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22 Melanie Drive, Unit 8, Brampton. Ontario. Canada. L6T 4K9.
647- 718 -0786
www.sachss.org

Editor in chief: Dr.Maher Hussain.

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South Asian Canadians Health & Social Services (SACHSS)

SACHSS offers culturally and linguistically appropriate services for South Asian men, women, seniors and youth, and other communities. SACHSS 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

INFORMATION ON SACHSS

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, Unit 8, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie).

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:

NAME: "HEALTHY LIVING & POSITIVE LIFESTYLE EDUCATION GROUP"

DATE & TIME: THURSDAY EVENINGS 6PM TO 8PM

LOCATION: OUR BRAMPTON OFFICE AT 22 Melanie Drive, Unit 8, Brampton. Ontario. L6T 4K9. (Just South of Steeles and Melanie, near Steeles and Torbram).

WHO CAN ATTEND?

- i. Anyone who faces stress and who needs and is interested in Stress Management and development of a Positive Lifestyle.
- ii. Persons who need help in dealing with their everyday stress which causes anxiety, depression and other issues in them
- iii. Persons who want to improve their Lifestyle with positive physical health and mental health
- iv. Persons with mental health issues
- v. Persons with addiction issues
- vi. Anyone with anger/violence/domestic violence issues
- vii. Anyone who has a family member with mental health, addiction or anger/violence/domestic violence issues
- viii. Anyone with legal problems related to mental health, addiction or anger/violence/domestic violence issues
- ix. This group is open to men, women, seniors and youth. All are Welcome!

OUR PROGRAMS

PROGRAMS FOR HEALTH EDUCATION & HEALTH PROMOTION	WOMEN'S PROGRAMS	PROGRAMS FOR MENTAL HEALTH
PROGRAMS FOR ADDICTIONS	YOUTH PROGRAMS	PROGRAMS FOR DOMESTIC VIOLENCE
ANGER MANAGEMENT PROGRAMS	COUPLE & MARRIAGE COUNSELLING	SENIOR'S PROGRAMS
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.

FOR REFERRALS PLEASE CONTACT:**Dr. MAHER HUSSAIN**

M.D.(India), M.P.H.(USA)

Chief Executive Officer & Clinical Director

South Asian Canadians Health & Social Services- SACHSS

22, Melanie Drive, Unit 8, Brampton. ON. Canada. L6T 4K9.

Phone : 647-718-0786maher2004@gmail.comwww.sachss.orghttps://www.facebook.com/www.sachss.org/**March 2021 Issue: Articles****INCREASE OF MENTAL HEALTH ISSUES IN GENERAL POPULATION****DR.MAHER HUSSAIN**

M.D.(India), M.P.H.(USA)

South Asian Canadians Health & Social Services- SACHSS

INTRODUCTION

Due to the developments in science, technology and healthcare, people are having better standards of living and are living longer and longer with better quality of life.

But Mental Health issues are growing more and more globally and in both developed and developing nations globally.

INCREASING MENTAL HEALTH MORBIDITY ACROSS GLOBE

According to WHO reports globally:

- As many as 450 million people suffer from a mental or behavioral disorder.

- Nearly 1 million people commit suicide every year.
- Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).
- One in four families has at least one member with a mental disorder. Family members are often the primary caregivers of people with mental disorders. The extent of the burden of mental disorders on family members is difficult to assess and quantify, and is consequently often ignored. However, it does have a significant impact on the family's quality of life.
- In addition to the health and social costs, those suffering from mental illnesses are also victims of human rights violations, stigma and discrimination, both inside and outside psychiatric institutions.



Leading Disabilities

Depression is one of the leading causes of disability. Suicide is the second leading cause of death among 15-29-year-olds. People with severe mental health conditions die prematurely – as much as two decades early – due to preventable physical conditions.

Despite progress in some countries, people with mental health conditions often experience severe human rights violations, discrimination, and stigma.

Many mental health conditions can be effectively treated at relatively low cost, yet the gap between people needing care and those with access to care remains substantial. Effective treatment coverage remains extremely low.

Mental health conditions are increasing worldwide. Mainly because of demographic changes, there has been a 13% rise in mental health conditions and substance use disorders in the last decade (to 2017). Mental health conditions now cause 1 in 5 years lived with disability.

Mental illness and Addiction, both are treatable. With appropriate treatment and support, most people will recover.

In any given year, 1 in 5 Canadians experiences a mental illness or addiction problem.

By the time Canadians reach 40 years of age, 1 in 2 have—or have had—a mental illness.

Who is affected?

70% of mental health problems have their onset during childhood or adolescence.

Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.

34% of Ontario high-school students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). 14% indicate a serious level of psychological distress.

Men have higher rates of addiction than women, while women have higher rates of mood and anxiety disorders.

Mental and physical health are linked. People with a long-term medical condition such as chronic pain are much more likely to also experience mood disorders. Conversely, people with a mood disorder are at much higher risk of developing a long-term medical condition.

People with a mental illness are twice as likely to have a substance use problem compared to the general population. At least 20% of people with a mental illness have a co-occurring substance use problem.⁴ For people with schizophrenia, the number may be as high as 50%.

Similarly, people with substance use problems are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use problem have a co-occurring mental illness.

Canadians in the lowest income group are 3 to 4 times more likely than those in the highest income group to report poor to fair mental health.

Studies in various Canadian cities indicate that between 23% and 67% of homeless people report having a mental illness.

Morbidity and mortality

Mental illness is a leading cause of disability in Canada.

People with mental illness and addictions are more likely to die prematurely than the general population. Mental illness can cut 10 to 20 years from a person's life expectancy.

The disease burden of mental illness and addiction in Ontario is 1.5 times higher than all cancers put together and more than 7 times that of all infectious diseases. This includes years lived with less than full function and years lost to early death.

Tobacco, the most widely used addictive substance, is the leading cause of premature mortality in Canada. Smoking is responsible for nearly 17% of all deaths.

Among Ontarians aged 25 to 34, 1 of every 8 deaths is related to opioid use.

Suicide

About 4,000 Canadians per year die by suicide—an average of almost 11 suicides a day. It affects people of all ages and backgrounds.

On a per-capita basis, suicide rates in Canada are on a downward trend. They peaked in 1983 at 15.1 deaths per 100,000 people (compared to 11.0 per 100,000 in 2016—the latest year for which these data are available).¹

In Ontario about 2% of adults and 14% of high-school students report having seriously contemplated suicide in the past year. 4% of high-school students report having attempted suicide.

More than 75% of suicides involve men, but women attempt suicide 3 to 4 times more often. More than half of suicides involve people aged 45 or older.

In 2016, suicide accounted for 19% of deaths among youth aged 10 to 14, 29% among youth aged 15 to 19, and 23% among young adults aged 20-24.

After accidents, it is the second leading cause of death for people aged 15-24.

First Nations youth die by suicide about 5 to 6 times more often than non-Aboriginal youth.

Suicide rates for Inuit youth are among the highest in the world, at 11 times the national average.

An estimated 75% of children with mental disorders do not access specialized treatment services. In 2013-2014, 5% of ED visits and 18% of inpatient hospitalizations for children and youth age 5 to 24 in Canada were for a mental disorder.

The above Canadian statistics are comparable to figures from USA

Approximately about 18% of people ages 18- 54 in a given year, have an anxiety disorder in a given year, in USA.

The percentage of young Americans experiencing certain types of mental health disorders has risen significantly over the past decade, with no corresponding increase in older adults, according to research published by the American Psychological Association, causing increase in people with mental health issues.

More U.S. adolescents and young adults in the late 2010s, versus the mid-2000s, experienced serious psychological distress, major depression or suicidal thoughts, and more attempted suicide.

These trends are weak or non-existent among adults 26 years and over, suggesting a generational shift in mood disorders, causing more illness in a younger age.

In 2019, there were an estimated 51.5 million adults aged 18 or older in the United States with AMI (Any Mental Illness). This number represented 20.6% of all U.S. adults.

The prevalence of AMI was higher among females (24.5%) than males (16.3%).

Young adults aged 18-25 years had the highest prevalence of AMI (29.4%) compared to adults aged 26-49 years (25.0%) and aged 50 and older (14.1%).

The prevalence of AMI was highest among the adults reporting two or more races (31.7%), followed by White adults (22.2%). The prevalence of AMI was lowest among Asian adults (14.4%).

A recent study by reveals that half of millennials and 75% of Gen Zers have left a job for mental health reasons.

In addition, the American Psychological Association found the percentage of people dealing with suicidal thoughts increased 47% from 2008 to 2017.

Jean Twenge, author of [iGen](#), a book about the effect technology has on this generation, says that “the rise of the smartphone and social media have at least something to do with it.”

Twenge said the general pattern is that teens and young adults are spending less time face-to-face with others and more time on their screens. “The pattern lines up very precisely that the majority of Americans owned a smartphone from the beginning of 2012 to 2013,” she said. She noted that at that time, mental health issues began to spike.

“Reading about a news event is not going to have the effect on your life and mental health as a fundamental shift in how you spend your time,” she said. “And that’s what’s happened. Less time sleeping, less time on face-to-face interactions is not a formula for better mental health.”

Peter Gray, a research professor at Boston College, said that it’s not social media or young people’s fractured attention spans that are causing their anxiety; it is school itself.

He traces a progression from the mid-1950s in which society has gradually taken away children’s internal locus of control (someone with an internal locus of control is likely to believe that both successes and failures are due to their own efforts).

As a result, many young people today are lost. “Since the mid-1950s, when they began taking away children’s play, people haven’t learned to take control of their own lives.” Gray said that control is essential to ward off excessive anxiety.

Gray advocates overhauling our educational system to instill more of that focus. His advice for students is to take a year off between high school and college to check out careers they may be interested in.

Whatever the cause, the statistic highlights several issues plaguing [millennials](#), like a rise in depression and “deaths of despair” (death from drugs, alcohol and suicide), unaffordable living costs and burnout.

An estimated 75% of children with mental disorders do not access specialized treatment services. In 2013-2014, 5% of ED visits and 18% of inpatient hospitalizations for children and youth age 5 to 24 in Canada were for a mental disorder.

PREVENTION & FUTURE FOCUS

A growing body of international evidence demonstrates that promotion, prevention, and early intervention initiatives show positive returns on investment.

Youth experiencing certain types of mental health disorders has risen significantly over the past decade, with no corresponding increase in older adults, causing increase in people with mental health issues.

General pattern seen is that teens and young adults are spending more time on social media, less time face-to-face with others and more time on their screens. Stress, online bullying on social media, less time sleeping, less time on socialisation and face-to-face interactions all may be contributing factors.

Avoiding and dealing with all these issues and better availability and accessibility to mental health services, and less stigma and seeking help, may all help in dealing with these issues.

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What is Tourette's syndrome?

Nyna Petrov

South Asian Canadians Health & Social Services- SACHSS

Tourette's syndrome is a neurological condition characterized by uncontrolled, involuntary and brief motor and / or sound tics.

Definition of Tourette syndrome

Tourette syndrome (also called Gilles de la Tourette Syndrome (SGT)) is a neurological pathology of genetic origin. The associated clinical signs are manifested by motor and / or sound tics. These neurological responses are involuntary, sudden, and brief. Behavioral, attention, sleep, learning disorders or even panic attacks can also be the consequence of such a syndrome.

It is a rare disease, the prevalence of which (number of patient cases identified at a given time in the general population) is estimated at 1 case in 2,000 people.

Causes and risk factors associated with Tourette syndrome

The exact cause of Gilles de la Tourette syndrome is still unknown. However, a genetic origin has been widely emitted. Many genes are thought to be involved in the development of the disease, but their identification is not yet clear.

In addition, environmental factors would not be trivial in the context of such a syndrome. Indeed, the exposure of the fetus or infant to toxic factors, stress, or even immune reactions (recurrent Streptococcus infections, for example) can be an additional risk factor for the syndrome.



Who is affected by Tourette syndrome?

Tourette's syndrome is a neurological condition that affects children. Boys are more prone to the development of such a pathology.

Evolution and possible complications

Tics, motor and sound, generally develop during the first years when the child goes to school. The severity of symptoms and their frequency generally increase in adolescence, and then decrease in adulthood.

During puberty, however, a decrease in clinical signs may be observed.

Symptoms of Tourette syndrome

The characteristic symptoms of Tourette syndrome are:

The appearance of motor and / or sound tics suddenly, briefly and involuntarily. Motor tics particularly affect the face, head and shoulders. The sound tics, on the other hand, appear later.

behavioral problems
learning disabilities
attention disorders
compulsive disorders.

Children with Tourette syndrome also have learning disabilities (difficulty writing or reading). But also "visio-motor" disorders (slowness in the execution of tasks for example).

How to treat Tourette syndrome?

No treatment for the syndrome is currently available. However, the clinical manifestations can be attenuated with therapeutic management. This treatment is carried out for the most extreme cases of the disease, when the symptoms disturb the daily life of the patients. Among the most widely used drug treatments, we can cite: dopaminergic agonists, GABAergic agonists, or alpha2 agonists.

Children with mild motor and / or sonic tics usually do not need treatment. Family and educational support is necessary in the context of such an illness.

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Source: https://www.passeportsante.net/fr/Maux/Problemes/Fiche.aspx?doc=syndrome-gilles-tourette_pm

HEALTHY AGEING

AALAM HAFIZ
SHERIDAN COLLEGE



Introduction

WHO defines healthy ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age Functional ability is about having the capabilities that enable all people to be and do what they have reason to value?”

Components of Healthy Ageing

Some of the benefits of staying active and healthy as you get older include increasing wellbeing and participation, recovering from illness more quickly, reducing the risk of getting chronic disease, and preventing falls

[What is healthy ageing?](#)

Every person – in every country in the world – should have the opportunity to live a long and healthy life. Yet, the environments in which we live can favour health or be harmful to it. Environments are highly influential on our behaviour, our exposure to health risks (for example, air pollution or violence), our access to quality health and social care and the opportunities that ageing brings.

Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience healthy ageing. Being free of disease or infirmity is not a requirement for healthy ageing, as many older adults have one or more health conditions that, when well controlled, have little influence on them

This includes a person’s ability to:

meet their basic needs.

learn, grow, and make decisions.

be mobile.

build and maintain relationships; and
contribute to society.

Functional ability consists of the intrinsic capacity of the individual, relevant environmental characteristics, and the interaction between them. Intrinsic capacity comprises all the mental and physical capacities that a person can draw on and includes their ability to walk, think, see, hear and remember. The level of intrinsic capacity is influenced by several factors such as the presence of diseases, injuries, and age-related changes.

Environments include the home, community and broader society, and all the factors within them such as the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement.

[Key considerations for healthy ageing](#)

Diversity: There is no typical older person. Some 80-year-olds have levels of physical and mental capacity that compare favorably with 30-year-olds. Others of the same age may require extensive care and support for basic activities like dressing and eating. Policy should be framed to improve the functional ability of all older people, whether they are robust, care dependent or in between.

Inequity: Importantly, the relationships we have with our environments are shaped by factors such as the family we were born into, our sex, ethnicity, level of education and financial resources.

[Difference between healthy ageing active ageing](#)

Healthy ageing is the focus of WHO's work on ageing between 2015 – 2030. Healthy ageing replaces the World Health Organization's previous focus on active ageing, a policy framework developed in 2002. Healthy ageing, like active ageing, emphasizes the need for action across multiple sectors and enabling older people to remain a resource to their families, communities, and economies.

Improved nutrition can be achieved by:

making improvements in the nutrient density of food, particularly vitamins and minerals.
maintaining intakes of energy and proteins; and
recognising and supporting older people who are poor, isolated, and lonely to a healthy meal.
Attention to the nutrition of older people can help reverse patterns of malnutrition in older people that increase care dependency and decrease intrinsic capacity

Healthy Ageing for all, the policy responses need to be:

framed in ways that enable as many people as possible to be as healthy as possible for as long as possible.
crafted in ways that overcome, rather than reinforce inequity
ensure that the people with the greatest health need at any point in time are prioritised as are likely to also be those with the fewest resources to call on to address this need; and
breakdown the many barriers that limit the ongoing social participation and contributions of older people.

Get Moving: Exercise and Physical Activity

Physical activity is good for you— Some people love it, some people hate it, but regardless of your personal feelings, exercise and physical activity are good for you. In fact, [exercise and physical activity Some people love it, some people hate it, but regardless of your personal feelings, exercise and physical activity](#) are considered a cornerstone of almost every healthy aging program. Scientific evidence suggests that people who exercise regularly not only live

longer, they live better. And, being physically active—doing everyday activities that keep your body moving, such as gardening, walking the dog, and taking the stairs instead of the elevator—can help you continue [to do the things you enjoy](#) and stay independent as you age.

Specifically, regular exercise and physical activity can reduce your risk of developing some diseases and disabilities that often occur with aging.

. [Strength exercises](#) build muscles and reduce the risk of [osteoporosis](#). [Flexibility or stretching exercises](#) help keep your body limber and give you the freedom of movement you need to do everyday activities. People with [arthritis](#), [high blood pressure](#), or [diabetes](#) can benefit from regular exercise. [Heart disease](#), a problem for many older adults, may also be alleviated by exercise

Pay Attention to Weight and Shape

Weight is a very complex issue. For older people, the health problems associated with obesity may take a back seat to problems associated with body composition (fat-to-muscle ratio) and location of fat (hip or waist) on the body. Many health problems are connected to being overweight or obese. People who are overweight or obese are at greater risk for type 2 diabetes, high blood pressure, heart disease, [stroke](#), some types of [cancer](#), [sleep apnea](#), and osteoarthritis. obese or of normal weight.

Participate in Activities You Enjoy

Sure, engaging in your favorite activities can be fun or relaxing. It's true. Research studies show that people who are sociable, generous, and goal-oriented report higher levels of happiness and lower levels of depression than other people. People who are involved in hobbies and social and leisure activities may be at lower risk for some health problems. [Other studies](#) have found that older adults who participate in what they see as meaningful activities, like volunteering in their community, reported feeling healthier and happier.

Advantages of physical exercises and sport activities during the second part of life

Self-reported walking difficulty, not linked to disability, was found to increase the risk of overall and [cardiovascular mortality](#) at 10 years in a Finnish cohort of male Second World War veterans .A study of physical activity in US adults showed that exercisers performed consistently better on the long distance corridor walk over 8 years, and had greater aerobic fitness compared to inactive or lifestyle active participants.

An adapted diet at midlife greatly modifies health

It is now well established that a Mediterranean diet has significant beneficial effects on 10-year incidence of [metabolic syndrome](#), [diabetes](#), hypertension and inflammatory markers. a

Mediterranean diet supplemented in extra-virgin olive oil or mixed nuts significantly slowed cognitive decline, as assessed by the [MMSE](#) and [clock drawing tests](#).

Non-smoking adults have a greater chance of living longer, healthier lives

At the world level, between 1965 and 2014, passive and active smoking caused more than 20 million premature deaths Moreover, it was recently shown that mid-life and late-life smokers had a significantly greater risk than lifelong non-smokers of developing all-cause [dementia](#) (adjusted hazard ratio [vascular dementia](#) and

Light or moderate alcohol consumption does not make you live longer

Studies focused on life course trajectories of alcohol consumption are scarce. However, an analysis of 9 English studies demonstrated that 2 peaks of alcohol consumption exist, namely young, and pre-retired adults. In France, 37% of adults aged 18 to 74 years are considered to

have an at-risk level of alcohol intake. The possible positive effect of light to moderate alcohol consumption on longevity was completely rejected by the Pinero study. This 6-year follow-up of 5256 community-dwelling adults aged > 65 years from Northern Italy (2318 abstainers and 2309 light to moderate drinkers at ≤ 2 alcoholic drinks per day) showed that when adjusted for physical activity and self-reported health, light to moderate alcohol consumption had no direct protective effect on mortality. On the contrary, harmful effects of moderate to heavy alcohol consumption appear at midlife, mainly in the form of acute cardiovascular and neurological events.

It is therefore essential to recall that a long-term or midlife sedentary lifestyle, [malnutrition](#), tobacco smoking and moderate alcohol consumption are all avoidable health scourges that negatively affect health and functional capacity, and precipitate death. The key new message is that randomized controlled studies have shown that it is never too late to reap the positive benefits of controlling these deleterious life habits.

Life course vaccination program

In old adults, the expected benefits of vaccine are enormous, with decreased mortality and disability linked to preventable infectious diseases, reduced complications, and hospitalizations, reduced antibiotic use and antibiotic resistance, while at the same time, being cost effective.

Midlife interventions on cardiovascular, neurological, and renal disease

In case of long-term survival after any acute events, cardiovascular, [neurological and renal diseases](#) can be the cause of restrictions on activity and engagement in society for the individual.. Therefore, even in mid- to late-life, interventions focusing on cardiovascular, neurological, and renal risk factors remain possible, and have been proven beneficial in terms of the duration and quality of survival.

Midlife prevention of diabetes

Diabetes is a silent disease. Indeed, one in five diabetic patients between the ages of 18 and 70 is not diagnosed. Diet and lifestyle interventions, even later in life, have been shown to be effective in delaying progression of diabetes.

Prevention of chronic respiratory diseases

Asthma often occurs along the life cycle starting from early childhood and affecting 30 million children and adults under the age of 45 years in Europe. Apart from ageing, the modifiable risk factors for dementia are well known, namely low educational attainment less than 30 minutes of physical activity per week and at midlife, smoking hypertension, obesity and [diabetes](#) or dementia. The constant enhancement of cognitive reserve and the prevention of cardiovascular risk factors, notably through physical exercise, are keys to delaying cognitive decline and onset of dementia.

Concluding messages

To close this long review of interventions focused on medical conditions that can cause functional disabilities, it is essential to stress again that ageing is a lifelong process. Indeed, lifestyles and behaviours across the life course (physical exercise, adequate [nutrition](#), low alcohol consumption and non-smoking) are fundamental in order to foster functionally independent ageing. In parallel, prevention of diseases that increase disability is necessary and possible at any

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ELDER ABUSE

HARSHA NAIR

CDI College, Mississauga

Abuse can happen to anyone, no matter the person's age, gender, race religion, nationality, or cultural background. We all admit that elders are an essential part of any community. Each year hundreds of thousands of adults over the age of 60 and above are abused and financially exploited. The rate of elder abuse is growing and very shocking for us. Abuse of seniors can happen at any place; it can happen in an older person's home, retirement homes, or a nursing home. Their family, friends, caregivers, health care providers, strangers, or friends. Elder abuse can lead to serious physical injuries and long-term psychological consequences.

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. These types of abuse can include physical, sexual, psychological, emotional abuse, financial abuse, abandonment, and loss of respect and dignity. Due to under-reporting and absence of a good national reporting system, it is difficult to talk about the scope of the issue. The different types of abuses are listed below with explanation;

1. **Physical Abuse** – Use of physical force may result in physical injury and pain. Examples are striking, hitting, pushing burning, etc.
2. **Sexual Abuse** – Non-consensual sexual contact of any kind with an elderly person.

3. **Emotional Abuse** – Emotional torture, pain, distress through verbal or non-verbal acts such as insults, threats, harassment or humiliation.
4. **Financial/ Material Exploitation** – Illegal use of an elder person’s funds, properties, or assets. For example, misusing an elder’s money and property, cashing an elder person’s cheques without authorization or without the knowledge of an elderly making changes to their will and make them sign on that.
5. **Neglect** – Refusing any part of a person’s obligations or duties to an elderly person. Such as not providing food and water, shelter, clothing, medications, etc.
6. **Abandonment** – Leaving an elderly person and neglecting the duties and responsibilities towards them.
7. **Self-Neglect** – behaviors of an elderly person that threatens the elder’s health and safety.



Examples of abusive behavior towards a senior

- Being isolated from friends and family
- Blaming them for the abuse
- Illegally taking control of the elderly’s funds and property
- Abandon elders for a long period, if they are dependent

Signs of Abuse

- Stops taking part in activities he/she enjoys
- Looks messy, with unwashed hair or dirty clothes
- Sleeping issues
- Losing weight without any reason
- Acts violent and sometimes giving no reactions

- Displays signs of trauma, like rocking back and forth
- Unexplained bruises, burns, cuts, or scars
- Broken eyeglasses/frames, or physical signs of punishment or being restrained
- Lack of medical aids such as walker, glasses or medications
- Living in hazardous, unsafe, or unclean living conditions

Who can Help?

Elder abuse will not stop on its own. Someone else like each one of us should step in and help. Many adults won't complain and report the issues. Because they fear that the report against the abuser will provoke them and they will torture the elderly more and make their lives worse. If you think someone you know is being abused- physically, emotionally, or financially- talk with him or her when the two of you are alone. Offer to take him/her to get help, for example, at a local adult protective services agency.

Many local, state and national social service agencies can help with emotional, legal, and financial abuse.

Long-Term Effects of Abuse

Most physical wounds heal in time. But elder abuse can lead to early death, harm or physical and psychological health, destroy social and family ties, and make their life miserable. Any type of mistreatment can leave the abused person feeling fearful and depressed. Adult protective service agencies can suggest support groups and counseling that can help the abused person heal the emotional wounds.

Key Facts

- Around 1 in 6 people years and older experienced some form of abuse in community settings during the past year
- Rates of elder abuse are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year
- Elder abuse can lead to serious physical injuries and long-term psychological consequences
- Elder abuse is predicted to increase as many as many countries are experiencing rapidly aging populations
- The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050

Systematic Reviews and Meta-Analysis

	Elder abuse in community settings		Elder abuse in institutional settings	
Type of abuse	Reported by older adults	Reported by older adults and their proxies	Reported by older adults and their proxies	Reported by staff

Overall Prevalence	15.7%	Not enough data	64.2% or 2 in 3 staff
Psychological abuse:	11.6%	33.4%	32.5%
Physical abuse:	2.6%	14.1%	9.3%
Financial abuse:	6.8%	13.8%	Not enough data
Neglect:	4.2%	11.6%	12.0%
Sexual abuse:	0.9%	1.9%	0.7%

Socio-Cultural Risk Factors

- Erosion of the bonds between generations of a family
- Migration of younger couples, leaving older parents alone in societies where older people were traditionally cared for by their offspring
- Lack of funds to pay for care
- Social isolation of caregivers and older persons, and lack of social support
- A shared living situation is a risk factor for elder abuse

Preventive Measures

Many methods or preventive strategies have been implemented to prevent elder abuse and take actions against it and reduce its consequences. Interventions have been implemented, mainly in high-income countries to prevent abuse. A few of these preventive measures are the following;

- Public and professional campaigns, workshops and seminars
- Screening of potential victims and abusers
- School-based intergenerational programs
- Caregiver support interventions including stress management and respite care
- Residential care policies to define and improve standards of care
- Caregivers training on dementia
- Mandatory reporting of abuse to authorities
- Self-help groups
- Safe-houses and emergency shelters
- Psychological programs for abusers
- Helplines to provide information and referrals
- Caregiver support interventions

If you are being abused, you should know:

- You do not deserve to be abused
- You are not to blame for the abuse
- You have a right to live without fear
- You have the right to a safe, healthy environment and healthy relationships
- Abuse often gets worse over time

- You have the right to control your own life and make your own decisions
- Tell someone you trust what is happening to you
- Ask others for help if you need it
- Turn to the police for help if someone is hurting you or do not feel safe
- Make a safety plan in case you have to leave quickly
- Learn more about resources and services available in your community

WHO Response

In May 2016, the World Health Assembly adopted a Global strategy and action plan on aging and health that provides guidance for coordinated action in countries on elder abuse that aligns with the Sustainable Development Goals.

To prevent Elder abuse, WHO initiated some measures such as;

- Building evidence on the scope and types of elder abuse in different settings
- Collecting evidence and developing guidance for member states and all relevant sectors to prevent elder abuse and strengthen their responses to it
- Disseminating information to countries and supporting national efforts to prevent elder abuse
- Collaborating with international agencies and organizations to deter the problem globally

Helplines and Recourses

If you are in an emergency, call 911 or your local police, ambulance or fire services.

Elder Abuse Ontario - www.elderabuseontario.com

In Ontario, there are a number of Programs and Services available to help seniors (their families and caregivers) who are experiencing or at-risk of elder abuse.

Seniors Safety Line (SSL)

The SSL provides contact and referral information for local agencies across the province that can assist in cases of elder abuse. Trained counselors also provide safety planning and supportive counseling for older adults who are being abused or at-risk of abuse. Family members and service providers can also call for information about community services.

Seniors Safety Line: [1-866-299-1011](tel:1-866-299-1011)

211

[Call 211](#) if you have a concern about a situation of inappropriate or abusive behavior affecting the well-being of an older person. All information you may share will be kept confidential.

Long-Term Care ACTION Line

The Long-Term Care Action Line is a service to hear concerns and complaints from persons receiving service from Long-Term Care Homes and Community Care Access Centres (CCAC).

Toll free: [1-866-876-7658](tel:1-866-876-7658) or [416-326-6777](tel:416-326-6777) (outside of Ontario)

TTY: [1-800-387-5559](tel:1-800-387-5559) or [416-327-4282](tel:416-327-4282) (outside of Ontario)

Victim Support Line

The Victim Support Line (VSL) is a province-wide, multilingual, toll-free information line providing a range of services to victims of crime.

Toll-free: [1-888-579-2888](tel:1-888-579-2888) or [416-314-2447](tel:416-314-2447) in the Toronto area

References

<https://cnpea.ca/en/what-is-elder-abuse/get-help/ontario>

<https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/prevention-resources-older-adults/elder-abuses-time-face-reality.html>

<https://www.ontario.ca/page/information-about-elder-abuse>

<https://www.apa.org/pi/prevent-violence/resources/elder-abuse>

<https://www.nia.nih.gov/health/elder-abuse>

ALCOHOL USE DISORDERS

TARANBIR SINGH HANDA
STUDENT COUNSELLOR, SACHSS

Introduction: Alcohol (ethanol) is the most commonly used substance, with the prevalence of 77 percent of Canadians aged 15 and over-reporting having used it in the past year (Health Canada, 2015). Alcohol consumption is considered a leading risk factor for serious health problems, mortality and disability worldwide. Harm from short-term alcohol use includes accidents and falls while intoxicated, while harm from chronic use includes liver disease, cancers such as hepatic and esophageal cancers and addiction. Despite its wide use, problems related to alcohol are often under-recognized and under-treated by the health care community due to the stigma attached to it.



People consume alcohol due to a variety of reasons depending upon age and certain environmental factors. At a young age when children start drinking it is usually due to peer pressure, thrill-seeking behavior, and to feel the freedoms of life. In older people, it is usually due to difficult life situations, financial worries, relationship conflicts, alcohol dependence and other mental health issues such as depression, anxiety and insomnia to name a few. Alcohol use is more prevalent in those who use other substances such as those who smoke or use other substances.

Effects of Extended Alcohol Use

Physical health	Mental health	Social impacts
Liver problems (Hepatitis, Cirrhosis, Liver Cancer)	Poor memory	Financial problems
Ulcers/stomach problems (Pancreatitis, Cholecystitis, Gastric Ulcers, Gastric Cancer)	Anxiety	Employment problems

Heart problems (Coronary Artery Disease, Cardiomyopathy, Stroke and Arrhythmias)	Depression	Housing issues
Sexual health problems (Erectile Dysfunction, Loss of Libido)	Suicidal thoughts	Relationship problems
	Poor concentration	Legal problems
	Hallucinations	
	Blackouts	

The DSM-5 lists the following criteria for a diagnosis of Alcohol Use Disorder:

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within 12 months:

Alcohol is often taken in larger amounts or over a longer period than was intended.

There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.

A great deal of time is spent in activities necessary to obtain alcohol, use alcohol or recover from its effects.

Craving or a strong desire or urge to use alcohol.

Recurrent alcohol use failing to fulfill major role obligations at work, school or home.

Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.

Important social, occupational or recreational activities are given up or reduced because of alcohol use

Recurrent alcohol use in situations in which it is physically hazardous.

Alcohol use is continued despite the knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

Tolerance, as defined by either of the following:

A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.

A markedly diminished effect with continued use of the same amount of alcohol.

Withdrawal, as manifested by either of the following:

The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal).

Alcohol (or a closely related substance, such as benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Mild: Presence of two to three symptoms.

Moderate: Presence of four to five symptoms.

Severe: Presence of six or more symptoms.

Withdrawal Symptoms: Clients experience a variety of withdrawal symptoms such as

	Hyperactivity	Symptoms	Cognitive and perceptual changes
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Uncomplicated withdrawal symptoms	Sweating Tachycardia Hypertension Insomnia Tremor Fever	Anorexia Nausea Vomiting Indigestion	Poor concentration Anxiety Restlessness Psychomotor agitation Disturbed sleep Vivid dreams
Severe withdrawal complications	Dehydration Electrolyte imbalances		Seizures Hallucinations or perceptual disturbances (visual, tactile, auditory) Delirium tremors

Management Options: It includes screening and treatment(both medicinal and behavioural treatment options)

Screening: It includes various criteria for alcohol use disorder, but I would mention CAGE criteria: 1. C: Cut down: “Have you ever felt that you ought to cut down on your drinking?”

2. A: Annoyed: “Have people annoyed you by criticizing your drinking?”

3. G—Guilty: “Have you ever felt bad or guilty about your drinking or something you have done when drinking?”

4. E—Eye-opener: “Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?”

Responses on each of the CAGE questions are scored 0 for “no” and 1 for “yes” answers. A total score of 2 or more is considered a positive screen.

Treatment options: 1. Medicinal 2. Non-Medicinal Options

1. Medicinal Treatment: It may include inpatient or outpatient options depending upon the patients’ overall assessment. Drugs commonly used are Naltrexone, Acamprosate and Disulfiram and the choice of the drug depend upon the goal of the treatment.

2. Non-Medicinal Treatment: It is also called a Psychosocial treatment option and it includes various therapies such as C

BT, Motivational Interviewing, and mindfulness-based approaches. One more thing to mention is that family and other significant persons are also an integral part of the overall treatment plan as it helps with relapse prevention.

References: CAMH: <https://www.camh.ca>

2. CMHA: [Understanding Substance Use - CMHA National](#)

3. Dr. David Teplin: [Dr. David Teplin, Adult Clinical Psychologist Substance Use Disorders Video Media.](#)

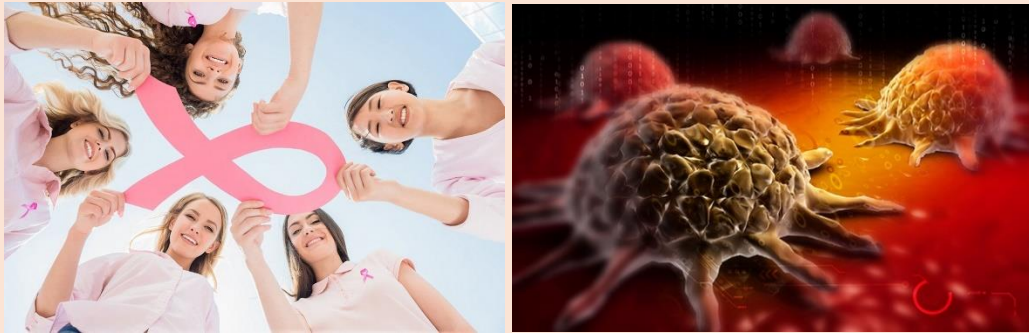
4. WHO: [Alcohol \(who.int\)](#)

5. BREM class notes

CANCER – CAUSES & PREVENTION

MANINDERPREET KAUR

Sheridan College



Cancer is an uncontrolled growth of abnormal cells anywhere in a body. These abnormal cells are termed cancer cells, malignant cells, or tumour cells. These cells can infiltrate normal body tissues. Many cancers and the abnormal cells that compose the cancer tissue are further identified by the name of the tissue that the normal cells originated from (for example, breast cancer, lung cancer, colorectal cancer). (Davis, C, P. n.d. para.1)

Causes:

Anything that may cause a normal body cell to develop abnormally potentially can cause cancer. The following is a listing of major causes and is not all-inclusive as specific causes are routinely added as research advances:

Chemical or toxic compound exposure:

Nickel, cadmium, benzene, vinyl, tobacco, cigarette smoke (contains at least 66 known potential carcinogenic chemicals and toxins), asbestos, and aflatoxin.

Ionizing radiation:

Uranium, radon, ultraviolet rays from sunlight, radiation from alpha, beta, gamma, and x-rays.

Pathogens:

Human papillomavirus, Epstein-Barr Virus, hepatitis viruses B and C, Merkel cell polyomavirus, and Helicobacter pylori, other bacteria are being researched as possible agents.

Genetics:

Several specific cancers have been linked to human genes and are as follows: breast, ovarian, colorectal, prostate, skin, and melanoma.

*Some other risk factors have been added that may increase the risk of cancer such as red meat in which include beef, lamb, and pork. Other less defined situations that may also cause the risk of cancer include obesity, lack of physical exercises, chronic inflammation, and hormone, mainly those hormones that are used for replacement therapy. (Davis, C, P. n.d. para. 2-6).

Symptoms:

The American cancer society developed this simple reminder years ago.

C: Change in bowel or bladder habits

A: A sore that does not heal

U: Unusual bleeding or discharge

T: Thickening or lump in the breast or elsewhere

I: Indigestion or difficulty in swallowing

O: Obvious change in a wart or mole

N: Nagging cough or hoarseness (Harvard Men's Health Watch. N.d. para 2).

Preventions:

Eat properly:

Less consumption of saturated fat or red meat because causes the risk of colon cancer. So, increase your consumption of fruits, greens and fresh vegetables, and whole grains.

Exercise Regularly:

Physical activity also helps to reduce the risk of colon cancer. Exercise also appears to reduce women's risk of breast and possibly reproductive cancers. It also helps to reduce weight.

Avoid unnecessary radiation exposure:

Protect yourself from ultraviolet radiation in sunlight, which increases the risk of melanomas and other skin cancer.

Avoid exposure to industrial and environmental toxins:

Such as benzene, asbestos fibres, aromatic amines, and polychlorinated biphenyls.

Avoid Alcohol:

Alcohol increases cancer risk by damaging cell DNA and proteins, as well as the body's ability to break down nutrients, and by increasing estrogen levels. People who use both alcohol and tobacco have much higher risks of developing head and neck cancer than those who use alcohol or tobacco alone.

Make quality sleep a priority:

Less sleep is not a cause of cancer, but poor and insufficient sleep increases are associated with weight gain, which is a cancer risk factor.

Avoid Chemical and environmental toxic:

Some chemicals such as asbestos, benzene, azodyes etcetera that all are cause cancer. So, avoid these types of chemicals in daily life. They mainly cause skin and liver cancer.

Environmental toxins are cancer-causing chemicals and endocrine disruptors, both human-made and naturally occurring, that can harm our health by disrupting sensitive biological systems.

Natural Environmental toxic such as mercury, lead, radon, cadmium etcetera.

Get enough Vitamin D:

Many experts recommended 800 to 1,000 IU a day. So, vitamin D may help to reduce the risk of cancer such as prostate, colon, or other malignancies.

Avoid tobacco:

Smoking has been linked to various types of cancer- in which include the cancer of the lungs, mouth, throat, larynx, cervix, and kidney. Even, if you don't use tobacco, exposure to second-hand smoke might increase your risk of lung cancer.

Screening:

A screening test helps to find the disease and health condition before any symptoms. So, screening is very important to find cancer in an early stage. X-rays are a common medical imagine test and this type of radiation can lead to cancer but only in higher doses. Prolonged exposure to ultraviolet radiation from the sun can lead to melanoma and other skin cancer. Some examples the screening test, colonoscopies for colon cancer, mammography for breast cancer, and pap smear for cervical cancer (Harvard Men's Health Watch. N.d. para 4-8).

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 - . <https://www.healthline.com/health/cancer/x-ray-cancer>
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OBESITY

Name- **RAMANPREET KAUR**
College- Seneca College



INTRODUCTION-

Obesity is an issue including an abundance measure of fat in the body, which expands the danger of different wellbeing related issues. On the off chance that the body weight is 20% higher than

the typical, the individual is viewed as obese. It is more normal in ladies than in men. obesity is one of the main sources of death around the world, with an expanding number of grown-ups and kids among population (Kumar, 2018).

BMI	Weight status
Below 18.5	Underweight
18.5-24.9	Normal
25.0-29.9	Overweight
30.0 and higher	Obesity

According to WHO (2020), Overweight and obesity are characterized as abnormal or unnecessary fat collection that may debilitate wellbeing. Body mass index (BMI) is a basic file of weight-for-stature that is usually used to characterize overweight and obesity in adults. A BMI between 25 and 29.9 indicates that a person is carrying excess weight. A BMI of 30 or over suggests that a person may have obesity (Marengo,2018).

(<https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>)

KEY FACTS

WORLDWIDE obesity has nearly tripled since 1975.

In 2016, more than 1.9 billion adults, 18 years and older, were overweight. Of these over 650 million were obese.

39% of adults aged 18 years and over were overweight in 2016, and 13% were obese.

Most of the world's population live in countries where overweight and obesity kills more people than underweight.

38 million children under the age of 5 were overweight or obese in 2019.

Over 340 million children and adolescents aged 5-19 were overweight or obese in 2016.

Obesity is preventable(who,2020).

CAUSES OF OBESITY

Ingestion of excessive calories, fat, and sugar cause obesity and moreover, sedentary lifestyle also one of the main causes.

Specific causes of obesity include:

Inactive lifestyle

Hormonal imbalance

Poor diet and not enough sleep

Genetic factors (genes)

Stress, anxiety, and depression

Menopause: 5-7 kg of weight gain

Weight gain during pregnancy

Quitting smoking: 2-5 kg of weight gain in first 6 months after quitting

Medical conditions which cause obesity include:

Polycystic ovary syndrome (PCOs) – Hormonal imbalance in females can cause obesity.

Osteoarthritis – Joint pains, which make the physical activity difficult.

Hypothyroidism – Deficiency in production of thyroid hormones, can lead to weight gain.

Cushing's syndrome – Production of cortisol hormone in the body in excess.

Prader- wili syndrome: A genetic disorder in newborn that causes obesity and intellectual disability.

Medicines such as birth control pills, antidepressants and antipsychotics can also cause weight gain. (Kumar, 2018).

CLINICAL MANIFESTATION

Obesity may develop following symptoms that affect our daily life:

Breathlessness (shortness of breath)

Snoring (breathing heavily during sleep)

Excess sweating

Back and joint pain

Inactive physical activity

Low confidence

Depression (serious mood disorder)

Extreme tiredness

Overeating

High blood pressure and high level of cholesterol

(Kumar,2018).

RISK FACTOR OF OBESITY

There are some risk factors which increase the risk of gaining excessive weight are written below:

Genetic Factors: Some people are more vulnerable to gain excessive weight due to their genetic genes which transfer from one generation to another generation.

Environmental Factors: The environmental factors include poor eating habits; lack of physical activity and improper lifestyle can cause obesity. Eating balanced diet is very crucial to maintain healthy body and mind.

Psychological Factors: Some people eat a lot whenever they feel depression which can be a risk factor of obesity.

Other Factors:

Quitting smoking can cause weight gain by 2-5 kgs in first 6 months after quitting.

Usage of steroids is big risk of obesity.

(Kumar,2018).

COMPLICATION

There are many complications which obese person can face due to the obesity, including:

Heart disease and strokes- Obesity can increase the high blood pressure and cholesterol level which lead heart diseases and stroke.

Type 2 diabetes- Obesity can change the way of controlling blood sugar through insulin which can increase the risk of insulin resistance and diabetes.

Certain cancers- Obesity can lead the cancer of the uterus, cervix, endometrium, ovary, breast, colon, rectum, esophagus, liver, gallbladder, pancreas, kidneys and prostate.

Digestive problems. The problems of gallbladder and liver, heartburn can be the result of obesity.

Gynecological and sexual problems- Obesity can cause irregular period and infertility in women and erectile dysfunction in men.

Sleep apnea- Obese people have more risk of sleep apnea which can repeat stop the breathing during sleep.

Osteoarthritis- Obesity enhance the inflammation within the body which increase the stress on weight-bearing joints lead to osteoarthritis.

Severe COVID-19 symptoms- Obese people have more risk of COVID-19.

(<https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>).

QUALITY OF LIFE

Obese people cannot participate in some activities or even avoid going in public places which can spoil the quality of life. It is debatable that obese people face discrimination by body shaming.

Other weight-related issues that may affect your quality of life include:

Depression

Disability

Sexual problems

Shame and guilt

Social isolation

Lower work achievement

(<https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>).

DIAGNOSIS METHODS

Body Mass Index is a good method to measure the excessive weight in relation to height. If the body mass index is more than 30 which indicates obesity (Kumar, 2018).

Other tests include:

Blood Test- For examination of cholesterol and glucose level

Screening Tests- Computed tomography (CT), ultrasound and MRI

Liver Function Test

Thyroid test (TSH)

Echocardiogram (heart functioning test)

Diabetes screening test

(Kumar, 2018).

TREATMENT

Obesity can be treated by through different methods, which include:

Lifestyle changes-

Dieting: Obese person should eat nutritious food instead of western food such as, hamburger, burger, noodles.

Physical Exercise: Exercise is a good method to burn the excessive calories or fat within the body.

Behaviour changes:

There is some behavioural therapy such as, counselling, and social support which helps to treat the depression and overeating disorder.

Medications:

There is some medication which help to reduce overweight, but these medication is prescribed if other method of weight loss is not working. However, there will be some side-effects of using medication such as, bowel urgency.

Surgery:

There are some surgical ways to overcome the obesity, but this option is available if person has BMI more than 35-40.

Gastric Sleeve (vertical sleeve gastrectomy): 80% fat of stomach is removed in this surgery.

Gastric Bypass Surgery: A small pouch is cut in the stomach, which reduce its size and reduce the intake of more food.

Laparoscopic Adjustable Gastric Banding (LAGB): In this surgery, a band is hold around the upper part of stomach which holds foods. This will help to limit the food intake.

Biliopancreatic Diversion with Duodenal Switch: In this procedure, portions of stomach are removed. A small pouch is created, which remains in connection with final segment of small intestine and bypasses the upper portion of small intestine (Kumar,2018).

PREVENTIVE MEASURES

As prevention is better than cure so, there are some preventive methods which are written below:

Good lifestyle choice

Moderate exercise daily for 20-30 min

Intake of nutritious food

Moderate consumption of fats and calories in food

Medications to reduce appetite and fat absorption.

Gastric balloon surgery- A device is placed temporarily in stomach to reduce weight.

(kumar,2018)

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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, Unit 8, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie).

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

All are welcome.

SACHSS SENIORS PROGRAM

Who? All Seniors and family members are invited.

When? 1st Saturday of Every Month, from 11 am to 1 pm at

Where? SACHSS Centre at 22 Melanie Drive, Units 6 & 7, Brampton. ON. L6T 4K9. (South of Steeles & Melanie, near Steeles and Torbram)

What? SENIORS PROGRAM ACTIVITIES:

Presentations

Discussions

Fun Activities

Get Together

Refreshments

Free Program

SACHSS WOMEN'S PROGRAM

Who? All women and girls of all ages are invited.

When? 2nd Saturday of Every Month, from 11.30 am to 1.30 pm at

Where? SACHSS Centre at 22 Melanie Drive, Unit 8, Brampton. ON. L6T 4K9. (South of Steeles & Melanie)

What? WOMEN'S PROGRAM ACTIVITIES:

Presentations

Discussions

Fun Activities

Get Together

Refreshments

Free Program

SACHSS YOUTH PROGRAM

Who? All youths are invited.

When? Last Saturday of Every Month, from 11 AM 1 PM at

Where? SACHSS Centre at 22 Melanie Drive, Unit 8, Brampton. ON. L6T 4K9. (South of Steeles & Melanie)

What? YOUTH PROGRAM ACTIVITIES:

Presentations

Discussions

Fun Activities

Get Together
Refreshments
Free Program



South Asian Canadians Health & Social Services- SACHSS

Not for profit Charity Organization (Registered) Ontario, Canada

22 Melanie Drive, Unit 8, Brampton. Ontario. L6T 4K9. Canada

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.

For contact: 647-718-0786 416-884-6198 maher2004@gmail.com

COVID-19 ANNOUNCEMENT

OUR SERVICES ARE CONTINUING OVER TELEPHONE AND ON ONLINE ZOOM VIDEO PROGRAMS DURING THIS COVID-19 PANDEMIC.

For telephone counselling and telephone services please call 647-718-0786.

For other online services please contact us through 647-718-0786 or info.sachss@gmail.com or maher2004@gmail.com

We will resume our regular in person services once the Covid 19 pandemic situation improves.
