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OSTOMY TORONTO

Celebrating our 53rd year!

Issue 53-2-11

Good Cholesterol May Lower Risk of Alzheimer's Disease

By Brenda Goodman

WebMD Health News

Reviewed By: Louise Chang, MD

Dec. 13, 2010 -- Having higher HDL, or "good" cholesterol, may reduce the risk of Alzheimer's disease, new research suggests. Experts say the new study, which was published Monday in the *Archives of Neurology*, is further evidence of a link between heart disease and dementia, and if the finding is backed by more research, doctors think it may point to a way that people can reduce their risk of both brain and heart trouble later in life, by boosting HDL.

"If you do things for your coronary vascular health, it clearly appears to modify your Alzheimer's risk as well in a way we don't completely understand." says James R. Burke, MD, PhD, associate director of the Bryan Alzheimer's disease research center at

(Continued on page 17)

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Next Monthly Meeting:

Thursday, February

17h, 2011

**Tridium Gift of Life
Network**

Representatives

**For address and map,
see page 4**



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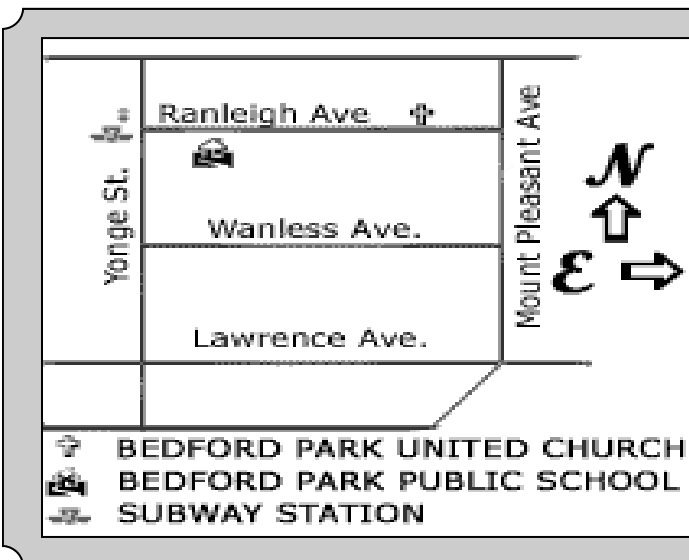
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Upcoming Monthly Meetings

February 17th—Representatives from The Tridium Gift of Life Network will speak about organ donation.

March 17th—Dr. Stacey Hart, from the Department of Psychology at the University of Ryerson will speak about intimacy, relationships and living with chronic illness.



Meeting Location

Bedford Park United Church
 100 Ranleigh Avenue
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Meeting Dates and Time

3rd Thursday of each month
 Doors open at 7:00 pm,
 Meetings begin at 7:30 pm

Ostomy Toronto's Patient Visitation Program

Do you need reassurance and emotional support relating to your upcoming or recent ostomy surgery?

Ostomy Toronto has a very active visiting program. We provide patients with the option of a telephone, electronic or face-to-face visit by a qualified visitor. Our **Patient Visitation Program** also provides support for family members, spouses/partners, and parents of individuals living with ostomies. O.T. encourages

friends and family members as well to seek support, as they can have an integral part in the patient's recovery process and can provide emotional and educational assistance.

The Visiting Coordinator, Di Bracken, can be reached by email at dib@ostomytoronto.com or 416-596-7718. If possible, the co-ordinator will match the patient with a visitor of the same approximate age, gender and type of surgery.



Lorne Aronson



Joey Friend

The Editors

We know that some people are affected by the darkness of winter! In this month's newsletter is an article on SAD (Seasonal Affective Disorder). We hope you find it useful and informative. As well, included is an article on "good" cholesterol and what effects it may play in the fight against Alzheimer's Disease. We are always striving to ensure that the articles in our publication are both interesting and useful. If you have any suggestions regarding any subject, please write to the editors with your sug-



Editors' Note

Please DO NOT follow any medical or stoma management advice appearing in this Newsletter without consulting with your



From the President's Desk

I have some exciting news to share with you. Maria-José's, kidney transplant has been approved! As many of you already know, Maria-José, is one of our young and active board members. She has already received a kidney transplant 10 years ago (donated from her mother), for renal failure, and a year ago she was put on dialysis because that kidney had begun to fail as well. Recently, two new donors have been identified, tested, and proved to be a match. Up until a few days ago, there remained a major concern for Maria-José – finding a surgeon who was prepared to undertake the complex surgery. On January 25th, Maria-José met with a surgeon, and discovered that he is the surgeon who trained the doctor that she had while she was at Sick Kids Hospital. The surgeon is the head of urology and Toronto General Hospital and (to quote Maria-José) *“He is amazing and is very confident with doing the transplant without complications... I am an emotional mess but feel very*



blessed to only have been on dialysis for 1 year rather than 7-9 years waiting for an organ... So now it's just a wait for an OR and I am good for a new kidney!!! Ahhhhhhhh.”

Maria-José also shares further news with us in regard to an article that appeared in the Toronto Star. If you have a computer, log on to the link and read the article. *“The Toronto Star article was short and sweet and if you missed, it the link is <http://www.healthzone.ca/health/newsfeatures/article/925680--kidney-failure-cases-triple-in-20-years>. Also the Kidney Foundation of Canada has asked me to do work with them and write an article. I did a plug on our camp! Last, for those who don't have the link I am still blogging, and have stats, info, giveaways, videos, pics and much more on my blog: <http://mjbouey.tumblr.com>. Love you all and keep well in this cold winter weather.”*



President's Message Cont'd

Those of you who have met Maria-José know what a positive young lady she is. She has battled serious health issues since she was born in Chile but if she ever feels down, she does not show it. She is dynamic, always full of ideas, living her life to the full. Maria-José created her blog when she started on her journey with dialysis and her search for a new kidney. She wanted to share with the world her life on dialysis, how she is living day to day, her hope to give encouragement to those facing any health issues. We will not see Maria-José for a while. She has to keep out of crowds until she has had her transplant. Once the transplant has taken place, hopefully by the next newsletter, Maria-José will need to be under limited quarantine to protect her from infection. So, attending meetings will not be encouraged initially. When she is able to be with us at a meeting, we will ask her to share her experiences with us.

We missed Pat and Ahti at our

last meeting and heard that both were dealing with some health issues. Pat had a total knee replacement just a couple of weeks ago. The operation went fine so it is now a question of Pat doing her exercises and getting back on her feet again. At the same time, a mass was discovered on Ahti's lower spine and he is receiving chemotherapy to shrink it. Once this has been achieved, plans for future treatment will be discussed. Please keep Maria-José, Pat and Ahti in your thoughts and prayers as they face these health issues.

We are pleased to announce that Leslie Heath, RN, BScN, ET/WOCN has joined the Board of Ostomy Toronto as a Medical Advisor. Leslie's passion for working with clients living with wounds and ostomies has been a part of her career since its beginning twenty years ago. Leslie took on a position of Wound Ostomy Resource Nurse in 2005 and successfully completed her Enterostomal Therapy Nursing course from The Cleveland Clinic in 2009. Leslie is a member of the Canadian Association of Enterostomal Therapists, the Canadian Associa-



President's Message Cont'd

tion of Wound Care, the
Ontario

Wound Interest Group. We look forward to working with her.

Your executives are currently dealing with a couple of issues that I will share with you. We need to find a new location for our monthly meetings. Bedford Park United Church is going to be out of commission for meetings for our next ostomy year. We need to find a new venue which is easily accessible to the subway and local transit as well as provide wheelchair access. It would be beneficial if we could find a location with a kitchen, but we will have to see. Bedford Park has been a good location as it is mid-town. Our director Robert Wychers has been charged with finding a new location but this is proving to be quite the challenge. If any of you know of a location that you think suitable, please give us a call at the office or call me at home 416. 733. 6783.

Do any of you have any con-

tacts with a printing company? We are currently updating the brochure that we have as it contains information that is out of date. We want our brochures to be informational, attractive, and in full colour so that all the hospitals in the GTA where ostomy surgery is performed will welcome giving them to those who have had ostomy surgery. We are looking to print two brochures, three column 8½ x 11 as well as a detailed informational booklet. We understand that there are costs involved but it could be that one of our members may have a contact where we can get a reasonable quote. Again, if you can help us or need further information, please give me a call.

I look forward to seeing many of you at our next meeting. Remember we are just a phone call or email away.

My wish for us all is that we stay well.





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*Harbison P et al. *OstomyWoundCare*: a study of peristomal skin disorders in patients with permanent stomas. *BJW* 2006; 15 (16): 954-62
**GJET 2009 paper, "Factors affecting peristomal skin conditions - results from the Danish sub-study", 2009



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What is Seasonal Affective Disorder (SAD)?

Reprinted from WebMD.com

Seasonal affective disorder (SAD) is a type of depression that tends to occur (and recur) as the days grow shorter in the fall and winter. It is believed that affected people react adversely to the decreasing amounts of sunlight and the colder temperatures as the fall and winter progress. It is important to note that although seasonal affective disorder usually presents in the fall and winter there are those who suffer from this condition during the summer instead of, or in addition to, during the fall or winter.

Seasonal affective disorder has not been long recognized as an official diagnosis. The term first appeared in print in 1985. Seasonal affective disorder is also sometimes called winter depression, winter blues, or the hibernation reaction. The incidence of seasonal affective disorder increases in people who are living farther away from the equator. Statistics on seasonal affective disorder in the United States include that this disorder occurs in about 5% of adults, with up to 20% of peo-

ple having some symptoms of the condition but not sufficient enough to meet diagnostic criteria for this disorder. Seasonal affective disorder is less common where there is snow on the ground. Seasonal affective disorder is about four times more common in women than men, and the average age of people when they first develop this illness is 23 years of age. People of all ages can develop seasonal affective disorder.

What are the symptoms of seasonal affective disorder?

Although there is no specific diagnostic test for the illness, it is understood that symptoms of seasonal affective disorder include tiredness, fatigue, depression, crying spells, irritability, trouble concentrating, body aches, loss of sex drive, poor sleep, decreased activity level, and overeating, especially of carbohydrates, with associated weight gain. When the condition presents in the summer, the symptoms are more commonly insomnia, poor appetite, and weight loss, in addition





What is Seasonal Affective Disorder (SAD)? - Continued

to irritability, difficulty concentrating, and crying spells. In severe instances, seasonal affective disorder can be associated with thoughts of suicide. The symptoms of seasonal affective disorder typically tend to begin in the fall each year, lasting until spring. The symptoms are more intense during the darkest months. Therefore, the more common months of symptoms will vary depending on how far away from the equator one lives.

What causes seasonal affective disorder?

Seasonal affective disorder seems to develop from inadequate bright light during the winter months. Researchers have found that bright light changes the chemicals in the brain. Exactly how this occurs and the details of its effects are being studied. While those specific mechanisms remain undetermined, factors like low vitamin D levels in the blood are found to be associated with a higher occurrence of seasonal affective disorder and some other depressive disorders.

What is the treatment for seasonal affective disorder?

In addition to being key in the prevention of seasonal affective disorder, regular exposure to light that is bright, particularly fluorescent lights, significantly improves depression in people with this disorder when it presents during the fall and winter. The light treatment is used daily in the morning and evening for best results. Temporarily changing locations to a climate that is characterized by bright light (such as the Caribbean) can achieve similar results. Light treatment has also been called phototherapy. Individuals who suffer from seasonal affective disorder will also likely benefit from increased social support during vulnerable times of the year.

Phototherapy is commercially available in the form of light boxes, which are used for approximately 30 minutes daily. The light required must be of sufficient brightness, approximately 25 times as bright as a normal living room light. Contrary to prior theories, the light does not need to be actual daylight from the





What is Seasonal Affective Disorder (SAD)?
- Continued

sun. It seems that it is quantity, not necessarily quality of light that matters in the light therapy of seasonal affective disorder. The most common possible side effects associated with phototherapy include irritability, insomnia, headaches, and eye-strain. Antidepressant medications, particularly those from the serotonin selective reuptake inhibitor family (SSRI), have been found effective treatment for seasonal affective disorder that presents during summer as well as that which tends to occur during the fall or winter. Examples of SSRIs include flexitime (Prozac), sertraline (Zoloft), paroxetine (Paxil), and citalopam (Celexa). Common side effects for this class of medications include insomnia, nausea, diarrhea, and decreased sex drive or performance. As with any other mood disorder, psychotherapy tends to accentuate the effectiveness of medical treatment and therefore should be included in the approach to addressing this disorder. In individuals who

are perhaps vulnerable to the development of bipolar disorder, either light therapy or antidepressant medication can cause a manic episode as a side effect.

Since stimulant medications like modafinil (Provigil) may be a helpful addition to other treatments for seasonal affective disorder, other stimulants like methylphenidate (Ritalin) may play a future role in addressing this disorder. Acupuncture may be a viable alternative intervention to antidepressant medications, particularly in pregnant women, for whom medications should be used with particular caution.





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Good Cholesterol May Lower Risk of Alzheimer's Disease—Continued

Duke University in Durham, N.C., who was not involved in the study.

"It's been clearly demonstrated that you can have a big bang for your buck in terms of your heart with HDL, and now there's initial evidence, at least, that people who have the lowest levels of HDL at least are at a significantly increased of Alzheimer's disease, and perhaps if you modify that, then you would modify your risk," Burke says.

HDL and Alzheimer's Disease

Researchers at Columbia University in New York followed 1,130 seniors who had no history of memory trouble or dementia.

Every 18 months for an average of four years, participants got a battery of blood, brain, and memory tests. By the study's end, doctors had diagnosed 101 cases of suspected Alzheimer's disease.

When researchers compared the

cholesterol levels of study participants with and without Alzheimer's, they found that those with the highest HDL counts, over 55 mg/dL, had about a 60% reduced risk of developing the disease compared to those whose levels were under 39 mg/dL.

"Basically, what we found is that higher levels of good cholesterol decrease the risk of Alzheimer's disease," says study author Christiane Reitz, MD, PhD, assistant professor of Neurology at Columbia University's Taub Institute.

Reitz and her team also found that people with high LDL, or "bad" cholesterol, and high total cholesterol had a decreased risk of developing dementia, but when they took into account other conditions known to increase the risk of Alzheimer's, like diabetes, high blood pressure, obesity, or a genetic predisposition, LDL and total cholesterol were no longer significant predictors in their own right.

"HDL was the only one which

Good Cholesterol May Lower Risk of Alzheimer's Disease—Continued

actually stayed significant and was not explained by any of the other risks factors,” Reitz says. “For HDL it seems to be an independent association with Alzheimer’s disease with, independent of diabetes, high blood pressure and so on.”

A Complex Role for Cholesterol in the Brain

Reitz says that while she found an association between HDL and this form of dementia, she’s not really sure why it may be protective.

“There’s a lot of research trying to find out why HDL is associated with Alzheimer’s disease and what the biological mechanism is behind that. There are different potential explanations, which we’re trying to find out,” Reitz says. “One is that HDL affects the risk of stroke and stroke is associated with Alzheimer’s disease.”

“HDL is one of the major carriers of protein in the brain,” says Lenore Launer, PhD, chief of the

Neuroepidemiology Section in the Intramural Research Program at National Institute on Aging.

“HDL can go out of the brain, it can go into the brain, so there is some flux between in and out of the brain, which makes it difficult to say how much of the periphery measurements reflect what’s going on in the brain.”

In 2001, Launer published a study in the journal *Neurology* that came to the opposite conclusion of the Columbia study. She found that Japanese-American men with higher HDL cholesterol levels were more likely to have Alzheimer’s-related plaques and tangles in their brains.

“I’d like to see some consistency across the literature. And the HDL finding has not been consistent across the literature,” Launer says. “Until the message is pretty consistent across studies, I really wouldn’t have any recommendations about levels of HDL and Alzheimer’s disease.”



Good Cholesterol May Lower Risk of Alzheimer's Disease—Continued

Keeping the Heart Healthy May Also Help the Brain

While it may not make sense to boost HDL levels to try to prevent Alzheimer's disease just yet, Launer and other experts note that higher levels of HDL have clearly been shown to protect the heart, so for that reason alone, they think it's smart to keep good cholesterol in mind at every checkup.

"I tell everybody, let's face it, you can lower your risk of heart disease," says Peter Davies, PhD, director of the Litwin Zucker Research Center for the Study of Alz-

heimer's Disease at the Feinstein Institute for Medical Research in Manhasset, N.Y. "If you get your cholesterol under control, with lifestyle modifications and maybe medication, you can reduce your risk of heart disease and I think probably, if you do that, you'll reduce your risk of Alzheimer's, too." Guidelines recommend that men raise HDL levels that are under 40 mg/dL and that women increase HDL numbers under 50 mg/dL. An HDL of 60 mg/dL or higher is optimal.

MEMBERSHIP CARDS

We have included in this newsletter your membership cards for 2011 if you have paid your membership dues. If you do not find your card, please let the office know and we will see that you get a copy. If you receive your newsletter by mail and you have paid your dues, look for your membership card to come in the mail.

A reminder to our members who have not yet paid their dues:

If you wish to continue receiving our newsletter and also your copy of Ostomy Canada from our national organization, you will need to pay your dues of \$30.00 to Ostomy Toronto as soon as possible please. Thank you.



CAMP 2.0

Reported by: Maria-José

Every year kids across the world come together for weeks or months at a time to enjoy summer. In Canada, one particular group attends a camp called Camp Horizon. Fifty kids from across Canada come together and bond over one common aspect of their lives: having an ostomy. This is something that thousands of Canadians have and somehow this is not known. The kids bond, grow, and share their experiences both good and bad over the week that they are in Alberta. Some of the kids are locals while others make a car, bus, train or flight across Canada to enjoy camp. What happens to these kids the rest of the year when the close friendships, bonds and trust is not around to help take away from the unique lifestyles they have? Ostomy Toronto suggested the idea of a get together for the Ontario group of children.

What first started as a day at the movies, or a possible luncheon, quickly became "Carly's CampOut" under the leadership of senior camper Carly Lindsay. United Ostomy Association of Canada supported the camp by looking after the

insurance issues and providing sponsorship. Carly, and her mother Karen, put together a camp out at their local museum just before the holidays. December 4th-5th, 2010 was the first ever WINTER CAMP that UOAC would host.

Snow began to fall early December 4th and the weekend began with a full house of kids. Ten kids, four supervisors, laughs, bacon and much more! Holiday gifts, new faces and warm familiar one. The kids piled in, meds, pillows, and sleeping bags in tow, all into Spruce Row Museum. That weekend was what dreams are made of. The kids got to bond after six months apart. I personally have never been more moved, educated and enlightened than while speaking to the kids. With Carly leading the crew, the kids trekked the snow, bowled, ate, baked, decorated and confided in one another. Giggles filled the air until 4, 5 and even 6 am... The need for this is huge, the demand is even bigger, but the fact that these kids deserve this is unmentionable. I had the time of my life and felt 16 again. I can only imagine how they felt. Be-



CAMP 2.0 -Continued

fore twenty four hours had passed, I received a message asking when the next camp weekend would be and how much fun the kids had. All of this would not have been possible without Carly and her amazing mother Karen, UOAC and Ostomy Toronto. Kids of all ages and genders deserve to experi-

ence true happiness without fear. Illness or not, kids with ostomies deserve the chance to experience everything and share unforgettable moments that are not defined by illness, hospitals, or uniqueness.

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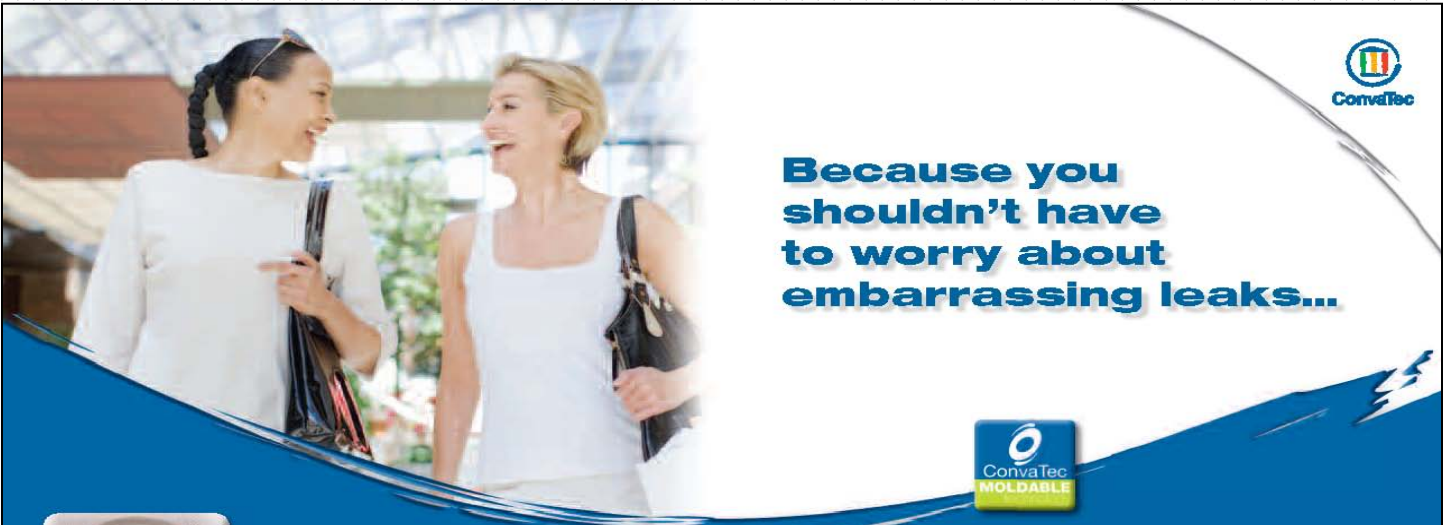
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From a full range of skin care, first aid, wound care, ostomy and incontinence supplies, we can help you select the right products to meet your personal requirements.



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528 Lawrence Avenue West
(416) 789-3368

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(416) 431-4621

Barrie
524 Bayfield Street North
(705) 722-6336

Vaughan
8000 Bathurst Street
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Toronto
2492 Danforth Avenue
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Markham/Cachet Centre
9255 Woodbine Avenue
(905) 887-9055

Whitby/Kendalwood Park Plaza
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Toronto/Six Points Plaza
5230 Dundas Street West
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Orillia
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(705) 325-8855

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