



PROBUS Club of Central Edmonton Newsletter

April 2022

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April 19 – Presentation

Dr. Murray Flotre of the Centre for Sleep spoke about sleep an essential activity and its relationship to seniors. While sleep is vital it does not seem to have the exposure, it deserves.

The topics covered were:

- Recognized how sleep changes as we age
- Define insomnia
- Define sleep disordered breathing
- Identify risks & Consequences of sleep loss in older adults
- Use simple strategies to optimize sleep
- Know how to access help

He recommended 2 books; these are:

- Why we Sleep – Matthew Walker
- Sleep Smarter – Shawn Stevenson

The effect of lack of sleep is not new. He shared a quote from Quintilian (AD 35-100) that sleep is important to memory.

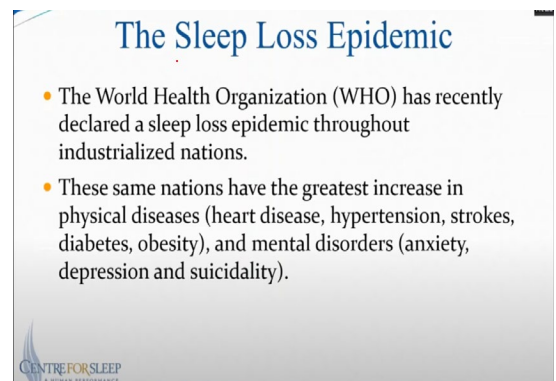
We then looked at the chemistry of sleep which are Melatonin and Adenosine. There are several theories about sleep, such as to rest, heal, learn and dream. For example, we are only now beginning to understand the importance of dreaming.

This slide states the significance of sleep loss in the world:

There are 4 stages of sleep, 3 being non-REM (NREM) and one being REM. REM (rapid eye movement) is when we dream. As the night progresses the amount of REM sleep increases. NREM sleep allows the secretion of growth hormones, removal of unnecessary neural connections and transfer of memory from short term memory to long term memory. In REM sleep includes consolidating and integrating memories, processing emotional information, brain cleansing and regeneration, and being creativity.

Two process models of sleep regulation are:

- Homeostatic process (process S) – Adenosine
 - Regulates sleep/waking
 - Need for sleep determined by quality/quantity of sleep-in preceding period=sleep debt
- Circadian process (process) – Melatonin
 - Regulates timing of wakefulness/sleepiness-24 hours




- Controlled by sunlight; sets biological clock


We do not normally get the required sleep. Absence of sleep impacts many aspects of our life from mental health to reduced life expectancy. All parts of the body are impacted. Why not enough sleep, this slide shows the conditions that impact sleep:

Co-morbid Conditions Impacting Sleep

- **Pain, fibromyalgia**
- **Psychiatric**
 - Depression, anxiety
 - Post-traumatic stress disorder (PTSD)
 - Grief
 - ADHD
 - 43-80% regardless of pharmacological treatment
- **Urinary problems-BPH**
- Asthma, COPD, allergies
- Heartburn, IBS
- Hypertension, diabetes, obesity
- Hormone- thyroid, menopause
- **Vertigo, tinnitus**

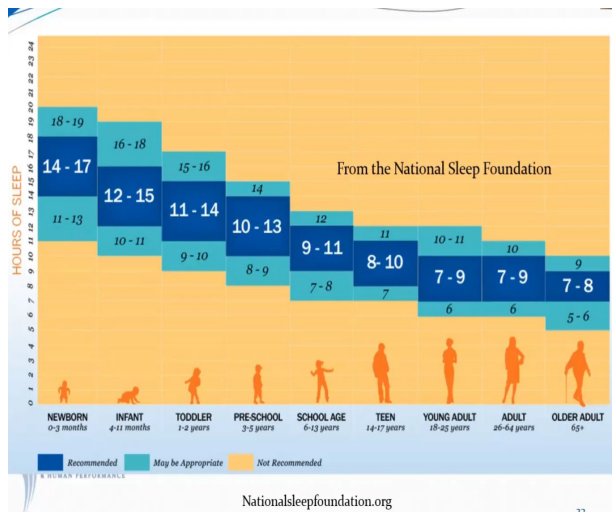


Joint Base San Antonio



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This slide sets out the hours of sleep we need:



As we age the following facts about sleep need to be considered:

- Total sleep need does not decline
- Distribution of sleep changes; we nap (should not be more than 20-30 minutes)
- Sleep lightens
- Sleep phases advance

Three key changes in sleep as we age are:

- Reduction in quality of and quantity
- Reduction in sleep efficiency
- Disrupted timing of sleep

There are well over hundred identified sleep disorders, the following slide show how there can be categorized:

Classification of Sleep Disorders

- The insomnias
- The sleep-related breathing disorders
- The hypersomnias of central origin
- The circadian rhythm sleep disorders
- The parasomnias
- The sleep-related movement disorders
- Other sleep disorders

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Psychophysiological insomnia is characterized by people who are anxious, stressful, high energy, perfectionist and have no mood disorders. This is the commonest form of sleep disorder. While its presence varies by country it tends to be around 10 to 13% of the people. Insomnia can be caused by medicines. Right now, there is not any ideal sleep medication. Key advise is if one has run the gamut of alternatives then if you medicate it should be the lowest dose for the shortest time.

Sleep and Circadian Optimization

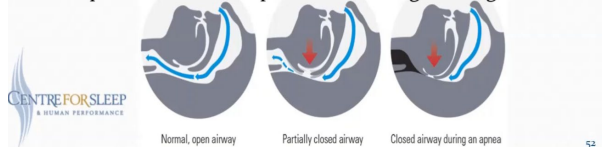
<p>Do's</p> <ul style="list-style-type: none"> • Routine: AM light, meals, physical activity • Environment • Relaxation 	<p>Don'ts</p> <ul style="list-style-type: none"> • Tech/ light within 2h • Alcohol within 4h • Nicotine after 4pm • Caffeine after 12pm
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CENTRE FOR SLEEP & HUMAN PERFORMANCE

This side displays the do's and don'ts for sleep and circadian optimization.

Obstructive Sleep Apnea (OSA)

- 9% of middle-aged women; 25% of middle-aged men
- 75% of severe sleep disordered breathing is undiagnosed
- Associated with type 2 diabetes, obesity, heart disease, hypertension.
- The muscles that support mouth/ throat structures i.e. tongue, uvula, soft palate, and tonsil relax → upper airway narrows → inadequate O₂ → wake up unaware throughout night.



The next most common sleep disorder is obstructive sleep apnea OSA. OSA is caused by the muscles in the back of the throat weakening. OSA occurs when the muscles relax and close the throat. They are working on new surgical techniques to fight OSA. One of the pieces of evidence of OSA is snoring. OSA can be managed by lifestyle changes, dental device or a CPAP

Another common sleep disorder is restless leg syndrome. This is evidenced by strong urge to move legs during rest and may be accompanied by unpleasant feeling in legs. There is a strong genetic component to it. To treat it one would correct any iron deficiency, avoid alcohol/caffeine/nicotine, possibly take calcium and magnesium supplements and finally medicate.

He wrapped up with some tips for us:

- Tips for safe sleep:
 - Side lamp within easy reach
 - Motion-detection night lights in hallway and bathroom
 - Remove obstacles in route to bathroom
 - Keep phone within easy reach with emergency numbers on speed dial.
- Tips for health sleep
 - Stick to sleep schedule
 - Exercise is great but no late in the day
 - Avoid the alcohol/caffeine/nicotine
 - Avoid large meals and beverages late at night
 - Avoid medicine that delay or disrupt sleep
 - Don't nap after 3:00 pm
- Tips for healthy sleep
 - Relax before bed
 - Take hot bath
 - Good sleep environment
 - Right sunlight exposure
 - Don't lie in bed awake
 - See a health professional if you continue to have trouble sleeping

Sleep. We all do it and we all need it. We thank him for the information he provided. Just one last point...sleep well!

April 26 – Presentation

Jaime Rogers, Manager of the Medicine Hat Community Housing Society spoke on homelessness, described the situation, its impact on our society, and the work of her organization. Jaime shared her views on homelessness and how Medicine Hat attacked it. In June of last year Medicine Hat was the first community to be recognized as ending chronic

homelessness. This does not mean that there are not people who are homeless, the key is to get them housed as quickly as possible.

She mentioned that information about their programs is available on the website www.mhchs.ca. Medicine Hat is a community in the southeast corner of Alberta. It has a population of about 60,000. She has been in Medicine Hat in 2011. Medicine Hat success has been built on a long history of failure until they hit on their current approach. Homelessness didn't become a crisis until 2007 when working people were added to the homeless population. The face of homelessness has changed dramatically. It now included people who cannot afford utilities.

Things changed when she came across a model called housing first. The key is to house people and then help them move to a position of self-sufficiency. Also, it is important to emphasize looking at the data. (The idea of gathering data and focusing on it was a theme of the presentation.) The key is to hone in on matters that keep people homeless. It means connecting people to programs they need. They have housed just over 1,100 adults. She pointed out that over 300 children are attached to adults in the system.

They get 3.1 million a year from province and just shy of 1 million from federal government. 10% of provincial fund and 15% of federal funds are used for administration. Her unit focuses on providing funding to community partners, funding and system development. She shared some statistics on utilization services such as police health and EMS. It is from the approximately 1,100 adults here came into care from 2009 to March 2022. Days in hospital dropped by 33%, use of EMS 11% increase, days in jail 68% decrease, and 34% increase in court appearances. Similar stats for the last years based on 189 unique individuals served are hospital days down by 57%, EMS usage down by 59%, days in jail down by 80%, and court appearances up by 3%. This translates to cost savings. One other point was that 69% of people served have some form of income. The new face of homelessness in Medicine Hat is people who cannot afford utilities and thus lose their homes. She noted that 63% of people who come through doors have mental health issue, and 48% have physical health issue. 30% report substance abuse issue. She spoke extensively about the challenges that face people in Medicine Hat and reaction to these, for example a move from an accountability model to an assurance framework, that focuses on results.

She pointed out the Edmonton is doing a lot through its Homeward Trust initiative. She spoke well of it and Edmonton. It is about more homes.

Next, she spoke of performance supportive housing. It operates 24/7 it is a housing model. they are now looking at bringing in health support into it. It is important to have necessary support system. They are looking at model change from housing first. Housing firsts is now a philosophy. Her view is that they do not need more money what they need is better coordination. It's about effective use of funds.

She was a very impressive speaker who did not seem to need a lot of notes. Also, she was evidently highly committed to her role and the approach taken by Medicine Hat.

Interesting aside (here are a few questionable one liners and I have 50 more)

1. Why was the math teacher late to work? She took the rhombus.
2. I'm really excited for the next autopsy club. It's open Mike night!
3. Where do spiders seek health advice? WebMD.
4. What did Yoda say when he saw himself in 4K? "HDMI."

5. My daughter thinks I don't give her enough privacy. At least that's what she wrote in her diary.
6. A friend of mine got into photographing salmon in different clothing. He said he liked shooting fish in apparel.
7. Why can't you trust an atom? Because they make up everything.
8. I'd like to go to Holland someday. Wooden shoe?
9. The guy that invented the umbrella was gonna call it the brella. But he hesitated.
10. Fun fact: Australia's biggest export is boomerangs. It's also their biggest import.
11. What kind of car runs on leaves? An autumn-mobile!
12. I tried to organize a professional Hide-and-Seek tournament, but it was a complete failure. Good players are hard to find.
13. Before the invention of the wheel... everything was a drag!
14. What do you call it when Dwayne Johnson buys a cutting tool? Rock pay-for scissors.
15. What do you call a hippie's wife? A Mississippi!
16. What did the duck say when she bought a lipstick? Put it on my bill!
17. What do you call a man with a rubber toe? Roberto!
18. What do you give to a sick lemon? Lemon aid!
19. What did the little mountain say to the bigger mountain? Hi Cliff!
20. Why are there gates around cemeteries? Because people are dying to get in!
21. What do you call a cow with two legs? Lean beef!
22. What do bees do if they need a ride? Wait at the buzz stop!
23. What do you call a monkey that loves Doritos? A chipmunk!
24. Why did the can crusher quit his job? Because it was soda pressing!
25. Do you remember that joke I told you about my spine? It was about a weak back!

Stay Health sleep well and remember spring is actually on its way
May the 4th be with you