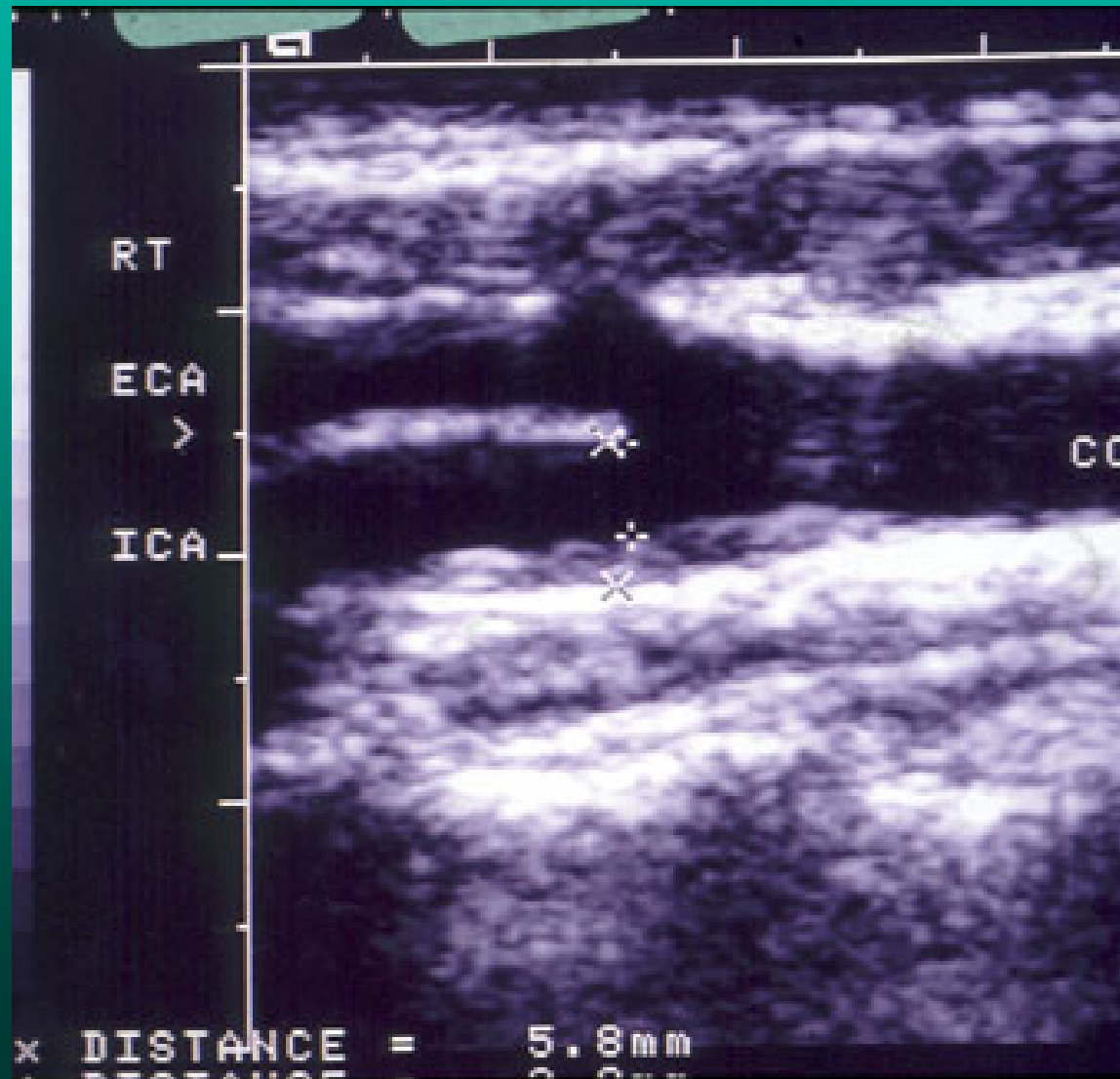
## - by level of hopelessness

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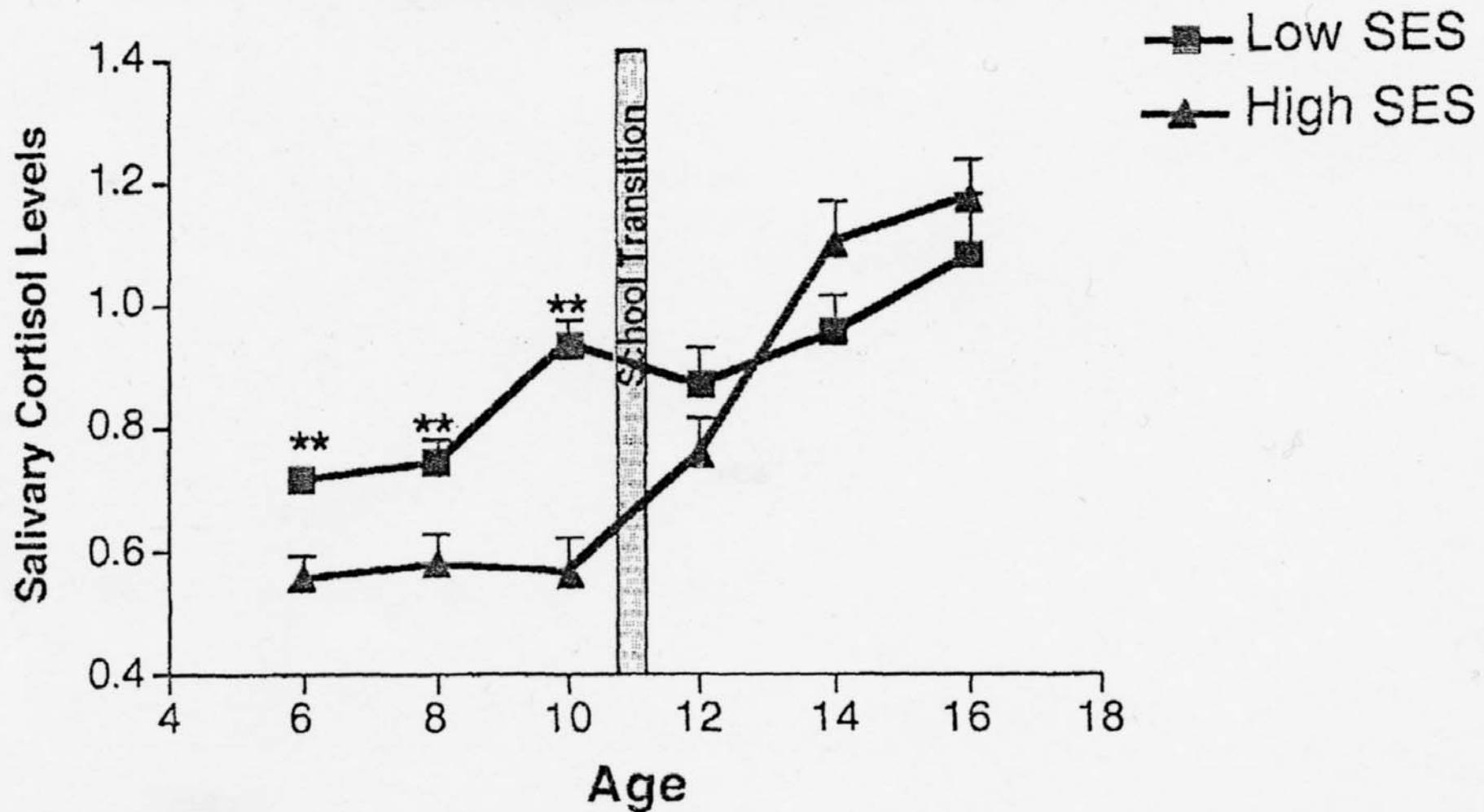


Everson et al 1996

# Carotid artery thickening




## Cortisol Levels

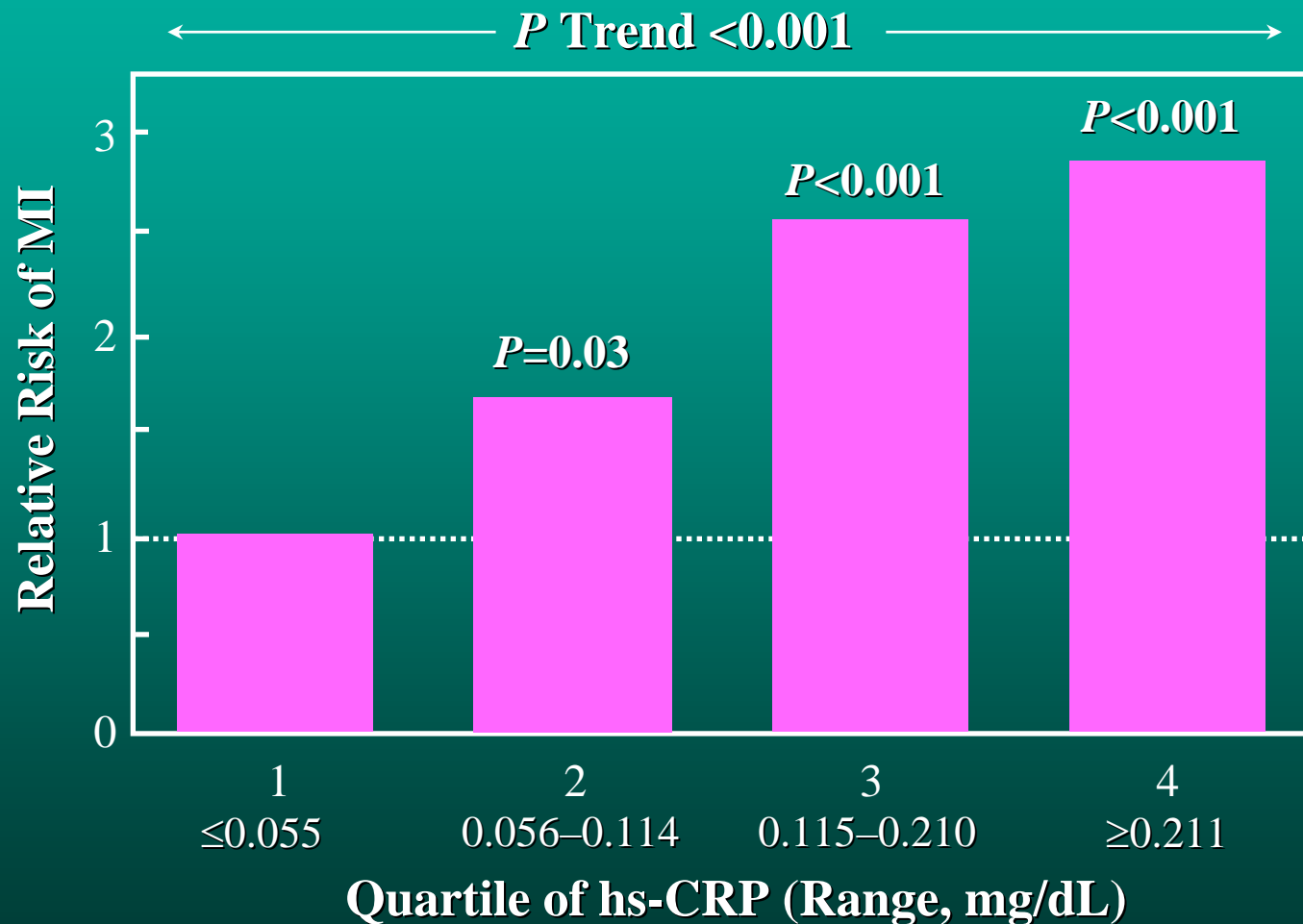


# Environmental determinants of inflammatory status

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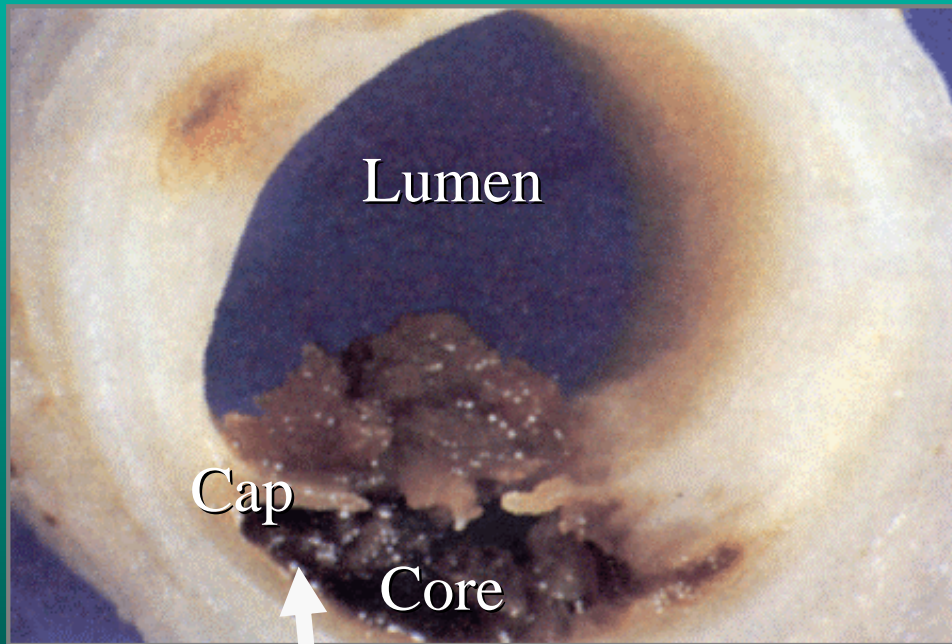
		CRP (median) mg/dl		
Depcat		% smokers	Never-smokers	Smokers
 affluent	1	36.8	0.71	1.42
	2	35.9	1.00	2.34
	3	39.1	1.11	2.25
	4	44.1	1.21	2.44
	5	46.6	1.13	2.53
	6	49.3	1.25	3.07
	7	55.5	1.48	3.29
deprived				

# hs-CRP and Risk of Future MI in Apparently Healthy Men



Ridker. *N Engl J Med.* 1997;336:973–979.

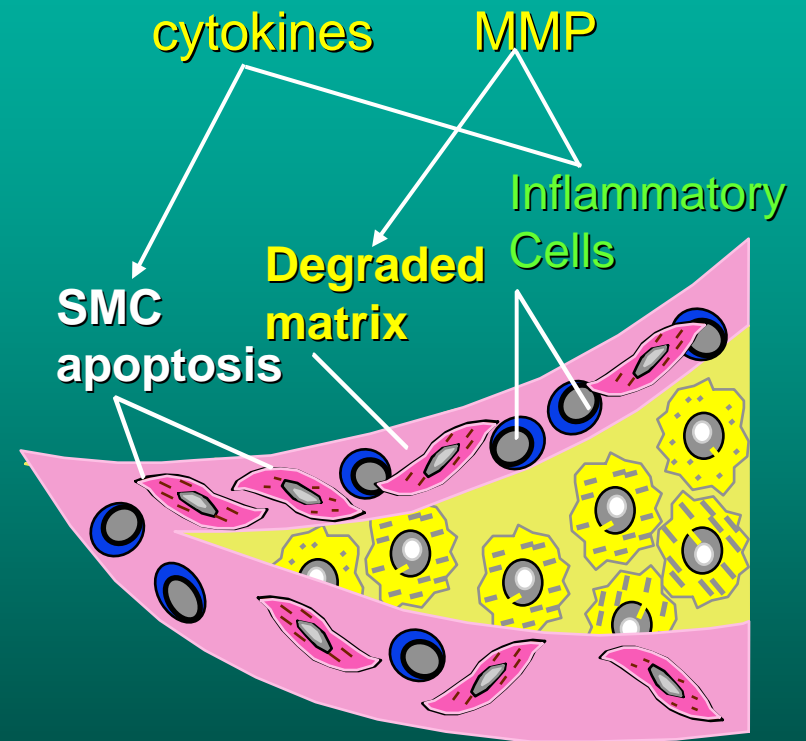
# Inflammation in plaques



Inflammatory cells



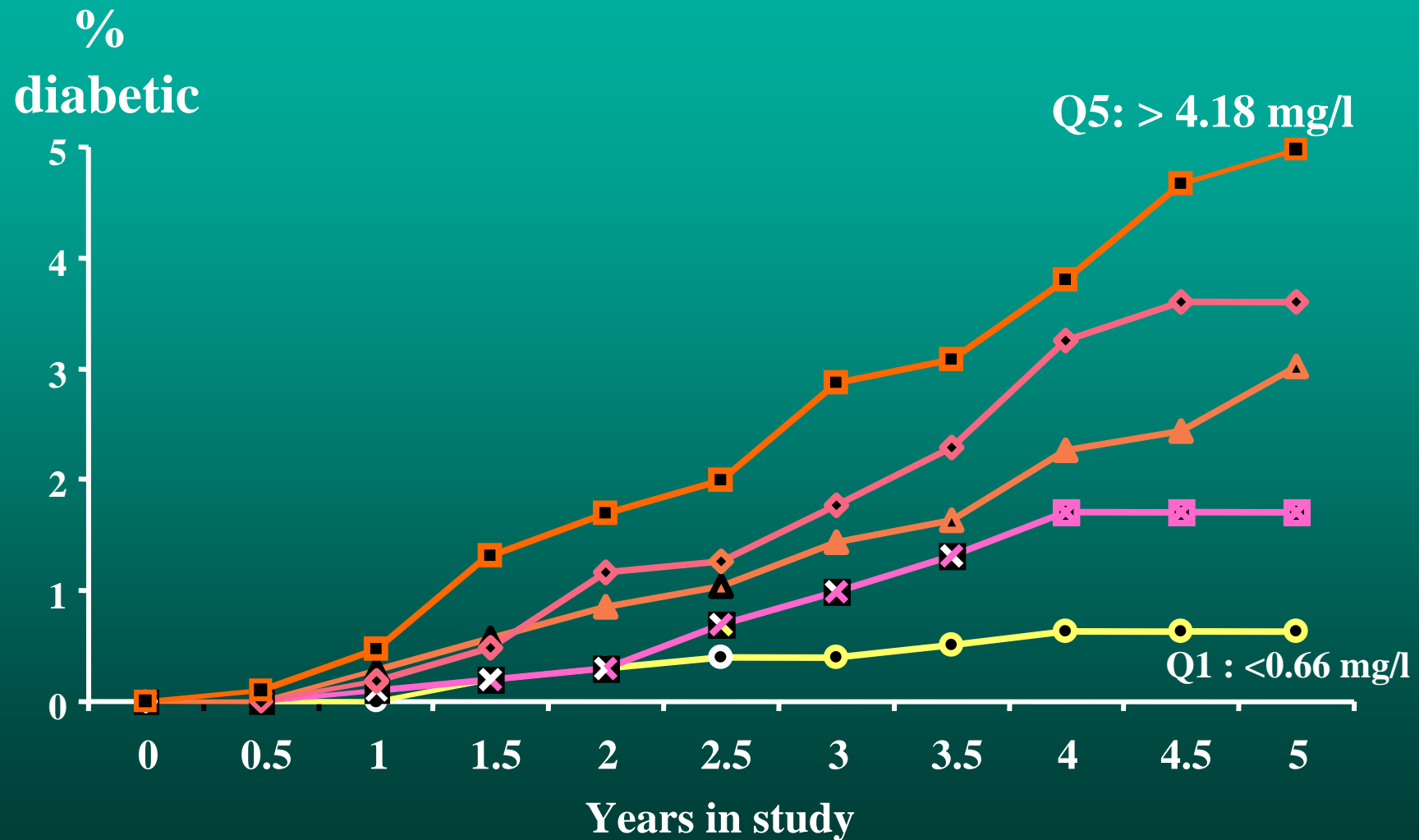
MMPs, IL-6,  
IL-15, IL-18, CRP



Unstable Thin  
Fibrous Cap



# CRP and cumulative risk of type 2 diabetes



# Adipocyte programming

## insulin resistance, inflammation and ALP

**skeletal muscle**

Insulin resistance

NEFAs

triglyceride↑

Low HDL  
small LDL

Atherogenic  
Lipoprotein  
Phenotype

**liver**

**Adipose  
stores**

IL-6/IL-6sR

TNF- $\alpha$ /  
TNF- $\alpha$  sR-I

CRP↑  
SAA

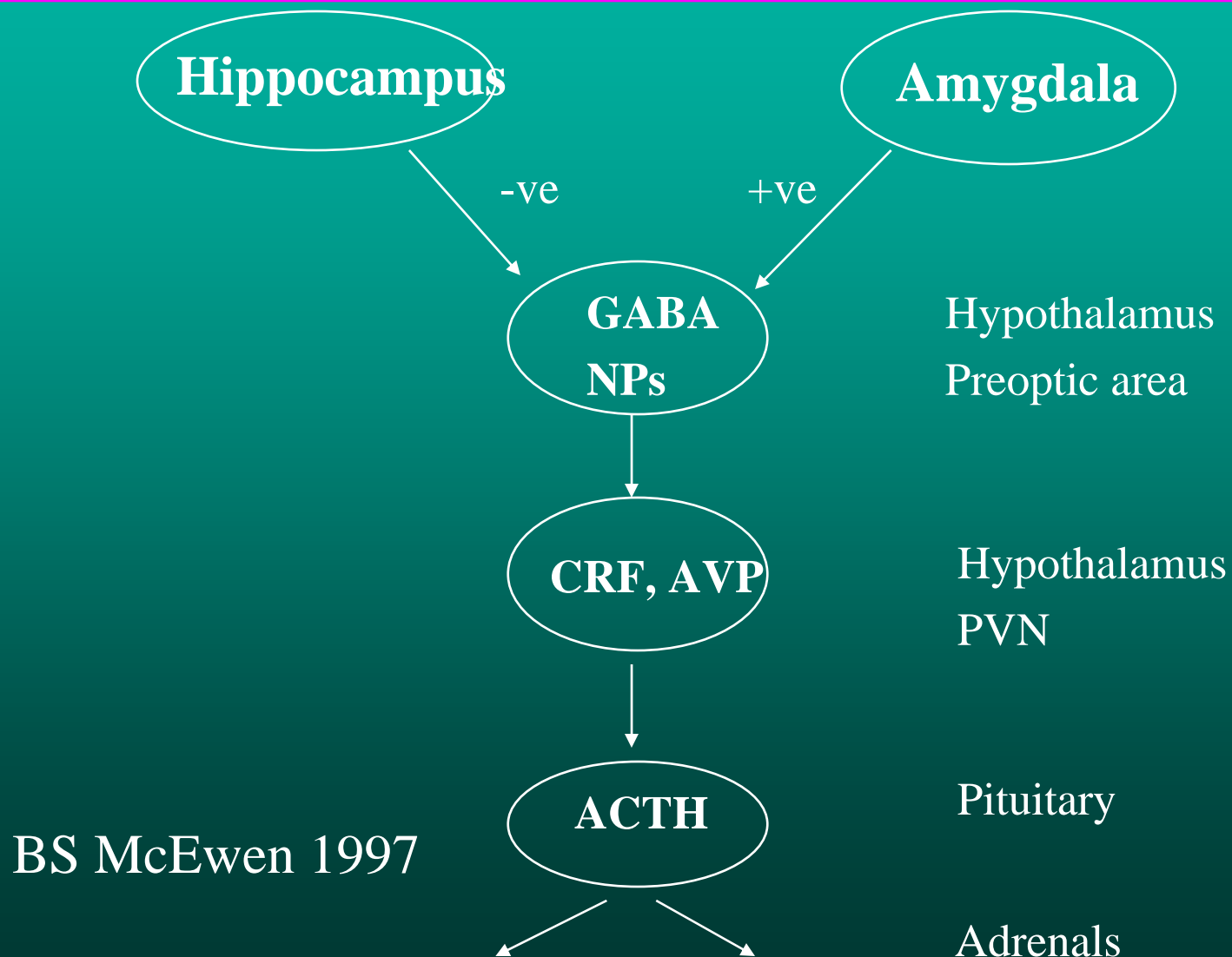
Pro-inflammatory  
state

# A classification of stress

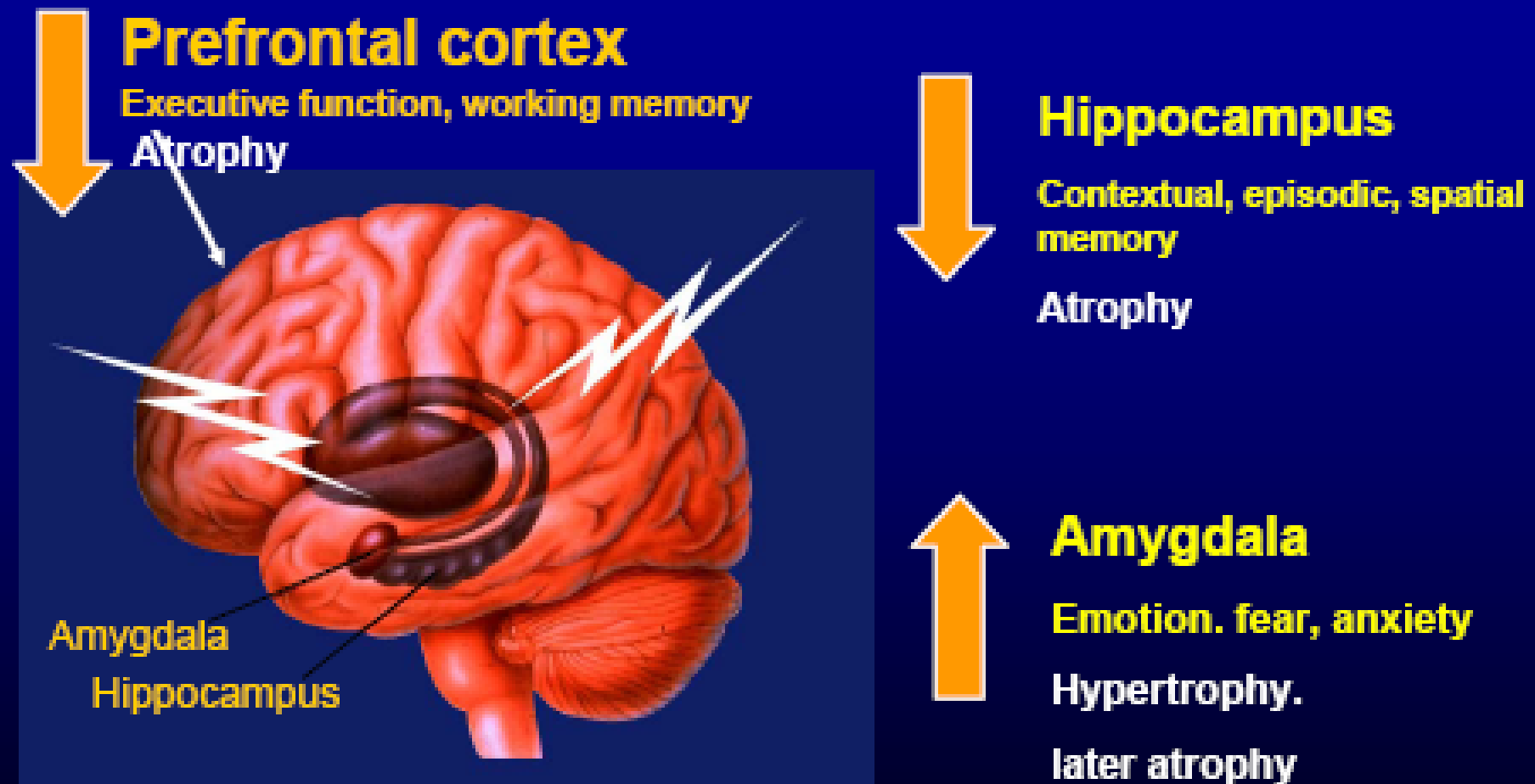
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- ◆ Positive – tolerable and short lived. Caused by everyday experiences such as meeting new people, frustration and coping with normal discipline
- ◆ Tolerable – could cause significant pathological effects but relieved by supportive relationships. Natural disasters, loss of a loved one
- ◆ Toxic – prolonged, highly active stress response. Associated with abuse, enduring maternal depression, neglect. Absence of continuing supportive relationships fails to build resilience

# Neuroendocrine influences on stress response



# The Human Brain Under Stress: key brain regions



# Chronic Confrontation with Dominant Causes Remodeling of Hippocampus

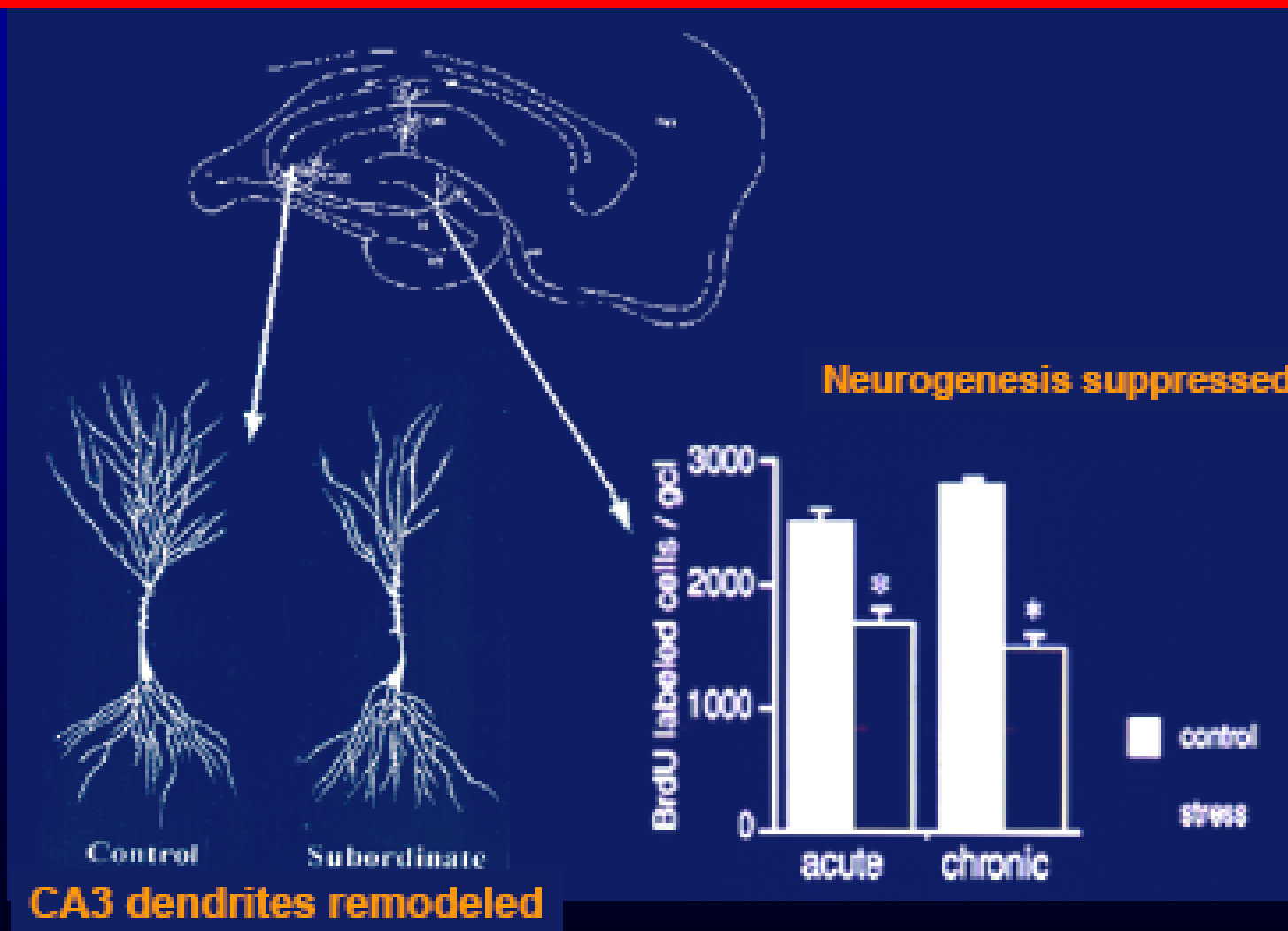


Figure 1: HC volume (mm³) for Left HC and Right HC across Young and Old groups, categorized by High SE and Low SE. The Y-axis ranges from 0 to 4000 mm³. The X-axis shows Young and Old groups, each with High SE and Low SE conditions. Error bars represent standard error. Significance markers (\*) indicate differences between groups.

Group	Condition	Left HC (mm³)	Right HC (mm³)
Young	High SE	~3600	~3700
	Low SE	~3100	~3200
Old	High SE	~2900	~2950
	Low SE	~2400	~2500

# The Dunedin cohort

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- ◆ 1000 children recruited in late 1972/3
- ◆ At age 3, “at risk” children identified on the basis of chaotic circumstances, emotional behaviour, negativity and poor attentiveness
- ◆ As adults, those “at risk” were more likely to :
  - be unemployed
  - have criminal convictions (especially for violence)
  - been pregnant as a teenager
  - have a substance abuse problem
  - exhibit signs of insulin resistance and metabolic syndrome



# The Human Brain Under Stress: key brain regions



3 Year Old Children



NORMAL



EXTREME NEGLECT

spatial

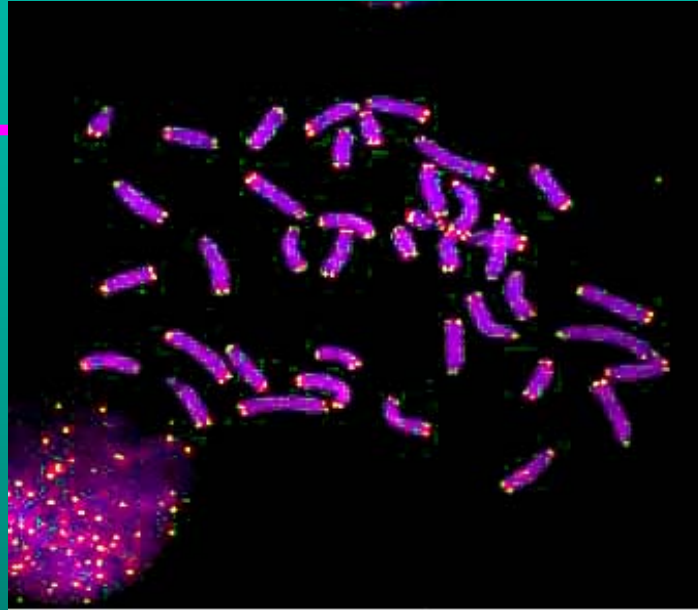
xiety

Amy  
H

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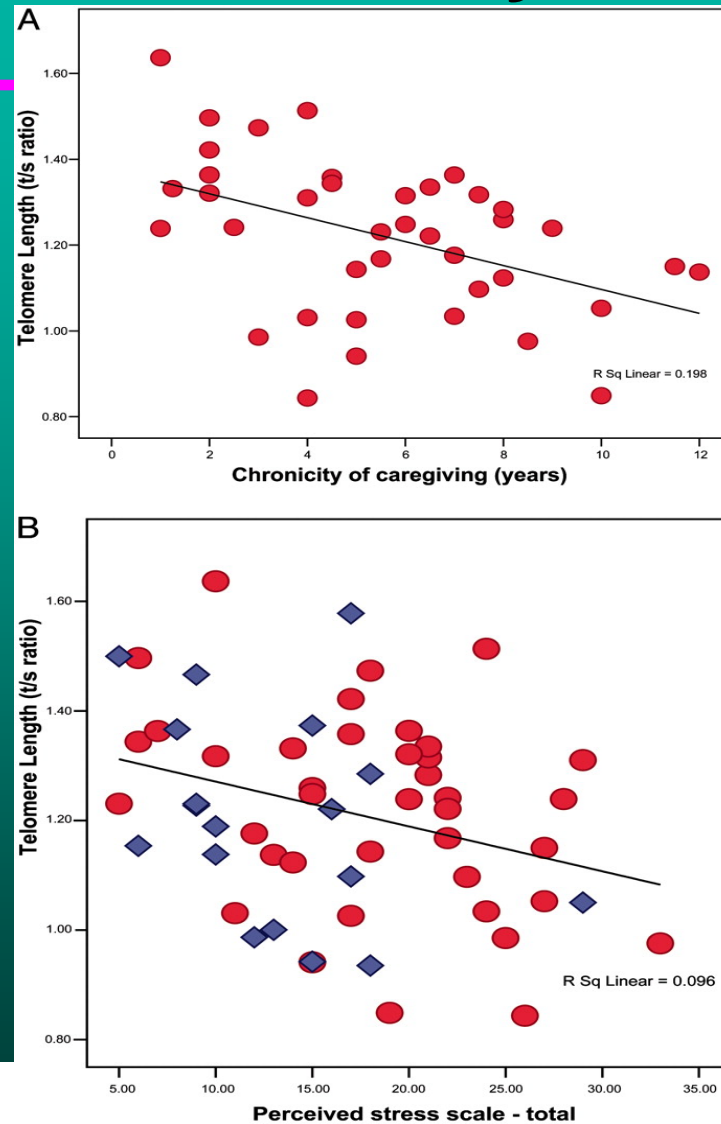
“Elevation of host responses to stress might be associated with increased risk of MI, stroke and diabetes but how does that explain the increased risk of cancer?”

# Telomeres



- ◆ Ends of chromosomes
- ◆ Sense and signal damage
- ◆ Home of repair systems
- ◆ Integrate energy production and utilisation
- ◆ Anti-cancer
- ◆ Telomere length predictive for mortality

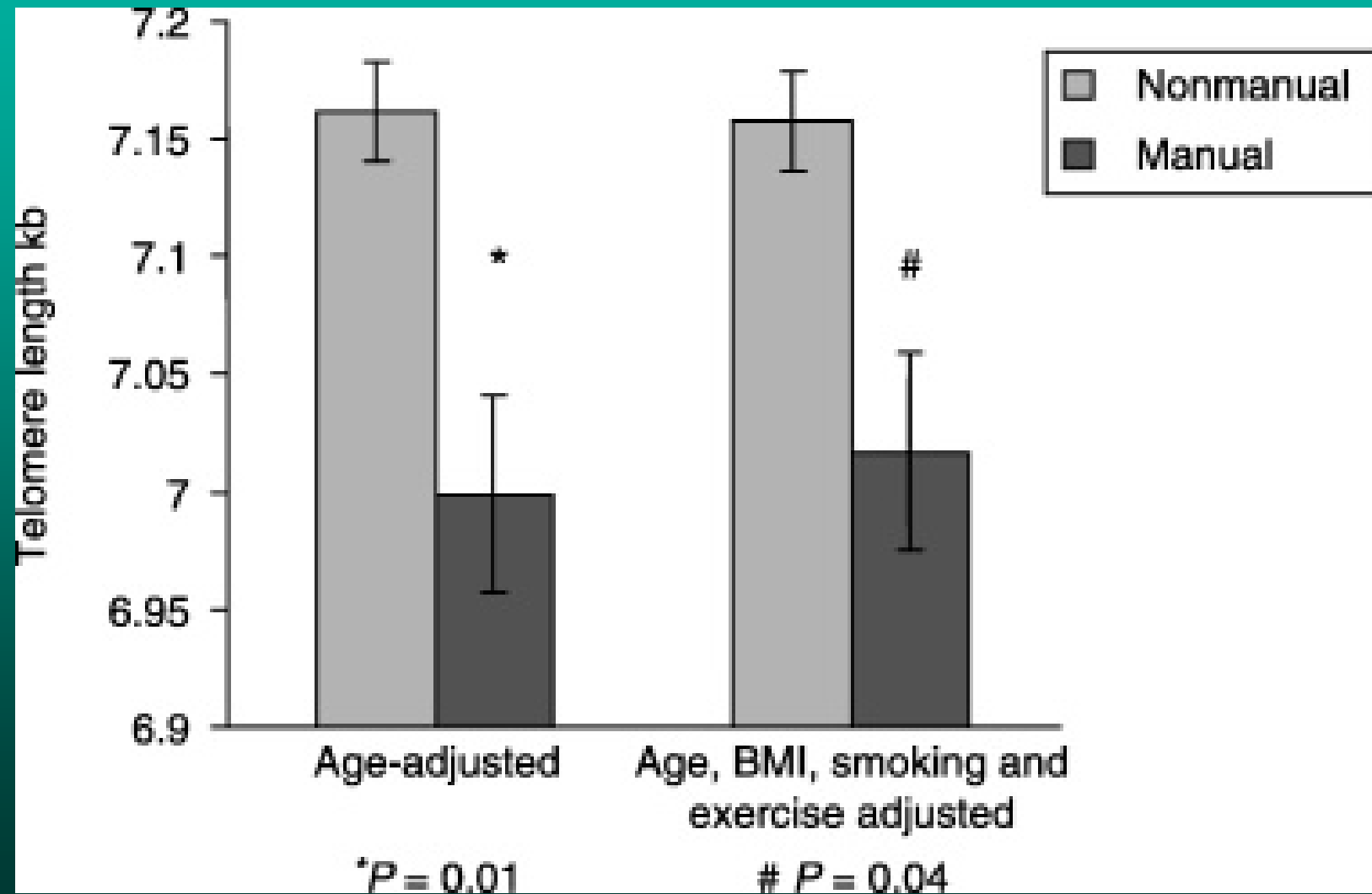
# Chronicity of stress by telomere length and perceived stress by telomere length



Epel, Elissa S. et al. (2004) *Proc. Natl. Acad. Sci. USA* 101, 17312-17315  
Copyright ©2004 by the National Academy of Sciences

PNAS

# Telomere length in twins by occupation

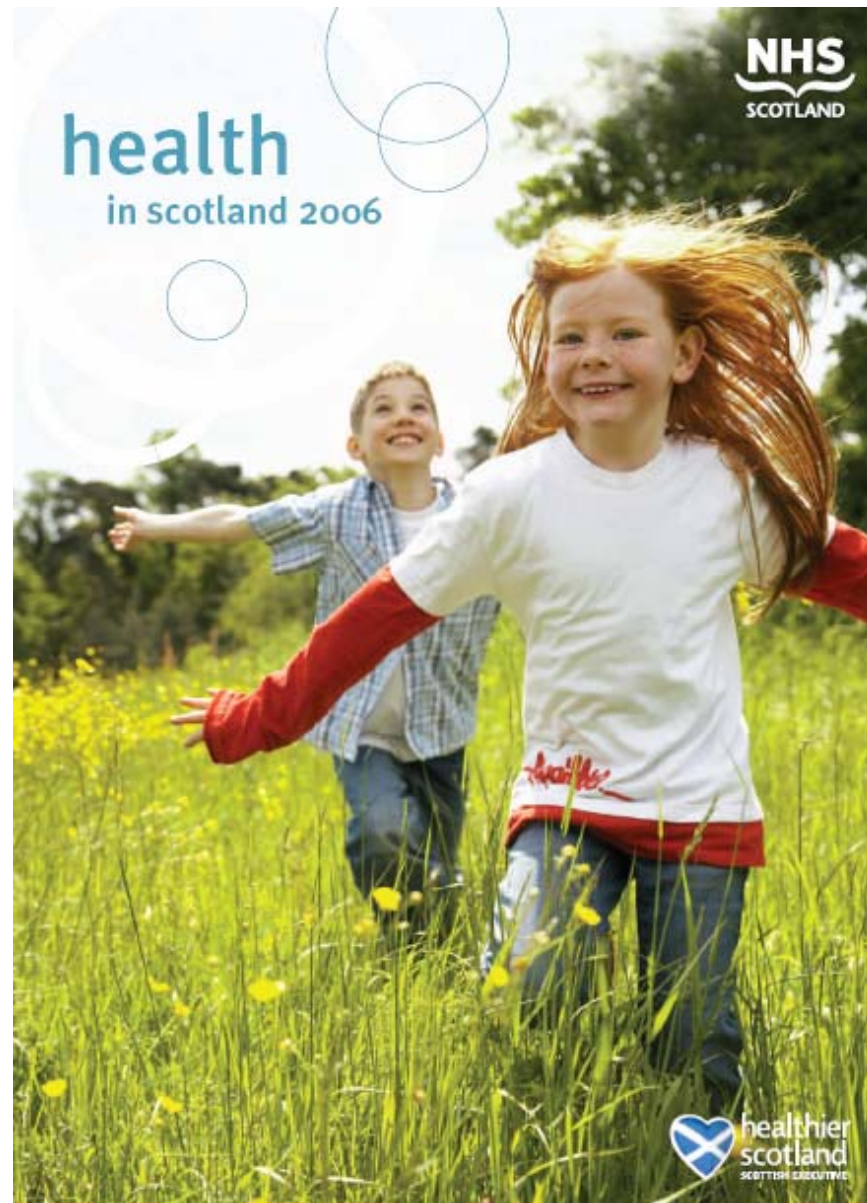


# Social circumstances and health

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 **The Scottish Government**

## Some early years programmes

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- ◆ Nurse Family Partnership
- ◆ Infant health and development programme
- ◆ Perry High/Scope project
- ◆ Early training project
- ◆ Carolina Abcderian project
- ◆ Milwaukee project
- ◆ The Experience Corps
- ◆ Pedagogues in Scandinavia
- ◆ Sure Start in England



# Cost benefit of early intervention programmes

Programme	Type	Age at last follow-up	Programme cost per child (\$)	Total benefits to society per child (\$)	Net benefits to society per child (\$)	Benefit-cost ratio
<b>Follow-up to early adulthood</b>						
Abecedarian	Combo	21	42,871	138,635	95,764	3.23
Chicago CPC	Combo	21	6,913	49,337	42,424	7.14
Perry Preschool (excluding intangible crime costs)	Combo	27	14,830	76,426	61,595	5.15
Perry Preschool (including intangible crime costs)	Combo	27	14,830	129,622	114,792	8.74
ECE for low-income three- and four-year-olds (meta analysis)	Combo	Varies	6,681	15,742	9,061	2.36
<b>Follow-up to middle adulthood</b>						
Perry Preschool	Combo	40	14,830	253,154	238,324	17.70

A Sinclair The Work Foundation 2007

# Conclusions

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- ◆ Clear evidence that adverse early life circumstances have distinct biological effects. These effects include upregulation of host defence mechanisms which ultimately harm the individual
- ◆ Some evidence that some early life support projects can improve health, social and economic prospects for children
- ◆ Projects are often poorly evaluated and reports seldom published in peer reviewed literature
- ◆ Would a network which shares experience of such programmes be worth pursuing?
- ◆ [harry.burns@scotland.gsi.gov.uk](mailto:harry.burns@scotland.gsi.gov.uk)