

WELLNESS QUARTERLY

well-being news, advice, and opinions from christie gardens staff and residents

Spring 2023



Mona Babb: Nothing Seems Impossible in Spring ...

"Nothing seems impossible in spring, you know".
L.M. Montgomery.

Especially because I'm always so happy to put winter behind me, this quote got me excited about the coming months.

I am excited about a new theory from the Krembil Brain Institute that considers Alzheimer's an autoimmune condition that attacks the brain, rather than a disease. This could identify new avenues for discovery and could be very significant for nearly a million Canadians living with Dementia.

My excitement continues with an article in this Quarterly by **Dr. Babak Abadi** who is our Geriatric Psychiatrist who provides services to our community every month.

I am also excited to feature our Music Therapist **Kathleen Powers** who provides music as a therapeutic modality to residents with Dementia.

I also want to share the news that we have a new Assisted Living Manager, **Michelle Boyd**. Michelle is no stranger to many of you as she has taken on a number of roles at Christie Gardens since coming to us as a student.

Michelle writes: *"I began my journey at Christie Gardens as a Masters of Social Work student in 2020. Since then I have graduated and spent the last year and a half as an Advocate in the Cedarvale neighbourhood. I am excited to take on the permanent role of Assisted Living Manager. I am here to answer your questions, problem-solve, and provide meaningful, person-centred care."*

And in other news, on April 13th we will be transitioning to a new Pharmacy team. You can read more about **Silver Fox** in this issue.

Too many new and exciting things? No! Because nothing seems impossible in spring.

Mona Babb, RN
Director of Health and Wellness

in this issue ...

Mona Babb:
Nothing seems impossible ...

Your Health:
Modifiable Risk Factors for AD

Vendor News:
Silver Fox Pharmacy

Good News:
Music Therapy and Dementia

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Dr. Babak Abadi: Modifiable Risk Factors for Dementia

Dementia is a syndrome characterized by difficulty with memory, language, problem-solving, and other cognitive domains, any of which lead to functional impairment in the individual.

In this article, I will briefly describe the most common forms of Dementia, their related pathologies, and the modifiable risk factors associated with them.

It's important to understand these modifiable risk factors because we can predict that improvements in these factors will contribute to better outcomes for those who are affected by Dementia.

In Canada, Dementia affects fewer than 10% of those over 65 and 35% of those over 85. Two-thirds of dementia patients are women, partly because of differences in life expectancy.

Mild Cognitive Impairment (MCI) is more common and less severe. The cognitive deficits associated with MCI do not interfere with the capacity for independence in everyday activities. MCI is prevalent in 20% of those over 65. Fewer than 40% of MCI patients will progress to dementia within five years of their initial diagnosis.

Possibly the most discussed is Alzheimer's Disease (AD).

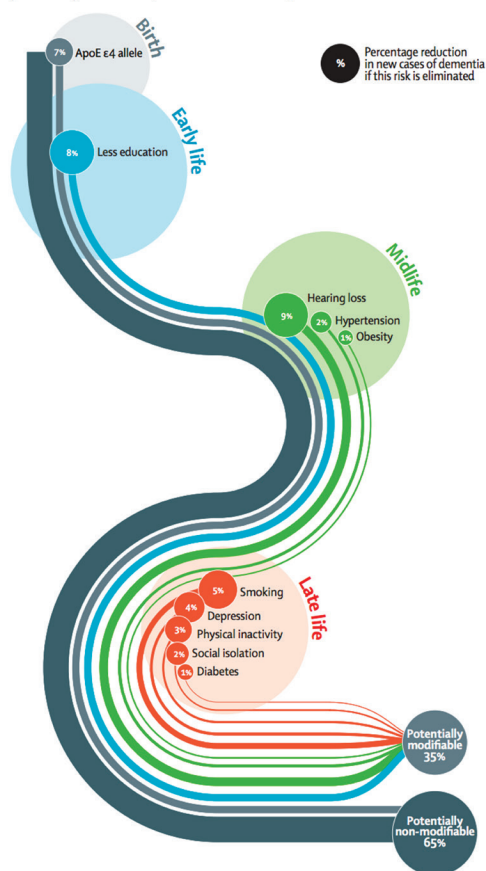
In a post-mortem study, 30% of patients with dementia were found to have had AD with no additional pathology. 54% had AD with additional disease (38% strokes, 12% Parkinson's Disease (PD) or Lewy Body Disease (LBD) and 4% all the above pathologies). The remaining 16% did not have AD (12% stroke, 2% PD/LBD and 2% other causes).

Typical AD has an insidious onset and gradual progression. On average, patients live 10 years after the onset of symptoms.

Most commonly, AD presents with impairment in memory and one other cognitive domain, such as word-finding difficulty or problems in performing motor/visual tasks.

Risk factors for dementia

The Lancet Commission presents a new life-course model showing potentially modifiable, and non-modifiable, risk factors for dementia.



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Potentially modifiable risk factors for AD are smoking, physical inactivity, depression, hypertension, social isolation, hearing loss, diabetes, and obesity.

Dementia may also occur as the result of other medical conditions, such as Huntington's disease, head injury, metabolic disease, infectious process, cancer, or inflammatory disease. Diagnostic evaluation of dementia is indicated to rule out potentially treatable and reversible causes.

Non-cognitive symptoms associated with dementia (also called BPSD or responsive behaviour) may include delusions, hallucinations, anxiety, apathy, depression, irritability, sleep changes, and agitation.

In terms of treatments, 95% of dementia patients are potential candidates for cognitive enhancers. About half of these will show improvement in some aspects of cognition such as attention.

Non-pharmacologic management of BPSD such as caregiver support and training will benefit most individuals with dementia.

Cognitive enhancers and other psychotropic drugs, such as antidepressants may also be beneficial in managing BPSD. Recent generations of antipsychotic drugs may need to be used judiciously and on a time-limited basis if other interventions are not effective and when their potential benefits clearly outweigh all the potential risks.

At present, there are no disease-modifying drugs that are approved for clinical use. The focus of prevention should be reducing the modifiable risk factors for heart disease and stroke.

Dr. Babak Abadi is a geriatric psychiatrist affiliated with the University of Toronto and Centre for Addiction and Mental Health. He obtained his medical degree at the University of British Columbia and completed his residency training and fellowship at the University of Pittsburgh Medical Center. He visits Christie Gardens monthly for consultation and follow-up. He can be contacted by phone at 416-535-8501 extension 32722 or by email to babak.abadi@camh.ca

Introducing Silver Fox Pharmacy and Silver Linings Healthcare

The team at Silver Fox Pharmacy and Silver Linings Healthcare is excited to begin our partnership with Christie Gardens in order to provide excellent service to you, including medication management, a continence care program, and a complete catalogue of medical supplies.

We are an independent family company focused on providing you with exceptional service and support. Our support team will be there to support you during the transition process, and will be available to answer any of your questions.

We are excited to be working closely with the Christie Gardens team to provide you with the highest levels of care!

Our services include:

- *reliable medication delivery in compliance packaging;*
- *reduced dispensing fee and reduced cost for continence care products;*
- *provision of all your vitamins, other over-the-counter and health and beauty product needs;*
- *consultations with a Silver Fox Pharmacist;*
- *assistance with medication coverage;*
- *provision of your complete medication profile for doctor and hospital visits; and*
- *a continence care program and a complete selection of medical supplies and equipment.*

SILVER
FOX
PHARMACY

SILVER LININGS
HEALTHCARE

Specialty Pharmacy, Medical Supplies & Equipment, Support Programs

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Music Therapy and Dementia

In music therapy, Music Therapist Accredited (MTA) professionals use music purposefully within therapeutic relationships to support health and well-being.

MTA's use music safely and ethically to address cognitive, communicative, emotional, musical, physical, social, and spiritual needs.

What does a music therapist do?

An MTA will tailor programs by incorporating two types of therapeutic interventions: active and receptive.

Active Therapy involves both the client and music therapist creating music with instruments and their voices.

Receptive Therapy involves the music therapist playing music while the client listens and completes other tasks depending on their goals.

The goals of these programs are to improve health and quality of life.

What are some of the benefits of music therapy?

Music therapy provides alternative forms of self-expression, decreases agitation, manages pain, facilitates rehabilitation, and provides psychosocial support.

Why do I do what I do?

I discovered the discipline of music therapy while researching music-related university programs. I was drawn to the idea of studying the interchange between music and psychology. Over the course of my experience practicing music therapy, the thing I have loved the most is its accessibility; music is a universal language.

How does music touch people in long term care?

Music can touch everyone. Everyone that hears what the therapist is doing feels its impact. Often, support staff will dance across the room when they hear a song during music therapy time in the lounge; a resident who is sleeping wakes up and taps their toe to the beat; family members remember the days and time of music therapy groups and they sit in.

Music is a universal language and it effects people profoundly.

Music therapy can be a vital part of a person's treatment plan when used in dementia care. The use of music therapy can allow the alleviation of isolation, as well as promoting communication and self-expression.

Using songs in a therapy setting promotes communication and stimulates memory.

Stories and shared experiences

Consider the story of George Gershwin as evidence of the power of music.

Gershwin was a prolific songwriter who died too young. In his last year of life, he exhibited a decline in his motor skills as unbeknownst to him, he was affected by a temporal right hemisphere cerebral tumour. Despite a decline in many of his abilities, his musical abilities remained intact almost to the very end of his life.

I see examples of this power of music every day when I work. Using music throughout our lives allows us to reminisce, distract, soothe and most of all connect.

Keep singing everyone!

Kathleen Power, BMT-MTA
Music Therapist



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Volume 9, Issue 1

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