



Recreation program engages long-term care residents

SUBMITTED BY ST. JOSEPH'S CARE GROUP

HAZEL Boorman is showing me around her room at Hogarth Riverview Manor (HRM), where a watercolour painting of poppies, a pressed bouquet of flowers from the long-term care home's gardens, and a cloth penguin made out of socks share pride of place with family pictures and a framed needlepoint design she stitched and brought with her from her family home.

"When I moved in, I said I was done with cooking and crafts," says Hazel. And while she's still happy to let someone else do the cooking, she changed her mind and now looks forward to creating various arts and craft projects. "It's just fun to do. I like to try things and say to myself, 'I'm 96 years old and I did it. And then when my girls come to visit, they say, 'mom, that's wonderful.' It keeps me busy."

Crafts like the penguin and the poppies are part of the many therapeutic recreation activities that happen seven days a week at HRM. "Therapeutic recreation is a holistic way to work with people," notes Nikita Cava, a therapeutic recreationist at HRM. "People in long-term care can't always express with words the things that they need, so it's almost like finding a new language and finding new ways to meet the needs of people who have barriers to leisure."

When each resident comes to HRM, a therapeutic recreationist gets to know them a little better with what's called a "look into my life" assessment that covers everything from where they grew up and where they once worked to what their leisure interests are and what languages they speak.

This information helps therapeutic recreationists develop interesting, engaging programs for residents.

Every month, residents can also contribute ideas for the next month's calendar — which is why many enjoyed a "pancake bar" set up with berries, chocolate chips and other fixings on Pancake Tuesday.

Residents can participate in a range of activities of their choice. Singing, music, and arts and crafts are popular, as are weekly visits from St. John Ambulance-trained therapy dogs and summertime "barnyard friends" events with kittens, goats and chickens in the courtyard.

There are seasonal events with kids, like a Halloween parade, Easter egg hunt or a Family Day "daytime sleepover" where grandchildren and great-grandchildren can come in their pajamas to watch a movie and eat popcorn.

Daily or weekly activities include card games and bingo, religious services, and simple exercise groups, like tossing a ball around, balloon badminton or a walking group. Master gardeners visit year-round for indoor and out-



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Hazel Boorman, Hogarth Riverview Manor resident, likes to keep busy and try new activities including crafts and painting.

SPOTLIGHT ON CARE



door gardening, and the main therapeutic garden is filled with edible plants that engage the senses with colour, texture and scents.

For residents who are unable or unwilling to leave their room, there are one-on-one visits, with reading, a simple hand massage or "reminiscence therapy," chatting or looking at pictures of the resident's earlier life. "We're always looking for ways for residents to be engaged," says Cava. "You don't want someone to come to a program and just to sit there. We really aim for the staff to be interacting with the residents and make sure they're enjoying their time."

All these activities are about enhancing quality of life, which also translates to physical and mental health benefits. "Therapeutic

recreationists give us insight into what the residents are doing day to day.

Because they spend a lot of recreational time with the residents, they can often alert us to changes in condition and sometimes give us clues as to what's going on," says Dr. Aaron Feldstein, a family physician with St. Joseph's Care Group.

As well, if residents have dementia or another cognitive condition, feeling discontented physically or psychologically can result in "responsive behaviours" like agitation, yelling or aggression, he adds. "These behaviours can be like a big puzzle and we try to look at it from every angle. Therapeutic recreationists help us get a sense of the whole person and tap into the things they enjoy."

As I say goodbye to Hazel, she takes me down the hall to the activities room, which has shelves of books, a jigsaw puzzle laid out and baskets of art supplies.

We don't stay too long though: there's a birthday party about to start and the band is tuning up.

Spotlight on Care is a monthly column from St. Joseph's Care Group exploring various topics in health care. It appears on the Healthstyle page of The Chronicle-Journal on the third Tuesday of each month. Visit www.sjcg.net to find out more about St. Joseph's Care Group.

Fighting insomnia without drugs or doctors

BY W. GIFFORD-JONES

DO YOU have trouble getting to sleep? Are you counting sheep and getting nowhere? Today, for many people a good night's sleep is an elusive dream. Now, a report from The Harvard Medical School says that anxiety and stress often cause insomnia. And it's refreshing to read that its solution doesn't involve doctors or drugs.

A prolonged lack of sleep can have devastating consequences. For instance, the huge oil spill by the Exxon Valdez and the Chernobyl nuclear disaster were both believed to be related to sleep deprivation.



THE DOCTOR GAME

But chronic insomnia can be life-threatening in other ways. Dr. William Dement, a renowned sleep researcher at Stanford University in California, says there's compelling evidence that how well and how long we sleep is an important indicator of how long we live.

So, is there a magic number for the hours of sleep we need to keep healthy? An English proverb claims, "Six hours for a man, seven for a woman and eight for a fool." But according to the National Sleep Foundation, whichever you are, eight hours is required for good health and safety. But only one-third of us get this amount.

Insomnia is no friend to those who have pre-diabetes. Researchers at the University of Chicago studied a group of young men who were restricted to four hours of sleep a night. This caused a decrease in the secretion of insulin, a 40 per cent decrease in the rate sugar was cleared from the blood and an increase in blood sugar. If the study had continued, the end result would have eventually been diabetes.

Professor Mathew Walker at the University of California says, "sleep loss is one of the greatest public health challenges we face in the 21st century." For instance, long distance truck drivers have a 200 to 500 per cent greater risk of accident. And when a truck driver is killed, he or she takes 4.5 other people with them.

Another study at the University of California showed that men deprived of one night of partial sleep resulted in an immune system that was less effective. They found that "natural killer cells" which fight viral infections and cancer were compromised.

So how can Harvard doctors cure insomnia without drugs? I admit I expected them to pass along a great new scientific achievement. So I was shocked to hear that these professors believe that weighted blankets may be the answer for those who stare at the ceiling and count sheep all night.

Dr. Christina Cusin, an assistant professor of psychiatry at The Harvard Medical School, reports, "weighted blankets have been around for a long time to treat children with autism or behavioral disturbances."

She adds, "It's one of the sensory tools commonly used in psychiatric units. Patients who are in distress may choose different types of sensory activities, such as holding a cold object, smelling different aromas, doing arts and craft to try to calm down."

"But weighted blankets are supposed to work in the same way. Tight swaddling helps newborns feel snug and secure so they dose off more quickly. The blanket simulates a comforting hug, calming the nervous system."

These blankets look like regular ones. But they're filled with plastic beads or pellets to make them heavier and can weigh from three to upwards of twenty pounds.

If you believe a weighted blanket might be the answer to insomnia, buy one that weighs 10 per cent of your own weight. So someone weighing 150 pounds needs a blanket weighing 15 pounds.

But do they work? Cusin says it's impossible to do a scientific double-blind study as all subjects would automatically know the blanket is heavier. Luckily, she says there's little risk to these blankets, but to check with your doctor before using one, particularly if for small children. And be ready to pay about \$100 to \$200 dollars to cuddle up in it.

I hope it gives happy dreams. As F. Scott Fitzgerald, the author, remarked, "The worst thing in the world is trying to sleep and not to."

The Doctor Game runs each Tuesday in The Chronicle-Journal. Dr. Ken Walker (aka W. Gifford-Jones) has a private practice in Toronto. Please send comments to info@docgiff.com or visit docgiff.com.

Diabetes drug may prevent, slow kidney disease

BY MARILYNN MARCHIONE
THE ASSOCIATED PRESS

A drug that's used to help control blood sugar in people with diabetes has now been shown to help prevent or slow kidney disease, which causes millions of deaths each year and requires hundreds of thousands of people to use dialysis to stay alive.

Doctors say it's hard to overstate the importance of this study, and what it means for curbing this problem, which is growing because of the obesity epidemic.

The study tested Janssen Pharmaceuticals' drug Invokana. Results were discussed Sunday at a medical meeting in Australia and published by the New England Journal of Medicine.

About 30 million Americans and more than 420 million people worldwide have diabetes, and

most cases are Type 2, the kind tied to obesity. It occurs when the body can't make enough or properly use insulin, which turns food into energy.

This can damage the kidneys over time, causing disease and ultimately, failure. In the U.S., it's responsible for nearly half a million people needing dialysis, and for thousands of kidney transplants each year.

Some blood pressure drugs lower this risk but they're only partially effective.

The new study tested Invokana, a daily pill sold now to help control blood sugar, to see if it also could help prevent kidney disease when added to standard treatments.

For the study, about 13,000 people with Type 2 diabetes and chronic kidney disease from around the world were to be given

Invokana or dummy pills. Independent monitors stopped the study early, after 4,400 people had been treated for about 2.5 years on average, when it was clear the drug was helping.

Those on the drug had a 30 per cent lower risk of one of these problems — kidney failure, need for dialysis, need for a kidney transplant, death from kidney- or heart-related causes, or other signs that kidneys were failing.

For every 1,000 people taking the drug for 2.5 years, there would be 47 fewer cases of one of these problems, researchers estimate.

Rates of serious side effects were similar in the drug and placebo groups including leg, foot or toe amputations, a concern raised by a previous study of Invokana.

One side effect, when the body can't produce enough insulin,

was more frequent among those on Invokana but rare overall.

Janssen, which is part of Johnson & Johnson, sponsored the study and many authors work or consult for the company. The drug costs about \$500 a month in the U.S. Out-of-pocket costs for patients may be different, depending on insurance.

The importance of this large and well-done study "cannot be overstated," Drs. Julie Ingelfinger and Clifford Rosen, editors at the medical journal, wrote in an accompanying article.

In recent years, several studies have found that Invokana and some similar drugs can lower heart risks.

The new results, showing that Invokana also may stall or prevent kidney failure, expand the potential benefits of the drug.

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