



Veterans and Veterans Families Counselling Service (VVCS) can be reached 24 hours a day across Australia for crisis support and free and confidential counselling. Phone 1800 011 046.
VVCS is a service founded by Vietnam Veterans.



Health and Life-Style

DVA Heart Health Program.

The Heart Health Program is a free, year-long program run by DVA. It can help you improve your physical health through:

- practical exercise
- nutritional education
- lifestyle management

The goal of the program is to help get you started with a daily routine of exercise and balanced nutrition.

Who can access it

You can access the Heart Health Program if both of the following apply:

- you are a returned veteran or peacekeeper
- you have not yet taken part in the program

An eligibility checker is available on the [Heart Health Program website](#).

You will need medical clearance from your general practitioner (GP) before you can begin.

You may not be eligible for the program if you either:

- are not a returned veteran
- do not have operational or peacekeeping service

We can recommend the program, having done one some years ago. You can download a flier on the program [HERE](#).



Masturbation – is it good for you?

YourLifeChoices

Sydney based sex therapist and counsellor Lucy Patarcic tracks the history of masturbation with surprising findings about the Kelloggs Cornflakes creator and Graham crackers and less surprising findings about health and wellbeing.

You can masturbate and have your cracker too!

You may be wondering what masturbation has to do with crackers? A quick history lesson first. Ahh masturbation. Pleasurable or taboo, depending on whom you're talking to. [John Kellogg](#), M.D. (The Kelloggs Cornflakes inventor) believed that masturbating was the most dangerous of sexual behaviours. Masturbation was said to cause abnormal sexual passions and gluttony and he recommended that parents bandage their children's genitals at night or tie their hands to bedposts!

[Sylvester Graham](#) (July 1794 - Sept 1851), who was ordained as a Presbyterian minister in 1826, believed that human sex drive depleted the body and that erotic desire caused health issues including headaches, epilepsy and insanity. According to Graham, eating tasty foods stimulated sexual urges that amounted to self-abuse, i.e. masturbation. In 1829, he invented a bland biscuit-like cracker to suppress sexual desires.



Fear and guilt around masturbation has been around for centuries and the stigma attached to touching one's genitals for pleasure was believed to be pathological or having negative mental and physical consequences. Beliefs throughout the centuries were many and varied. Physician Galen argued that retaining semen was dangerous and led to ill health, while Hippocrates believed that excessive loss of semen could result in spinal cord deterioration.

Masturbation had been labelled an unnatural sin, causing dysfunction and disease, Tissot (18th century) claimed that masturbators suffered from poor eyesight, epilepsy, memory loss, weakened backs, acne, sexually transmitted diseases (STIs) and paleness (but not blindness? – tb) Prevention methods used on children included cold baths and showers, swim suits with camphor inserted in the crotch, bland diets, limiting fluids, chastity belts, straitjackets and threats to cut off their genitals, to name just a few. Fears around masturbation continued into the 20th century and here we are today in the 21st century still having this conversation!

We've come a long way ... kind of. There are still many people of different ages who still harbour guilt and shame and feel embarrassed about something as natural as masturbation. Masturbation is completely natural and offers many health benefits. Knowing the benefits for both health and



wellbeing, it is something that I do recommend as part of homework and, in particular, for prostate health.

Health benefits of masturbation:

- It can provide a sexual outlet for people who abstain from sex by choice or due to loss of a partner.
- It can help to strengthen muscles in the pelvic and anal areas and help to reduce urine leakage.
- It increases blood flow to the genital area and can be helpful in keeping things supple and more responsive in the lady garden due to increased blood flow – especially as we age.
- It can help to reduce stress and release sexual tension.
- It can allow people to experience pleasure.
- We learn how we like to be touched and can relay this to a partner.
- It can allow people to feel more positive about their bodies and more connected.
- It can assist in learning about our own sexuality.
- It can help to prevent prostate cancer.
- It can help with the immune system, stimulate endorphin production and increase the flow of white blood cells.
- It can rejuvenate the circulation of hormones.



Masturbation can help with prostate health

The causes of prostate cancer remain uncertain, however, genetics, diet and lifestyle factors play important roles. The [Harvard Ejaculation Study](#) involved about 30,000 men aged from 41 to 81. It found that frequent ejaculation did not mark an increase in prostate cancer, but rather that men who ejaculated 21 times or more per month had a 31 per cent decrease in prostate cancer.

An Australian study of 2,338 men showed that “men who averaged 4.6-7 ejaculations per week were 36 per cent less likely to be diagnosed with prostate cancer before the age of 70 than men who ejaculated less than 2.3 times per week on average.”

Q: What word becomes shorter when you add two letters to it?

A: Short.



Seven common myths about arthritis

YourLifeChoices

Arthritis is more than just aching joints.

It's tempting to dismiss arthritis as just aching joints and something people must learn to live with as they get older. But the people who suffer from arthritis know that – far from being just a standard part of ageing – the condition can cause excruciating pain and blight the lives of both young and old.



According to Arthritis NSW, 3.9 million Australians live with arthritis. That's one in six people. By 2030, it is projected this number will increase to 5.4 million. Experts are keen to bust misconceptions about the condition and the impact it can have. Improving understanding about arthritis can highlight the importance of early diagnosis and treatment.

“Arthritis is often shrugged off by society because it's invisible and associated with ageing, thanks to persistent myths about who it affects and what it can do to you. The truth is, an arthritis diagnosis can come at any age and can knock your life for six. After osteoarthritis – or ‘wear and tear’ arthritis – the next most common type is rheumatoid arthritis (RA), an autoimmune condition. The pain and chronic fatigue caused by RA is often invisible and as a result, people with RA have to battle misconceptions and stigma, as well as the disease itself.

In a bid to tackle this, the National Rheumatoid Arthritis Society (NRAS) has teamed up with pharmaceutical company Galapagos UK to create the We R.A. Priority campaign. Knowing what RA is, the symptoms to look for, and that it can affect anyone of any age can make a significant difference in getting an early diagnosis. There's a window of opportunity that, if missed, can cause delays in getting early treatment, which can lead to long-term negative impact. Raising awareness of RA is vital for driving earlier diagnosis and helping prevent the often-irreversible damage it can cause to a person's body, mental health, family and career,

Here, experts debunk seven common arthritis myths.

1. Only old people get arthritis.

You can get arthritis at any age, even childhood, when it's called juvenile idiopathic arthritis (JIA). In fact, two-thirds of people with arthritis are under 65.

2. Arthritis isn't serious.

Arthritis can be devastating, with eight in 10 people experiencing pain every day: The pain and fatigue steal your independence, ability to work, travel or socialise and make you feel like a burden. Many people don't even admit to their friends and family what it's like. One of the symptoms of RA can be joint pain, but the condition can have an effect on other aspects of health



too. In fact, a Galapagos survey last year found one in six people with RA have also been diagnosed with a major depressive disorder.

3. Just take paracetamol if your joints ache

While it's common to have occasional aches and pains in the joints and muscles, it's important to see a doctor if you have swelling or stiffness that you can't explain and which doesn't go away in a few days, if it becomes painful to touch your joints, or if you can't do everyday tasks because of the pain. The earlier you get a diagnosis and find a treatment that works for you, the better the outcome will be.

4. There's nothing you can do about arthritis

Effective arthritis treatments make a huge difference and could prevent irreversible joint damage. There's a variety of treatment options – from medication, physical and complementary therapies, joint replacement surgery and pain management clinics – to help people live well with the condition.



5. Avoid exercise if you have arthritis

It can be hard to keep moving but staying active can reduce pain and arthritis symptoms and help people remain independent. Exercise improves muscle strength and keeps joints strong and well-supported, reduces stiffness, helps balance and improves energy levels and tiredness.

6. A Mediterranean diet can cure arthritis

No diet or supplement will cure arthritis but a balanced diet, exercise and not smoking or drinking too much alcohol can all have a huge impact. Some people find their symptoms are affected by their diet, weight and physical activity levels, but what works for one person may not work for another. Changing your diet probably won't have as great an impact on arthritis as medical treatments, but it can be very helpful. Being overweight can increase strain on joints and increase the risk of developing certain conditions. Eating a balanced diet packed with vitamins and minerals could help reduce the side-effects of some arthritis drugs too and protect from conditions affecting the heart and blood, which can be a complication of some forms of arthritis. You should always speak to a healthcare professional before making any major changes to your diet and lifestyle.

7. People understand what rheumatoid arthritis is

A 2020 Galapagos survey of people living with RA found 99 per cent felt other people either had a poor understanding of their condition or confused it for other forms of arthritis. RA is actually an autoimmune condition, meaning the body's own immune system targets affected joints, which leads to pain and swelling and other symptoms, including fatigue, dry eyes, chest pain and a loss of appetite.



If you're not supposed to eat at night, why is there a light bulb in the refrigerator?

How do different painkillers work?

It's easy to assume the only difference between painkillers is their strength. Or that any painkiller you can buy without a prescription is always safe to use, but that isn't necessarily the case.



Paracetamol.

“Paracetamol is probably the most commonly used painkiller and the one most people would try first. It's a good all-rounder for relieving general aches and pains and can also help reduce a fever. It's been used for about 100 years, but we still don't understand exactly how it works, we think it helps relieve pain by decreasing the amount of a substance called prostaglandin. Prostaglandins are produced by the brain and spinal cord in response to injury or disease, they stimulate nerve endings, causing us to experience pain.

The important stuff

Compared with other drugs, paracetamol isn't associated with many side-effects – providing it's used appropriately. It's very important not to exceed the maximum recommended dosage (which for adults is up to eight 500mg tablets within any 24-hour period), as overdosing can happen quickly, and potentially cause devastating damage. People think, 'oh, it's only paracetamol', but if you take too many, it can be dangerous, as even slightly exceeding the recommended dose can lead to symptoms of paracetamol poisoning. The damage to your liver can be awful.

If you're taking any other medications alongside paracetamol, check the packets, as a number of other over-the-counter medications, for instance, cold and flu remedies, can also include paracetamol. If you're ever unsure, speak to your pharmacist.

Another important thing to be aware of is the risk of 'medication overuse headache' or 'rebound headache'. This is a vicious cycle where people who take painkillers to help manage headaches, end up developing a worse or chronic headache as a result. This doesn't just apply to paracetamol, but other types of painkiller too. If you are taking painkillers regularly, check in with your doctor, especially if you have chronic headaches that aren't getting better. You may really need a referral to a specialist who can ensure you're being treated appropriately, or guidance for breaking the 'rebound headache' cycle.

Non-steroidal anti-inflammatories

Ibuprofen, another commonly used over-the-counter painkiller, is a member of the non-steroidal anti-inflammatory (NSAID) family. These also work by altering chemical activity within the body,



but also reduce inflammation which can make them particularly good for things like joint pain and injuries. There are a number of other NSAIDs, but they're not all available over the counter because of the risks and side-effects they're associated with. Higher strength NSAIDs (such as naproxen and diclofenac) may be prescribed to help a number of conditions, but it's important they're appropriately managed and reviewed with your doctor.



Although widely used, NSAIDs are not right for everybody, for example, for some people with asthma, NSAIDs can provoke an asthma attack. Some have also been found to have a negative effect on the heart and they may not be a good idea for people with high blood pressure. Prolonged use can also cause kidney disease, so we're much more careful about the use [of NSAIDs] now.

Another key point with NSAIDs is that they can cause stomach irritation, sometimes even leading to a stomach ulcer. This can be avoided by ensuring you take the tablets with food, as advised, and taking an accompanying medication to protect the stomach. This is usually a PPI, a proton pump inhibitor which is really quite important, especially if you're taking a lot of them.

Opioids.

This group of drugs includes very strong painkillers such as morphine and at the other end of the scale, codeine, which can be bought over the counter in a low-dose combination with paracetamol (co-codamol). They are very useful for treating short-term severe pain. They work by basically blocking pain messages to the brain and also cause a euphoria effect, which helps people forget about their pain too. Other opioid painkillers are only available on prescription, including tramadol and fentanyl, which often comes in patches. While powerful, all opioid use, including co-codamol, should be very carefully managed and treated with extreme caution".

One of the biggest risks is addiction, which can sometimes happen very quickly. In recent years, opioid painkiller addiction has been a huge problem in the US, and there's growing concern in other countries. Part of the problem is that you can quickly "get used" to a certain dosage, so need more to feel the effects. Some people become so addicted to prescription painkillers, they've had to go on a drug withdrawal program to come clean, however, addiction services are not widely available, so people can end up in a vicious cycle.

There are other side-effects to be careful with too, such as drowsiness. High doses can also depress your breathing and reduce your heart rate, and you can lose consciousness. The depression of breathing is a particular concern for some people.

Chronic nerve pain drugs



Prescription medications, such as gabapentin, pregabalin and amitriptyline, are sometimes used for managing certain types of nerve (neuropathic) pain. These drugs are traditionally used to treat conditions such as epilepsy and depression, but at a certain dose, can also be effective for more severe and complex neuropathic pain, including sciatica, fibromyalgia and complex regional pain syndrome. Traditional painkillers either reduce inflammation at the site of injury or reduce the sensations of pain centrally in the brain, however, these medicines are different and work by suppressing the nerve signals that carry pain messages, making them very effective for treating neuropathic pain. In some cases, damage can make nerves “over-active”, heightening pain sensation. Gabapentin, pregabalin and amitriptyline, in particular, are prescribed more often these days for pain relief, than for epilepsy or depression.



Not all anti-depressants and epilepsy drugs work as painkillers, so it's vital to only take them as prescribed and while these medications can be very effective, they sometimes take a little while to 'kick in' and don't work for everyone. As with all medicines, these drugs can have side-effects. Some can cause drowsiness, dizziness and weight changes and they can clash with some other prescribed medicines, so this will need to be checked. If they're not working as well as expected, the doctor might increase the strength or dosage, or may change over to one of the other medicines. If any side-effects occur, check in with your doctor and it's always advisable to seek advice before you stop taking any prescribed medication.

When you are frustrated with me because of the things I cannot do,
Just imagine how frustrated I must be because I'm no longer able to.

TGA approves Pfizer booster dose for all adults.

Government announces when booster doses will be available.

With anxiety building as states throw open their borders and learn to live with COVID, the Therapeutic Goods Administration (TGA) has announced the news many have been waiting for, it has approved Pfizer booster doses of the vaccine for all adults over the age of 18. While the final advice on the rollout of booster shots still needs to be ticked off by the Australian Technical Advisory Group on Immunisation (ATAGI), the federal government has also provided a date when it expects the booster program to start.



Health minister Greg Hunt explained that subject to the ATAGI advice, the general population booster program would start no later than 8 November. Original priority groups, including people in aged care and disability care settings, will be offered the option to receive a booster first.

The provisional TGA approval means that all adults may receive a third dose of the vaccine at least six months after having received the second dose. The initial vaccination course can be from any of the COVID-19 vaccines registered for use in Australia, although data on the use of the Pfizer vaccine as a booster with other COVID-19 vaccines is more limited. The TGA advice suggests that anyone who has received one Pfizer jab should preferably receive a second Pfizer jab to complete the primary vaccination course and also stick with Pfizer for the third dose.

The TGA says it provisionally approved the booster dose following careful evaluation of the available data supporting its safety and efficacy. The TGA's decision was also informed by expert advice from the Advisory Committee on Vaccines, an independent committee with scientific, clinical and consumer



representation. Mr Hunt explained that the medical advice was that people remained fully vaccinated with two doses of COVID-19 vaccines, but that the commencement of booster doses would provide additional protection and peace of mind.

The government also said that Moderna will apply to the TGA for registration of booster doses for their vaccine. Mr Hunt said that with more than 151 million Pfizer, Novavax and Moderna vaccines already secured for supply into the future, Australia was well prepared to provide booster doses as approvals are provided. Australians who are severely immunocompromised have been able to receive a third COVID-19 vaccine dose to boost their protection against COVID-19 since 11 October. In other COVID news, South Australia announced that it would ease border restrictions for double-vaccinated people from COVID states from 23 November, joining Queensland and Tasmania in opening borders in time for Christmas.

Western Australia remained the lone state keeping its borders closed. Premier Mark McGowan did not rule out closing his state's borders to jurisdictions that have planned to ease border restrictions in time for Christmas.

When we were young we sneaked out of home to go to parties.
Now that we're old, we sneak out of parties to go home.



How to tell if it's a cold or COVID

In pre-pandemic days, if you got a snuffle and a headache, you'd just think you had an ordinary cold and would probably carry on as normal, even if you did feel rough. But now, as we enter cold and flu season, how can you be sure it's a cold and not COVID? The bottom line is – you can't, because while the typical symptoms of a cold are a headache, sore throat and runny nose, those symptoms are now some of the main signs of COVID too. Growing evidence shows that people who've received two doses of the vaccine typically present with less severe symptoms, such as headache, runny nose, sneezing, sore throat, and loss of smell.



With things opening up again, it's important for people who've been fully vaccinated to stay vigilant for cold-like symptoms and get tested if they're living or working around people who are at greater risk from the disease. A runny nose and headache are symptoms of many infections, but may also be the first symptoms, and only symptoms, of COVID. So you should get tested. Australians can purchase rapid antigen tests for use at home from 1 November.

The first few rapid antigen at-home tests may be negative, but if you have COVID the tests are likely to become positive within a couple of days. Also, if you know other people around you have COVID, the likelihood your runny nose and/or headache is also COVID is much higher. Although the main COVID symptoms drummed into us by the government are a high temperature, a new continuous cough, and a loss or change to your sense of smell or taste, the Delta variant, which is now the dominant COVID strain in Australia, has different symptoms, either instead of, or as well as, those main symptoms.

The [Zoe COVID Symptom Study](#), which is funded by the UK government, has identified the current top five symptoms to have emerged, and says they differ slightly depending on whether you've been vaccinated or not.

1. Headache

Although headaches are a less well-known symptom of COVID, they are one of the earliest signs, according to the ZOE study and are more common than the classic symptoms of cough, fever and loss of smell. The study found COVID headaches tend to be moderately to severely painful, can be 'pulsing', 'pressing' or 'stabbing', occur across both sides of the head rather than in one area, may last for more than three days, and tend to be resistant to regular painkillers.

2. Runny nose

In the early days of the pandemic, it was thought a runny nose wasn't a COVID symptom and was much more likely to be a sign of a regular cold, but now, the ZOE study has found that the



prevalence of COVID is a factor, so when COVID rates are high, the chances of a runny nose being due to COVID is also high. The study stresses that when COVID rates are low, a runny nose is less likely to be COVID and more likely to be due to a cold or even an allergy.

3. Sneezing

The ZOE study found sneezing more than usual can be a sign of COVID in people who've been vaccinated, although it stresses sneezing is much more likely to be a sign of a cold or an allergy. It says that even though many people with COVID might sneeze, "it's not a definitive symptom because sneezing is so common".

4. Sore throat

Many people with COVID have reported on the ZOE study app that they have a sore throat that feels similar to the sore throats you get when you have a cold or laryngitis. COVID-related sore throats tend to be mild and last no more than five days and a very painful sore throat that lasts longer than that is likely to be something else and if it persists you should contact your GP. Although it can be a COVID symptom, most people with a sore throat will probably just have a cold.

5. Loss of smell

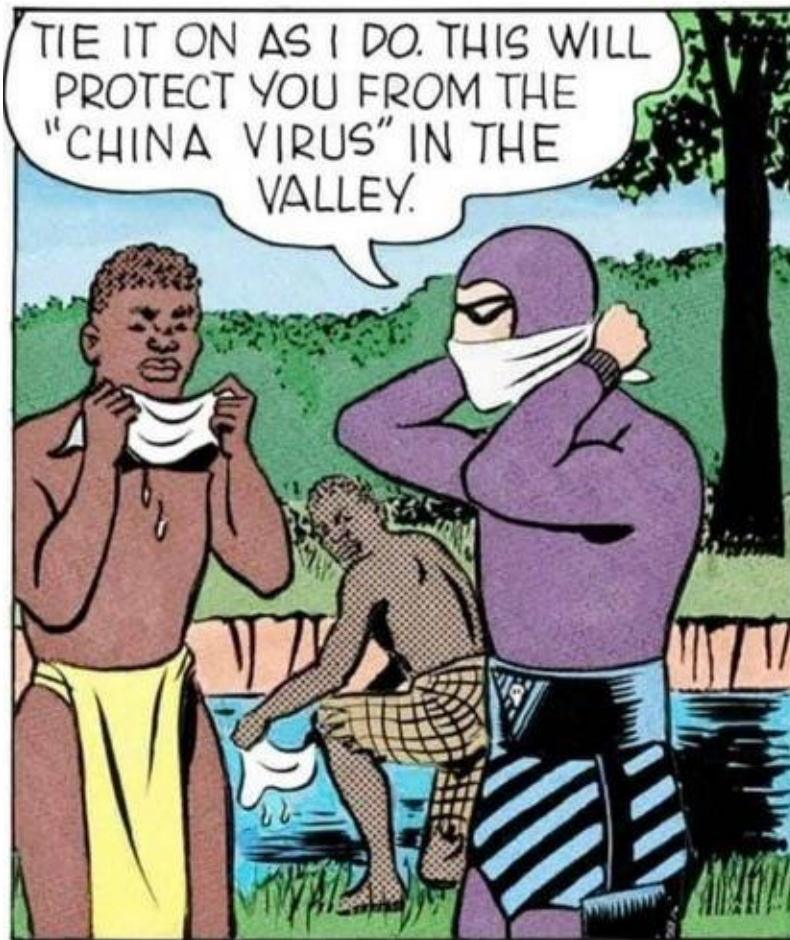
This is one of the more well-known COVID symptoms and while people who have COVID might not lose their sense of smell completely, it may change, so you may not be able to smell strongly scented things, and your sense of taste may be affected too, so food may taste different or seem tasteless.



Getting tested is crucial

If you've only had one dose of the vaccine, the ZOE study found the top symptoms were similar to those of people who were double jabbed, but a cough was also common. And for those who were unvaccinated, symptoms were also similar, with the addition of fever and a cough. If you have any of the symptoms, you should self-isolate at home, and get a COVID test as soon as possible.

It's impossible to tell the difference between a cold and COVID-19 clinically. They present so similarly that only PCR testing can differentiate between the two. If you have any symptoms of respiratory infection you should stay at home to prevent transmission and get a test done. Trying to self-diagnose is a sure-fire way to send COVID-19 case rates soaring again.



Would you believe, this comic was published in 1957?!

Earth's population.

The population of Earth is around 7.8 Billion. For most people, that is a huge figure however, if you condensed 7.8 billion into 100 persons and then into various percentage statistics the resulting analysis is relatively much easier to comprehend.

Out of 100:

11 are in Europe
5 are in North America
9 are in South America
15 are in Africa

49 live in the countryside
51 live in cities

75 have mobile phones



60 are in Asia

25 do not

30 have internet access
70 do not

7 received a uni education
93 did not attend uni

33 are Christians
22 are Muslims
14 are Hindus
7 are Buddhists
12 are other religions
12 have no religious beliefs

26 live less than 14 years
66 die between 15 – 64 years
8 are over 65 years old

83 can read
17 are illiterate

If you have your own home, eat full meals and drink clean water, have a mobile phone, can surf the internet and have gone to university, you are in the miniscule privileged lot (in the less than 7% category). If you are over 65 years old, be content and grateful. Cherish life, grasp the moment. If you did not leave this world before the age of 64 like the 92 persons who have gone before you, you are already the blessed amongst mankind.

Take good care of your own health. Cherish every remaining moment.

**Fish bite twice a
day... before you
get there and
after you leave.**



This page left blank.