



ARIRANG AGE-FRIENDLY COMMUNITY CENTRE

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HEALTHY SENIORS HEALTHY COMMUNITY



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by the Government of Canada.





The information contained in this handbook was peer reviewed by members of the KCMA, KONA, and Korean Chapter of CDA. The articles are intended to provide health information, rather than medical advice. Please consult your physician, nurse, or other qualified healthcare providers for individualized medical advice.

Our Message to You

Age friendly community promotes maximizing seniors' wisdom, contribution and participation to link generations and to enhance inter-generational support for the well-being of ageing communities.

Since immigrating to Canada, our first generation Korean Canadians have worked hard for their families and their community, and now have reached a stage where they themselves need to prepare for ageing. With support from New Horizons for Seniors Program of Ministry of Employment and Social Development Canada, Arirang Age-Friendly Community Centre engaged Korean Canadian seniors to identify health needs within the community and carried out "Healthy Community for Seniors by Seniors" project through informative workshops resulting in the publication of this Handbook.

We wish to thank the efforts and dedication of the members of Arirang Age-Friendly Community Centre, the senior leaders of Korean Canadian community, Korean Canadian Medical Association, Korean Canadian Nurses Association, and The Korean Chapter of Canadian Diabetes Association for their contributions to this Handbook.

We hope that this Handbook provides easier access to programs and services and will be helpful in preparing for your health care management.

Sincerely,

Eunice E. Kim
Chair of Board
Arirang Age-Friendly Community Centre

FOREWORD

“Older people are a wonderful resource for their families, communities and in the formal or informal workforce. They are a repository of knowledge... if we can ensure older people live healthier as well as longer lives, if we can make sure that we are stretching life in the middle and not just at the end, these extra years can be as productive as any others.”

- World Health Organization (WHO) “About Ageing and Life-Course”.

Healthy aging is more than just the absence of disease. The WHO defines healthy aging as the process of developing and maintaining the functional ability that enables well-being in older age. Neither intrinsic capacity nor functional ability remains constant, and although both tend to decline with increasing age, life choices or interventions at different points during the life course will determine the trajectory of each individual. It is incumbent upon age-friendly communities to provide accurate health information and timely access to the right resources and services to help preserve independence and well-being among our growing senior population.

Like other immigrant seniors, Korean-born seniors are more vulnerable to poorer health and well-being due to a number of factors. These include language and cultural barriers, real or perceived discrimination by service providers, lack of awareness of available services and resources, and lack of skills to navigate the existing health and social services. Furthermore, the types of health and healthcare information Korean seniors feel they need the most have not been systematically addressed.

This handbook is intended to be a user-friendly guide for health information most

relevant to seniors residing in Ontario. The topics covered were identified by seniors for seniors in our community. This publication is the third and final phase of a yearlong community wide project lead by the Arirang Age-Friendly Community Centre (AAFCC) and funded through the New Horizons for Seniors Program of the Ministry of Employment and Social Development Canada. The first phase involved broad consultation with senior leaders from Korean Canadian churches and Buddhist temples. During the second phase, seniors arranged a series of health seminars across the Greater Toronto Area covering important topics such as navigating Ontario's healthcare system, stroke, diabetes, depression and dementia. The seminars were well received by the senior participants and selected questions and answers from the expert panel discussions are included in this handbook.

This project was a successful collaboration between the AAFCC, the Korean Canadian Medical Association (KCMA), the Korean Ontario Nurses' Association (KONA), Korean Chapter of Canadian Diabetes Association and participating seniors from Milal Church, Light Church, St. Andrew Kim Church, Hanmaum Buddhist Temple, and Pyongwha Buddhist Temple. This project would not have been possible without the contributions of countless number of dedicated volunteers and healthcare professionals who gave generously their time and expertise in providing evidence-based health information for our seniors.

On behalf of the AAFCC, I would like to extend a special thank you to Ms. Jiyeon Lee, Mr. Chris Han, Ms. Linda Yoo, Dr. Marianne Noh, Sung A Kim, Dr. Seung-Jun Lee, and Ms. Soon Kyung Park for their leadership and contributions throughout the project.

I hope you find the handbook a helpful resource.

Respectfully submitted,

Ki-Dong Lim, MD, FRCPC
President, Korean Canadian Medical Association

ACKNOWLEDGMENTS:

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The list of individuals who have contributed generously to the success of this project.

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Ontario Healthcare System

Dr. Shawn Lee, MD, CCFP
Korean Canadian Medical Association

The Canadian Medical System

All Canadian citizens receive health care funded by the government since 1984. Health care services are provided by the provincial government and not by the federal government. The provincial government pays for family physician and specialist visits, medically necessary procedures, hospital admissions, and emergency medical care.



Ontario Health Care Services

The Ontario government developed the Ontario Health Insurance Plan (OHIP) to pay for medical expenses for the residents of Ontario. Health care services are publicly funded by money from taxes paid by Ontario residents. Physicians and other health care providers provide medical services to Ontario residents and bill the provincial government through OHIP for their services.

Not all medical services are covered through OHIP. OHIP usually provides coverage for medically necessary services.

Services covered by OHIP

- Most basic medical and emergency services
- Some emergency services received outside of Canada

Services not covered by OHIP

- Cosmetic medical procedures
- Prescription drugs
- Dental care, physiotherapy, optometry (there are exceptions)
- Homecare services and ambulance use outside of Ontario

You must have OHIP in order to receive medical services offered by the Ontario government.

OHIP eligibility criteria

- Main residence is in Ontario
- During the first 6 months of residence in Ontario, time away is less than 30 days
- Present in Ontario for at least 153 days out of 12 month period

OHIP is not offered to the following individuals

- Visitors or tourists
- Pending refugee status
- International students, foreign workers

How to apply for OHIP

Visit a ServiceOntario office in person and fill out necessary forms with required documents

Required documents

- Permanent resident card or immigration document
- Landing paper (if no permanent resident card yet)
- Document to prove residence status in Ontario
- Passport
- Social Insurance Number card

Community Care Access Centre

CCAC is a non-profit community service centre for the family and the community. The CCAC helps patients to stay at their own residence as long as they can while receiving assistance for their daily living. It offers nursing, physiotherapy, occupational therapy, social assistance, nutrition counselling, and provides medical devices as needed. The CCAC also helps you fill out applications for long-term care centres. A CCAC case manager will provide information regarding long-term care residences options. The Ontario Ministry of Health and Long-Term Care is in the process of restructuring CCAC services across the province. Please consult your local healthcare provider for updated information as it becomes available.

Prescription Drugs

Many medications in Canada require a prescription from a doctor. Pharmacists will read the prescription and give advice to patients about medication administration, frequency and duration of the medication. For patients who are taking multiple medications, it is recommended to discuss the reason and adverse effects of the medications they are taking with the pharmacist. OHIP does not cover the cost of prescription drugs, but they offer assistance through the following programs.

Ontario Drug Benefit Program: Ontario residents who are over 65 years old are automatically enrolled in this program. Over 3,300 types of medications are included in the list.

Trillium Drug Program: You need to apply for this program through the pharmacy. You will be able to obtain an application form from them. If your medication expense comprises a large part of your income, you may qualify for this program.



Role of a Family Doctor

Canadian family doctors are in charge of their patients' overall health management. Your family doctor is the primary physician you should see for a medical issue and for counselling and treatment as needed. Family doctors are involved in acute medical treatment, chronic disease management, disease prevention, health promotion, and patient education. If you are suffering from uncommon conditions or require specific medical treatment, they may refer you to a specialist and help you find an appropriate one.



Role of a Specialist



Specialists are experts in a specific area of medicine and help manage patients who have a specific problem relevant to their speciality. Once your medical problem is managed or stabilized, they will refer you back to your family doctor. If you wish to see the specialist again and it has been more than 6 months since your last visit, you need to obtain a new referral letter from your family doctor. However, if it has been less than 6 months, you can contact your specialist's office directly for a follow-up visit.

Health Care Connect Program

Health Care Connect helps to connect patients without health care providers to receive appropriate medical services. This program will find family doctors accepting new patients or nurse practitioners and introduce them to those who need one. If you would like to be registered for this program, you can call 1-800-445-1822 or register on website at

www.ontario.ca/healthcareconnect

Long-Term Care Centre

Long-term care residences are for patients who need constant assistance in their daily living 24 hours a day. It is also called a nursing home, or municipal elderly nursing home. The Ministry of Health and Long Term Care approves these residences and provides funding for nursing care and admission costs. They also need to meet certain standards set by the Ministry. Contact

310-2222 (no area code required) or visit

www.310ccac.ca



References:

1. Ontario Ministry of Health and Long-Term Care. Health Care in Ontario: Getting Started. Ontario: Queen's Printer for Ontario; 2010.
2. Ontario Ministry of Health and Long-Term Care. Health Care in Ontario: Getting Medical Care. Ontario: Queen's Printer for Ontario; 2010.
3. Ontario Ministry of Health and Long-Term Care. Health Care in Ontario: Getting Emergency Care. Ontario: Queen's Printer for Ontario; 2010.
4. Ontario Ministry of Health and Long-Term Care. Health Care in Ontario: Getting Prescription Drugs. Ontario: Queen's Printer for Ontario; 2010.
5. Ontario Ministry of Health and Long-Term Care. Health Care Connect [Internet]. Ontario: Queen's Printer for Ontario; 2008. Available from: <http://www.health.gov.on.ca/en/ms/healthcareconnect/public/default.aspx>
6. Seniors' Secretariat, A Guide to Programs and Services for Seniors in Ontario. Ontario: Queen's Printer for Ontario; 2013.

EMERGENCY MEDICAL CARE

Learning Objectives:

- Recognize the indications for an emergency visit
- How to call 9-1-1 and speak to the dispatcher in case of a medical emergency

The Emergency Room is reserved for life-threatening medical conditions or injury. Emergency physicians provide assessment and treatment for urgent cases. If you feel like your condition is an emergent but non-life-threatening condition, contact **Telehealth Ontario (1-866-797-0000)**. You can access free, confidential phone advice 24/7. You can get health advice and information from a nurse who will direct you for the next course of action. The nurse may advise you to go to a clinic or an emergency room or to take care of yourself at home.



Places you can go for less urgent problems instead of the emergency room

Medical problem	Where you need to go	Type of service you can get
Flu Cold-like symptoms Minor injuries Chronic medical issues	Family medicine clinic Walk-in-clinic	Assessment and treatment at regular or after hours without appointment
Eye injury Deep cuts Fractures	Urgent care centre	24 hours a day medical care without appointment

Places you can go for less urgent problems instead of the emergency room. Common indications for emergency visit are described in next section.

The following is adapted from a guide to recognizing medical emergencies published by the American College of Emergency Physicians:

Medical emergencies can be frightening and stressful. Knowing what to do in an emergency can help you effectively deal with the situation. For many medical emergencies such as heart attack or stroke, time is of the essence, and delays in treatment can lead to more serious consequences and poorer outcomes.

All members of Toronto's diverse communities have access to life-saving 9-1-1 emergency services in more than 150 languages free of charge. Korean is one of the top 10 most frequently used languages by 9-1-1 callers in Toronto.

The following are not intended to represent every kind of medical emergencies or substitute for medical advice from your physician, but serves as a list of common conditions treated in the emergency department.

Warning Signs and Symptoms Requiring Emergency Visit

- Difficulty breathing, shortness of breath
- Chest or upper abdominal pain or pressure lasting two minutes or more
- Fainting, sudden dizziness, weakness
- Changes in vision
- Difficulty speaking
- Confusion or changes in mental status, unusual behavior, difficulty waking
- Any sudden or severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Suicidal or homicidal feelings
- Unusual abdominal pain

When you call 9-1-1

- If accessible, use a landline over a cellphone.
- If needed, request a Korean translator.
- Speak calmly and clearly.
- Give the name, address, phone number, and location of the person in need (e.g., upstairs in the washroom), and describe the nature of the problem.
- Don't hang up until the dispatcher tells you to. The dispatcher may need more information.



ServiceOntario, INFOLine

- Hours of operation: Monday to Friday, 8:30 a.m. - 5:00 p.m.
- Toll free : 1-866-532-3161
- In Toronto, TTY (416) 327-4282
- TTY : 1-800-387-5559

http://www.health.gov.on.ca/en/ministry/hc_system/languages.aspx (Korean)

References:

1. Ontario Ministry of Health and Long-Term Care. Health Care in Ontario: Getting Emergency Care. Ontario: Queen's Printer for Ontario; 2010.
2. American College of Emergency Physicians. Emergency 101: Is it an Emergency? [Internet]. Washington: American College of Emergency Physicians; 2016. Available from: <http://www.emergencycareforyou.org/Emergency-101/Is-it-an-Emergency/>
3. American College of Emergency Physicians. Emergency 101: When To Call 911 [Internet]. Washington: American College of Emergency Physicians; 2016. Available from: <http://www.emergencycareforyou.org/Emergency-101/When-To-Call-911/>

STROKE

Presentation by Dr. Michael Ko, MD, FRCPC [Nov. 14th, 2015 at Milal Church]

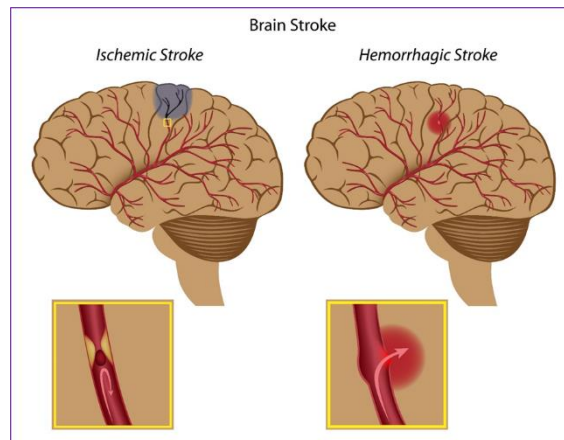
Learning Objectives:

- Be able to identify signs of stroke and know to act FAST if needed
- Understand the risk factors for stroke and lifestyle choices to help prevent stroke
- Know how to access information and community based resources for stroke patients

What is Stroke?

Brain damage caused by:

1. Clogged blood vessels in the brain with part of the brain without blood flow for too long
2. Burst of blood vessels with bleeding into or around the brain
 - Physical disorders last longer than 24 hours
 - Physical disorder lasting under 24 are referred to as mini stroke or transient ischemic attack (TIA) usually resolving within 1-2 hours



How can you tell if someone is having a stroke?

An easy way to remember the signs of a stroke is the word "**FAST**". Each letter of the word stands for an important sign to help you recognize a stroke and seek medical help without delay.

STROKE WARNING SIGNS AND SYMPTOMS



FACE DROOPING

Face – does the face droop or look uneven on one side?



ARM WEAKNESS

Arm – is there weakness or numbness of your arms or legs on one side or both?



SPEECH DIFFICULTY

Speech – is he or she having trouble speaking or does the speech sound strange?



TIME TO CALL

Time – if you notice sudden onset of any of these stroke signs, call the ambulance by dialing 9-1-1.

Other Possible Signs and Symptoms of Acute Stroke

- Facial asymmetry
- Hemiplegia/Hemianaesthesia
- Speech difficulties
- Visual field deficits or sudden blindness
- Swallowing difficulties
- Dizziness
- Double vision
- Walking difficulties



Stroke is a Medical Emergency



If you or someone you know experiences any of these signs, call **9-1-1**. Do not drive yourself to the hospital. The **ambulance** will take you to the designated stroke hospital equipped to deal with acute stroke patients.

Treatment

- The right treatment depends on the type of stroke that you have. The key is to get to a designated stroke hospital in the GTA as quickly as possible for diagnosis and treatment **within the first 3 hours symptom onset.**
- If the stroke is caused by a clogged artery, treatment involves clot busting medications such as tissue plasminogen activator (tPA) to reopen the artery and help reduce brain damage.
- If the stroke is caused by bleeding, treatment involves measures to stop the bleeding and reduced swelling and pressure in the brain



Risk Factors for Stroke

1. Hypertension/Abnormal Blood Pressure (consult with your family physician for diagnosis):
2. Heart disease
3. History of mini stroke or transient ischemic attack
4. Diabetes
5. High cholesterol
6. Atrial fibrillation
7. Smoking
8. Too much alcohol consumption
9. Overweight
10. Sedentary lifestyle with lack of exercise
11. Family history of heart disease or stroke



Prevention

While not all strokes can be prevented, you can significantly lower your risk of having a stroke by the following measures:

Lifestyle changes

1. Low salt diet, if high blood pressure - sodium <2.3g per day
2. Check blood pressure regularly
3. Regular exercise at least 2 hours and 30 minutes per week (or minimum 30 minutes per day, 5-7 days per week)
4. Reduce weight, if you are overweight – waist circumference <90 cm (35 inches) for Korean men and <80 cm (32 inches) for Korean women
5. Healthy diet rich in fruits, vegetables, and low-fat dairy products, and low in meats, sweets, and refined grains (such as white bread or white rice)
6. Quit smoking, if you smoke cigarettes
7. Not too much alcohol – woman \leq 1 drink per day; man \leq 2 drinks per day

Medications

Take medications as prescribed, especially medications for high blood pressure, cholesterol (statins), diabetes, and prevention of blood clots (aspirin) or blood thinner



How does a stroke affect an individual?

- The effects of a stroke depends on a number of factors including the location and the amount of brain damaged, as well as how quickly a stroke is treated to minimize the damage.
- Common long-term problems caused by a stroke include:
 - Speech problems
 - Weakness and movement problems
 - Partial loss of sensation
 - Trouble eating and swallowing
 - Problems thinking clearly or interacting with others
 - Depression
 - Problems with bladder control



Stroke Rehabilitation

Choice of program (rehab vs. slow stream) after a stroke depends on the patient's ability to actively participate in the program.

- Rehab Program: daily treatment but hospitalization period is short. Appropriate for patients with good stamina and has willingness to participate in the program actively.
- Slow Stream Program: treatment 2 – 3 times per week but hospitalization period is long. Appropriate for patients who cannot receive treatments everyday due to low stamina.

Rehabilitation professionals who you may work with after a stroke:

- Physiotherapist
- Occupational therapist
- Speech disorder therapist.

Community Resources

- CCAC (Community Care Access Centre) – physiotherapy, occupational therapy, speech disorder therapy, etc.
- Convalescent Care – for those who require more short term care after discharge from a hospital
- Heart and Stroke Foundation

Free physiotherapy

- Must have OHIP
- Less than 19 years old/Over 65 years old
- Regardless of the patient's age, if the reason for the hospitalization was for the physiotherapy
- Requires either doctor's or nurse practitioner's referral
- www.health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx

Community Care Access Centre (CCAC) Purpose/Role:

- Provides assistance to physically disabled patients to return to independent living
- Accommodates individual's personal needs and assists in service utilization (Housing, day program, government living allowance, nursing home or long term care facilities etc.)
- Decide the eligibility for existing government programs and provide guidance to search for and access services that may be available in the neighbourhood.

Who can refer the patient?

- Everyone can apply to CCAC (doctor, family, friends and etc.)
- Patient himself can apply to CCAC

Do you pay for CCAC services?

- CCAC is funded by government and all the services are free

Assistive Device Program (ADP)



What is ADP?

A program to provide medical equipment for patients with disabilities (wheelchair, walker, etc.)



Who is eligible?

Ontario residents who have with long-term physical disabilities >6 months.



Is it 100% covered by ADP?

Depends on each case but the programs covers up to 75%



How do you apply?

Requires a family doctor or specialist's referral

References:

1. Heart and Stroke Foundation of Canada. Health Information: Stroke [Internet]. Ontario: Heart and Stroke Foundation of Canada; 2012. Available from: <http://www.heartandstroke.com/site/c.iklQLcMWJtE/b.3483933/k.CD67/Stroke.htm>

DIABETES AND ITS COMPLICATIONS

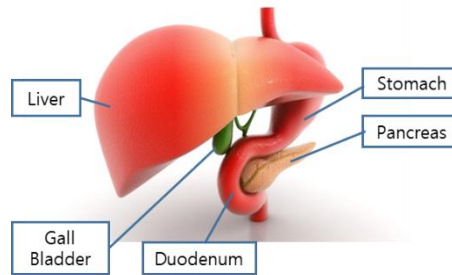
Canadian Diabetes Association (CDA) - Korean Chapter

Workshop Objectives:

- Be able to identify the symptoms of diabetes
- Be able to define the different types of diabetes
- Be able to list the risk factors for type 2 diabetes
- Understand the importance of diet and exercise in the management of diabetes

What are the symptoms of diabetes?

- To understand diabetes, first we have to understand how the **hormone insulin** works in our body.
- Our body needs energy to work, think, and play. The body gets its energy by converting glucose from foods like breads, pasta, rice, potatoes, milk, fruits and vegetables. To use this glucose, the body needs **insulin** which is a hormone made by your pancreas. Insulin is like a key that lets glucose from the blood stream enter the body's cells. A person has diabetes because their body makes too little or no insulin (Type 1 or later stages of Type 2 diabetes) or their body doesn't properly use the insulin it makes (Type 2 diabetes).



Signs & Symptoms of Diabetes

Frequent urination	When blood sugar is higher than normal, the kidneys work to remove excess glucose from the blood by making more urine. You may not notice this during the day, but may notice you wake more often in the night to urinate.
Blurred vision	When blood sugar is higher than normal, the eyes absorb glucose and water. This causes the eyes to swell and you may notice that your vision is blurry.
Excessive thirst	When you urinate often, your body needs to replace the water that has been lost in your urine. You will feel more thirsty than usual or may have a dry mouth.
Being very tired	When the body cannot properly absorb and use glucose from food, you will feel very tired and have a lack of energy for your normal everyday activities. Even if you rest and sleep more, you may find that you are still tired.
Many infections	When blood glucose is higher than normal, this makes a good environment for bacteria and germs to grow. This means you are at greater risk of developing infections.
Slow-healing cuts & bruises	High levels of blood glucose may impair your body's natural ability to protect itself and heal from cuts and bruises.
Change in body weight	With diabetes your body can't absorb and use glucose properly, so it starts to break down body fat and muscle stores to produce energy for your everyday activities. As a result, you may notice unusual weight loss. But some people may notice weight gain or perhaps no change at all.

Tingling sense or loss of feeling in hands or feet	High levels of blood glucose can lead to nerve damage in the hands and feet.
Trouble getting or keeping an erection	High blood glucose levels can damage the blood vessels, affecting the ability for blood to travel around the body.

Diabetes is serious and can be life threatening if it goes untreated. If you notice any of these symptoms, don't delay - speak to your healthcare professional.



What are the different types of diabetes?

Diabetes can be largely divided into **Type 1** and **Type 2**.

Type 1 diabetes	Type 2 diabetes
About 10% of all diabetes is type 1.	About 90% of diabetes is type 2.
Type 1 usually occurs in children.	Type 2 usually occurs in adults over 40 years old.
In type 1 diabetes, the cells in the pancreas that produce insulin are destroyed by the body's own immune system so that the body does not make any insulin at all.	In type 2 diabetes, the pancreas is still able to produce insulin, but there is insulin resistance in the liver, muscle, and fat tissues. This means insulin is less effective at bringing the glucose into the liver, muscle, and fat. At the beginning the pancreas produces more insulin to make up for this, but as the disease progresses, the pancreas gets weaker and weaker and there is less and less insulin.
Type 1 patients must get insulin injections every day to survive.	Type 2 diabetes patients can manage the disease with a combination of exercise, diet, oral medications, and/or insulin.

Treatment of Type 2 Diabetes:

The key to living a healthy life with type 2 diabetes is keeping your blood sugar level close to the normal range. This is because your risk of getting complications from diabetes is directly related to your blood sugar level: the higher your blood sugar is over time, the higher your risk of getting kidney damage, eye or nerve damage, and also heart disease is.

“Pre-Diabetes”:

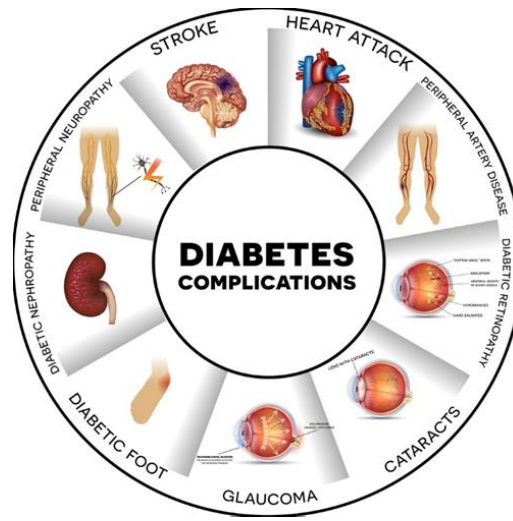
The blood sugar level is higher than the normal level, but lower than the level at which diabetes is diagnosed. If you have pre-diabetes, there is a higher risk that you will progress to diabetes. But with a healthy change in diet and physical activity (and sometimes, medications) you can lower that risk.

What are the risk factors for Type 2 diabetes?

Risk factors that you <i>can't</i> change	Risk factors that you <i>can</i> change
Age: When you are over 40 years old, your risk of getting diabetes increases.	Lack of exercise: If you don't get a lot of physical activity regularly, your risk of getting diabetes is higher.
Family history: If your mother, father, or sibling had or has diabetes, your chance of getting diabetes is much higher.	Being overweight: Being overweight, especially in the abdomen, is related to insulin resistance and your risk of diabetes.
Ethnicity: People of the Aboriginal, Hispanic, Asian, South Asian, and African background have a higher risk of getting diabetes.	High blood pressure & High Cholesterol: If you have high blood pressure or high cholesterol, your chance of having diabetes also increases because all three are related to how the body regulates its energy and metabolism.

The Complications of Diabetes

- Ketoacidosis
- Eye disease
- Digestive problems
- Heart disease
- Dry Skin
- Nerve damage
- Depression
- Kidney disease
- Early Death
- Sexual dysfunction
- Amputation



What is the Best Diet for Diabetes?

The 4 food groups are

- Vegetables and Fruit
- Grain Products
- Milk and Alternatives
- Meat and Alternatives

The Plate Method



Nutrition Facts Label: This table tells you the amount of each basic nutrient included in this food. In diabetes, **carbohydrates** are the most important nutrients that affect your blood sugar after a meal.

Serving Size:

The standard amount of this food consumed by an adult in one serving

Ex. 1 bottle of Gatorade = 355 mL

The amount of carbohydrates in one serving

Ex. In 355mL of Gatorade there are 21 grams of carbohydrates

Nutrition Facts	
Serving Size 355ml	
Servings Per Container 2.5	
Amount Per Serving	
Calories 80	Calories From Fat 0
% Daily Value *	
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	0%
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrates 21g	7%
Dietary Fiber 0g	0%
Soluble Fiber	
Sugars 21g	0%
Protein 0g	0%

What are the causes & symptoms of hypoglycemia?

- General hypoglycemia: when your blood glucose is less than 4mmol/L.

- The symptoms of Hypoglycemia
 - Different for each individual
 - Most commonly include sweating, palpitations, dizziness, tiredness, hunger, or tremor.



It's usually caused by a sudden change in your activity pattern (for example skipping a meal or exercising longer than usual).

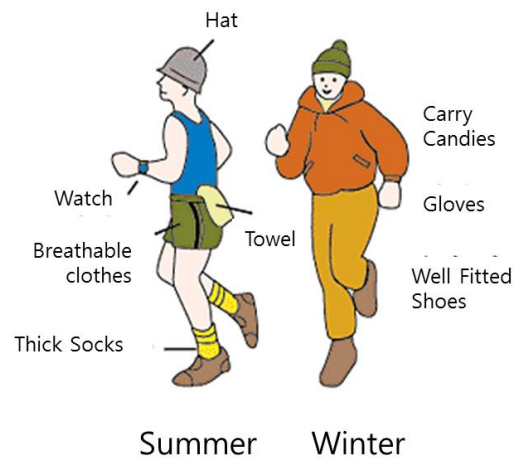
If you have these symptoms

1. Take a $\frac{3}{4}$ cup of orange juice, $\frac{3}{4}$ cup of soft drink, 4 dextrose tablets (Dex4, which you can buy at the pharmacy), 6 LifeSaver candies, one tablespoon (15 mL) of honey, or 3 packets of table sugar mixed in a glass of water.
2. Check your blood glucose in 15 minutes, and re-treat if it's not over 4 mmol/L.

How important is exercise in the management of diabetes?

Exercise Recommendations:

- **How much?** People with diabetes should accumulate a minimum of 150 minutes of moderate exercise each week spread over at least 3 days with no more than 2 consecutive days without exercise.
- **Do Both Aerobic & Resistance:** Physical activity involving aerobic or resistance exercise can improve glycemic control in adults with type 2 diabetes. People with diabetes (including elderly people) should also be encouraged to perform resistance exercise 3 times per week in addition to aerobic exercise.
- **Seek advice from your health care professional:** An individual should talk to their doctor before beginning an exercise program requiring more intensity than what is required for brisk walking. Initial instruction and periodic supervision by an exercise specialist are recommended.



Examples of Aerobic Exercise	Examples of Resistance Exercise
<p>-Walking, Household chores, Organized exercise programs and recreational sports, Golfing without a ride-on cart, Yard garden work, Propelling a wheelchair, Cycling and skating.</p> <p>-<i>Canadian Physical Activity Guide to Healthy Active Living</i> recommends aerobic exercise 4-7 days a week</p>	<p>-Using free weights (dumbbells), weight machines, strong elastic bands/tubes and the body itself. Also heavy yard work, raking and carrying leaves, lifting and carrying children, climbing stairs and weight/strength-training routines.</p> <p>-Recommended up to 3 times per week</p>

How to prevent hypoglycemia with exercise :

- People with type 2 diabetes taking insulin or a certain class of medications (glyburide/glimepiride/gliclazide/Diamicron) must be aware of the signs and symptoms of **hypoglycemia** and would benefit from glucose monitoring before and after exercise.
- Patients managing their diabetes with other oral diabetes medications along with meal planning and exercise have a lower risk of hypoglycemia.



General safety precautions for patients with diabetes engaging in exercise:

1. If you are taking insulin or certain diabetes medications (glyburide, gliclazide/Diamicon, glimepiride, repaglinide/Gluconorm), carry some form of sugar with you at all times.*
2. Monitor glucose before, during and after exercise
3. Always carry some identification regarding your diabetes.
4. Avoid exercising in the extreme temperature.
5. Wear appropriate support equipment.
6. Include warm-up and cool-down sessions in your routine.
7. Maintain adequate hydration.
8. If you experience shortness of breath, lightheadedness, dizziness, stop the activity & seek help.
9. Be aware of the medications such as beta blockers which can mask hypoglycemia symptoms.



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Seniors' Mental Health

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In consultation with and advice from Dr. Hae-Ryun Park, MD, FRCPC, Geriatric Psychiatrist, Assistant Professor, University of Western Ontario

Learning Objectives:

- **Understand the difference between the 3D's important in senior's mental health: depression, dementia, and delirium**
- **Understand the risk factors and how to avoid them**
- **Appreciate the importance of correct diagnosis by a trained healthcare professional**
- **Appreciate the treatment options available and resources in the community to help cope with mental health issues in the elderly**



The purpose of this article is to review and highlight three major issues in elderly mental health, depression, dementia, and delirium. A thorough assessment by a clinician is warranted for all three conditions in order to establish a correct diagnosis. All three of these conditions are easily confused with each other, and there are other medical conditions such as thyroid disease, vitamin B12 deficiency, vitamin D deficiency, anemia, and sleep disorders that can mimic depression, dementia, and delirium in the elderly.

DEPRESSION

What is depression?

- Depression is a brain disease that makes you sad, but is different from normal sadness because it makes it hard for you to do everyday tasks.
- Depression is caused by both biological factors (such as genetic factors) as well as environmental stressors.
- Depression becomes a problem when normal functioning becomes significantly impaired impacting on one's relationships, work, and social life.
- Depression is not a normal part of aging, nor is it due to character flaws or a person's weakness in character.



How do I know if I am depressed?

Depressed individuals feel "low mood" most of the time for at least 2 weeks.

They have at least one of these two symptoms:

- No longer enjoy or care about doing the things they used to enjoy
- Feel sad, down, hopeless, or cranky most of the day, almost every day

In addition, four of the following is present for most of the same period.

These are other ways depression can affect you:

- Sleep too much or too little
- Loss or gain weight with changes in appetite
- Difficulty with concentration, forgetting things, or feeling confused
- Have low energy or feel tired
- Increased anxiety and irritability, or feeling slowed down
- Feel guilty or worthless
- Frequently think about death or suicide



If you think you or someone close to you may be depressed, consult with your family doctor or a nurse as soon as possible. Sometimes these symptoms are caused by medical conditions other than depression that requires different treatment.

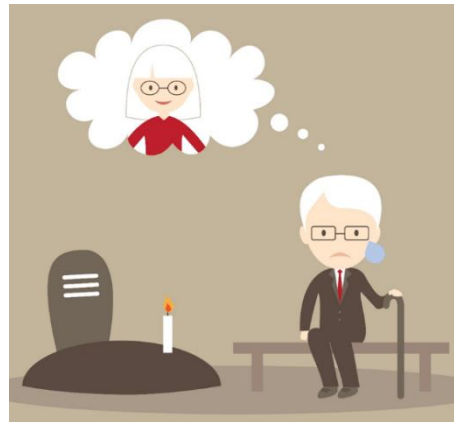
While depression can affect anyone at any age, it deserves some special attention in the elderly population. The elderly with depression often do not express that their mood is low. Rather, it is often expressed in terms of bodily sensations as described above.

There are number of reasons why depression in the elderly is particularly important. Firstly, there is a high rate of suicide in the elderly population – among the highest for all age groups. Secondly, the elderly are more likely to have other medical conditions which can both be impacted by depression and trigger depression.

Depression has been linked with higher risk of developing future dementia and often goes undetected. Early recognition and treatment of depression leads to improved quality of life, for both those suffering from depression and for their caregivers.

Risk Factors for Depression in the Elderly

- Previous history of depression
- Being widowed or separated
- Disease of the brain such as stroke
- Chronic pain or disability
- Excessive alcohol or other substance use
- Sleep difficulties
- Having chronic medical conditions (including dementia)
- Social isolation.



Treatment

- Fortunately, depression is a treatable disease in most cases.
- There are three main types of interventions:
 1. Lifestyle changes
 2. Medications
 3. Talk therapies.
- Lifestyle changes include exercising, implementing regular life routines, healthy diet, and social interactions. These measures are not only helpful in recovery, but they also help to prevent onset of depression.
- Medications can be safely used in most cases, although as with any medications in the elderly, caution should be exercised. Antidepressant medications are generally safe and well tolerated, and do not have addictive potential. It is important to keep in mind that improvements will occur weeks after starting the antidepressant. It may take 4-8 weeks before the medicine has its full effect.
- Psychotherapies, or talk therapies, are also effective in treatment of mild to moderate depression. Unfortunately, one of the largest barriers to accessing psychotherapy for Korean Canadians is the lack of Korean-speaking therapists.



DEMENTIA

What is dementia?

- Dementia, although typically characterized and understood as “memory loss,” can involve other functions of the brain.
- It is a very common problem in the elderly population, with moderate-severe dementia affecting 2% of the population over the age of 65 and reaching up to 40% in those over 85. Dementias are rare before the age of 60, are progressive, and cause gradual deterioration over time.

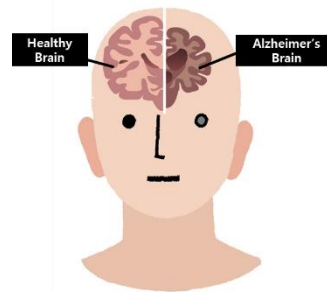
How does dementia affect the individual?

Early Changes – usually gradual and often subtle

- Forgetfulness (memory loss)
- Confusion
- Difficulty with language (e.g., word finding difficulty)
- Difficulty with concentration and reasoning
- Problems with complex tasks such as paying bills or balancing a checkbook
- Getting lost in familiar places

Late Changes – progressive decline in thinking with changes in personality and behaviour

- Increased anger or hostility with aggressive behavior, while others become very passive



- Hallucinations (see things that are not there) and/or delusions (believe things that are not there)
- Disorientation
- Needing help with basic tasks such as eating, bathing, and dressing.
- Incontinence with loss of bladder and bowel control



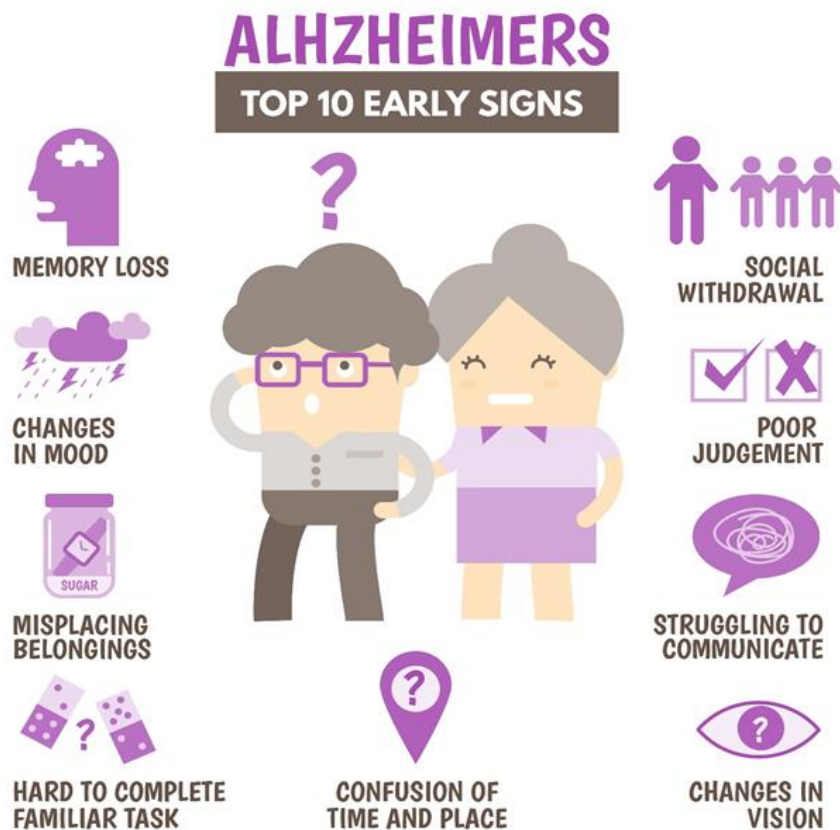
If you or someone close to you is showing signs of dementia, consult with your family doctor or a health professional trained in mental health care to receive a proper diagnosis and/or an advice an appropriate treatment.

Alzheimer's disease is the most common form of dementia, accounting for more than half of all dementias. As such, this article will focus on Alzheimer's disease. From the time of diagnosis (which usually occur 2-3 years after the signs are first noted), it usually takes about 3-6 years before they require higher level of care in nursing homes and 10 years before their eventual death.

Risk Factors for Dementia

- By far, age is the most important factor that is associated with development of dementia.
- Family history may also be important in certain types of dementia such as Alzheimer's disease.

- Studies suggest high blood pressure, smoking, and diabetes may be risk factors for dementia, although experts are still not sure how treatment of these problems influence your risk of developing dementia
- Lifestyle factors have been implicated with people who remain physically active, socially connected, and mentally engaged less likely to develop dementia (or develop dementia later in life).



Prevention

- Unfortunately, there is no proven ways to prevent Alzheimer's dementia
- However, there are factors that can be controlled for and modified in order to keep the brain healthy
 - Healthy lifestyle including a well-balanced diet and physical exercise, smoking cessation, and maintaining good blood pressure, cholesterol, and sugar levels.
 - Keep up with regular social interactions with family and friends.
 - Keep the brain active by reading, doing puzzles, etc. to exercise the brain.
 - The above changes are important not just for the prevention of Alzheimer's, but also for other types of dementia and medical illnesses. Heavy emphasis should be placed on the prevention, as treatment options are limited.

Treatment

- Treatment depends on the type of dementia that you have. Currently, there is no cure for dementia. There are treatment options available that may improve the quality of life of the affected individuals and their caregivers (depending on the type of dementia).
- For Alzheimer's dementia, there are medications which may slow the progression of the disease.
 - Cholinesterase inhibitors - allow more of a chemical called acetylcholine to be active in the brain. Potential side effects in some individuals include nausea, vomiting, diarrhea, weight loss, fainting spells, and vivid dreams

- NMDA receptor antagonist – only for moderate-severe Alzheimer's dementia. Usually used along with a cholinesterase inhibitor. Potential side effects in some individuals include dizziness, worsening aggression and hallucinations.
- If you have vascular dementia your doctor may focus on medications for blood pressure control or cholesterol control.
- Recognizing and treating other physical and psychiatric health conditions is important
- In severe cases of dementia medications may be required to help control troubling symptoms of dementia, namely aggressive behaviours
- Search for treatment of dementia remains a highly active area of research.

Major issue for caregivers of people with dementia is the safety of the patient and those around them.

- Medications – need monitoring and supervised administration of medications
- Driving – increased risk of accidents and need to be reassessed every 6 months with the understanding that driving will eventually no longer be possible
- Cooking – serious safety concerns with burns, fire, or other injuries and need supervision
- Wandering – identification bracelets and alarm systems to alert caregivers can help
- Falls – falls prevention is important as injuries related to falls is one of the most important causes of additional disability in patients with dementia



DELIRIUM

What is Delirium?

- Delirium is a state of confusion characterized by:
 - Difficulty paying attention, or switching attention from one task to another
 - Difficulty with memory, language, or other thinking problems
 - Disorientation to place, time, or people
- It is a signal that there is an underlying medical condition which requires appropriate treatment as soon as possible.
- Elderly individuals are more susceptible to developing delirium, which is often seen in the context of hospitalization, after surgery, polypharmacy, or other brain disorders such as dementia.
- Delirium is often confused with dementia, though there are some differences. Most importantly, delirium is a state that is in most cases reversible and one is expected to recover whereas dementia is characterized by gradual decline without improvement.



What Causes Delirium?

- Common causes of delirium in the elderly include infections, strokes, complications of underlying medical illnesses, and side effects of medications (too many or too much, including over the counter medications).

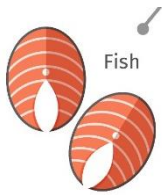
Treatments

- Doctors treat delirium by identifying and treating the underlying cause.
- Caregiver support is important for hospitalized individuals with delirium. As much as possible provide an environment that is the right level of stimulation, frequently re-orient the patient, show familiar faces and objects, and bring sensory aids such as hearing aids and glasses if the patient wears any.

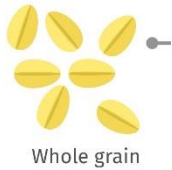


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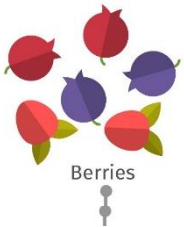
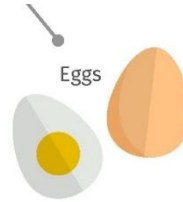


Brain food



Patient Health Information

- It is important to organize your important medical information to be readily available in case of emergencies
- Keep up to date copies in your home, care, first aid kits and wallet.
- Take the forms with you when you go to the emergency department, hospital, or clinic appointments.
- The following is a sample form that you can use to organize you and your partner's important medical information





나의 건강정보 My Health Information

Name 이름	
Address 주소	
Phone Number 전화번호	
Health Card Number OHIP카드번호	
Family Physician Contact 가정의 이름과 연락처	
Medical History 과거병력	
Family History 가족병력	
Past Surgery 과거 수술 병력:	
Recent Tests 최근 검사내역 (날자와 병원)	
Medications 복용 중인 약과 용량	
Drug Allergies/ Intolerance: 약 알러지 / 부작용	



Telephoning an emergency operator/응급센터의 상담원과 전화할 때

Call 9-1-1/911에 전화를 건 후



What happened?
무슨 일이십니까?
왓 헤펀드?

Operator(응급상담원)

My husband☆ is having severe pain★.
제 남편☆이 통증★이 심해요.
마이 허즈밴드☆ 이즈 해빙 씨비어페인★.
☆환자와의 관계를 말하세요.
★환자의 증상을 다음 표를 참조하여 말하세요



What is your location?
어디에 계십니까?
왓이스 유어 로케이션?

My location is 1 ABC st.⊙
제가 있는 곳은 1 ABC 스트리트⊙예요.
마이 로케이션 이즈 원 에비씨스트리트⊙
⊙환자가 있는 위치나 집에 있다면 주소를 말합니다..



Glossary of Terms

Symptoms	주관적 증상	영어로 이렇게 발음합니다.
Cannot breath	호흡곤란	캔낫 브리드
Chest pain	가슴 통증	체스트 페인
Sudden/severe pain	갑작스럽거나 심한 통증	써든/씨비어 페인
Abdominal pain	복통	엡도미날 페인
Fainting	기절	웨인팅
Dizziness	현기증	디지니스
Weakness	근무력증	위크니스
Vision change	눈앞이 깜깜해짐	비전 체인지 - 캔낫 씨
Difficulty speaking	말하기 어려워짐	디휘컬트 스피킹
Confusion	정신착란	콘휴전
Bleeding	출혈	블리딩
Nausea & vomiting	구역질과 구토	너지아/보미팅
Diarrhea	설사	다이하리아
Coughing	기침	커피깅
Suicidal thoughts	자살 충동	수어사이달 쏘오츠

Glossary of Terms

Signs and Conditions	객관적 증상이나 상태	영어로 이렇게 발음합니다
Heart attack	심장마비	하트 어택
Stroke	뇌졸중	스트록
Unconscious	의식소실	언콘셔스
Fall	넘어지다	휠
Injury	다치다	인쥬리
Pain	아프다	페인
Allergic reaction	알레르기 반응	알러직 리액션
Overdose	과다 복용	오버도즈
Infection	감염	인핵션
Depression	우울증	디프레션
Diabetes	당뇨	다이하비티스
Heart disease	심장병	디지스
Chest pain	가슴 통증	체스트 페인
Headache	두통	헤드에이크
Visual changes	시각 변화	비전 체인지
High blood pressure	고혈압	하이 블러드 프레셔

