



Health and well-being.

Dementia.

Older people who think they are ‘over the hill’ are reportedly more likely to end up with a dementia diagnosis. A study has found older people who think they are old had worse scores in memory tests. They were five times more likely to end up with a diagnosis of dementia, simply because of their attitude towards ageing. In contrast, people of a similar age who felt younger received better scores.

The findings from researchers at the University of Exeter in the UK suggest attitudes towards ageing could have a huge impact on dementia diagnosis. In June 2012, the study was presented at the International Conference on Social Identity and Health at the university. It involved 68 people, aged between 60 and 70 years, who were primed to either feel older or younger than other test participants. Those in the ‘older’ group were told participants ranged from 40 to 70 years, encouraging them to think of themselves as being at the upper end of the age spectrum. Those in the ‘younger’ group were told the ages of participants ranged from 60 to 90 years, which encouraged them to think of themselves as younger than everyone else.

All participants were then given one of two articles to read, which either focused on the effects of age on memory or the impact of ageing on general brain functioning. The participants then completed a series of standard clinical tests, including a well established dementia screening test that is used in many GP surgeries and NHS (need to spell out) memory clinics to assist diagnosis.

The startling findings showed 70% of people who were encouraged to see themselves as older and to believe that ageing was associated with a general decline in ability met the criterion for dementia. In comparison, just 14% of those primed to see themselves as being ‘younger’ fitted the diagnosis.



Lead author, Dr Catherine Haslam, said people who see themselves as ‘older’ could be labelled as having dementia as a result of their attitude. She said: “Our research shows that the effect of age perceptions on performance can be dramatic, and that seeing oneself as ‘older’ significantly increases a person’s risk of being diagnosed with dementia on such tests.

“It highlights the importance of taking a person’s attitude towards their age into account when assessing for dementia,” she added.

New South Wales dementia expert, Harrison Bentley, said the international study does hold some truth. “Research in Australia also shows thinking yourself young has beneficial impacts on health in general,” he claimed.

Have You had your Caffeine Hit?

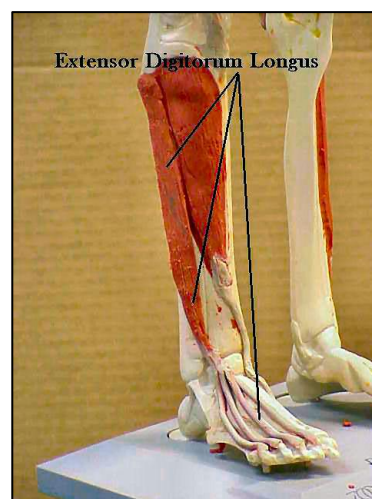
Elderly people who regularly drink coffee are more likely to maintain their strength and reduce their chances of falling and injuring themselves, a new study has claimed.

Yahoo!!

It is known that muscle strength declines as we age and this can reduce quality of life. In the new study, researchers at Coventry University looked at whether caffeine could also have a strengthening effect on pensioners. Their study on mice revealed caffeine boosted power in two different muscles in elderly adults – an effect not seen in developing youngsters.



With the importance of maintaining a physically active lifestyle to preserve health and functional capacity, the performance-enhancing benefit of caffeine could prove beneficial in the ageing population. In the study, the researchers isolated muscles from mice ranging in age from juvenile to elderly and then tested their performance before and after caffeine treatment. They looked at two different skeletal muscles, which are the muscles we can control voluntarily. The first was the diaphragm, a core muscle used for respiration; the second was a leg muscle called the extensor digitorum longus (EDL), used for locomotion.



Despite a reduced effect in the elderly, caffeine may still provide performance-enhancing benefits. Consuming caffeine has also been linked to improved thinking processes and improved memory skills in later life. However, previous research has shown excessive caffeine intake may cause the body to rid itself of calcium, which is a nutrient vital in supporting bone strength in later life.

It can also temporarily increase blood pressure, although the long-term effects of this are unclear.



Viagra.

Viagra, Levitra or Cialis is often the first oral medication tried for erectile dysfunction. For most men who have trouble keeping an erection firm enough for sex (erectile dysfunction), these medications work well and cause few side effects. Sildenafil (Viagra), vardenafil (Levitra or Staxyn) and tadalafil (Cialis) are all medications that reverse erectile dysfunction by increasing nitric oxide, a chemical naturally produced by the body. Nitric oxide opens and relaxes blood vessels in the penis, helping you get and keep an erection. These erectile dysfunction medications don't increase your sex drive and only cause erections when you are sexually stimulated.



Viagra, Levitra and Cialis — How they're different

Although they work in similar ways, each of these medications has a slightly different chemical makeup. These minor differences affect the way each medication works, such as how quickly it takes effect and wears off, and the potential side effects. Your doctor will consider these factors when deciding if one of these medications is a good choice for you. Your doctor will also consider any health problems you have and possible interactions with other medications you take.

Medicine	Viagra, Levitra	Cialis (small daily dose)	Cialis (36 hour)
How to take it	Without food, no more than once a day.	With or without food, once a day.	With or without food, no more than once a day
When to take it	About 30-60 minutes before sex	Anytime	About 30 minutes before sex.
How long is it effective.	Up to 5 hours	Anytime between doses	Up to 36 hours.

Vardenafil (Levitra) can also be prescribed in a tablet that dissolves on the tongue (Staxyn). A new medication, avanafil (Stendra), was approved in April 2012 by the Food and Drug Administration for treating erectile dysfunction. Stendra works similarly to Viagra, Levitra and Cialis.

When these medications may not be safe

Not all men can safely take erectile dysfunction medications. They can be dangerous if you have certain health problems or you're taking particular medications. Erectile dysfunction medications may not be safe if you have:

- Heart problems, including reduced blood flow (aortic stenosis or left ventricular outflow obstruction), heart pain (angina), abnormal heart rhythms (arrhythmia) or a recent heart attack
- High or low blood pressure that isn't controlled
- A history of stroke within the last six months
- Eye problems, such as retinitis pigmentosa, or if you have a family history of certain eye problems
- Severe liver disease, including cirrhosis
- Kidney disease that requires dialysis



Never take Viagra, Levitra or Cialis if you take nitrate drugs to treat heart pain (angina). Like Viagra, Levitra and Cialis, nitrate drugs dilate blood vessels. Their combined effects can cause dangerously low blood pressure and loss of consciousness. Medications that contain nitrates include:

- Nitroglycerin (Nitro-Bid, Minitran, others)
- Isosorbide (Dilatrate-SR, Isordil, Monoket, others)
- Illegal drugs such as amyl nitrite or "poppers"

Tell your doctor about any medications you're taking. A number of other drugs can also interact with Viagra, Levitra or Cialis. They include:

- Alpha blockers
- Antibiotics
- Anti-seizure medications
- Blood thinners
- Anti-arrhythmic heart medications

Side effects

Most men who take Viagra, Levitra and Cialis aren't bothered by side effects. When side effects do occur, they can include:

- Headache
- Flushing (with Viagra and Levitra)
- Indigestion
- Stuffy or runny nose
- Back pain and muscle aches (with Cialis)
- Temporary vision changes, including "blue vision" (with Viagra and Levitra)
- Dizziness or fainting (rare)

In a small number of cases, men taking Viagra, Levitra or Cialis have reported more serious side effects:

- **Hearing loss or vision loss.** Some men have had sudden loss of hearing or loss of vision after taking one of these medications. However, it isn't clear whether vision or

hearing loss was directly caused by taking the medication or by a pre-existing condition. If you're taking one of these medications for erectile dysfunction and have sudden loss of hearing or vision, seek medical help right away.

- **An erection that doesn't go away on its own.** Called priapism, this rare condition can be painful and requires medical treatment to avoid damage to your penis. If you have an erection that lasts more than four hours, (isn't that normal?? – tb) seek medical attention.

Erectile dysfunction — Don't ignore the underlying cause.

Taking Viagra, Levitra or Cialis without treating the original problem may improve sexual performance but it doesn't address the root cause of this symptom. Getting proper treatment for the underlying cause of erectile dysfunction may help prevent related health problems and improve sexual function as well. Conditions that can cause or worsen erectile dysfunction include:

- **Heart disease.** In some cases, erectile dysfunction is the first sign of serious heart or blood vessel problems such as hardened arteries (atherosclerosis).
- **Diabetes.** Over time, diabetes can damage blood vessels and nerves, making it more difficult to get or keep an erection.
- **Psychological issues.** Depression and anxiety can cause sexual problems and often require treatment, such as counseling or medications, to get better.
- **Being overweight.** Being overweight or obese can cause or worsen erectile dysfunction because of hormonal changes and related cardiovascular issues. Increased physical activity and losing weight can improve your overall health and sexual function.
- **Low testosterone.** Men who have low testosterone levels (hypogonadism) may need testosterone replacement therapy to increase sex drive and sexual performance.
- **Lifestyle choices.** Unhealthy habits such as drinking too much alcohol, smoking, using illegal drugs and not getting regular exercise can all worsen erectile dysfunction.



Purchasing Viagra, Levitra or Cialis online

As with other prescription drugs, erectile dysfunction medications can be purchased over the Internet. But be careful. Products for erectile dysfunction are big business and online scams abound. If you do purchase medications over the Internet:



- **Check to see if an online pharmacy is legitimate.** Never order medications from an online pharmacy if there's no way to contact the pharmacy by phone, if prices

seem too good to be true or if you're told no prescription is necessary. Some illegal businesses sell counterfeit versions of legitimate medications, which can be ineffective or dangerous. In the U.S., the National Association of Boards of Pharmacy can tell you whether an online pharmacy is licensed and in good standing.

- **Make sure you get the right prescription and the right dose.** When you order medications — and when you receive them in the mail — make sure they're the exact dose and type prescribed by your doctor.
- **Don't be fooled into buying 'herbal viagra.'** Never take any medications that claim to be the "herbal" or non-prescription equivalent of Viagra, Levitra or Cialis. These aren't an effective replacement for prescription medications and some contain harmful substances.

Realistic expectations

Occasional erectile dysfunction is a common problem, particularly as men age. Medication may not make you feel like you're 20 again, but it might help you achieve a more satisfying sex life. For some men, Viagra, Levitra and Cialis aren't a safe or effective choice, but other treatment options for erectile dysfunction may work. These include medications that are injected into the penis (yuk! - tb) or put into the opening of the penis before sex (double yuk! - tb), penis pumps (vacuum constriction devices), and surgically placed penis implants. Work with your doctor to find which erectile dysfunction treatment might work best for you.



Veterans Reconditioning Program.

Veterans and war widows with a gold card or white card now have access to an Accredited Practising Dietician and an Accredited Exercise Physiologist and Physiotherapist to take part in a reconditioning program that addresses the below components.

Improve nutrition and hydration status.	Reduce fall risk.
Improve Body Mass Index (BMI).	Increase general mobility.
Increase functional strength.	Enhance movement confidence and encourage independence.
Maximise bone strength.	Manage pain conditions such as arthritis.
Improve social interaction through group exercise activities.	

The program offers veterans and war widows individual and group sessions and is offered at a variety of locations which includes access to gym and hydrotherapy pool facilities.

Costs

There is no cost to participants.

To participate, you must have a referral from your GP. He/She must provide the referral on their own stationery or letterhead and include the following information.

- veteran's name
- veteran's DVA file number (shown on the Repatriation Health Card)
- 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
- description of the requested service
- GP's name and provider number and
- date of referral.