

# Caring Matters

## Welcome to our first newsletter.

Hello Everyone!

Welcome to our first Living Assistance Services Newsletter! We are trying to provide our clients, friends, associates and partners with information that will be relevant to you or your families, either at home or at work. We will also try to make everything as interesting as possible and will occasionally try to amuse you. In each quarterly issue, we will also tell you something about one of our people and will feature an organization that serves the community.

In this issue are an article about the wonderfully beneficial impact that music making can have on all of our lives and some interesting new research findings concerning the potential impact of mid life smoking and obesity on one's health later in life. We have also included a message from the Director and a profile of one of our special caregivers.

We welcome your reactions and suggestions for future content and hope you enjoy this first issue.

## Director's Message



David Porter, CSA

Director

This newsletter celebrates the successes of the first five years of Living Assistance Services in providing dedicated care to seniors, while at the same time signaling some changes. We have achieved our success thus far by providing the highest quality service to an ever-growing number of families, who, along with many professionals, have responded in kind by referring us to their friends, neighbours and patients. We intend to continue this high level of service, while expanding the range of services we are able to offer to include nursing care, physiotherapy, chiropody and indeed any other service that may be required. We will apply the same standards of quality and dedication to these new services as we have always provided in the past. If we cannot be of assistance ourselves, we will refer you to people that can.

Thank you for your past support and we hope to be deserving of it in the future.



## The Alzheimer's Society

### An Interview with Program Manager, Marija Padjen

The following are extracts from an interview with Marija Padjen, Program Manager of The Alzheimer's Society of Toronto, which summarizes the Society's programs. The full interview, which includes some interesting discussion about the Society's work, is available on our web site, ([www.laservices.ca](http://www.laservices.ca)), under 'Articles'

"Our Counselling program serves individuals who have been diagnosed with dementia; these are not only people with Alzheimer's but also those with other forms of dementia and their families. The Counselling is provided in various ways – primarily by phone, when we are contacted by people with the disease or their families. They also have the option of coming in to our office and we also have limited outreach into the community.

The Counseling program also has an education component and, incidentally,

the various programs are all free. The education program includes sessions for people in the early, middle and late stages of the disease. We have about 8 different workshops in all that we offer in the afternoons and evenings.

We also run 'Dine and Dance', which is an annual event geared to people in the early stages of the disease and their family members. It is a beautiful event held at St Lawrence hall with a live band. Its focus is to provide Alzheimer's sufferers and their families a safe place to socialize.

Another element in our counseling program over the last couple of years involves research into the disease. We invite dementia researchers, who are currently doing research in Toronto. This allows researchers to get together and talk about what is going on in research and also provides

(see Interview p.2)

## Obesity and Smoking: New Risk Factors in Dementia

The number of people diagnosed with Alzheimer's is expected to increase from 240,000 to 780,000 in Canada in the next 30 years. However, the results from a U.S. study undertaken in 2005 may indicate that this number is on the low side because the study identifies obesity in mid-life (40–45) as a significant risk factor in dementia. The study is one of two by Dr Rachel Whitmer, of the Kaiser Permanente Division of Research, et al., that identifies a number of risk factors for dementia. The other culprits identified are smoking, hypertension, high cholesterol and diabetes.

The studies looked at the mid-life condition of the participants because the ratio of lean to fat mass changes with ageing, resulting in decreased body mass index and because the sub-clinical phase and initial onset of dementia affects appetite and causes weight loss, skewing the temporal association between weight and dementia.

The first study, 'Midlife cardiovascular risk factors and risk of dementia in late life' was published in *Neurology* in January 2005. It was based on 8,845 participants, who underwent health evaluations from

1964–1973, when they were between the ages of 40 and 44. Diagnoses of dementia were ascertained by medical records from January 1994 to April 2003. 721 or 8.2% of the participants were identified as having dementia. Smoking during mid-life was associated with a 26% increased dementia risk. Diabetes increased the risk by 46%, high cholesterol by 42% and high blood pressure by 24%.

The second study, 'Obesity in middle age and future risk of dementia', also by Whitmer et al., and published in June in *BMJ*, used 10,276 participants. As with the previous study, these men and women underwent detailed health evaluations from 1964 to 1973, when they were aged 40–45. Diagnosis of dementia was again undertaken between 1994 and April 2003. In this study, 713 participants (6.9%) were diagnosed with dementia. The obesity measures used were body mass index and tricep and subscapular skinfold thickness.

At mid life, 10% of the cohort were obese, 36% overweight, 53% normal weight and 1.3% underweight. Their conclusions were that compared with those with normal weight at



Obese people are 74% more likely to have dementia later in life

mid life, obese people had a 74% greater risk of dementia while those who were overweight had a 35% greater risk.

Also, in sex specific models, body mass index was associated with dementia more strongly in women.

Overweight women were 55% more likely to have dementia than women of normal weight, while overweight men had a non-significant 16% increase in risk compared with men of normal weight. Given the demographic structure of the Canadian population, with its increasing number of seniors in the next twenty years, this is cause for considerable concern.

### Interview (Continued)

opportunities, for an individual with Alzheimer's and with an interest in research, to participate in a research program.

In addition, we have a program called 'First Link', which is most easily described as a direct referral program. Health care professionals, such as social workers and nurses, who may come into contact with someone newly diagnosed or, who has been diagnosed for a number of years but has not been linked to us or our services, can use this service with permission of the individual and/or the family involved. They will pass the name on to us and within 24 hours we will give them a call and give them access to our services as well as other services in the community. We have over 50 referral sources.

We also run support groups and our groups are unique as we try to create groups that no-one else is running. So, for example, we have a Frontotemporal Support Group, a Lewy Body support group and a Vascular Dementia Support group. The Early Onset Family Support Group for families caring for someone under the age of 65 is very popular and we have people traveling for over an hour to participate.

Another program we are quite excited about is our Professional Forums Program and we charge a small fee to cover the cost. Our professional Forums are held three times a year and we have external speakers participating. For example, we recently had a Communications Forum, which was held at the Faculty Club at University of Toronto.

(cont p.4)

## Music For Life: Benefits For All Ages



Since human societies first emerged, nearly all of them have developed the ability to create music, and, the variety of instruments and styles of music is astonishing. Most human societies simply enjoyed and performed music rather than stopping to consider its role or analyzing its importance; it was simply a given. However, when the Greeks developed an appetite for philosophy, music, along with everything else, was subjected to philosophical analysis. As a result both Plato and Socrates concluded that music was such a potentially powerful force that it should be subjected to government control! Plato, subsequently, refined his position and went on to say in *The Republic*, Book 1 “Clearly, the musician is wise and he who is not a musician is foolish “. While today, we would consider this an extreme position, there is now ample evidence that music is intellectually, physically and emotionally stimulating.

The beneficial impact of music on the intellectual and social development of children has been proven in a large variety of research studies from the 1960s onwards. What is most surprising about these projects is the wide variety of fields that can be beneficially affected by learning music. These include language, mathematics, general academics, creativity, emotional development, social skills and perceptual

-motor skills. References to these studies can be found at <http://members.aol.com/dspondike/mused.html>

With all of these benefits associated with teaching music to youth it would be very surprising if adults could not also benefit from music and, although there has been a lot of work done in the past twenty years to prove this, the initial work was started during the 2nd World War in 1944 by the U.S. armed services.

The program had three components. Active participation was to aid in the social readjustment of the patient, to boost morale and to provide occupational therapy. Passive participation was to assist the patients’ social and mental readjustment. Finally, audio-receptive was for entertainment. The program was successfully implemented in about 120 veteran administration hospitals.

In the 1980s and 90s music therapy became accepted as being beneficial for asthma patients and also for those suffering from dementia and Alzheimer’s. Alicia Ann Clair at the University of Kansas conducted a variety of studies on the effects of both active and passive music participation on Alzheimer’s patients.

She concludes that “Both music background and music listening have great potential to benefit those with dementia” and “active engagement in music generally has positive outcomes

because it stimulates the processes and abilities that remain intact”.

With the case for music therapy already made, attention was turned to the possible role of music in the maintenance of ‘wellness’. At the forefront of this work has been Dr Ted Tims at the School of Music of Michigan State University. A recent study of healthy seniors concluded that “Participants experienced an increase in relaxation and a general sense of emotional well-being, along with a decrease in anxiety, depression, and perception of loneliness, known to suppress the human immune function”. There was also an unexpected purely physical benefit because “the adult students had a 90% increase in levels of Human Growth Hormone (HGH)”. HGH is believed to be responsible for delaying the aging process and its associated aches and pains.

*If you would like to know more about the sources of the above information please email us at: [info@laservices.ca](mailto:info@laservices.ca)*

***Our next issue will feature an article about seniors and driving and a review of current thinking about nutrition for seniors. We will also include an interview with Gilda’s Club of Toronto.***



Hilda Pena joined Living Assistance in 2002 and since then has demonstrated time and again, her kindness, thoughtfulness, gentleness and loving nature towards all those that she has cared for as well as their families. She was born and raised in the Philippines, where she went to university and graduated as a registered nurse. Hilda emigrated to Canada in 1999 and immediately found employment as a caregiver. Her recipient client eventually required institutional care and she brought her glowing references to us. As we soon discovered, her refer-

ences hardly did her justice.

Here are some quotes from letters of thanks we have received about Hilda which clearly demonstrate how the families of some of her care recipients feel about her.

"Hilda, you were there for her in every way. You fed her so carefully, changing her diet to best meet her needs. You kept her mind active by talking to her even when her mind was failing. You washed her lovingly and moved her ever so gently between her bed and wheelchair. I know my mother was never comfortable with others doing things against her will, but with you she felt trust."

"Our caregivers changed to meet her needs, but none were as special and more perfectly suited ....than you".

"She is selfless and extremely dedicated to her profession. I thank you for your gift to us"

"Your relationship with the nursing home was exceptional. You were there for additional personal support but whenever another caregiver needed help, you didn't hesitate. They considered themselves fortunate to have you there."

Hilda expects to graduate with her RN this year, when she will be able to contribute even more to her clients. Thank you Hilda from all of us at Living Assistance and we hope that you will continue to be part of our team for years to come.

As a Society we are very concerned about ease of access to care. There are a lot of people, who have never been diagnosed with dementia (or, who have been diagnosed but receive no care), who are living alone. The other big issue is access to options. Even if it is better for someone to be cared for at home the financial burden is such that a lot of people are prematurely placed in institutions, because they can't afford to pay for home care. The ideal would of course be that, as an individual, I could choose either a long term care facility or stay at home, without incurring a financial penalty one way or the other. The important thing is that people have access to the particular type of care they need.

It makes a huge difference to have 24 hour care available provided it is affordable! Like everything else, the financial side is a key factor in what can be done."

### Children's Answers In A Music Education Class.

*"Agnus Dei was a woman composer famous for her church music."*

*"A good orchestra is always ready to play if the conductor steps on the podium."*

*"A harp is a nude piano."*

*"Handel was half German, half Italian and half English. He was rather large."*

Source: Missouri School Music Newsletter  
Collected by Harold Dunn



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