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South Asian Canadian Health Journal



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South Asian Canadians Health & Social Services (SACHSS)

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SACHSS offers culturally and linguistically appropriate services for South Asian men, women, seniors and youth, and other communities. SACHS provides programs focused on Health Promotion, Mental Health and Addictions issues.

SACHSS serves clients with treatment and counselling services for those mandated by the legal system for issues such as driving under the influence of alcohol/drugs (DUI), violence, domestic violence, anger management etc.

SACHSS runs the PAR (Partner Assault Response) program for domestic violence and undertakes assessments and referrals to rehabilitation centres and intervention services for clients with addiction issues. We offer our services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam and English.

SACHSS has highly qualified and experienced staff in the fields of Health Promotion, Mental Health and Addiction. We give early, convenient and flexible appointments including evenings and weekends and provide prompt, detailed client reports.

SACHSS serves all individuals and groups irrespective of their nationality, race, religion, ethnicity, language, colour, sexual orientation and preferences.

SACHSS strives to build a healthy and vibrant South Asian community.

Referrals from clients, physicians, family doctors, hospitals, the legal system, lawyers, agencies and organizations are now accepted

SACHSS REHAB & DROP IN CENTRE

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop in Centre at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie) on Wednesday February 13th, 2019.

We provide our services at our new office and we also provide SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario.

Please visit our SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. (Near Steeles & Melanie, Near Steeles and Torbram).

We now have our Thursdays Evenings 6- 8 pm Healthy Living Group at our new premises.

All are welcome.

SACHSS Healthy Living & Positive Lifestyle Education Group

THE SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES - SACHSS IS RUNNING ITS GROUP PROGRAM, "HEALTHY LIVING & POSITIVE LIFESTYLE EDUCATION GROUP" ON THURSDAY EVENINGS AT OUR BRAMPTON DOWNTOWN OFFICE AT Grace Place, 156 Main Street North, Brampton, Ontario. (2nd Floor, Rainbow room- Just north of Main St. and Church St.) THE PROGRAM RUNS EVERY THURSDAY EVENING 6PM TO 7.30 PM.

Who can attend?

1. Anyone who faces stress and who needs and is interested in Stress Management and development of a Positive Lifestyle.
2. Persons who need help in dealing with their everyday stress which causes anxiety, depression and other issues in them
3. Persons who want to improve their Lifestyle with positive physical health and mental health
4. Persons with mental health issues
5. Persons with addiction issues
6. Anyone with anger/violence/domestic violence issues
7. Anyone who has a family member with mental health, addiction or anger/violence/domestic violence issues
8. Anyone with legal problems related to mental health, addiction or anger/violence/domestic violence issues

This group is open to men, women, seniors and youth. All are Welcome!

OUR PROGRAMS

- **PROGRAMS FOR HEALTH EDUCATION & HEALTH PROMOTION**
- **PROGRAMS FOR MENTAL HEALTH**
- **PROGRAMS FOR ADDICTIONS**
- **PROGRAMS FOR DOMESTIC VIOLENCE**
- **ANGER MANAGEMENT PROGRAMS**
- **SENIOR'S PROGRAMS**
- **WOMEN'S PROGRAMS**
- **YOUTH PROGRAMS**
- **COUPLE & MARRIAGE COUNSELLING**
- **OUTREACH PROGRAMS**
- **PROGRAMS FOR HOMELESS INDIVIDUALS**
- **INDIVIDUAL & GROUP COUNSELLING**

FOR ALL OUR SERVICES REFERRALS ARE ACCEPTED FROM ALL ORGANIZATIONS, AGENCIES, PHYSICIANS, AND THE LEGAL SYSTEM INCLUDING PROBATION & PAROLE OFFICERS AND BAIL OFFICERS AND LAWYERS.

SELF-REFERRALS ARE ACCEPTED.

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ALCOHOL AND RISK OF CANCER

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South Asian Canadians Health & Social Services- SACHSS



Introduction

Harmful effects of Alcohol include problems in physical and mental health, family and relationships, work, social problems, financial and legal problems and other related problems.

In addition to many other health issues caused by alcohol, many kinds of cancers are also caused by alcohol use.

Alcohol and Cancers

There is a strong scientific evidence that alcohol drinking can cause several types of cancer. The National Toxicology Program of the US Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen.

The evidence indicates that the more alcohol a person drinks—particularly the more alcohol a person drinks regularly over time—the higher his or her risk of developing an alcohol-associated cancer. Even light drinkers (those who have no more than one drink per day) and binge drinkers

have a modestly increased risk of some cancers. Based on data from 2009, an estimated 3.5% of cancer deaths in the United States (about 19,500 deaths) were alcohol related.



Clear evidences have emerged between alcohol consumption and the development of the following types of cancer:

- **Head and neck cancer**: Moderate to heavy alcohol consumption is associated with higher risks of certain head and neck cancers which include **oral cavity** (excluding the lips) and **pharynx** (throat) cancers and **larynx** (voice box) cancers. Moreover, the risks of these cancers are substantially higher among persons who consume this amount of alcohol and also use tobacco.
- **Esophageal cancer**: Alcohol consumption at any level is associated with an increased risk of a type of esophageal cancer called esophageal **squamous cell carcinoma**.
- **Liver cancer**: Heavy alcohol consumption is associated with approximately 2-fold increased risks of two types of liver cancer (**hepatocellular carcinoma** and **intrahepatic cholangiocarcinoma**).
- **Breast cancer**: Epidemiologic studies have consistently found an increased risk of breast cancer with increasing alcohol intake.
- **Colorectal cancer**: Moderate to heavy alcohol consumption is associated with increased risks of cancers of the colon and rectum.

Alcohol is associated with increased risks of **melanoma and of prostate and pancreatic cancers**. However, for cancers of the ovary, prostate, stomach, uterus, and bladder, either no association with alcohol use has been found or the evidence for an association is inconsistent. Alcohol consumption has also been associated with decreased risks of kidney cancers (16–18), and non-Hodgkin lymphoma in multiple studies. However, any potential benefits of alcohol consumption for reducing the risks of some cancers are likely outweighed by the harms of alcohol consumption. In fact, a recent study that included data from more than 1000 alcohol studies and data sources, as well as death and disability records from 195 countries and

territories from 1990 to 2016, concluded that the **optimal number of drinks to consume per day to minimize the overall risk to health is zero**. That study did not include data on kidney cancer or non-Hodgkin lymphoma.

Alcohol consumption may also be associated with an increased risk of **second primary cancers**. Studies have shown among patients with cancer of the upper aerodigestive tract (UADT)—which includes the oral cavity, pharynx, larynx, and esophagus, with increased alcohol consumption, there is higher risk of a second primary UADT cancer. It is less clear whether alcohol consumption increases the risk of second primary cancers at other sites, such as the breast.

How does alcohol affect the risk of cancer?

Researchers have hypothesized multiple ways that alcohol may increase the risk of cancer, including:

- metabolizing (breaking down) ethanol in alcoholic drinks to acetaldehyde, which is a toxic chemical and a probable human carcinogen; acetaldehyde can damage both DNA (the genetic material that makes up genes) and proteins
- generating reactive oxygen species (chemically reactive molecules that contain oxygen), which can damage DNA, proteins, and lipids (fats) in the body through a process called oxidation
- impairing the body's ability to break down and absorb a variety of nutrients that may be associated with cancer risk, including vitamin A; nutrients in the vitamin B complex, such as folate; vitamin C; vitamin D; vitamin E; and carotenoids
- increasing blood levels of estrogen, a sex hormone linked to the risk of breast cancer

Alcoholic beverages may also contain a variety of carcinogenic contaminants that are introduced during fermentation and production, such as nitrosamines, asbestos fibers, phenols, and hydrocarbons.

How does the combination of alcohol and tobacco affect cancer risk?

Epidemiologic research shows that **people who use both alcohol and tobacco have much greater risks of developing cancers of the oral cavity, pharynx (throat), larynx, and esophagus than people who use either alcohol or tobacco alone**. In fact, for oral and pharyngeal cancers, the risks associated with using both alcohol and tobacco are multiplicative; that is, they are greater than would be expected from adding the individual risks associated with alcohol and tobacco together.

Can people's genes affect their risk of alcohol-related cancers?

A person's risk of alcohol-related cancers is influenced by their genes, specifically the genes that encode enzymes involved in metabolizing (breaking down) alcohol.

Can drinking red wine help prevent cancer?

The plant secondary compound resveratrol, found in grapes used to make red wine and some other plants, has been investigated for many possible health effects, including cancer prevention. However, researchers have found no association between moderate consumption of red wine and the risk of developing prostate cancer or colorectal cancer.

What happens to cancer risk after a person stops drinking alcohol?

Most of the studies that have examined whether cancer risk declines after a person stops drinking alcohol have focused on head and neck cancers and on esophageal cancer. In general, these studies have found that stopping alcohol consumption is not associated with immediate reductions in cancer risk. The cancer risks eventually decline, although it may take years for the risks of cancer to return to those of never drinkers.

For example, ex-drinkers still had higher risks of oral cavity and pharyngeal cancers than never drinkers even 16 years after they stopped drinking alcohol, although it was lower than before they stopped drinking. One study estimated that it would take more than 35 years for the higher risks of laryngeal and pharyngeal cancers associated with alcohol consumption to decrease to the level of never drinkers.

Prevention

Studies have concluded that the optimal number of drinks to consume per day to minimize the overall risk to health is zero. Staying away from alcohol is a good way to prevent many health problems including cancers and other harmful effects of alcohol.

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SCHIZOPHRENIA

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INTRODUCTION

Schizophrenia is a mental disorder that usually appears in late adolescence or early adulthood. Characterized by delusions, hallucinations, and other cognitive difficulties, schizophrenia can often be a lifelong struggle.

- Schizophrenia affects an estimated 1 percent of the population.
- Symptoms include delusions, hallucinations, and disorganized thoughts.
- Diagnosing schizophrenia comes only after other disease have been ruled out.

Schizophrenia most commonly strikes between the ages of 16 and 30, and males tend to show symptoms at a slightly younger age than females. In many cases, the disorder develops so slowly that the individual does not know that they have had it for many years. However, in other cases, it can strike suddenly and develop quickly. Schizophrenia affects approximately 1 percent of all adults, globally. Experts say schizophrenia is probably many illnesses masquerading as one.

SYMPTOMS

A sizable proportion of people with schizophrenia have to rely on others because they are unable to hold a job or care for themselves. Many may also resist treatment, arguing that there is nothing wrong with them. Some patients may present clear symptoms, but on other occasions, they may seem fine until they start explaining what they are truly thinking. The effects of schizophrenia reach far beyond the patient - families, friends, and society are affected too. Symptoms and signs of schizophrenia will vary, depending on the individual.

The symptoms are classified into four categories:

Positive symptoms - also known as psychotic symptoms. For example, delusions and hallucinations.

Negative symptoms - these refer to elements that are taken away from the individual. For example, absence of facial expressions or lack of motivation.

Cognitive symptoms - these affect the person's thought processes. They may be positive or negative symptoms, for example, poor concentration is a negative symptom.

Emotional symptoms - these are usually negative symptoms, such as blunted emotions.

Below is a list of the major symptoms:

Delusions - the patient displays false beliefs, which can take many forms, such as delusions of persecution, or delusions of grandeur. They may feel others are attempting to control them remotely. Or, they may think they have extraordinary powers and abilities.

Hallucinations - hearing voices is much more common than seeing, feeling, tasting, or smelling things which are not there, however, people with schizophrenia may experience a wide range of hallucinations.

Thought disorder - the person may jump from one subject to another for no logical reason. The speaker may be hard to follow or erratic.

Other symptoms may include:

Lack of motivation (avolition) - the patient loses their drive. Everyday actions, such as washing and cooking, are neglected.

Poor expression of emotions - responses to happy or sad occasions may be lacking, or inappropriate.

Social withdrawal - when a patient with schizophrenia withdraws socially, it is often because they believe somebody is going to harm them.

Unawareness of illness - as the hallucinations and delusions seem so real for patients, many of them may not believe they are ill. They may refuse to take medication for fear of side effects, or for fear that the medication may be poison, for example.

Cognitive difficulties - the patient's ability to concentrate, recall things, plan ahead, and to organize their life are affected. Communication becomes more difficult.



CAUSES

Genetic inheritance

If there is no history of schizophrenia in a family, the chances of developing it are less than 1 percent. However, that risk rises to 10 percent if a parent was diagnosed.

Chemical imbalance in the brain

Experts believe that an imbalance of dopamine, a neurotransmitter, is involved in the onset of schizophrenia. Other neurotransmitters, such as serotonin, may also be involved.

Family relationships

There is no evidence to prove or even indicate that family relationships might cause schizophrenia, however, some patients with the illness believe family tension triggers relapses.

Environmental factors

Although there is no definite proof, many suspect trauma before birth and viral infections may contribute to the development of the disease.

Stressful experiences often precede the emergence of schizophrenia. Before any acute symptoms are apparent, people with schizophrenia habitually become bad-tempered, anxious, and unfocused. This can trigger relationship problems, divorce, and unemployment.

These factors are often blamed for the onset of the disease, when really it was the other way around - the disease caused the crisis. Therefore, it is extremely difficult to know whether schizophrenia caused certain stresses or occurred as a result of them.

Drug induced schizophrenia

Marijuana and LSD are known to cause schizophrenia relapses. Additionally, for people with a predisposition to a psychotic illness such as schizophrenia, usage of cannabis may trigger the first episode.

Some researchers believe that certain prescription drugs, such as steroids and stimulants, can cause psychosis.



TREATMENT

Psychiatrists say the most effective treatment for schizophrenia patients is usually a combination of:

- medications
- psychological counseling
- self-help resources

TYPES OF SCHIZOPHERNIA

Previously, there were a few subtypes of schizophrenia; these included,

- Paranoid- Paranoid schizophrenia was once the maximum common form of schizophrenia. In 2013, the American Psychiatric Association decided that paranoia become a fantastic symptom of the disorder, so paranoid schizophrenia wasn't a separate situation. Hence, it was then simply changed to schizophrenia. Symptoms include:

1. delusions
 2. hallucinations
 3. disorganized speech (word salad, echolalia)
 4. trouble concentrating
 5. behavioral impairment (impulse control, emotional lability)
 6. flat affect
- Hebephrenic- Hebephrenic or disorganized schizophrenia is still recognized by the International Statistical Classification of Diseases and Related Health Problems (ICD-10), although it's been removed from the DSM-5.

In this variation of schizophrenia, the individual doesn't have hallucinations or delusions.

Instead, they experience disorganized behavior and speech. This can include:

1. flat affect
 2. speech disturbances
 3. disorganized thinking
 4. inappropriate emotions or facial reactions
 5. trouble with daily activities
- undifferentiated- Undifferentiated schizophrenia was the term used to describe when an individual displayed behaviors that were applicable to more than one type of schizophrenia. For instance, an individual who had catatonic behavior but also had delusions or hallucinations, with word salad, might have been diagnosed with undifferentiated schizophrenia.

- Residual- This “subtype” is a bit tricky. It’s been used when a person has a previous diagnosis of schizophrenia but no longer has any prominent symptoms of the disorder. The symptoms have generally lessened in intensity.
- Catatonic- Although catatonic schizophrenia was a subtype in the previous edition of the DSM, it’s been argued in the past that catatonia should be more of a specifier. This is because it occurs in a variety of psychiatric conditions and general medical conditions.

PREVENTION

There are currently recognized precursors of schizophrenia that are apparent during adolescence. A wide variety of early-intervention techniques have been developed that draw on the knowledge of these precursors to identify individuals at risk for the illness and to prevent the predisposition toward schizophrenia from developing into the full disorder. Unfortunately, most of the research that has enabled the identification of these precursors and the development of these intervention techniques has been performed retrospectively in adults with schizophrenia, with little specific research attention directed toward forms of schizophrenia that manifest during adolescence. In addition, prevention efforts have necessarily lagged studies of the risk factors, detection, and early intervention of the disease. Yet, a great deal has already been learned about risk-profiling and early intervention in schizophrenia generally, and those aspects that may be useful in understanding the adolescent forms of the illness are discussed below.

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Sleep disorder

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Sleep disorders are a group of conditions that affect the ability to sleep well on a regular basis. Whether they are caused by a health problem or by too much stress, sleep disorders are becoming increasingly common in the Canada. According to Ryan, roughly 15 per cent of men and five per cent of women suffer from sleeping disorder. The problem is that about 80 per cent of people with sleep disorder remain undiagnosed because we don't have adequate facilities for investigating and managing these people.

Most people occasionally experience sleeping problems due to stress, hectic schedules, and other outside influences. However, when these issues begin to occur on a regular basis and interfere with daily life, they may indicate a sleeping disorder.

Depending on the type of sleep disorder, people may have a difficult time falling asleep and may feel extremely tired throughout the day. The lack of sleep can have a negative impact on energy, mood, concentration, and overall health.

In some cases, sleep disorders can be a symptom of another medical or mental health condition. These sleeping problems may eventually go away once treatment is obtained for the underlying cause. When sleep disorders aren't caused by another condition, treatment normally involves a combination of medical treatments and lifestyle changes.

It's important to receive a diagnosis and treatment right away if you suspect you might have a sleep disorder. When left untreated, the negative effects of sleep disorders can lead to further health consequences. They can also affect your performance at work, cause strain in relationships, and impair your ability to perform daily activities.



What Are the Symptoms of Sleep Disorders?

Symptoms can differ depending on the severity and type of sleeping disorder. They may also vary when sleep disorders are a result of another condition. However, general symptoms of sleep disorders include:

- difficulty falling or staying asleep
- daytime fatigue
- strong urge to take naps during the day

- irritability or anxiety
- lack of concentration
- depression

What Causes Sleep Disorders?

There are many conditions, diseases, and disorders that can cause sleep disturbances. In many cases, sleep disorders develop as a result of an underlying health problem.

Allergies and Respiratory Problems

Allergies, colds, and upper respiratory infections can make it challenging to breathe at night. The inability to breathe through your nose can also cause sleeping difficulties.

Nocturia

Nocturia, or frequent urination, may disrupt your sleep by causing you to wake up during the night. Hormonal imbalances and diseases of the urinary tract may contribute to the development of this condition. (Be sure to call your doctor right away if frequent urination is accompanied by bleeding or pain.)

Chronic Pain

Constant pain can make it difficult to fall asleep. It might even wake you up after you fall asleep. Some of the most common causes of chronic pain.

In some cases, chronic pain may even be exacerbated by sleep disorders. For instance, doctors believe the development of fibromyalgia might be linked to sleeping problems.

Stress and Anxiety

Stress and anxiety often have a negative impact on sleep quality. It can be difficult for you to fall asleep or to stay asleep. Nightmares, sleep talking, or sleepwalking may also disrupt your sleep.

What Are the Different Types of Sleep Disorders?

There are numerous different types of sleep disorders. Some may be caused by other underlying health conditions.

Insomnia

Insomnia refers to the inability to fall asleep or to remain asleep. It can be caused by jet lag, stress and anxiety, hormones, or digestive problems. It may also be a symptom of another condition. Insomnia can be very problematic for your overall health and quality of life, potentially causing:

- depression
- difficulty concentrating
- irritability
- weight gain
- impaired work or school performance



Unfortunately, insomnia is extremely common in the United States. Approximately 50 percent of American adults experience it at some point in their lives. The disorder is most prevalent among older adults and women.

Insomnia is usually classified as one of three types:

- chronic, which is when insomnia happens on a regular basis for at least one month
- intermittent, which is when insomnia occurs periodically
- transient, which is when insomnia lasts for just a few nights at a time

Sleep Apnea

Sleep apnea is characterized by pauses in breathing during sleep. This is a serious medical condition that causes the body to take in less oxygen. It can also cause you to wake up during the night.

Parasomnias

Parasomnias are a class of sleep disorders that cause abnormal movements and behaviors during sleep. They include:

- sleepwalking
- sleep talking
- groaning
- nightmares
- bedwetting
- teeth grinding or jaw clenching

Restless Leg Syndrome

Restless leg syndrome (RLS) is an overwhelming need to move the legs. This urge is sometimes accompanied by a tingling sensation in the legs. While these symptoms can occur during the day, they are most prevalent at night. RLS is often associated with certain health conditions, including ADHD and Parkinson's disease, but the exact cause isn't always known.

Narcolepsy

Narcolepsy is characterized by “sleep attacks” that occur during the day. This means that you will suddenly feel extremely tired and fall asleep without warning. The disorder can also cause sleep paralysis, which may make you physically unable to move right after waking up. Although narcolepsy may occur on its own, it is also associated with certain neurological disorders, such as multiple sclerosis.

Hypersomnia

It refers to either excessive sleepiness on daytime or excessive time spent on sleeping. In this disorder people got trouble to awake up during the daytime. People with this disorder can fall asleep at any time.

How Are Sleep Disorders Diagnosed?

Your doctor will first perform a physical exam and gather information about your symptoms and medical history. They will also order various tests, including:

- polysomnography: a sleep study that evaluates oxygen levels, body movements, and brain waves to determine how they disrupt sleep
- electroencephalogram: a test that assesses electrical activity in the brain and detects any potential problems associated with this activity
- genetic blood testing: a blood test commonly used to diagnose narcolepsy and other underlying health conditions that might be causing sleeping problems

These tests can be crucial in determining the right course of treatment for sleep disorders.

How Are Sleep Disorders Treated?

Treatment for sleep disorders can vary depending on the type and underlying cause. However, it generally includes a combination of medical treatments and lifestyle changes.

Medical Treatments

Medical treatment for sleep disturbances might include any of the following:

- sleeping pills
- melatonin supplements
- allergy or cold medication
- medications for any underlying health issues
- breathing device or surgery (usually for sleep apnea)
- a dental guard (usually for teeth grinding)

Prevention - Lifestyle Changes

Lifestyle adjustments can greatly improve your quality of sleep, especially when they're done along with medical treatments. You may want to consider:

- reducing stress and anxiety by exercising
- creating and sticking to a regular sleeping schedule
- drinking less water before bedtime
- limiting your caffeine intake, especially in the late afternoon or evening
- decreasing tobacco and alcohol use
- eating smaller low carbohydrate meals before bedtime
- incorporating more vegetables and fish into your diet, and reducing sugar intake

Going to bed and waking up at the same time every day can also significantly improve your sleep quality.

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OBSESSIVE COMPULSIVE DISORDER

Simardeep Kaur, Sheridan College

Introduction: It is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts and behaviors that person feels the urge to repeat over and over.

In Canada, approximately 1% to 2% of the Canadian population will have an episode of OCD, with the possibility that slightly more women experience the disorder than men. In severe cases, obsessive thoughts and repetitive, compulsive rituals can consume one's entire day.

Risk Factors: This disorder mainly affects adults, adolescents, children all over the world. Most people are diagnosed by the age of 19, typically with an earlier age of onset in boys than in girls, but onset after age 35 does happen. The causes of OCD are unknown but some of the risk factors are:

- **Genetics:** Twin and family studies have shown that people with first-degree relatives such as parent, siblings or child who have OCD are at a higher risk for developing OCD themselves.
- **Brain structure and functioning:** studies have shown differences in the frontal cortex and subcortical structures of the brain in patients with OCD, but this is unclear.
- **Environment:** people who have experienced abuse such as physical and sexual in childhood or other trauma are at increased risk for developing OCD. In some cases, children may develop OCD or OCD symptoms following a streptococcal infection and this is known as pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS).



Sign and symptoms: people with OCD may have symptoms of Obsessions, compulsions or both. These symptoms can interfere in all aspects of life such as work, school and personal relationships.

Obsessions are repeated thoughts, urges or mental images that cause anxiety. Common symptoms include:

- Fear of germs or contamination.
- Unwanted forbidden thoughts involving sex, religion and harm
- Aggressive thoughts towards others or self.
- Having things symmetrical or in a perfect order

Compulsions are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought. Common compulsions are:

- Excessive cleaning or handwashing

- Ordering and arranging things in a good way
- Repeatedly checking things such as repeatedly checking to see if the door is locked or that the oven is off.

Everyone double checks things sometimes, but a person with OCD generally:

- Cannot control his or her thoughts or behavior, even when those thoughts or behaviors are recognized as excessive
- Spends at least one hour on these thoughts or behaviors.
- Some individuals with that problem also have tic disorder. Motor tic disorder are sudden, brief and repetitive movements such as eye blinking, head and shoulder jerking. Common vocal tics such as repetitive throat clearing, sniffing.

Treatment and therapies: OCD are typically treated with medications, psychotherapy or a combination of the two. Sometimes people with OCD also have other mental disorders such as anxiety, depression and body dysmorphic disorder, a disorder in which someone mistakenly believes that a part of their body is abnormal. So, it is important to find out other disorders during treatment.

Psychotherapy: psychotherapy can be effective treatment for both adults and children. It includes cognitive behavior therapy which can be as effective as medication for many individuals. Exposure and response prevention are type of CBT and it is effective in reducing compulsive behaviors in OCD.

Medications: Serotonin reuptake inhibitors and selective serotonin reuptake inhibitors are used to reduce OCD symptoms. Clomipramine which is in the category of tricyclic antidepressant drugs is beneficial for children and adults.

Prevention: stress and anxiety can precipitate and increase the symptoms of OCD. Prevention and management of stress and the prevention and management of anxiety and regular relaxation exercises may all help in preventing OCD symptoms. Yearly diagnosis and treatment also helps in a better management of OCD. But the best way to prevent a relapse of OCD symptoms is by staying with your therapy and taking any medicines exactly as they have been prescribed. Stress and anxiety can cause

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Bipolar Disorders

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Bipolar ailment is a mental health circumstance that causes full-size adjustments in temper, behaviour, and strength ranges. The mood swings that have an effect on people with bipolar disorder can ultimate for days, weeks, or even numerous months. It is difficult to diagnose this situation because its signs and symptoms and signs and

symptoms can be diffused or assumed to suggest different problems; however lengthy-time period remedy permits people with bipolar ailment to live healthy lives. Although bipolar disorder is a lifelong condition, you can manage your mood swings and other symptoms by following a treatment plan. In most cases, bipolar disorder is treated with medications and psychological counseling (psychotherapy).

Bipolar disorder typically consists of three states:

- a high state, called mania
- a low state, called depression
- a well state, during which many people feel normal and function well.

Statistics

The estimated lifetime prevalence of Bipolar Disorder I and II (based on the CIDI) in Canada in 2012 was 0.87% (95% CI 0.67% to 1.07%) and 0.57% (95% CI 0.44% to 0.71%), respectively. Prevalence did not differ by sex.

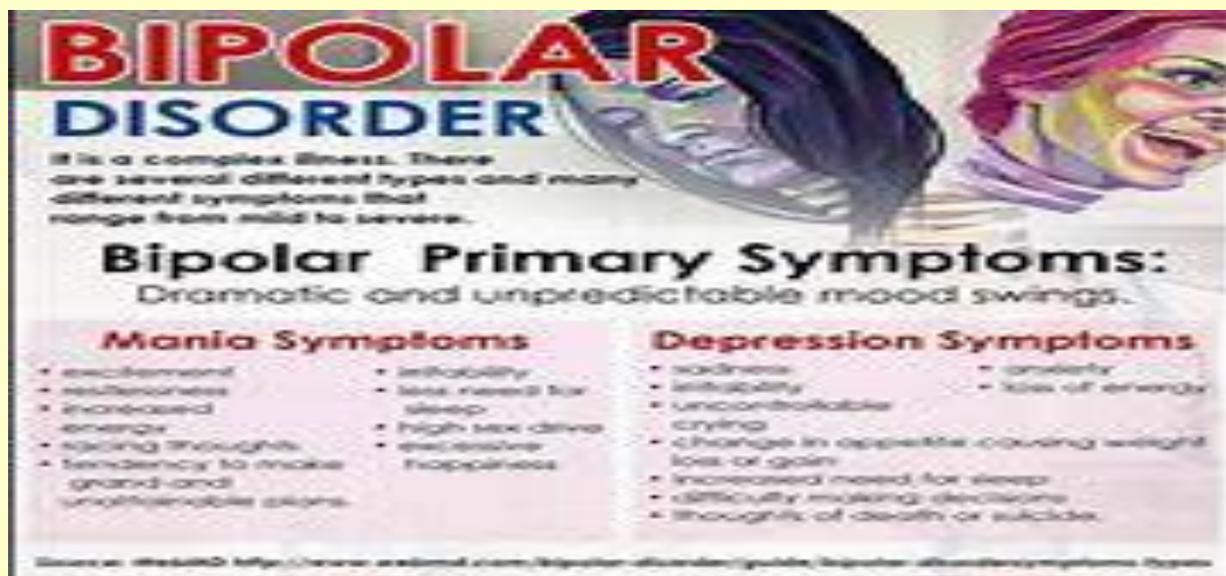
The estimated prevalence of self-reported BD was 0.87% (95% CI 0.65% to 1.07%).

Causes

There is no exact cause for bipolar disorder but there are some involved like such as,

Bipolar Differences: there are some physical changes in brain of individuals who have bipolar disorder. The significance of these changes may uncertain but at the end helps in pinpoint causes.

Genetics: It is very common in individuals, who have first degree relative such as siblings or parents with the symptoms



Symptoms:

Symptoms may cause unpredictable changes in mood and behavior, resulting in significant distress and difficulty in life.

- **Bipolar I Disorder:** A person have at least one manic episode that may be preceded by hypomanic or major depressive episodes. In few cases, mania may trigger a break from reality (psychosis).
- **Bipolar II disorder.** A individual has one major depressive episode and at least one hypomanic episode, but person never had a manic episode.
- **Cyclothymic disorder.** A person had at least two years — or one year in children and teenagers — of many periods of hypomania symptoms and periods of depressive symptoms (though less severe than major depression).
- **Other types.** These include, for instance, bipolar and related disorders induced by certain drugs or alcohol or due to a medical condition, such as Cushing's disease, multiple sclerosis or stroke.

Bipolar II disorder is not a milder form of bipolar I disorder, but a separate diagnosis.

While the manic episodes of bipolar I disorder can be severe and dangerous, individuals with bipolar II disorder can be depressed for longer periods, which can cause significant impairment.

Although bipolar disorder can occur at any age, typically it's diagnosed in the teenage years or early 20s. Symptoms can vary from person to person, and symptoms may vary over time.

Mania and hypomania

Mania and hypomania are two different types of episodes, but they have the same symptoms. Mania is more severe than hypomania and causes more noticeable problems at work, school and social activities, as well as relationship difficulties. Mania may also trigger a break from reality (psychosis) and require hospitalization.

Both a manic and a hypomanic episode include three or more of these symptoms:

- Abnormally upbeat, jumpy or wired
- Increased activity, energy or agitation
- Exaggerated sense of well-being and self-confidence (euphoria)
- Decreased need for sleep
- Unusual talkativeness
- Racing thoughts
- Distractibility
- Poor decision-making — for example, going on buying sprees, taking sexual risks or making foolish investments

Major depressive episode

A major depressive episode includes symptoms that are severe enough to cause noticeable difficulty in day-to-day activities, such as work, school, social activities or relationships. An episode includes five or more of these symptoms:

- Depressed mood, such as feeling sad, empty, hopeless or tearful (in children and teens, depressed mood can appear as irritability)
- Marked loss of interest or feeling no pleasure in all — or almost all — activities
- Significant weight loss when not dieting, weight gain, or decrease or increase in appetite (in children, failure to gain weight as expected can be a sign of depression)
- Either insomnia or sleeping too much
- Either restlessness or slowed behavior
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Decreased ability to think or concentrate, or indecisiveness
- Thinking about, planning or attempting suicide

Diagnosis of Bipolar:

Physical Exam: Doctor does some lab test and physical exam to identify the medical problem.

Psychiatric assessment: in which psychiatric will ask you about your behavior pattern, thoughts and feeling and also patient will fill out a psychological self-assessment.

Mood Charting: in this doctor or psychiatric will keep your daily record of sleep pattern and other factors which will help in to find out right treatment for patient.

Criteria for bipolar disorder: A psychiatrist will compare your symptoms with criteria for bipolar disorder.

Treatment:

Bipolar disorder is a lifelong condition. Treatment is directed at managing symptoms depending on patient's need, treatment it may include:

- **Medication:** medication is for balancing patient's moods right away.
- **Continued treatment:** bipolar disorder need lifelong treatment even when person feel better but still they have to take medication if a person skip medication it leads to a high risk of relapse of symptoms.
- **Day treatment programs:** these programs are recommended by the doctors which will provide support and counseling that a person need to get symptoms under control.
- **Substance abuse treatment:** when patients have problem with alcohol or drugs at that time patient also need substance abuse treatment.
- **Hospitalization:** Doctor Recommend hospitalization when person is behaving dangerously and also feels suicidal.

Risk Factor:

- Family with disorder
- High stress
- Substance abuse
- Gender

Prevention:

- Learn the warning signs of a manic episode and get early treatment to avoid disruption in your life.
- At the same time each day, record your mood and any symptoms.
- Take medicines as instructed by your doctor to help reduce the number of manic episodes.
- To help prevent a manic episode, avoid triggers such as caffeine, alcohol or drug use, and stress.
- Exercise, eat a balanced diet, get a good night's sleep, and keep a consistent schedule. This can help reduce minor mood swings that can lead to more severe episodes of mania.
- Have an action plan in place so that if you do have a manic episode, those who support you can follow the plan and keep you safe.

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SACHSS REHAB & DROP IN CENTRE

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop in Centre at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie) on Wednesday February 13th, 2019.

We provide our services at our new office and we also provide SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario.

Please visit our SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. (Near Steeles & Melanie, Near Steeles and Torbram).

We now have our Thursdays Evenings 6- 8 pm Healthy Living Group at our new premises.

All are welcome.

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SACHSS

South Asian Canadians Health & Social Services- SACHSS

Not for profit Charity Organization (Registered) Ontario, Canada

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Phone: 647-718-0786. Website: www.sachss.org**

South Asian Canadians Health & Social Services (SACHSS) is a registered not for profit charity organization. SACHSS provides culturally and linguistically appropriate services to South Asian and other communities. SACHSS services include Health Education, Health Promotion, Mental Health, Addiction, Stress Management, Anger Management and related social issues and social and recreational programs. SACHSS provides services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam, Sindhi, Arabic, French and English.

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