



SASKATOON COUNCIL ON AGING INC.
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Spring 1992

COMING of AGE

A Publication of the Saskatoon Council on Aging

Planning a New Year

By Mary Helen Richards

Annual meetings let groups look back on what they have accomplished, and forward to what still needs doing. The Saskatoon Council on Aging annual meeting May 28 will be the start of a new year and some new challenges.

Like any New Year's celebration, some advance preparation has been done. Project proposals have been put together and submitted to funding agencies.

Following the fall long-range planning sessions, these proposals focused on two major concerns: elder abuse and the burden car-

ried by informal caregivers. The third grant application seeks continued funding for the Council's resource centre and program co-ordinator. New Horizons was asked to support our publications which share information with more than 4,000 seniors.

Success of these depends on all of us getting involved.

During winter, general meetings and educational programs continued. The computer literacy program continued at the Gathercole Centre and, with computer educator Dianne Johns, at the office.

At the resource centre, program co-ordinator Nancy Monseller and her team of volunteers handled many requests for information.

In 960 square feet of space, the Council and Services for Seniors worked closely — literally — to assist seniors and their families.

Provincial contacts grew steadily. Board members Joyce

SASKATOON COUNCIL ON AGING **SASKATOON SERVICES FOR SENIORS**

240-22nd St. E
652-2255

Trevena and Madeline Einsiedler represent the Council at Saskatchewan Senior Mechanism meetings in Regina. Delores Dzubin and her team are working with the province-wide elder abuse prevention project.

Janice MacKinnon, Minister Responsible for Seniors, met with the Council board in January and announced the appointment of president Wilma Mollard to the Saskatchewan Senior Citizens' Provincial Council.

Local interest and membership continued to grow. At general meetings, individuals and representatives of agencies and organizations voiced concerns for seniors' welfare and offered to help. From them, the Council will look for new ideas and initiatives in implementing more services.

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Schools Seeking Seniors

Can you spare some time? Saskatoon's public schools need caring people to do some valuable work with students, says Valerie Pawlovich, school community relations coordinator.

Volunteers do not need a teaching background or special training, says Ms. Pawlovich. Their commitments can be flexible, a half-day or two or three times a week, or for one special program.

Volunteers may choose to be with students aged from three to 13, and will be matched to an opportunity that best suits their experience and interests. If they want, they will be paired with the closest participating school which has requested volunteers — and there have been many requests, she says.

What can seniors do in Saskatoon's public schools?

They can share their skills in crafts, cooking, reading, languages, painting, mathematics, music, history, sports, dancing, science, sewing, writing, office work, camping, listening.

They can draw on their personal experience in travel, military service, family life, employment, business, politics, community affairs, leisure activities.

To get involved, call Joyce at the Volunteer Hotline, 477-0446 between 9 a.m. and noon weekdays. Ms. Pawlovich promises, "You'll enjoy the experience!"

Calcium and Exercise Crucial for Healthy Bones

By Mary Helen Richards

Osteoporosis, in which bones become thin and brittle, is usually found in elderly women but starts years before in their youth. It is related to low calcium intake and too little weight-bearing exercise, such as walking; when the body gets too little calcium to supply nerves and muscles, it takes it from the bones.



Increasing calcium but not exercise is not too helpful because weight-bearing activity is what utilizes the calcium and produces bone mass. Over the years the skeleton becomes more porous and brittle. After menopause women lose bone mass six times faster than men because of a lack of estrogen.

Osteoporosis results in a bent back and significant loss in height. Fractures are common; one study says 80% of patients with broken hips have osteoporosis. It's widespread; in Canada, one in four women will develop it.

Primary prevention for young women calls for weight-bearing exercise, adequate calcium and perhaps estrogen therapy. Secondary prevention begins after an older woman falls below the 'fracture threshold' and a brittle bone snaps, maybe when she's just getting up from a chair. Through diet and exercise, bone mass can slowly be raised above this threshold.

Increased calcium intake must be accompanied by weight-bearing exercise to make the bones use the calcium. Otherwise it's like being in a plaster cast and bones begin to waste away. The diet must also include phosphorus, which is essential for strong bones and teeth, but if one takes more than a one-to-one ratio with calcium, phosphorus tends to cut the absorption of calcium. A diet too high in fibre can also lessen absorption of calcium by causing food to move through the body faster.

This and more information is available at the Saskatoon Community Health Unit and the Council's Resource Centre.

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It really is the best medicine

By Ginnie Lawman

L A U G H T E R

When was the last time you had a really good laugh? Not just a polite giggle, but a real, honest-to-goodness belly laugh, complete with tears and aching sides?

Many people won't be able to remember; we tend not to laugh as much as we'd like. But according to Annette Goodheart, a doctor from California, the more we laugh the healthier we are.

She's not alone in this assertion. More and more people in the health care professions are acknowledging the role of humor in wellness, as well as in the traditionally solemn realms of sickness and palliative care.

Laughter is cathartic, Dr. Goodheart says. It cleanses our minds and bodies and relieves tension, stress and pain. When we laugh, our cardiovascular system dilates and our bloodstream receives additional oxygen. A good belly laugh gives our internal organs a quick workout.

And laughter is contagious: those around us benefit as well.

Did you know that the average four-year-old laughs 400 times a day? What happens to this spontaneous self-help therapy?

Dr. Goodheart's explanation is that society gradually inhibits our ability to indulge this healthy habit. As we mature, she says, we internalize the myths we hear about laughter: we must have a reason to laugh; we must be happy to laugh; we must have a sense of humor to laugh; we must have permission to laugh.

Given all these 'musts', it's not surprising that we learn to ignore the healing power of our laughter and look on it as childish.

As we age, there may seem to be

fewer reasons to laugh, but Dr. Goodheart says the fact is that people who can raise a smile tend to be healthier than those who can't see the bright side.

Wyona Freysteinson is a Saskatoon nurse who uses clowning in health care situations. In her humor workshops, she has seen improvements in the behavior and attitudes of cognitively-impaired seniors.

One elderly lady continually picked at the air with her fingers during the first humor workshops. This behavior gradually stopped, and she explained to Wyona that the sessions "had taken her mind off her work"! A man who had been rather grumpy was seen entertaining youngsters with a puppet he had made at the workshops, and he began to take an interest in the world around him. He voluntarily took over cleaning out the aquarium in the home where he lived.

Wyona says humor is like medication; one type won't suit everyone. We need to explore what makes *us* laugh.

And humor isn't limited to laughter, she points out, but includes joy and positive attitudes as well. These self-induced attributes have a spillover effect into our lives as a whole. A positive attitude helps us to feel in control, she says, and enables us to make choices and ask questions which we might not do if we take a more fatalistic approach.

So we should begin listening to that half-forgotten voice inside us, urging us to go out and play and have fun. We all have a healer within if only we can remember how to hear its message.

Living with

By Jen

Layton Crockett says he "just sat down and cried" when he was diagnosed with Alzheimer's disease 10 years ago.

Just retired as business development officer at Canada Permanent Trust in Saskatoon, he had \$4,000 worth of power tools waiting "and I was going to have fun."

For the man who had made his own lathe at 15 on the family farm near Penzance and built a home in Nipawin with just a hammer, saw and square, abandoning his dreams for those tools was harder than handing over the driving to his wife Peggy

Alzheimer's attacked his eyes – "You're just a fuzzy shape," he tells a visitor, changing color as the light shifts – and made using tools unsafe.

Hoping against hope, the Crocketts travelled to London, Ontario, and then to Vancouver's Alzheimer's Centre, only to get unwelcome confirmation. Of 700 cases on file at the Vancouver centre, his was the worst for eyes, Mrs. Crockett remembers.

"But he was still steady on his feet, and aware. We're grateful for that."

After 10 years, he still is. He shares in conversations, speaking a little slowly, sometimes thwarted for a word or fact. He makes jokes, reminisces about his wartime RCAF experiences overseas and the time he won a nurses' 'best ankles' contest.

People who don't see him regularly say he has hardly changed, but his wife knows better. She spreads the toothpaste on his brush, combs his hair and helps him into his clothes each day. She provides the word he can't find, the connection he can't make.

Her first reaction to the diagnosis was to think, 'I'm pretty tough and strong and we'll get through this.' She accepts what life brings and works on it. Their closeness helps; often they sit over coffee and talk about it and how they feel.

Nonetheless, Mrs. Crockett says firmly, "it hasn't been easy." She doesn't believe there is any way people can prepare for Alzheimer's. "It's such a debilitating, subtle, terrible disease."

"It hits in different way and every one is so subtle," Mr. Crockett adds. "It's sneaky."

There are many patterns in the type, severi-

ty and sequence of mental changes in Alzheimer's disease, says a brochure from the Alzheimer Society of Canada (which dropped the apostrophe from its name).

It affects at least 300,000 Canadians and causes 10,000 deaths a year. It's the most common form of dementia, the medical term for the symptoms created by several physical diseases affecting the brain. It is irreversible.

Most people don't get dementia; it is not a normal part of aging. A handbook produced at Royal University Hospital's Geriatric Assessment Unit says 10% of people over 65 are affected, and one in 20 has more than a mild form. Others say 20% of those over 80 may have it; the risk goes down for the others.

The numbers are alarming, says Morris Wice, president of the Saskatoon Chapter, Alzheimer Society of Canada, "when you see the figures and you get to know your friends around that have already been diagnosed and are already gone."

His wife Etta Jean, who died in 1985, was diagnosed in 1981-82, though "we knew something was amiss before the diagnosis." A great knitter, she got so she could not follow a pattern.

He took over the cooking and baking when she was unable to follow a recipe. She did what she could, like make toast and set the table — though she didn't always remember the right way.

Alzheimer's (named for the German doctor who first described it) interferes with memory



Layton and Peggy Crockett: li

Alzheimer's

Martin

and mental abilities. Symptoms increase in intensity from slight memory loss and mental confusion to severe mental impairment and physical limitations. Some victims become violent; many wander.

Mr. Wice remembers once when his wife was located because the owners of a car into which she seemed to be peering called police. She was talking to her reflection in the window.

Alzheimer's signals are subtle. Looking back after Layton Crockett was diagnosed, Mrs.



it together

Crockett realized it had been coming on before a car accident sent them for tests. His depth perception changed; the 'full' cup of coffee he poured would be only half-full.

Early symptoms include forgetfulness, depression, shortened attention span, trouble with simple math, difficulty in expressing thoughts, changing or unpredictable moods, less desire to try new things or meet new people. They may be so slight they go unnoticed.

They may be symptoms of problems which can be corrected, says Patty Marken of the Geriatric Assessment Unit, perhaps caused by a mixture of drugs, by heart congestion or diabetes, by infections which raise the body temperature and cause confusion, even by malnutrition.

"There are dozens and dozens of reasons for memory loss."

Reversible causes must be ruled out first, she says. People should visit their doctors as early as possible for referral to a specialist or the GAU.

A detailed history (involving the family) comes first, and a memory score test. Part of the test requires the person to draw a clock face, which Mrs. Marken says can be revealing. A stroke victim draws all 12 numbers on one side. Others with memory loss may reverse them, or write them down the middle.

Since there is no diagnostic test for Alzheimer's, the patient history and the memory score test done by a gerontologist or occupational therapist are crucial, along with information on how a person copes at home.

Mrs. Marken visits people in their homes, where they may manage well despite low memory scores. She has tea with them to make it a social occasion, but also to see if they can make tea. She looks in the refrigerator to see if food is spoiling, the bathroom to see prescriptions' dates of issue and doctors' names.

"I go out and take the patient's point of view first," she says. She doesn't try to rescue people, she gives them options and is not devastated if they don't follow her advice.

"We should be seeing far more people in the early stages so they can plan, make legal preparations," she says. But families often deny the situation because of fear, and can be paralyzed by their fright.

Layton and Peggy Crockett have made adjustments, but have not been paralyzed by Alzheimer's. They cut back social outings, even church, but will go to a Commonwealth Aircrew reunion in Winnipeg this year. They drove to Arizona in February with friends in a second car.

"We've never asked ourselves 'Why?'," says Mrs. Crockett. "It just is. We try to make the best of every day."

She doesn't want to sound 'pie in the sky', she stresses. "It's not easy, but if you have the will, you'll grow with it. It's all we have. If you want to enjoy anything, you have to enjoy what you have."

(In the next issue: Living with an Alzheimer's victim, where to find help, and what research is being done.)



PEOPLE

Saskatoon Senior Citizens Centre

By Ellen Senger of the Saskatoon Senior Citizens Centre

The Saskatoon Senior Citizens Centre — known as the Cosmopolitan Centre until 1989 — is one of Saskatoon's early senior centres. It opened at 614 11th St. East in December 1960, and really got going in January of 1961.

It was the result of 10 years of planning, Mrs. C. E. Diggle, president of the Senior Citizens' Service Association, said when it opened (reported in the 1965 booklet, *Facts, Figures and Histo-*

ry: Saskatoon Cosmopolitan Senior Citizens' Recreation Centre, in the Local History Room at the Frances Morrison Library.)

City council was approached and land made available. The Cosmopolitan Club began raising funds for the \$90,000 building in 1958 and seniors raised the money for furnishings.

Today we have a very active centre with about 275 members. In the afternoons we have whist Monday and Wednesday, bridge

Tuesday, bingo Thursday, cribbage and carpet bowling Friday. There are exercises Tuesday and Thursday mornings, and dances to live music on Saturday nights.

About 35 people take part in the Orpheus '60' choir which operates from the centre and entertains at special care homes.

The Golden Age auxiliary, which began in 1972, has entertainment once a month.

We rent the hall to seniors for meetings and other events.



Unit's Goal is to Help Seniors Live Successfully at Home

By Monica Kohlhammer, Nursing Director

The Geriatric Assessment Unit and Day Hospital at Royal University Hospital, a first in North America, provide assessment, treatment and rehabilitation services to those 65 and over.

Their goal is to help seniors live independently in the community as long as possible, by:

- assessment and intervention when independent living has broken down or is threatened
- maintaining and improving locomotor, physical and mental functions
- recommending community support services (Home Care, day centres, etc.) to maintain seniors in their homes and

reduce strain on supporters

- offering advice in maintaining or improving seniors' health and independence
- providing activity programs that promote socialization and enhance quality of life

The GAU provides an inpatient management service for seniors referred to doctors in clinical gerontology services by their family doctors. After discharge, they return to their own doctor's care.

They may stay at the GAU for up to three weeks, while doctors, nurses, social worker, occupational and physical therapists and recreation therapist do a complete review.

The unit provides no exten-

ded or long-term care, nor do inpatients have any priority of access to long-term care.

The Geriatric Day Hospital provides ambulatory services for seniors in Saskatoon and area. Individual programs for assessment, treatment, physical and social rehabilitation are designed to maintain them in the community and help their supporters. Seniors must attend once or twice a week for up to five hours a day.

Family and community support is important and family members are encouraged to participate in the care and rehabilitation. Families need to be reassured that they are doing the best they can.

FIGHTING ELDER ABUSE

By Darla Goettler of the Seniors' Education Centre

An elder abuse prevention project has been begun by the Seniors' Education Centre, University of Regina Extension, with funding from Health and Welfare Canada, the Saskatchewan Seniors Secretariat and the Saskatchewan Family Foundation.

Its purpose is to increase awareness of the extent of elder abuse and to establish resource networks throughout Saskatchewan. It began with a central Saskatchewan training forum Jan. 13-14 in Regina, and continues with community workshops in Saskatoon and six other centres in the spring, and a provincial conference.

Older adults, seniors' groups, professionals and related groups working with seniors are targeted for training.

The project is guided by a provincial advisory group of older adults and professionals from various fields.

The Seniors' Education Centre has spent several years looking at the issue of elder abuse, and has produced several publications which are for sale:

- *Elder Abuse Literature Summary*, September 1991, \$6.70 including postage and GST)

- *Focus on Elder Abuse*, June 1989 report of the First Sas-

katchewan Elder Abuse Conference (\$5 plus GST)

- *Directory of Elder Abuse Prevention Resources*, June 1989 (\$2 plus GST)

For more information on this project or the community

workshops, or to order publications, contact me at the Seniors' Education Centre, University of Regina Extension, AG 106 Art Gallery, Regina S4S 0A2; or call 779-4706.

Saskatoon workshop will raise awareness of abuse

By Mary Helen Richards

Six Saskatonians attended a two-day training session in Regina in January for elder abuse prevention resource people. The team leader was Delores Dzubin, past-president of the Saskatoon Council on Aging and a member of the provincial advisory group for the two-year project.

The six included four seniors — Vera Anderson, Bob Burrage, Hazel Fowler and Madge McKillop — and two professionals, Sgt. Don Evers of the Saskatoon Police Department Crime Prevention Unit and Debra Lesyk, head nurse at the Community Clinic.

They are now planning an invitational workshop in Saskatoon in the spring, which should raise community awareness of a serious problem and the need to look for ways to solve it. Similar workshops will be held by teams in other centres, followed by a provincial conference next fall.

Delores Dzubin started an information campaign soon after the training session. She spoke on elder abuse at the January general meeting of the Council on Aging, and showed a video about taking action. In small discussion groups, people told of personal knowledge of abusive situations, ranging from the withholding of spending money (a form of financial abuse) to the isolation of a senior in a small bedroom, ignored by her family.

Enough examples were given to show that elder abuse occurs in Saskatoon. The number of people volunteering to work to alleviate the problem demonstrates that some solutions will be found close to home, too.

Secrets of Graceful Aging

AGING WELL: A GUIDE FOR SUCCESSFUL SENIORS

By James F. Fries, MD
Addison-Wesley, 335 pages
(Saskatoon Public Library
613.0438 F912)

Here is a Dr. Spock-type guide written especially for seniors. It's factual, logically presented and good reading. It's probably the best guide-book you could read and own.

The contents are divided into three parts: a discussion on aging, planning a healthy lifestyle, and suggestions for solving specific problems of pain and disability. The index guides the reader to these areas of concern, summaries of home treatments, when to see the doctor and what doctors

can do to help.

As the dust jacket says, it offers "well-tested guidance on every aspect of growing older in good health and good spirits: maintaining vitality; myths about aging; self-care for common medical problems; diet and exercise; sexuality and aging; retirement and financial planning."

Dr. Fries points out that older years can be times of rich experience, deep insights and complete individuality.

He tells seniors directly: the bad news is you can't live forever; the better news is that you will probably live longer than you think; and the best news is that you can stay vital.

Mary Helen Richards

HOME SAFETY COURSE FOR SENIORS

Thursday, May 8
10 a.m. - 3 p.m.

Frances Morrison Library

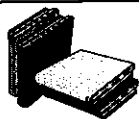
PROGRAM

1. **Watch Your Step**
- how to prevent falls
2. **Fireproof Yourself**
- preventing fires
3. **Poison Perils**
- warning of hazards
4. **Home Protection**
- secure your property
5. **Miscellaneous Safety**

No Charge

Limited to 30 participants

A Saskatchewan Safety Council production, co-sponsored by the Saskatoon and District Safety Council and the Saskatoon Public Library.



How to Find a Good Nursing Home

SENIORITY: IN SEARCH OF THE BEST IN NURSING HOMES AND ALTERNATIVE CARE IN CANADA

By Michelle West
Addison-Wesley, 151 pages
(Saskatoon Public Library 362.160
971 W519)

People today plan for an active retirement but would rather not think about the dependent years. Actually, we have had less experience with disability: family members once died at an earlier age or retired later or lived far away. Twenty years ago, it was common to find healthy people in their 60s living in nursing homes. Nowadays those people are visiting

their parents in such homes.

But increased dependency does come and should be considered before it arrives.

Wise planning means seniors and their families look at options. The best plans are made when there is sufficient time to get information about a senior's needs, an accurate assessment of disabilities, a list of services offered by family and community, and an accounting of funds available for the plan of care. Health and social work professionals can give objective counsel.

Michelle West outlines all this in short chapters. Especially useful is the section on what to look for

and ask when shopping for a special-care facility. Once the dependent senior is placed there, a family member or friend acts as monitor or advocate. How to consult with staff, and complain if necessary, are described. The author says it's unrealistic to expect a care facility to be just like home, but it is reasonable to demand a clean, safe, stimulating environment and good food. Seeing that the senior gets good care becomes a co-operative effort between staff and family.

This small book, full of good advice and the wisdom of many professionals, will help seniors plan for changing situations.

Mary Helen Richards