

Get fit in 2012.

If you live in Queensland in the area between Hervey Bay and Tweed Heads and you hold a Gold Card or a White Card covering a specific problem that your doctor thinks would benefit from regular exercise, the Department of Veterans Affairs (DVA) has approved a program that will help you.

[NJF Exercise Physiologists](#) provides FREE individualised Rehabilitation Programs at participating Gyms in the above area. These programs will get you fit again, will help you lose weight and will get those old limbs moving without the creaking and groaning.

It is anticipated that this service will soon be available in the Parramatta area in NSW also. To find out if the service is available in your area, ring 0449 713 472. If considerable travelling is required to attend the classes, you can claim travel expenses from DVA – you can download the travel claim form [HERE](#).



To get into the program you will need to see your local GP and get a referral to NJF. Your doctor will need to provide the following details on the referral:

- veteran's name
- veteran's DVA file number
- veteran's date of birth
- veteran's address
- veteran's clinical details (including recent illnesses, injuries and current medication, if applicable)
- condition to be treated
- if the Vet is a White Card holder, the referral must state that exercise will assist in the management of the specific condition for which the card was issued.
- description of the requested service
- LMO's name and provider number and
- the date of the referral.

Once you have the referral, contact the NJF central reception on 0449 713 472, they will let you know the GYM closest to you in which the program is conducted, make an appointment for you, complete all the relevant paperwork, assign you to your own Personal Trainer and make a time suitable to you to attend the Gym.

Services delivered for DVA patients are tailored for each individual's personal requirements. The service includes:

- Personal Exercise Physiology consultation sessions
- Personal exercise sessions

- Functional assessments
- Supervised group sessions
- Lifestyle education sessions

This service is also available to your wife/husband/partner/carer (only 1 of) – all at no cost to you. NJF expects you to attend a minimum of 8 sessions each month so you get a benefit from the classes.

NJF Exercise Physiologists was established in 2009 with the aim of assisting all ex-service men, women and their partners with exercise, health and wellbeing. Since then the company has grown, now with more than 20 full time highly qualified [Exercise Physiologists](#), like the delightful Sammie (right) who looks after us, and 9 massage therapists in South East Queensland training over 700 ex-service men, woman and their partners.



The company also provides fully funded Massage Therapy. These highly qualified and experience massage therapists help to relieve muscular aches and pains and recharge energy levels. If you hold the requisite card and you and your doctor think you would benefit from this wonderful facility, then we strongly recommend you give it a go.

Click [HERE](#) for their brochure.

The Alzheimer's test.

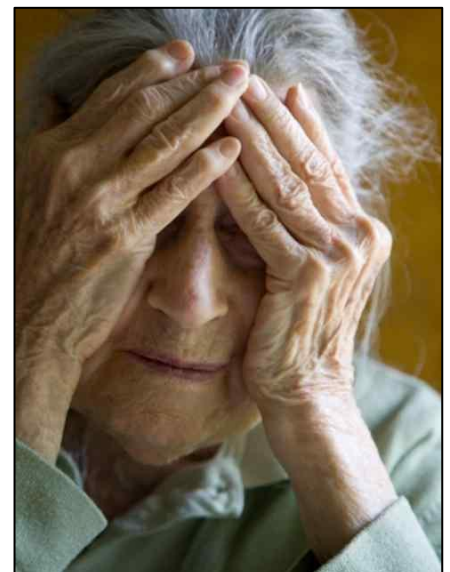
A quick test that tells if you or your loved one is at risk of Alzheimer's disease has been devised by doctors. The 21-question test distinguishes between normal absent-mindedness and the more sinister memory lapses that may signal the early stages of dementia.

The questions are designed to be answered by a spouse or close friend, not by you or your loved one.

The Alzheimer's Questionnaire, which is almost 90 per cent accurate, measures mild cognitive impairment – the slight memory lapses that can be a precursor of the disease.

Click [HERE](#) for the Questionnaire.

[Fiona Macrae](#)



The 21 questions are answered with a simple 'yes' or 'no'. A 'yes' is given a score of one or two and a 'no' always scores zero, giving a maximum possible score of 27. Someone who scores under five is advised that there is no cause for concern. A score of five to 14 suggests mild cognitive impairment – or memory lapses that could be the early stages.

Up to 15 per cent of people with Mild Cognitive Impairment (MCI) will develop Alzheimer's within the next 12 months. As the population ages, the need for a quick method of spotting the disease early will grow.

All you need for a happy life is good health and a bad memory.

The Shed online.

Beyond Blue, that wonderful organisation that is devoted to dealing with that dreadful disease, Depression, is building Australia's biggest shed -The Shed Online!

The Shed Online is a new website that aims to replicate all the positive things men get from being in their own sheds or in a community Men's Shed. The inspiration for The Shed Online comes from the 400 Men's Sheds which are thriving Australia-wide.



"In those sheds, in towns across the country, men can get together, work on projects shoulder to shoulder, learn new skills and if they feel comfortable, they can talk to one another about light-hearted or more serious issues," says Chairman of Beyond Blue, Jeff Kennett.

The Shed Online aims to give men who don't have a local Men's Shed the opportunity to be part of a community, to socialise, make new friends and maybe, work on a project together. Launched in December 2010, there are now more than 1,000 registered members. It ticks all those boxes, but instead of happening in a real shed, it's happening in a virtual shed, over the internet.

"We know that being isolated and feeling lonely may contribute to depression and that untreated depression is a risk factor for suicide, especially in men." "We also know that men are reluctant to seek help for both physical and mental health problems. In The Shed Online, there'll be easy-to-access health information that men otherwise may not come across."

Visit [The Shed Online](#) and you'll find discussions on hobbies, sport, DIY projects, and a range of health and lifestyle topics; plus activities and news, and information on what's happening in community Men's Sheds across Australia. Joining up and joining in is easy and it's FREE, simply log on above and register to become a member and then you can take part in the discussion forums.

How the Men's Shed program works!

The Australian Men's Sheds Association (AMSA) administers the Australian Government Shed Development Program on behalf of the Australian Government to provide direct financial assistance to men's sheds across Australia. Under the Program, \$250,000 is allocated each financial year across three years, a total of \$750,000 to assist new and existing Sheds. Two funding rounds of \$125,000 will occur each year.

All Sheds in Australia can apply for up to \$10,000 for a range of financial support across three funding categories: Workspace Development; Building and Operational; and Shed Co-ordinator. This allows Sheds and organisations supporting Sheds in the community to apply for funds to better respond to local needs.

Men's Sheds have long been recognised as meeting places where men can find social support and camaraderie. During consultations for the National Male Health Policy there was considerable support expressed for Men's Sheds for their demonstrated success in reaching marginalised and isolated males and in contributing to improvements in male health and wellbeing.

The funding available directly to Men's Sheds includes provisions for Men's Sheds to apply to AMSA for items such as tools, equipment, purpose built workplaces, improvements to Sheds and the engagement of a Shed Co-ordinator

As well as the above, DVA, on behalf of the Australian Government, administers Veteran and Community Grants (V&CG). These grants aim to maintain and improve the independence and quality of life of members of the veteran community by providing financial assistance for activities, services and projects that sustain and/or enhance well-being. This includes the potential for funding in support of Men's Sheds that have a strong veteran presence. For more information on V&CG see the DVA Factsheet GS12 Veteran and Community Grants Program which you can get [HERE](#) or call DVA on 133 254 (metro) or 1800 555 254 (regional).



An old man walks into the barbershop for a shave and a haircut, but he tells the barber he can't get all his whiskers off because his cheeks are wrinkled from age. The barber gets a little wooden ball from a cup on the shelf and tells him to put it inside his cheek to spread out the skin. When he's finished, the old man tells the barber that was the cleanest shave he's had in years, but he wanted to know what would have happened if he had swallowed the little ball. The barber replied, "Just bring it back tomorrow like everyone else does!"

Stop smoking!!

Everyone knows the dangers associated with smoking. Everyone!! It's deadly, it's dirty, it is banned in most places, it's damned expensive, but still a lot of people do it - why???

Everyone now knows that the reason it is hard to toss the habit is due to the Nicotine content in the cigarette. What a lot of people probably don't know is, Nicotine is the tobacco plant's natural protection from being eaten by insects. It is an alkaloid and can constitute approximately 0.6–3.0% of the dry weight of the tobacco leaf and was once widely used as a farm crop insecticide – but not anymore. Its use has now been banned as it was thought it killed honey bees. As a toxin, drop for drop, it is more lethal than strychnine or diamondback rattlesnake venom and three times deadlier than arsenic. Its chemical signature is so similar to the brain's neurotransmitters that once inside the brain it slips through a host of chemical locks permitting it direct and indirect control over the flow of more than 200 neuro-chemicals, most importantly dopamine.



This is the important bit if we are to understand why it is hard to give up.

The brain's dopamine pathways serve as a built-in teacher. Dopamine uses a desire, yearning or wanting sensation to get our attention when it wants to pound home a survival lesson necessary to keep us humans alive and thriving. That's why it is so hard to go without eating, to actually starve yourself to death, or to die of thirst. That's why we seek acceptance by our peers, want companionship and desire a mate or sexual relations. That's why we feel anxiety when bored and an "aaah" sense of relief when we complete a task. Our deep inner primitive brain is hard-wired, via dopamine pathways, to keep us drinking liquids, eating food, socialising, (there's "safety in numbers") and the best part of all, wanting to reproduce – it's part of us and there is nothing we can do about it.

When we feel hunger our dopamine pathways are being stimulated and that teases us with a "wanting" for food. If kept waiting, this wanting may build into an urge or even a full-blown crave. Each bite we eat further stimulates dopamine flow until the stomach says "thank you, I've had enough" and tells the brain we're full and to turn off the wanting bit.



But the brain doesn't stop with simply creating and satisfying wantings associated with survival events such as eating, drinking, etc, it also makes sure that we don't forget the 'fix' and it remembers that next time the body gets hungry the best way to fix that is to eat something. The brain associates how each particular wanting was satisfied, then stores that 'fix' in the best 'remembering' part of the brain.

This is where the problem lies.

When nicotine is introduced into the bloodstream it gets inside the brain and turns on the mind's dopamine pathway circuitry. This results in the smoker becoming totally yet falsely convinced

that smoking is just as important as eating food. And, it's not only nicotine that does this, other drugs such as cocaine, heroin, meth and alcohol also stimulate the circuitry.

But, while nicotine stimulates the nervous system, alcohol has the opposite effect in actually depressing it and slowing normal brain function. Heroin's dopamine stimulation is accompanied by an endorphin high, resulting in a short yet intense numbing or analgesic effect. Cocaine's high is a sense of stimulated euphoria associated with delaying normal clean-up (re-uptake) of multiple neurotransmitters (dopamine, serotonin and nor-adrenaline), while methamphetamine is the maximum speed stimulant.



The common thread between each of these addictions is that the brain's dopamine pathways is taken hostage and leaves the smoker/druggie totally yet falsely convinced that continuing to smoke or take drugs is important to their survival, that it gives them an edge, helps them cope and that life without it would be horrible.

This is an oversimplified example of what happens, it doesn't explain why users initially continue to smoke before the dopamine pathway is set in stone nor does it explain why most regular smokers get hooked but not all, nor why some people find it easier to quit than others, nor why quitting is often accompanied by withdrawal symptoms but it does illustrate what goes on.

Although enhanced dopamine flow is associated with all chemical addictions, each chemical differs in how it triggers or enhances stimulation, how long stimulation lasts, and each chemical's ability to produce a different "high" sensation by interacting with other neuro-chemicals and pathways.

It's a terrible habit and even though it's legal, it is estimated that smoking will kill 17 times as many people as all the illegal drugs combined. That statement is an oversimplification too as it doesn't say what the ratio is between smokers and other drug users, you can bet it is greater than 17 : 1 but even so, if you smoke – you shouldn't.

Half the smokers we see each day will eventually smoke themselves to death!! And, while their friends and loved ones scream the insanity of their continued self-destruction, their brain dopamine pathways scream even louder that continuing to smoke is as important as life itself.

But there is help.

All State and Territory Governments, as well as the Feds, have anti-smoking programs to help you kick the habit.



Tossing the fags is not easy, unless you are an enormously strong willed person, you will need help. The first step is to convince yourself that you actually WANT to stop. Once you've done that, the next step is to tell as many people as you can that you are going to give up (if you don't you will look a dill – no one likes that) then contact the Federal Gov't Quitline on 137 848 or log onto their web site <http://www.quitnow.gov.au/> and tell them – there is a huge amount of assistance out there – give it up, you will never regret it.

Wife: 'Do you want dinner?' Husband: 'Sure! What are my choices?' Wife: 'Yes or no.'

Melanomas.

Melanoma is a problem if you live in Australia!

Melanoma is the fourth most common cancer in Australia, which along with New Zealand, has the world's highest incidence rate. In Oz, Melanoma represents 9.5% of all cancers, with more than 10,300 cases diagnosed annually. The risk of being diagnosed by age 85 is 1 in 15 for men and 1 in 24 for women.

In Australia, in 2008, there were 1430 deaths from melanoma.

Melanoma is a malignant tumor of melanocytes. Melanocytes are cells that produce the dark pigment, melanin, which is responsible for the color of skin. They predominantly occur in skin, but are also found in other parts of the body, including the bowel and the eye and you can get a Melanoma in any part of the body that contains melanocytes.



Melanoma starts when the melanocytes, which are found between the outer layer of the skin (the [epidermis](#)) and the next layer (the [dermis](#)) begin to grow out of control. This early stage of the disease is called the radial growth phase and the tumour then is less than 1mm thick. Because the cancer cells have not yet reached the blood vessels lower down in the skin, it is very unlikely that this early-stage cancer will spread to other parts of the body. If the melanoma is detected at this stage, then it can usually be completely removed with surgery.

You are particularly at risk of having a Melanoma if you were exposed to UV radiation when you were a child, and most of us were as medical science was not as advanced, when we were kids, as it is today. We didn't know a lot about cancers in the 1960's and it was 'fashionable' to rub on tons of coconut oil and lie on the beach and get burnt to blazes. If you have pale skin and freckles, light eye colour, light or red hair and if you did that and often had skin peeling off, then you are at risk.

Each Australian should be checking his or her skin surface with the help of a mirror and/or family member, at home, on a regular basis. It is a good idea to do it at the start of Autumn each year – as that is an easy way of remembering to do it.

1. Examine your face, especially the nose, lips, mouth and ears - front and back. Use one or two mirrors to get a clear view.
2. Thoroughly inspect your scalp, using a blow-dryer and mirror to expose each section. Get a friend or family member to help.
3. Check your hands, looking at the palms and back of the hands, between fingers and under the fingernails. Then check the wrists and front and back of the forearms.

4. Standing in front of a full-length mirror, begin at the elbows and scan all sides of your upper arms and underarms.
5. Next, focus on the neck, chest and torso. Women should lift their breasts to view the underside.
6. With your back to a full-length mirror, use a hand mirror to inspect the back of your neck, shoulders, upper back, and any part of your upper arms that you could not see in Step 4.
7. Still using two mirrors, scan your lower back, buttocks, and the backs of both legs.
8. Sit down; prop each leg in turn on a stool and use the hand mirror to check your genitals. Check front and sides of both legs, thigh to shin; ankles, tops of feet, between toes and under toenails. Finally examine the soles of your feet.

You are looking for any mole or freckle which changes over a period of months, particularly if it grows in size, changes shape, becomes mottled in colour and irregular in outline. Persistent itch in a mole may be a significant indicator. Don't wait until a changing flat mole becomes lumpy or bleeds. The more common skin cancers will show up as new lumps or red areas in the skin. They will often bleed easily when rubbed with a towel, and they may ulcerate (turn into a sore that doesn't heal).

If you find any of the above, don't put it off, go and see your GP straight away and get him/her to check the spots. If your GP suspects they are Melanomas, he/she will refer you to a specialist dermatologist or surgeon.

This could save your life!!!

You can get further information on the Cancer Council's web site which you can access [HERE](#) and there is an excellent little video which you watch – you can see that [HERE](#).

The phone rings and the lady of the house answers, "Hello". "Mrs. Sanders, please." "Speaking." "Mrs. Sanders, this is Doctor Jones at Saint Agnes Laboratory. When your husband's doctor sent his biopsy to the lab last week, a biopsy from another Mr. Sanders arrived as well. We are now uncertain which one belongs to your husband. Frankly, either way the results are not too good." "What do you mean?" Mrs. Sanders asks nervously. "Well, one of the specimens tested positive for Alzheimer's and the other one tested positive for HIV. We can't tell which is which." "That's dreadful! Can you do the test again?" questioned Mrs Sanders. "Normally we can, but MEDICARE will only pay for these expensive tests once." "Well, what am I supposed to do now?" she said "Well, we recommend that you drop your husband off somewhere in the middle of town. If he finds his way home, don't sleep with him

Cancer

DVA has released a Factsheet which describes the health care services available to eligible veterans with cancer (malignant neoplasia).

It provides information relating to:

- who is eligible;
- accessing cancer treatment under the DVA Gold and White Card; and
- how to notify DVA that you have cancer.

You can get a copy [Here](#)