# NCD Risk Factors in Rarotongan Adolescents

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## Summer Studentship

- 10 Week Project
- Study constructed by CIMoH and the Liggins Institute
- Approved for pre-feasibility by CIMoH
- Funded by University of Auckland Summer Scholarship from FMHS + the Pacific Science for Health Literacy





# Situation in the Cook Islands

- NCDs cause 80.5% of all deaths (CIMOH, 2015)
- Premature NCD deaths (<70yrs)

-Female: 52.5%

-Male: 61%

- Hypertension: 33%
- Raised cholesterol: 75%
- Cardiovascular Disease:

-180 deaths/100,000 females

-350 deaths/100,000 males

• Diabetes: 24% (20-79yrs), 46.6% est. undiagnosed (WHO, 2008)







### **Risks & Maternal Health**

- 91.1% adult (25-64yrs) overweight and a rise of obesity from 61.4% in 2004 to 72.2% in 2015<sub>(СІМОН, 2016).</sub>
- Rates of overweight children have risen 1.7 fold from 2003 to 2015 (CIMOH, 2015).
- 68% obesity in reproductive-age females (STEPS, 2011).

-smoking, nutrition, BMI, GDM

-increases risk of pregnancy complications  $\rightarrow$  offspring





# DOHAD

- Impact of the early-life environment on later health
- Poor early life environments can alter development in offspring  $\rightarrow$  linking to later obesity and disease
- Associations between various birth factors and increased risk of obesity in adolescence

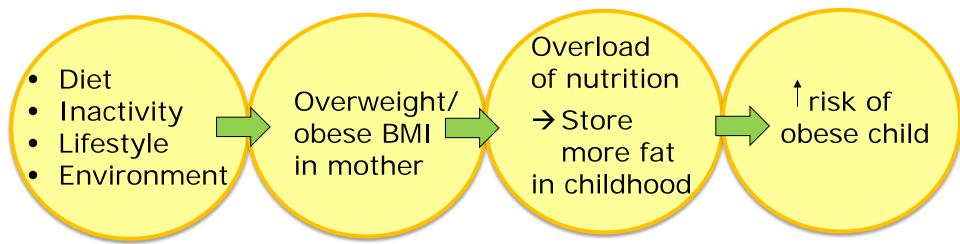
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 Healthy start to life can reduce future NCD risk & What happens in the womb lasts a lifetime
 promote good early development

#### **International Studies**

• Large cohort studies show relationships between birth factors, and the likelihood of future disease in offspring.

 Liggins Study: Overweight Swedish mothers were 3x as likely, and obese mothers were 5x as likely, to have a daughter that would later become obese (Derraik et al., 2016).



### **Pre-Feasibility Study**

- Similar trends in the Cook Islands? Is it relevant?
- <u>Aim</u>: Whether existing CIMoH data could be examined to potentially inform life-course based NCD risk interventions
- Investigating relationships between birth factors and adolescent health measurements.





### Methods: Data Collection

- CIMoH biennial school physical health examinations for 75 high school students in Rarotonga i.e. BMI, BP
- Matched with birth data from obstetric registers from Rarotonga hospital that listed the following factors:
  - -Mother's age
  - -Parity
  - -Gestation
  - -Head Circumference
  - -Chest Circumference

- -Antenatal risk factors
- -Birth weight
- -Blood loss
- -Mode of Delivery

-Length



## **Results: BMI & Birth Factors**

Factor	No.	Normal BMI	Overweight/Obese BMI	RR
<ul><li>Antenatal Risk F.</li><li>Yes</li></ul>	19	5 (26%)	14 (74%)	1.34
• No	49	22 (45%)	27 (55%)	
Birth Order • First-Born	17	5 (29%)	12 (71%)	1.25
Not First-Born	51	22 (43%)	29 (57%)	
Birth Weight <ul> <li>High/Low BW</li> </ul>	14	6 (43%)	8 (57%)	0.93
Normal BW	54	21 (39%)	33 (61%)	

#### Adolescent BP & Birth Factors

Factor	No.	Normal BP	(Pre)Hypertension	RR
Antenatal Risk F. • Yes	12	6 (50%)	6 (50%)	1.28
• No	33	20 (61%)	13 (39%)	
Birth Order • First-Born	9	6 (67%)	3 (33%)	0.75
Not First-Born	36	20 (56%)	16 (44%)	
Birth Weight <ul> <li>High/Low BW</li> </ul>	10	6 (60%)	4 (40%)	
Normal BW	35	20 (57%)	15 (43%)	0.93

### **International Comparisons**

#### Parity

- First borns linked to higher BMIs. Suggested that lower BW in first borns, rapid post-natal weight gain
  - → increased BMI later (Ayyavo et al 2013; Derraik et al., 2015; Siervo et al., 2010)

#### **Birth Weight**

• Low/High BW (outside 2.5- 4kg range) linked to higher BMIs and blood pressure in adolescence

#### **Antenatal Risk Factors**

 Gestational hypertension, previous LSCS→ higher probability of developing obesity

### Implications

Indicates relationships between birth factors and adolescent health

 Contributes to evidence → focus NCD prevention at improving maternal health and the early-life environment

• Inform future research/interventions



#### Where To From Here?

Limitations: Sample (size, age range), limited parental info

- BHSc Honours project (cross-sectional study)
- <u>Aim</u>: To examine links between adolescent health data from a Year 9 cohort and their birth factors
- Sample of 170 students, more parental information, current health measurements i.e. waist circumference

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