



**Elder's Contact Person - Re: Questionnaire/Contest**

1. If everyone could please make note that the deadline for Contact People to be entered in the 'Scratch Ticket Contest' is Dec. 15th at noon. Any contact person who didn't receive their questionnaire/contest one-page form is asked to contact this office immediately and I will forward one to you right away.
2. Please note that there is a **copy of the yearly invoice** in most of your envelopes today, the **INVOICE** due date is Dec. 1st and groups are asked to make paying the fee a standard thing to do each year for our elders in BC.
3. The original invoice was mailed out with your October Elders Voice issue as it is every year, and it included the lists of groups that have paid over the past 5 years to support this office operating for the provincial elders.
4. Groups are asked to seriously look into whether they can pay the fee and are asked, where possible, to pay the fee a.s.a.p. to simplify matters (as fees often come in stretched out over most of the year rather than all coming in during December when they are needed to facilitate planning).
5. For those of you who requested information be sent you regarding having your elder join the **BC Elders Council** to represent your area on this prestigious Council, will be forwarded a package by the first week in January once all of the questionnaires are in here to the office.

**Dear Elders,**

The BC Elders Communication Center Society has sent in a proposal to the provincial government with regards to funding for this office, your Annual Elders Gathering, the BC Elders Council and increasing the Elders Transportation Grant Program. I think that funding is long overdue for Elders initiatives and I hope that there will be updates on this proposal's progress to pass on to all of you in the foreseeable future.

Gilakasla, Donna Stirling BCECCS Coordinator/BC Elders Council Secretary

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## Easy Bakers Corner – Rich Chocolate Pudding - 4 servings

Coarsely chop 2 squares (2 oz.) of unsweetened chocolate. Set aside.

Stir 1 cup of sugar and 2 Tbsp. cornstarch together in a small saucepan until thoroughly blended.

Gradually stir in 2 cups of milk until blended. Add chopped chocolate.

Cook, stirring over medium heat until chocolate is melted and mixture begins to boil. Cook, stirring until thickened, about 5 minutes.

Stir in 1/2 tsp. of vanilla extract and a pinch of salt. Pour into 4 custard cups.

Cool at room temperature before serving.

Garnish with a spoonful of whip cream, and a slice of berries or a cherry and cocoa powder.

**Handy Tips:** 1. Before you apply artificial snow to your windows, spray them with non-stick cooking spray—if it is still a little stubborn when you clean it later, use a little non-gel toothpaste. 2. When wrapping or packaging a gift, use a string to measure the package in order to cut the perfect size piece of wrapping paper. 3. To make your Christmas tree last longer you can use Listerine or 7-UP, or 2 Tbsp. of Maple Syrup. 4. Use a turkey baster to water the Christmas tree and a plastic table cloth under the tree stand to protect your carpeting. 5. If you spray your Christmas tree with spay starch and allow the starch to dry before bringing it into your home the needles won't fall off as badly. 6. Use the legs of panty hose to store wrapping paper.

## What Can you please share?

The following is a short list of Elders suggestions of what might be shared: Your local Newsletters/Upcoming Local Events/Prayers/Poems/Quotes/Comments/Photo's/Storytelling/Drawings/Articles of Interest/Native Songs Lyrics/Wellness Seminars/Obituaries/Birthday Wishes, etc. **Articles/Submissions are best forwarded to me via email** where possible so they can be posted on the website as is. If you are interested in providing articles, please do, I look forward to hearing from anyone who wants to contribute to the content. D. Stirling

## 'PRESERVING THE PAST'

**New Elder's Website: [www.bcelders.com](http://www.bcelders.com)**

The *First Ever* Elder's Website "Preserving the Past" is now online (Sept. 2002). Future registration forms, booth forms, maps of the Hosting territory, accommodation information, etc. concerning the Annual Gatherings will all be available on the B.C. Elder's Communication Center Society's Web Site at [www.bcelders.com](http://www.bcelders.com) as soon as they are made available from each new host community.

Issues of your Elders Voice Newsletter are posted on the website each month (though all issues still continue to be mailed out to your Elder's Contact People throughout the province - to ensure that no one is left out because of a lack of access to the internet).

\*\*\*Comments? Please feel free to call in to the Communication Center - contact info is on the back page\*\*\*

## Disclaimer:

Health articles, etc. are provided as a courtesy and neither the BC Elders Communication Center Society's Board/Members or anyone working on its behalf mean this information to be used to replace your doctor's and other professional's advice. You should contact your family physician or health care worker for all health care matters. Information is provided in the Elders Voice for your reference only. And opinions contained in this publication are not those of Donna Stirling, Coordinator unless her name appears below the material.

Dear First Nations Community Members,

This is a brief letter as a follow-up to the Annual Elder's Gathering held in Prince George on October 4, 5, and 6 of 2005. I truly enjoyed this particular event because of their wonderful hospitality as well as for the following reasons.

The keynote speakers Grand Chief Ed John from the FN Summit, President Chief Stewart Philip from the Union of B.C. Indian Chiefs, and B.C. Liberal representative Minister Tom Christensen actually invited the elders to give their advise on major topics of concern. The floor was open with microphones, which the elders used without hesitation. Many elders voiced their concerns on topics such as the pine beetle, soft wood lumber, and free trade.

Most of the elders were concerned about the Ministry of Aboriginal Relations and Reconciliation and its new plans, which Minister Tom Christensen brought to the elders. They wanted to be sure the money promised in this reconciliation plan would be used in a manner that would serve and benefit everyone in the Aboriginal communities. Housing was another major concern, not only for reserves but also for the Urban elders and Residential school issues were also brought to the floor.

My major concern is for the Urban Elders, we dearly need low income housing for our urban elders here in Merritt and elsewhere in British Columbia. Low income housing must be designed to accommodate elders who have very little income, and designed specifically so that the "head of the household" be the one and only person who should be charged the 30% a month for their dwelling. I have seen where both of the elders or seniors have been charged 30% of *both* of their income. Which is very wrong as it leaves very little left for groceries, or other necessary items like clothing, and personal grooming articles. I know for a fact where a couple has paid \$738.00 a month rent for a tiny little one bedroom apartment. This was the result of 30% of the husband's pension and the other 30% was from the wife's meager pension.

My other major concern is for the Bill C-31 status people and the government of Canada needs to address this issue. We all need to see our Bill C-31 grandchildren be recognized as full members of their our bands. To deny membership of our grandchildren is so unjust and should even be against the freedom of human rights code. I would like to see our Aboriginal leaders lobby the government and correct this grave wrong that was imposed on all of us by the federal government.

Thank you all, for taking the time to read of my concerns, I do believe they are not just my concerns, but those of many elders throughout British Columbia and Canada.

In friendship and respect, Jeanette McMaster, BC Elders Council, Okanagan Nation, and the Upper Nicola.

P.S. Nov. 11, 2005 was another day to remember the Native Veterans at Shulus. It is always very emotional, as prayers are said, followed by the veteran role call, and the laying of wreaths. This particular time was extra special for me, as my daughter Audrey, grandson Jayson and son-in-law Mike Ward were at the service. We, as a family, laid a wreath for my brother Richard Jackson Sr. He was in the US Air Force, though he was from the Nicola Valley. We have so much to be thankful for. If the veterans could speak to us today, I am sure they would say, "That they fought the good, worthy and honorable fight, finished the difficult task and kept the faith, and that they did it all for our people, so that we might enjoy freedom."

I also give honor to my cousin Henry Swakam, he and Richard were very close friends. I do join other families as they remember their loved ones. And, thank you to Patrick Stirling and to Mike Bob, who organized the ceremonies for the Remembrance Day.

This month I would like to address the subject of **preventative dentistry**. This term really refers to what we can do to prevent cavities/fillings and root canals from ever happening. Now, this is not to say that cavities will never happen, but if you follow the advice I'm about to give we can really slow down tooth decay.

I understand that **preventative dentistry** is a very important topic that has been neglected locally over the years where FN's patients are concerned, and I am very hopeful that we can change that pattern. Some in Dentistry seem o.k. with only dealing with FN after the fact for the fillings/root canals and extractions, but I believe that with some effort we can head a lot of these situations off.

I see a great deal of FN patients and I have been told that hygiene (professional cleanings from a hygienist) is not considered a priority. I'm confident that the reason for this is that no one has properly explained that a 6 month recall visits for a professional cleaning can greatly reduce the amount of decay in patients. These appointments help to rid our mouths of plaque and calculus, which are where bacteria live and release acids onto our teeth thus damaging teeth, roots, and gums. If patients were to just have the cleanings, and brush and floss your teeth at home, they would be doing the utmost to protect your teeth while also teaching your family.

**If we're going to help people get and keep healthy teeth and gums it is critical that we have a hygienist professionally clean our teeth every 6 months.** A hygienist will use instruments to remove the plaque and calculus found developing mostly around the tongue side of our bottom teeth and the cheek side of our upper back teeth. However, for those who don't brush and floss regularly it will build up on all of the teeth. As a test...go to a mirror right now and scrape your fingernail across your teeth and see what you find – it is plaque if it's soft and calculus if it's hard and grainy.

The consequence of having this stuff on your teeth is that it is packed with bacteria that release acid onto your teeth, which breaks them down eventually causing cavities and we all know where that leads. Also, the acid will aggravate your gum, which is why they bleed (gingivitis) when you brush and unfortunately many FN's people have spontaneous bleeding which is the most severe kind of gingivitis. These patients have red swollen gums, which are sore and bleed as soon as they are touched.

Is this bad? Absolutely, because it means that bacteria have been living between your teeth and gums and have been there for some time. What will happen if the gingivitis isn't addressed is periodontitis (loss of bone which surrounds the teeth), tooth decay/cavities, eventual root canals and eventual loss of the teeth. Not to mention that this level of bacteria in our mouths breaking down our teeth and gums can impact our overall health, decrease self-esteem leading to depression, dramatically alter our appearance...and all of this can be prevented by seeing a hygienists every 6 months or as directed by your dentist.

This is why we call it **preventative dentistry** and it is probably the most important part of dentistry because, if done regularly, the only reason I'll ever see you in my office is for a check-up. It also means no needles, no pain, great looking teeth, great smiles and happier people.

I realize that for the past 30 years many of you have not had a hygienist take care of your teeth here in CR, that you either had no cleanings done or your dentist did them. It is my opinion that a dentist should leave this job for their qualified hygienist as they can spend more time and do a much better job on patience's teeth.

In these times many dentists feel a hygienist is absolutely crucial to the health and welfare of their patients and I am one of them. We are very fortunate to have hygienists in our practices and I would like all of my patients to see one on a regular basis. Again, if you have questions, concerns, or comments please feel free to call our office at 250-287-9311 or come in for a visit at #100-520 2<sup>nd</sup> Ave. Campbell River, B.C

Sincerely Dr. Kevin Lathangue B.Sc., D.M.D.

## **Tobacco smoke increases teens' risk for metabolic syndrome, U.S. study says**

Provided by: Canadian Press

Aug. 2, 2005

DALLAS (AP) - Exposure to cigarette smoke raises the risk among teens of metabolic syndrome, a disorder associated with excess belly fat that increases the chances of heart disease, stroke and diabetes, according to a study.

Researchers said it is the first study to establish such a link in teenagers.

"The bottom line to me is: As we gear up to take on this epidemic of obesity, we cannot abandon protecting our children from secondhand smoke and smoking," said lead author Dr. Michael Weitzman, executive director of the American Academy of Pediatrics Center for Child Health Research in Rochester, N.Y.

For the study, metabolic syndrome was defined as having at least three of five characteristics: a big waist, high blood pressure, high levels of blood fats called triglycerides, low levels of good cholesterol, and evidence of insulin resistance, in which the body cannot efficiently use insulin.

In the study, published Monday in the American Heart Association online journal *Circulation*, researchers found that six per cent of 12- to 19-year-olds had metabolic syndrome and that the prevalence increased with exposure to tobacco smoke.

The study found that one per cent of those unexposed to smoke developed the syndrome, five per cent of those exposed to secondhand smoke had the disorder and nine per cent of active smokers had it.

Looking at teens who were overweight or at risk for being overweight, the effect of smoke was even more marked, with six per cent of those not exposed to smoke developing syndrome, 20 per cent of those exposed to secondhand smoke getting it and 24 per cent of smokers suffering from the disorder.

"What this shows is that the percentages of kids who are at risk is vastly higher if they're overweight and they're exposed to secondhand smoke, down to very low levels," Weitzman said.

Weitzman said it is not clear what it is about smoking that appears to make teenagers more susceptible to metabolic syndrome.

However, in adults smoking has been linked to insulin resistance, a risk factor for metabolic syndrome. Doctors also point out that smoking can lower levels of good cholesterol and raise blood pressure, two more markers for the disorder.

The researchers looked at 2,273 adolescents, using information from a Centers for Disease Control and Prevention survey. The youngsters reported their own use of tobacco. Also, the study looked at measurements of cotinine, a product of nicotine after it enters the body. Two-thirds of teens who did not smoke had cotinine levels that indicated secondhand smoke exposure.

"It's sobering," said Dr. Michael Lim, assistant professor of internal medicine in the division of cardiology at Saint Louis University School of Medicine. "What it points out is a very high-risk group of people - young adults 12 to 19 - who are exposed to tobacco products and sedentary."

The number of overweight teens in the United States has tripled in the past two decades. From Family and Children's Health @ medbroadcast.com

Dear Elders, this is an email forwarded in recently from the Assembly of First Nations Residential Schools Unit back east to pass on to all of you, Sincerely, Donna Stirling

MORE UPDATES AND INFORMATION WILL BE PROVIDED TO YOU WHEN AVAILABLE.

**THANK YOU FOR YOUR PATIENCE.**

Due to the high volume of daily inquiries, emails and phone calls it is not possible for AFN to respond to each individual request. You are receiving this email update because you or another individual indicated this email address on the "Residential School Information" Registration form submitted to our office in order to receive updates on Residential School issues.

No decisions regarding compensation have been determined by the AFN, or the federal government at this time. Negotiations continue underway. When any decision is reached, an official announcement will be made by the Assembly of First Nations and National Chief Phil Fontaine.

**>>> An UPDATE on Residential Schools from October 4, 2005 is now available on our website in French and English. Please distribute to your contacts, post on your bulletin boards, publish in your newsletter etc.**

Thank you for your continued patience and have a great day! **Shannon Swan** Assembly of First Nations - Residential Schools Unit

VERSION FRANÇAIS <http://www.afn.ca/residentialschools/francais/index.html>

**ASSEMBLY OF FIRST NATIONS BULLETIN**

**AFN Residential School Survivors Update**

**October 4, 2005**

*More information can be found on the AFN's website at [www.afn.ca](http://www.afn.ca)*

As you know, on May 30 2005, the Assembly of First Nations signed a Political Agreement with the Federal Government regarding the speedy resolution of all residential school issues. Over the past two months we have been actively involved in negotiations with the Federal Government's appointed representative, former Supreme Court Justice Frank Iacobucci. As part of those negotiations, the AFN called for an immediate payment for the sick and elderly, a lump sum payment for all individuals who attended residential schools, and a better method of obtaining further compensation for those who are survivors of sexual or physical abuse. Those negotiations have not been concluded. It is not clear what the final agreement will look like. We remain optimistic that a fair and just resolution of all issues will be reached. We are encouraging all parties at the negotiation table to be fair and to work hard toward reaching an agreement before March 31, 2006. This is the date set by the Political Agreement by which Frank Iacobucci must report to Cabinet with a settlement proposal.

One of the questions we are frequently asked is whether survivors, who have not yet hired a lawyer, should do so in order to be included in the settlement. The answer is no. The negotiated settlement, if successful, will apply to all former students (whether they have a lawyer or not), and will entitle all former students to receive a lump-sum compensation. **You do not need to hire a lawyer in order to 'qualify' for the lump-sum payment, if such a payment will be awarded.** The AFN strongly recommends that individuals who have not yet hired a lawyer, wait to do so until the issues relating to the settlement are finalized. If and when a settlement is reached, the AFN will provide all communities and survivor groups with information about whether a lawyer should be hired, and about legal fees. The AFN is working hard to ensure that if a settle-

ment is reached, it would result in fair fees and equal treatment to all former students.

Many of you have already hired a lawyer. It is important to understand that as a client, you are the boss, and you have the final say on all matters that relate to your case. Your lawyer must act in your best interest, and must inform you, on an ongoing basis what your options are, so you can make the correct decisions.

**We thank you for your support and patience as we proceed through negotiations for a fair and just resolution of the Indian Residential School legacy.**

Assembly of First Nations - 473 Albert Street, 8<sup>th</sup> Floor, Ottawa, Ontario K1R 5B4 | [www.afn.ca](http://www.afn.ca)

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## **Don't pass it on! Good hand hygiene is the simplest, cheapest and most effective way to stop disease transmission**

If you visit any of Vancouver Coastal Health's (VCH) facilities in the next month you will see posters lining the walls with positive messages about good hand hygiene. You'll also find hand antiseptic dispensers to clean your hands.

These changes are part of VCH's ongoing infection control improvements. This year, VCH is partnering with Bayer Healthcare Canada on a regional hand hygiene campaign.

The campaign, *Clean Hands for Life*, focuses on instilling positive hand hygiene habits among healthcare workers, patients, residents and visitors.

More than 16,000 health care and contracted service workers will be targeted across a wide range of occupational groups and professions working in acute and long term care facilities in both urban and rural communities.

According to Jerry Causier, Acute Services Manager for the North Shore / Coast Garibaldi, you can buy a lot of paper towels and hand cleaning agents (soap or antiseptic gel) for the cost of a dose or two of antibiotics.

He says his biggest pet peeve about people not stopping to wash their hands, is that it really takes only thirty seconds to do. "The busier you are, the more important is it that you do it," he said.

Taking those few seconds can mean the difference between stopping the spread of a huge infection or even preventing a death.

Dr. Jim Boyle would agree. He's the Medical Director of the BC Fire Fighters' Burn and Plastic Surgery Unit at Vancouver General Hospital. He's a huge proponent of good hand hygiene. "Our patients have large areas on their bodies that are susceptible to infections. And an infection can cause [skin] graft loss and other problems," he said.

Research shows that cross-transmission of microorganisms by healthcare workers' hands is the main route of spread of hospital infections. The most important factor in preventing infection is frequent hand hygiene.

To find out more about *Clean Hands for Life* or tips on good hand hygiene, please visit VCH's website at [www.vch.ca](http://www.vch.ca)

## **Canada Reneges on Minister's Promise to Negotiate Critical Okanagan Band Claim Oct. 25<sup>th</sup> 2005**

**For Immediate Release (Vernon)** At a meeting in Vernon yesterday afternoon, negotiators for the government of Canada withdrew from negotiations of the Okanagan Band's Commonage Reserve Claim. This massive claim was submitted under Canada's Specific Claims Process and accepted for negotiation by Canada 5 years ago by then Minister of Indian Affairs, the Honourable Robert Nault.

"Minister Nault met with us 5 years ago to discuss our specific claims", stated Fabian Alexis, Chief of the Okanagan Band. He admitted that the delay in resolving outstanding claims was awful and apologized for taking 11 years to review our Commonage Reserve Claim. He accepted our Claim for negotiation and promised to give proper direction to his negotiators to resolve our Claim".

"Canada's decision to pull out of these landmark negotiations is disturbing and disappointing", continued Chief Alexis. "The decision is all the more disturbing as it was made by Indian Affairs staff and not by Minister Andy Scott himself".

Federal negotiators confirmed that a letter terminating negotiations had been prepared for the Minister's signature, but that the Minister had not yet seen the letter, and was not aware of its contents.

The Okanagan Commonage Reserve was set apart for the Okanagan Band in 1877 by the Joint Reserve Commission. The Commission was composed of a representative of Canada, a representative of British Columbia, and a third Commissioner jointly appointed by both governments. Soon after the Commonage Reserve was created, local non-native settlers urged that this 28,000 acre reserve of prime Okanagan ranchland and lakefront be taken away from the Band. After secret meetings between Premier William Smithe and Prime Minister Sir John A. MacDonald, Canada purported to "relinquish" the Band's interest in the valuable reserve. Canada and British Columbia deliberately kept the Okanagan Band in the dark. The Okanagan Band was never compensated for its loss.

Okanagan Band Council condemns Canada's unilateral withdrawal from the negotiations and has scheduled an emergency meeting of the Okanagan Band membership for Wednesday evening to discuss this development.

"With the 2010 Winter Olympics on the horizon, the eyes of the world will be on British Columbia", said Councillor and former Chief Reynolds Bonneau. "We will be speaking with our members about the message that we should be sending to this global audience. Right now my thought is that the world should hear that Canada still refuses to deal honourably with the Aboriginal peoples of this province".

"Canada plays with a stacked deck", added Chief Fabian Alexis. "They set up this claims resolution process but have the final say about whether to negotiate. They are judge, jury and executioner. It adds insult to injury that they can accept our claim only to change their minds 5 years later".

The government of British Columbia, the third party to these negotiations, remains at the negotiation table. "We commend British Columbia for its courage in standing up to Canada", Chief Alexis stated. "If British Columbia and the Okanagan Band can resolve their differences through negotiations, it will be real evidence of the New Relationship announced by Premier Gordon Campbell".

The Okanagan Band has requested an immediate meeting with Minister of Indian Affairs Andy Scott. "We have confidence that Minister Scott has the integrity to do the right thing and direct his negotiators to resume negotiations", Chief Alexis concluded. "Canada's honour is on the line".

For more info, contact: Chief Fabian Alexis Okanagan Indian Band Ph: 250-542-4328, E: [info@okib.ca](mailto:info@okib.ca)

## What you need to know about type 1 diabetes

Type 1 diabetes occurs when certain specialized parts of the pancreas, known as islet cells, are destroyed and no longer produce insulin. An adequate supply of insulin is very important, as it helps the body efficiently capture energy from the food we eat, and is necessary to the proper functioning of the body. Type 1 diabetes usually develops in childhood or adolescence (hence the term “juvenile diabetes”), and accounts for 10 per cent of all diabetes cases in Canada.

### Risk Factors

The causes of type 1 diabetes are largely unknown. Risk factors currently under study include exposure to cow’s milk in infancy, and infections of various kinds.

### Symptoms

The signs and symptoms of type 1 diabetes include:

- frequent urination in large amounts,
- excessive thirst,
- unusual weight loss,
- fatigue,
- irritability,
- nausea and vomiting, and
- a particular odour to the breath (acetone or sweet)

Also, children with type 1 may not grow as well as other children of the same age. Although, most people with type 1 experience one or more of the above symptoms before seeing a physician, it is possible for altered consciousness (such as a coma) to be the first symptom of type 1 diabetes.

### Managing

Although there is no cure for diabetes, the disease can be managed using a team approach involving family physicians and other service providers. Those with type 1 diabetes must depend on externally supplied insulin in the form of daily injections (by way of syringes and needles, injection pens, or insulin pumps). They also need to monitor their blood sugar at frequent intervals, and must learn how to adjust their insulin intake according to the amount they plan to eat and exercise.

For More Information Please Visit: [The Canadian Diabetes Association](#).

From vch-news.ca

## What you need to know about type 2 diabetes

Type 2 diabetes occurs when insulin continues to be produced but for a variety of reasons, is not properly used in the body. Type 2 usually occurs later in life and affects 90 per cent of people with diabetes (people are typically diagnosed with Type 2 after the age of 45).

In recent years, however, more and more cases of type 2 diabetes are coming to light in young people, especially those of Aboriginal descent. Those with a family history of obesity and inactivity are also at [risk](#) for developing type 2 diabetes. As such, this type of diabetes can be [prevented](#).

### Symptoms

Although those with type 2 diabetes experience symptoms before they are [diagnosed](#), many do not. The

disease continues to advance and those affected – whether or not they are aware of what is happening – can go on to develop long-term [complications](#).

Clues to the presence of type 2 diabetes include:

- recurring skin, gum, or bladder infections,
- cuts and bruises that are slow to heal,
- itchy skin,
- frequent vaginal yeast infections,
- fatigue, drowsiness or blurred vision,
- increased thirst,
- frequent need to urinate,
- and tingling in the hands or feet

A person may also present evidence of the complications of diabetes to their physician. These can include:

- high blood pressure,
- impotence,
- progressively worsening eyesight, or
- cardiovascular diseases such as angina or heart attacks.

### **Prevention**

Regular physical activity and weight control are often crucial components of therapy for type 2 diabetes but oral medications and / or insulin injections may be required.

Type 2 diabetes can be insidious, continuing to gain ground without any obvious signs or symptoms. As a result [diagnosis](#) may be delayed until complications begin to surface. Anyone at [risk](#) or exhibiting early [symptoms](#) should consult a physician. Early and tight control of blood sugar levels combined with control of high blood pressure and blood lipids can reduce the risk of complications.

For More Information Please Visit: [The Canadian Diabetes Association](#). From vch-news.ca

## **Simple test may show signature brain damage of fetal alcohol syndrome: study**

Nov. 11, 2005

Provided by: Canadian Press

Written by: SHERYL UBELACKER

TORONTO (CP) - Canadian researchers say a simple test that tracks eye movements may offer a new tool to accurately diagnose fetal alcohol syndrome, a developmental disorder that affects about one in every 100 Canadian children.

Currently, diagnosing fetal alcohol syndrome (FAS) - caused by a woman drinking alcohol during pregnancy - is a hit-miss affair, based on physical characteristics, IQ and behavioural and learning difficulties.

Children with FAS often, but not always, have distinctive facial features, such as small eye openings, a webbing of skin between the eyes and the base of nose, droopy eyelids, a thin upper lip and low-set or poorly formed ears.

Brain damage caused by exposure to alcohol while in the womb may lead to behavioural disturbances, including poor impulse control, lying, stealing, tantrums and aggression.

But because learning difficulties and emotional problems can be caused by a variety of conditions, kids with FAS are often misdiagnosed; many are told they have attention deficit hyperactivity disorder (ADHD), said James Reynolds, a professor of pharmacology and toxicology at Queen's University in Kingston, Ont.

Being misdiagnosed can have serious lifelong effects because children miss out on specialized therapy that can facilitate their ability to learn and to modify thinking patterns and behaviour, said Reynolds.

"When they're not identified and they're thrown into school systems where they cannot cope, they fail," Reynolds said Friday. "They drop out, they don't get a proper education, they often end up on the street, they end up in trouble with the law."

In a study of 22 children - 10 diagnosed with FAS and 12 without - Reynolds's research team used a simple eye-tracking test that detects brain damage. They discovered that kids with FAS have a distinct pattern of visual movement, linked to specific areas of the brain. While eye-tracking has long been used by doctors around the world to evaluate neurological damage, it had "never been tested or tried in children with fetal alcohol syndrome before we started this study," he said.

The test involves having the child stare at a light in the centre of a screen. A second light is then played across the screen, like a bird flying across the sky. The child is instructed to avoid looking at the moving light and to stay focused on the central lit-up area.

Kids and adults without brain damage can concentrate enough to keep their eyes from reflexively following the moving light, Reynolds said. "That requires a lot of extra brain power, a lot of extra processing because you have to suppress all of the brain structures involved in triggering the reflex.

"Children with developmental disabilities like fetal alcohol disorder and attention deficit hyperactivity disorder, they have great difficulty in suppressing that reflexive movement," he said. But "there are some very unique deficits emerging in our FAS group that are not present in the ADHD population."

The Queen's researchers hope further study will prove the eye-tracking test is indeed a conclusive means of picking up children with fetal alcohol syndrome.

So far, "it's looking pretty good," said Reynolds, who will present his findings at a meeting of the International Society for Neuroscience in Washington on Wednesday.

The next step in the research will be to take the test on the road - travelling with the eye-tracking equipment to remote communities in Ontario and eventually other provinces. Mobile testing should begin early next year.

Among aboriginal peoples, the prevalence of FAS is much higher than the national average - as high as 10 per cent in some communities where alcohol abuse is widespread.

Basil Ziv, executive director of the Association for the Neurologically Disabled of Canada, said that if the test can provide an early diagnosis of fetal alcohol syndrome, it would be a great boon for the children and the adults that they will become.

"If you can identify this problem at an early age and you start therapy," said Ziv, "then you can give these children a better chance at life."

Family and Children's Health at [Medbroadcast.com](http://Medbroadcast.com)

## Research suggests three periods of childhood may be critical predictors of adult obesity

Provided by: Canadian Press Written by: EMMA ROSS

Jun. 03, 2005

ATHENS (AP) - Being fat at one of three stages in your life may be critical in predicting whether you will have a weight problem as an adult, researchers said Thursday, citing several studies.

A person's weight at birth, as a preschooler and as a teen seem to have a strong connection to weight problems in adulthood, said scientists at Europe's annual conference on obesity research. If the evidence holds up, it could signal public health experts when to intervene.

In the case of infants, it will be hard to convince parents, and even nurses, to move away from the idea of aiming for a big baby, experts predict. "They like to see them get high up on those (growth) curves, particularly in those early days. It's pretty ingrained in the maternal and child health nursing system to have a big baby, and it's probably not a smart idea," said Dr. Boyd Swinburn, an obesity expert from Deakin University in Melbourne, Australia. "And this under-recognition by parents is huge. It's going to be a major stumbling block."

However, scientists don't know exactly what weight is too big, nor is it clear just how much control a pregnant woman could have on the size of her developing fetus. Studies have shown that babies who are born large are more likely to end up fat as adults. On the other hand, being born very small also seems to increase the risk of obesity in adulthood, especially if such infants are then fed intensively to allow rapid growth so that they catch up with their peers.

"There are data from several different countries, including Israel, America, Europe and Southeast Asia" that demonstrate the birth weight effect, said Tim Lobstein, a childhood obesity specialist at the International Obesity Task Force.

In the case of a malnourished mother, "the fetus will trigger the genes that conserve as much as possible. It will be triggering a laying-down of any surplus energy as fat rapidly," Lobstein said. He said that generally applies to babies weighing less than 5.5 pounds. "The optimum is to try and have a baby around the six pounds or seven pounds mark," he said.

The next stage that may be important is the preschool period, research suggests. Several studies indicate that children who gain weight before gaining height between toddlerhood and school-age seem to have a higher chance of being fat adults.

Rapid weight gain due to overfeeding in the first year of life may be particularly risky for later obesity, experts say. Major studies over the last few years indicate that about one in three children who are fat in early childhood end up as fat adults. Children who get fat before age eight tend to end up more severely obese as adults than those who gain weight afterward.

But being fat in the teenage years seems to be even more predictive of later obesity, research indicates. About 70 per cent of fat adolescents end up obese later in life. The problem with obesity in adolescence seems to be that the male sex hormone testosterone pushes fat to the belly, a high-risk location. In girls, the problem is that they tend to gain a lot of weight during their teens.

"We know that fatness in adolescence predicts later obesity," but getting fat for the first time during teen years seems to be a little less clear," said Dr. William H. Dietz, director of nutrition and physical activity at the U.S. Centers for Disease Control and Prevention.

The three stages of childhood considered critical for obesity development outlined at the conference are scheduled to be discussed at an upcoming World Health Organization meeting of experts in Japan later this month.

## Active Living - Don't let arthritis keep you down

If the condition is chronic, living with arthritis means learning how to manage the pain and maximize mobility.

First, see your doctor if you haven't already. Pain medications can make it easier for you to move around, and can relieve the stiffness in the joints. It's important not to get discouraged if the medications don't seem to be working right away. What helps one person may not help another; you may need to try different drugs at various dosages before you find adequate relief. Certain medications may take a few weeks to reach their full effect.

It's understandable to feel frustrated or down when you can't do things you once could - whether it's taking long hikes in the woods or doing fine needlework. But to stay healthy in body, mind and spirit, you may have to make some adjustments. If you loved to walk long distances, continue to take walks, but go on shorter ones around your neighbourhood or take part in a "mall walk" that local shopping centres often sponsor. If it's getting too difficult to do your favourite hobby, maybe you can learn a similar one that's less stressful on your joints, or use adaptive aids to help you continue doing the one you love. Occupational therapists are a great resource for handy devices that might make it easier for you to still enjoy your activities.

Exercise! Exercise helps arthritis by improving joint movement and strengthening the muscles that surround the joints. Although you should avoid forms of exercise that increase joint pain, other forms of exercise such as swimming and walking are recommended. Swimming is particularly good for people with arthritis. The water helps support the weight of your body, taking the strain off of the joints. Call your local community centre to see what special exercise activities they have to offer.

If you start swimming regularly or take advantage of exercise programs, it'll get you out of the house and you'll be socializing. Staying active, physically and mentally, is important for keeping healthy. Ask your doctor or physiotherapist for ideas.

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**Wintertime Health and Safety - Rough sledding?** Every year, emergency departments treat children injured in sliding accidents. When minor bruises and bumps give way to broken bones and serious injuries of the head and spinal cord, it's a sign that parents and children should be reminded of safety while playing outside.

There are several precautions you can take that can help protect your child against injuries. The safest tobogganing hills have no trees, fences, rocks, wires, or other objects that may pose a risk of injury. A young child should always be under the watchful eye of a parent or adult. A Canadian Standards Association (CSA)-approved hockey helmet, with a warm hat under it, is recommended for children under 12 years of age. It is dangerous to wear long scarves while sliding, as they can increase the risk of choking. Always make sure that your child's toboggan or sled is in good condition. Remember, certain positions on a sled are better than others at minimizing the risk of injury:

- Kneeling provides the most protection.
- Lying on the stomach increases the risk of head injury.
- Lying flat on the back increases the risk for spine injury.

**Teach your child:** to be aware of his or her surroundings, to watch out for other sliders, to avoid sliding down the hill in the direction of a road, parking lot, river, or pond, to walk to the side and away from the sliding path when walking up the hill, and to go indoors when their clothing is wet and they feel cold to avoid hypothermia and frostbite.

Knowing how to help prevent injuries can make for a fun and enjoyable winter for your child.  
From medbroadcast.com

# Gout

## The Facts

**Gout is a type of arthritis, characterized by sudden, severe attacks of joint pain with redness, warmth, and swelling in the affected area.** It usually attacks only one joint at a time. It most often strikes the joint of the big toe, where it's also known as *podagra*, but other toes can also be involved. Gout is typically a condition of middle age, ten times more common in men than in women, unusual in people under the age of 30, and rarely seen in women before menopause. A first gout attack most commonly occurs around age 47. It's most common in countries with high standards of living, mainly because diet plays a big part in this condition. It affects about 1% of the population.

## Causes

**The pain and swelling of a gout attack are caused by uric acid crystals building up in the joint and leading to inflammation.** The body normally forms uric acid when breaking down cells and proteins, releasing it into the bloodstream. The uric acid usually stays dissolved in the blood and ends up being flushed out by the kidneys. If there's too much uric acid in the blood, called *hyperuricemia*, or if the kidneys can't get rid of it quickly enough, it may begin to form crystals that collect in the joints and even the kidneys, skin, and other soft tissues. Although most gout patients have hyperuricemia, about 3 in 10 turn out to have normal uric acid levels during an actual attack. Meanwhile, hyperuricemia by itself doesn't mean that a person will develop gout - less than 1 in 5 people with high uric acid end up with gout.

**Certain high-protein foods can make the body produce too much uric acid, triggering gout.** Beverages such as tea, coffee, cocoa, and especially alcohol in any form lead to extra water loss from the body, which can cause an attack. Certain medications can hamper the kidneys' ability to clear out uric acid, including ASA (Aspirin®) and diuretics or "water pills" commonly given to control high blood pressure. Finally, sudden changes in diet and weight gain or loss can also lead to gout.

## Symptoms and Complications

**The symptoms of a gout attack are almost unmistakable.** Typically, a person will go to bed feeling fine, then wake up during the night with intense pain in the big toe (three-quarters of gout cases involve this joint). At first it feels like a bucket of cold water has been poured over the joint, but soon there's an agonizing sensation of stretching and tearing, along with pressure and tightness. The affected area also becomes extremely sensitive to touch - even a bed sheet or someone walking in the room makes it hurt more. The swelling often spreads over the whole foot, making it impossible to put on a shoe. Also, fever (up to 39°C/102°F) often develops.

**An attack will usually taper off on its own in 3-10 days, but prompt treatment can end it faster.** After such an attack, called *acute gout* or *acute gouty arthritis*, over half of sufferers will have another episode within the next year. Attacks tend to strike more often, last longer, and affect more joints over time.

In some people, however, the attacks don't go away - instead, they linger on to become *chronic gout*. The inflammation persists, while the crystals can permanently damage and deform the affected joints. As well, uric acid crystals can build up in tissues other than the joints, forming deposits called *tophi* that can show up as whitish or yellowish chalky lumps under the skin, typically in the fingers, toes, back of the elbow, behind the heel, and around the outer edge of the ear. The tophi sometimes poke through the skin, leading to ulcerations or sores.

## Making the Diagnosis

**The symptoms and signs of an acute gout attack are so clear that a doctor can usually be quite sure of the diagnosis just from your history and physical exam.** Blood tests showing hyperuricemia can support the diagnosis, but aren't necessary for it. To confirm the diagnosis, your doctor may insert a needle into the joint and draw out some fluid to examine under a microscope. If it's gout, needle-shaped uric acid crystals will show up when the fluid is viewed under polarizing light.

## Treatment and Prevention

**The first priority is to relieve pain and shorten the acute attack.** NSAIDs (*non-steroidal anti-inflammatory drugs*) such as indomethacin, diclofenac, ketoprofen, and naproxen are the mainstay of treatment. These medications help with the swelling and pain. Another drug called *colchicine* can lessen joint pain after only 12 hours and even end an attack in 36-48 hours, but may have side effects such as diarrhea and vomiting that can limit its use in some cases. Corticosteroids, either injected directly into the joint or taken orally, can control the inflammation.

For chronic gout or repeated attacks, daily colchicine therapy can prevent future attacks, but it can't prevent the joint damage caused by tophi. However, drugs that lower the blood levels of uric acid, such as probenecid, sulfapyrazone, and allopurinol, can be very effective at preventing attacks and joint damage. Another advantage of these drugs is that drastic changes in diet are not required.

**Prevention is an important part of managing gout.** It's crucial to control weight and blood pressure and drink at least 3 litres of fluid (preferably water) daily to prevent attacks. Triggering attacks also can be avoided by cutting down on:

- dehydrating drinks such as alcohol (beer, wine, etc.), coffee, tea, and cocoa
- animal proteins such as seafood, liver, kidney, heart, gizzard, sweetbreads, meat extracts, and gravy
- vegetables such as peas, beans, spinach, and lentils

With early diagnosis and treatment, it's possible to control gout, prevent joint damage, and live a normal life.

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## **Top 10 questions for your doctor when faced with Skin Cancer** **Be Treatment Savvy**

Your doctor is a crucial part of your treatment team and an excellent source of information. If you want to take an active role in your treatment, the best way to start is by asking plenty of questions. If you're not sure what to ask, here are a few suggestions. You can print this page off to bring to your visit, and add to it any other questions you may have.

1. What type of skin cancer do I have?
2. What treatment options are available?
3. What are the benefits and risks of the different options?
4. Which option would you recommend and why?
5. How effective is this option?
6. What are the side effects of this option? What should I do about them?
7. What do I need to do to prepare for treatment, and how will it affect my daily life (both during and after treatment)?
8. Are there any new options coming soon? Are there any clinical studies in which I could consider participating?
9. What is my prognosis? Will you be able to remove all of the cancer, and what are the chances that my cancer could come back?
10. What can I do to reduce my risk of skin cancer in the future?

## Through a Rapist's Eyes (No Joke)

This is important information for females of ALL ages. Guys - please forward to the female members of your family and all your female friends and associates.

When this was sent to me, I was told to forward it to my lady friends. I forwarded it to most everyone in my address book. My men friends have female friends, and this information is too important to miss someone. Please pass it along!!

A group of rapists and date rapists in prison were interviewed on what they look for in a potential victim and here are some interesting facts:

1) The first thing men look for in a potential victim is hairstyle. They are most likely to go after a woman with a ponytail, bun, braid or other hairstyle that can easily be grabbed. They are also likely to go after a woman with long hair. Women with short hair are not common targets.

2) The second thing men look for is clothing. They will look for women who's clothing is easy to remove quickly. Many of them carry scissors around specifically to cut clothing.

3) They also look for women on their cell phone, searching through their purse or doing other activities while walking because they are off guard and can be easily overpowered.

4) Men are most likely to attack & rape in the early morning between 5: 00 a.m. and 8:30 a.m.

5) The number one place women are abducted from/attacked is grocery store parking lots. Number two is office parking lots/garages. Number three is public restrooms.

6) The thing about these men is that they are looking to grab a woman and quickly move her to another location where they don't have to worry about getting caught.

7) Only 2% said they carried weapons because rape carries a 3-5 year sentence but rape with a weapon is 15-20 years.

8) If you put up any kind of a fight at all, they get discouraged because it only takes a minute or two for them to realize that going after you isn't worth it because it will be time-consuming.

9) These men said they would not pick on women who have umbrellas, or other similar objects that can be used from a distance, in their hands.

\*\*\*Keys are not a deterrent because you have to get really close to the attacker to use them as a weapon. So, the idea is to convince these guys you're not worth it.

10) Several defense mechanisms he taught us are: If someone is following behind you on a street or in a garage or with you in an elevator or stairwell, look them in the face and ask them a question, like what time is it, or make general small talk: "I can't believe it is so cold out here", "we're in for a bad winter." Now you've seen their face and could identify them in a line-up; you lose appeal as a target.

11) If someone is coming toward you, hold out your hands in front of you and yell STOP or STAY BACK! Most of the rapists this man talked to said they'd leave a woman alone if she yelled or showed that she would not be afraid to fight back. Again, they are looking for an EASY target.

12) If you carry pepper spray (this instructor was a huge advocate of it and carries it with him wherever he goes,) & yell I HAVE PEPPER SPRAY!! and holding it out will be a deterrent.

13) If someone grabs you, you can't beat them with strength but you can by outsmarting them. If you are grabbed around the waist from behind, pinch the attacker either under the arm (between the elbow and armpit) OR in the upper inner thigh VERY VERY HARD. One woman in a class this guy taught told him she used the underarm pinch on a guy who was trying to date rape her and was so upset she broke through the skin and tore out muscle strands - the guy needed stitches. Try pinching yourself in those places as hard as you can stand it; it hurts.

14) After the initial hit, always GO for the GROIN. I know from a particularly unfortunate experience that if you slap a guy's parts it is extremely painful. You might think that you'll anger the guy and make him want to hurt you more, but the thing these rapists told our instructor is that they want a woman who will not cause a lot of trouble. Start causing trouble, and he's out of there.

15) When the guy puts his hands up to you, grab his first two fingers and bend them back as far as possible with as much pressure pushing down on them as possible. The instructor did it to me without using much pressure, and I ended up on my knees and both knuckles cracked audibly.

Of course the things we always hear still apply. Always be aware of your surroundings, take someone with you if you can and if you see any odd behavior, don't dismiss it, go with your instincts!!!

You may feel a little silly at the time, but you'd feel much worse if the guy really was trouble.

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## **Michigan researchers pinpoint possible cause of prostate cancer** Oct. 28, 2005

**Provided by: Canadian Press**

ANN ARBOR, Mich. (AP) - Scientists at the University of Michigan Medical School are part of a team that has discovered a possible cause of prostate cancer, a finding they say could result in better forms of treatment or possibly a cure.

The findings show a recurring pattern of scrambled chromosomes that leads to the merging of specific genes. The activity occurs only in prostate cancer. The Michigan researchers, with researchers at the Harvard Medical School-affiliated Brigham and Women's Hospital in Boston, found the abnormality in the majority of prostate cancer tissue samples they analyzed. The gene fusion was not found in non-cancerous prostate tissue.

The study is being published in Friday's issue of Science.

The research could lead to a more accurate prostate cancer diagnostic test and - with more research - to a new, effective treatment for the disease, said Dr. Arul Chinnaiyan, a Michigan pathology professor who directed the study.

"We'd like to think it's the first step," Chinnaiyan told The Detroit News. "A lot of work still needs to be done."

The finding suggests that a similar chromosomal rearrangement could be involved in the development of other solid tumour cancers such as cancers of the lung, breast, colon, ovary and liver.

Prostate cancer is the second most common cause of cancer-related deaths in men, according to the American Cancer Society. The society estimates that, in 2005, 232,000 men in the United States will be diagnosed with the disease and 30,350 men will die from it.

Support for the study came from the American Cancer Society, the National Cancer Institute's Early Detection Research Network and the institute's Specialized Program of Research Excellence in Prostate Cancer, the Department of Defense, the University of Michigan Comprehensive Cancer Center Bioinformatics Core and the university's Medical Scientist Training Program.

Men's Health @ Medbroadcast.com

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## Falls Prevention – Stay In The Game!

All it took were two falls to change Robbie Robson's life.

For most of us, a couple of falls probably means we'd have to live with a few bumps and bruises for a few weeks. Maybe it would limit us from going to the gym or perhaps we'd just have to take it easy doing every day things like sitting down or standing up.

But to Robbie, who's 91-years-old, it meant a lot more.

"They really slowed me down," says Robbie during a phone conversation from the Seniors Centre in Sechelt. "I never knew what it was like to be tired before."

Robbie is just one of the reasons why Vancouver Coastal Health has launched a new campaign to raise awareness of falls and injury prevention amongst seniors.

The campaign, called *Stay In The Game*, is part of a regional fall and injury prevention strategy in VCH with the goal of reducing injuries from falls among seniors 20% by 2010.

"People at any age are at risk for a fall, but when you're a senior the risks associated with falling goes up," says Nancy Cho, Advanced Community Physiotherapy Leader. "We all want to remain active, healthy and independent for as long as possible, but a fall, especially for an elderly person, can be a devastating event that significantly diminishes independence and quality of life."

At 91, Robbie is more active than most people half his age. He not only practices qigong and attends aerobics classes five times a week he also manages a 22-story apartment building where he lives with his wife.

Two years ago that almost changed.

"My first fall happened after a couple of days of snow and ice," he recalls. "I was walking down the sidewalk, lost my balance and fell down on my back."

Robbie spent about three weeks recovering from the first fall. He even went to his doctor to have a full checkup done.

“The doctor found nothing wrong, so I just continued on.”

Then, only a few months later, Robbie was out picking blackberries.

“With all the bending and twisting involved I guess I just lost my balance and I rolled down a hill,” he says. “I ended up with three broken ribs.”

Robbie made an appointment to see a neurologist based out of Vancouver. It didn’t take long to find the problem.

“I guess my neck had been under so much stress after the first fall a really hard muscle knot had formed. That was throwing my balance off and caused the second fall.”

According to a recent study at BC Injury Research Unit, one-third of all seniors fall at least once a year. What’s more is 90 per cent of all hip fractures are a result of falls and 20 per cent of seniors die within a year of sustaining those fractures.

- One out of three seniors falls each year
- 40% of residential care admissions are fall related
- Falls cause 84% of injury-related hospitalizations
- 40% of patients hospitalized for a fall have a hip fracture
- 90% of hip fractures are caused by a fall
- 20% of seniors who survive a hip fracture die within one year;
- 50% of the remainder never regain their pre-fracture functioning

“The reasons someone falls are multifaceted,” reminds Cho. “But the best thing people can do to prevent falls is to educate themselves.”

The campaign encourages seniors to follow four simple guidelines:

- *Be active* by exercising for strength and balance
- *Take your time* by slowing down and planning ahead
- *Live safe* by removing clutter, using grab bars and handrails, and improving lighting
- *Choose smart* by reviewing medication use, eating well and visiting your doctor.

For more information about fall prevention please click on the links below.

- [Preventing Falls – Stay In The Game! \(PDF 3.21 Mb\)](#)
- [Health Canada Safe Living Guide](#)

From vch-news.ca

## **Older women say doctors ignore some health issues they find important: study**

**July 18, 2005**

Provided by: Canadian Press Written by: SHERYL UBELACKER

TORONTO (CP) - Canadian women 55 and older believe their doctors are on top of testing them for such potential killers as heart disease, stroke and breast cancer, but many feel other important health concerns are given short shrift, a study suggests.

In a survey of more than 2,500 women across the country, researchers at the University of Montreal found that respondents' top-three health priorities as they age are memory problems, the side-effects of medications and vision loss.

And while up to 97 per cent recalled being adequately screened for heart attack and stroke risk factors as well as receiving mammography or physical examination for breast cancer, "there were definitely some areas that could be improved on," said lead researcher Dr. Cara Tannenbaum of the university's Geriatric Research Institute.

"For instance, only 11 per cent of women reported that they had had counselling for concerns about memory loss or end-of-life issues," Tannenbaum said Monday from Montreal. "And other issues of importance to them, such as urinary incontinence or depression or falls, were only talked about in less than 25 per cent of cases."

The study, entitled What Older Women Want, involved a questionnaire that was mailed to 5,000 Canadian females aged 55 to 95. About 52 per cent of the women responded to the 30-page survey, which asked them to rank the importance of 26 "health priorities."

Women were asked how important - very, somewhat, a little or not at all - it is to prevent or to stop the progression of, for instance, memory problems, osteoporosis and loss of muscle strength.

They were also asked to respond to a number of statements by marking them as true or false, including: "I have been told by at least one of my health-care professionals what I can expect from normal aging."

"So if someone had said it was very important to them to learn what to expect, but then they checked off 'false, no one's ever talked to me about this,' " said Tannenbaum, "then that would be an indication that they had a health priority that wasn't being attended to."

Overall, post-menopausal women are focused on preventing disease, promoting independence and ensuring good quality of life, concluded the study published Tuesday in the Canadian Medical Association Journal.

Tannenbaum said she was struck by the fact that women of all ages within the study group seemed to share the same health concerns.

Immediately post-menopausal women in their mid-50s "had the foresight" to identify concern about loss of muscle strength, falls and maintaining a good quality of life, she said. "They're thinking about promoting their health.

"I think that there's a window of opportunity between menopause and age 80 or 85 . . . when women can start being proactive about maintaining their health and optimizing their function."

Still, she was surprised how little value most women attached to exercise to address some health concerns, especially when it's known that physical activity has been linked to retaining muscle strength, improving cardiovascular and bone health as well as being a means of staving off some cancers.

Dr. Irene Turpie, a geriatrician at McMaster University, said the study points out - through the women's eyes - what physicians are doing well and where they could improve.

"They think that their heart disease and other conditions are being well-managed by their doctors, and I think this is a reflection of the excellent primary care that we in Canada can provide," Turpie said from Hamilton.

"This study is really telling us what our patients are saying when they're given an objective venue to make their comments. And they're saying we want to know more about our medication, about memory loss and what we should be doing to prevent it."

The study suggests that women should be active participants with physicians and other health-care providers in making sure their concerns are addressed, Tannenbaum said. "If they experience unwanted urine loss, then talk about it," she said, noting that some women are embarrassed to mention the problem to their doctors. "Unwanted urine loss isn't a normal part of aging . . . and women should request treatment."

There are many treatment options besides medication and surgery, among them pelvic muscle strengthening and cutting out tea, coffee and other beverages and foods containing caffeine, she said.

Concern over memory loss was the No. 1 issue for respondents, said Tannenbaum, who advises women to ask their doctors for a simple, in-office memory test "that can distinguish between normal forgetfulness and something more serious."

The priorities identified by women should be a red flag to doctors that their focus needs to be broadened, suggested Turpie. "I think we have to look at preventing memory loss just as we look at preventing heart disease."

In a commentary accompanying the study in the journal, Drs. Elizabeth Phelan and James LoGerfo of the University of Washington in Seattle agree there seems to be a disconnect between what health-care providers zero in on and what women really want.

"Health-care professionals have much to learn from patients about their health concerns and needs and their perceptions of how well those concerns are being addressed," they write.

Women's [Health@medbroadcast.com](mailto:Health@medbroadcast.com)

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## **STROKE - Are you at risk for a stroke?**

**While anyone can have a stroke, including young healthy people, some of us are more at risk. Stroke has many of the same risk factors as heart disease. Although some risk factors, such as age, cannot be controlled, there are many risk factors that can be controlled.**

**Risk factors that can be controlled or treated include:**

- high blood pressure
- high cholesterol
- diabetes
- blood vessel disease (such as peripheral artery disease or carotid artery disease)
- atrial fibrillation (a disorder of the heart rhythm where the upper chambers of the heart quiver instead of beating normally)
- heart disease
- transient ischemic attacks (TIAs; a "mini-stroke" that has symptoms similar to a stroke, but with no lasting brain damage)

- some types of blood disorders (such as sickle cell anemia)
- smoking
- inactivity
- high alcohol consumption (for men, more than 14 drinks per week; for women, more than 9 drinks per week)
- recreational drug use (cocaine, amphetamines, and LSD)

**Risk factors that cannot be controlled or treated include:**

- age: stroke risk increases as you age
- gender: strokes are more common in men than in women, but women are more likely to die of stroke
- family history of stroke or heart disease
- race: people of African descent are more likely than people of European descent to have a stroke
- personal history of heart attack or stroke: if you have already had a stroke or heart attack, you're more likely to have a stroke.

If you're concerned that you might be at risk, speak to your healthcare professional. They will be able to help you find ways to deal with the risk factors that can be controlled.

**Stroke facts and warning signs** A stroke occurs when the flow of blood to a part of the brain is cut off. This can be due to something (usually a blood clot) blocking the flow of blood to the brain (*ischemic stroke*). It can also be caused by a burst blood vessel bleeding into the brain (*hemorrhagic stroke*). About 80% of strokes are ischemic and 20% are hemorrhagic. Without a blood supply, the brain cells in the affected area start to die.

The effects of a stroke depend on which part of the brain is affected and how severe the damage is. A stroke may affect your ability to move, your ability to speak and understand speech, your memory and problem-solving abilities, your emotions, and your senses of touch, hearing, sight, smell, and taste. In some cases, a stroke can be fatal.

It's important to recognize the warning signs of stroke, because quick treatment can reduce the risk of brain injury and death. A stroke usually comes on suddenly, over a few minutes or hours. The warning signs of stroke include:

- sudden weakness, numbness, or tingling of the face, arm, or leg (often on only one side of the body)
- sudden confusion, trouble speaking, or trouble understanding speech
- sudden vision loss (often in one eye only) or double vision
- sudden trouble walking, dizziness, loss of balance or coordination, or falls
- sudden severe headache (often described as "the worst headache of my life") with no known cause

If you notice these symptoms, call 911 (or your emergency medical number if you do not have 911 service) immediately. Stroke is a medical emergency.

**Stroke treatment and rehabilitation** Stroke is a medical emergency. It is important to get emergency medical help right away so that the stroke can be treated.

Strokes can be treated with drugs, surgery, or other non-surgical techniques. The exact treatment used depends on the type of stroke, when the stroke started, and the overall health of the person having the stroke. "Clot-busting" drugs can be used for certain types of strokes, provided the person reaches the hospital quickly enough (the "window" is between 3 and 6 hours). This type of treatment can prevent further damage to the brain.

The effects of a stroke depend on which part of the brain was damaged and how severe the damage was. Strokes can affect speech, movement, thinking, vision, and other senses. Not everyone needs rehabilitation after a

stroke. But for people who have some level of disability after the stroke, rehabilitation can make a huge difference in their lives. Rehabilitation can help them get some of their old abilities back or learn new ways to adjust to their disabilities.

Rehabilitation starts as soon as possible after the stroke, usually in the hospital, and continues after the stroke survivor goes home. Rehabilitation is done by a team of health professionals, including doctors, nurses, pharmacists, physiotherapists, occupational therapists, dieticians, and social workers. The survivor's family and friends are also an important part of the team.

Rehabilitation can involve physical exercises to improve balance and muscle control, learning how to use canes or other special equipment, learning to plan healthy meals, improving speech, and learning to deal with emotions such as anger, sadness, or confusion. The survivor's family and friends can be taught to help with the exercises and other rehabilitation activities.

From medbroadcast.com

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## **Sleep - Getting Enough is Important For All Ages**

**DEAR DR. PAUL:** I am a grade one school teacher and would like to know how much sleep children between six and seven years old need. Thank you.

**PEDIATRICIAN DR. PAUL Answers:** Thanks for your question. I would guess that the reason you ask for this information is that you suspect your students may not be getting enough sleep. Before giving you the exact number of sleep hours required, let me briefly discuss the importance of sleep and signs of sleep deprivation in kids and in adults as well. Being a parent is difficult enough as we are faced with many challenges of raising and caring for our children. Adding sleep deprivation makes the task all that more difficult. So what I will be saying in this column applies both to kids and to their parents too!

Sleep is important especially in growing and developing children. Not only does sleep provide an opportunity for the body to physically rest, it's the time during which, according to recent research, the brain consolidates or reinforces what a child has learned or observed during the day. Not surprisingly, sleep deprived children tend not to do well at school. Other symptoms of sleep deprivation in children include the obvious ones such as fatigue, inattentiveness and listlessness. There can also be less obvious symptoms including irritability, impatience, fussiness and even aggressive behavior. I think we have all experienced these feelings at one time in our lives. Chronically sleep deprived children (and adults) experience these daily.

Teenagers also need to get enough sleep. Just because they are older does not mean they can get away with less sleep. In fact, most adolescents actually get much less sleep than they need. However, if you look at the amount of hours a teenager needs it is almost as much as younger children. Staying up late a few nights in a row and then trying to catch up on the weekend will not help. In other words catch up sleep does not count. So, if on average, one seems to get enough hours of sleep over say a week, but it is done so by catching up to make up for nights of little or less than adequate sleep, it will not work. What counts is getting enough sleep each and every night.

Tragically, sleep deprivation has been the cause for many accidents including the Exxon oil cargo ship crash. Unfortunately, many highway accidents happen because a sleep deprived driver fell asleep at the wheel. Although the amount tends to decrease with age, still the average adult needs at least 8 to 8.5 hours of sleep per night. Teenagers need at least 8.5 - 9.5 hours of sleep while school age children need between 10 and 11 hours of sleep nightly. Children less than 4 years of age need a daytime nap as well. The message clearly is that we all need to get enough sleep and this, regularly.

**BC ELDERS  
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***PROVERBS:***

Better a mouse in the pot than no meat at all.	Romanian
The blind man is laughing at the bald head.	Persian
Fish, to taste good, must swim three times: in water, in butter, and in wine.	
God sells knowledge for labour --honour for risk.	Arabic
Good fences make good neighbours.	American
Do not push the river, it will flow by itself.	Polish
Do not put your spoon into the pot which does not boil for you.	Romanian

***BIBLE QUOTES: Baptism***

Then came Jesus from Galilee to John, to be baptized of him. But John forbad him, saying, I have need to be baptized of thee, and come you to me?  
And Jesus answering said unto him, Suffer it to be so now: for thus it becomes us to fulfill all righteousness.  
And Jesus, when he was baptized, went up straightway out of the water: and, lo, the heavens were opened unto him, and he saw the Spirit of God descending like a dove, and lighting upon him; and lo a voice from heaven, saying, This is my beloved Son, in whom I am well pleased.  
Matthew 3:13-17

***Mail, fax, email, or call in your Special Wishes/Community Events !!***

**Happy! Happy! Birthday To All Elders Born In December!!**

24 Hours a day - 7 days a week - **National Crisis Line** 1-866-925-4419  
The Indian Residential School Survivors Society provides free, immediate, confidential, non-judgmental, support for residential school survivors across Canada

***Quotations:***

"We are not human beings on a spiritual journey. We are spiritual beings on a human journey."  
Stephen R. Covey  
"Not everything is God's will. I have a will, you have a will...God is in the comfort."  
Katrina Quote  
"Nothing happens out of order in your life."  
Oprah  
"It is always easier to apologize than ask permission."  
Unknown  
"Thirty-five is when you finally get your head together and your body starts falling apart."  
C. Leschen

**ANNUAL BC ELDERS GATHERING INFORMATION CORNER**

Please looked to this corner for info each month with regards to the Elders Gathering. As soon as anything is available from the new host it will be run in the newsletter and posted on our website [www.bcelders.com](http://www.bcelders.com). It usually takes the host a couple of months until they know the place and dates for the event, so please be patient and watch for info right here.  
Any space each new host community needs in each issue of this newsletter has always been made available (free of charge) and this will continue to be the practice, as this is the best means for keeping the elders and support people informed about the event.