

# THE TADDLER

## A Visit to the Emergency Department - Do I Need One? *(part 2 of a series)*

*By: Victoria Charko, Registered Nurse*

Millions of Canadians visit the Emergency Department (ED) each year and Canadians have been shown to use their ED more frequently than other countries. Studies demonstrate that many conditions seen in the ED would have been best managed at their primary care provider's office or could have potentially been avoided altogether. In fact, a 2014 study by the Canadian Institute for Health Information (CIHI) found that this was the case in 1 in 5 patients who visited the ED. Understandably, it can be difficult to decide what merits an ED visit; so, how *does* one decide if one should stay home, get an appointment with their primary care provider's office or go to the ED?

The purpose of an ED is to provide high-level and timely care for critical and life-threatening situations, as well as urgent care for serious conditions with the most pressing cases receiving top priority. Going to the ED for less urgent matters comes with its disadvantages, such as the potential for long wait times and contracting an illness from other patients/visitors. Some issues seen in the ED identified as being best managed elsewhere include, but are not limited to: urinary tract infections, acute upper respiratory infections (chest colds), antibiotic therapy seeking, throat inflammation (sore throat), ear infections, dressing changes/removal of sutures, conjunctivitis (pinkeye) and prescription renewals.

In this series, I will provide general information about these non-urgent conditions and the appropriate home management in an effort to help you identify when you should be seen at your primary care provider's office and to avoid unnecessary visits to the ED.

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### **Urinary Tract Infections (Acute cystitis)**

Urinary tract infections (UTIs) are infections caused by bacteria that have entered the urethra (the tube that carries urine from the bladder to the outside) and travelled up into the bladder. Due to their urinary anatomy, women are at a higher risk of developing UTIs. Common symptoms of UTIs are pain or burning with urination, frequent urination, feeling of urgency with urination, blood in the urine and discomfort in the lower abdomen. When left untreated, these infections can also move beyond the bladder and up into the kidneys, causing a more serious infection called pyelonephritis.

Risk factors for developing UTIs include, but are not limited to:

- \*Frequent intercourse or intercourse with a new sexual partner
- \*Diabetes
- \*History of a bladder or kidney infection in the past 12 months
- \*Spermicide use
- \*Catheter use

(In men, being uncircumcised and engaging in anal intercourse can also be risk factors.)

You should seek care at your primary care provider's office if you or your child note one or more symptoms of a UTI. You should be seen more urgently at your primary care provider's office if you develop the following:

- \*Fever  $> 38^{\circ}\text{C}$
- \*New onset of back pain
- \*Nausea and/or vomiting

Certain practices can help to prevent UTIs from occurring and may help to minimize early symptoms. Consider the following:

- \*Urinating after intercourse
- \*Maintaining good hydration
- \*Not holding urine when you feel the need to urinate
- \*Cleaning the genital area from front to back (women)
- \*Cranberry juice/pills

### **Ear Infections (Otitis media)**

Ear infections are common in children. When fluid builds up behind the middle ear, such as after a cold, it can become infected with bacteria or viruses and can become inflamed. Symptoms of an ear infection can include ear ache/pain, feeling of fullness in the ear, fever and temporary hearing loss. In younger children, irritability and tugging at the ear can also be signs.

The cause of the ear infection, the severity of the illness, a past history of ear infections and the patient's age will all help guide the choice of treatment, which can include one or more of the following: observation, pain-relieving medications and antibiotics.

Please seek care at your primary care provider's office if you suspect that your child has an ear infection. While waiting to be seen, you may give your child a pain-relieving medication, such as acetaminophen or ibuprofen, to help ease the pain. It is never safe to give Aspirin to a child.

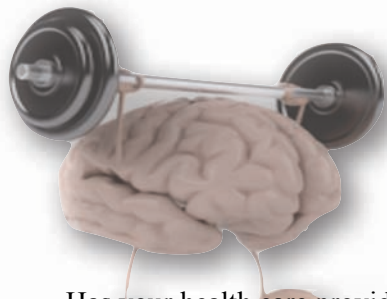


*Cont'd on page 5*

# Mental Health Corner

## How to Eat Mindfully

by: Martin Vera, Social Worker



Has your health care provider advised you to eat mindfully, but you are not exactly sure how to do it? Here are some words to help guide you on how to eat in a mindful, intentional and deliberate way. By taking the time to slow down and savour your food, you will become more connected to the explosions of sensations that are available to you every time you sit down and eat a meal:

### 1) Settle:

Do you often catch yourself eating in front of your computer or while listening to a fascinating podcast? I get it – you want cognitive stimulation and, of course, you deserve it! However, in this mindful eating exercise, gently put away your phone, your computer and your book, and find a comfortable place to sit down – just you and your meal. Begin by closing your eyes and checking in with your bodily sensations – from the top of your head to the tip of your toes, adopting a dignified and erect body posture, letting yourself pause and SETTLE.

### 2) Sight:

Now, gently open your eyes and narrow your focus to the physical sensation of SIGHT. If you like, lift a small morsel of food closer to your eyes and explore it in terms of its visual qualities such as colour, shape and size. If you catch yourself having thoughts such as “what a strange way to eat a meal!”, acknowledge that this is what minds do – they get caught up in thinking! Notice these thoughts and return your attention to the sensation of sight.



### 3) Sound:

Gently shift your attention away from the sensation of sight and gently bring your attention to the physical sensation of SOUND. If you like, close your eyes and bring this morsel of food closer to your ears. Notice sounds in terms of volume, pitch, quality and frequency that are being emitted from your morsel. If your morsel is a finger food, feel free to squeeze it and see if it produces any particular type of sound. Even notice the absence of sound, if that is the case.



### 4) Smell:

And now, shift your attention away from sound and focus your attention on the sensation of SMELL. Bring the object close to your nostrils and allow yourself to smell the object with a curious spirit. Take note of any particular smells that your nostrils are picking up.

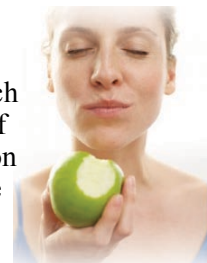
### 5) Touch:

Now, shift your attention away from smell and focus on the physical sensation of TOUCH. Bring the morsel up to your mouth and let it make contact with your lips and your teeth without giving in to the intention of biting down on it. Focus on the pressure and texture of the object as it rests in your mouth.



### 6) Taste:

Gently shift your attention away from touch and bring your attention to the sensation of TASTE. Allow the morsel of food to rest on your tongue and notice any particular taste that your tongue is picking up. Proceed to bite down on the object and continue to explore the qualities of taste that are emerging from this morsel. Finally, swallow the morsel and notice the multiple steps involved in this often-automatic process of swallowing.





Seniors Health Seminars  
Presented by the Senior Advisory Volunteer Initiative (SAVI)  
on behalf of Taddle Creek FHT

## ***The Aging Body: Why do I feel the way I do?***

For all those who are 65+, have you ever wondered about:

1. Why you grow old?
2. Why you are not sleeping the way you used to?
3. How your brain and nervous system are changing as you age?

**Speaker: Dr. Barry Goldlist, Professor of Medicine,  
Geriatrician, UHN/Sinai Health System**

Date: Wednesday, June 29, 2016

Time: 10am-Noon

Location: 790 Bay Street, Suite 508

Light Refreshments Provided

***To R.S.V.P. please call  
416-260-1315, ext. 0.  
RSVP by June 22, 2016,  
space is limited***

Future topics:

Memory and aging-Fall 2016

Improving your mobility-Winter 2016.

***Visit [www.taddlecreekfht.ca](http://www.taddlecreekfht.ca)  
for more information.***



***Notice: We apologize for inadvertently advertising on our website the Healing From Childhood Trauma Group. This group has been discontinued. We have since removed this group from our website.***



## **WHAT'S HAPPENING AT TADDLE CREEK**

By: Sherry Kennedy, *Executive Director*

This column lets you know about TC FHT programs, events and announcements.

### Programs

Please refer to the table on page 10 and 11 outlining upcoming TC FHT Groups. We have some great one-day workshops and multi-week groups. For some you need a physician referral and for others you simply need to contact the number provided.

For those who wish to see a social worker on short notice, our Mental Health Team continues to offer Friday morning drop-in sessions between the hours of 9am and noon. If you are interested, these are first come, first served in Suite 306 at the 790 Bay St. location.

If you want to learn more about programs/groups, visit our new website [www.taddlecreekfht.ca](http://www.taddlecreekfht.ca) or contact 416-260-1315 (main Administration Office) or 416-204-1256 (Diabetes Education Program).

### Events

I am very excited to talk to you about our upcoming Seniors Health Seminars (see advertisement on this page), presented by our Senior Advisory Volunteer Initiative (SAVI) patient advisory group. Our first seminar, 'The Aging Body', presented by Dr. Barry Goldlist, geriatrician, will discuss why we grow old, why we are not sleeping the way we used to, and how our brain and nervous systems are changing as we age. It will be held on Wednesday, June 29, 10am to noon. Space is limited, so call 416-260-1315, ext. 0 to reserve your spot. We plan to hold two more Seniors Seminars this year; one focusing on physical fitness and one on memory preservation. Information about these future Seniors Health Seminars will be posted on our website closer to the dates.

TC FHT went live with eHealth's Connecting Ontario (cOntario) electronic health record system on May 16, 2016. cOntario gives TC FHT clinicians real-time access to relevant patient medical information (i.e. hospital discharge summaries, diagnostic imaging reports, Community Care Access Centers reports, etc.) for the purpose of providing care and treatment. Access to cOntario information will help clinicians make better decisions about your care at the time of your visit, enable more coordination between care providers and potentially decrease duplicate testing.

*Cont'd on page 5*

## WHAT'S HAPPENING AT TADDLE CREEK

*Cont'd from page 4*

TC FHT recently released its 2016-2017 Quality Improvement Plan (QIP) and its 2015-2016 QIP Progress Report (see TC FHT website under 'About Us'). One new initiative is to improve our cancer screening rates (i.e. colorectal, cervical, breast, etc.) and our change initiative is to promote the use of Cancer Care Ontario's My Cancer IQ website (<https://www.mycanceriq.ca>). This is a great website - it walks you through a series of questions to assess your risk of getting different types of cancer, then provides you with your personalized risk value, factors raising your risk, factors keeping your risk down and an action plan to reduce risk. I completed the breast cancer assessment and learned quite a bit about what might be raising my risk and how I can lower my risk for breast cancer. It also gave me tips on what I can start doing right now to lower my risk. It was very empowering and something I plan to discuss with my physician. I highly recommend you check it out.

### Announcements

Brenda Ponc, Social Worker/Mental Health Program (MHP) Lead announced her resignation as of May 31, 2016. Brenda has decided to pursue private psychotherapy practice. We wish Brenda all the best and thank her for her 3½ years of service with TC FHT. With Brenda's departure, a shuffle in the MHP has occurred. Martin Vera is now a permanent, full-time social worker and Leah Direnfeld has accepted a 1-year social work contract. Julia Kundakci has assumed the Lead of the MHP until Anseh Dibaji returns from maternity leave in Dec. 2016.

In Mar. 2017, Dr. D.J. Rodie, our 1-day a week psychiatrist resigned to pursue an opportunity with CAMH/Ontario Telemedicine Network (OTN), coordinating their psychiatry program. Replacing Dr. Rodie is Dr. Ming Lee. Welcome Dr. Lee.

*Cont'd from page 2 (Emergency Department Visit)*

Please contact your primary care provider if:

- \*Your child's symptoms (pain, fever) have not improved after 24-48hrs of observation
- \*Your child's symptoms have not improved after 2 days of taking antibiotics

Need to be seen?

As a Taddle Creek Family Health Team patient, there are services in place to help prevent a visit to the ED. Please consider the following options in the following order when you feel you have a condition or issue that needs to be addressed:

1. Call the office to book an appointment with your physician, nurse practitioner, physician assistant or your office's registered nurse  
\*Same-day appointments are available
2. Attend a Taddle Creek Family Health Team After Hours Clinic, available Monday-Thursday 5-8pm and Saturday mornings (times vary)  
\*Information for the current/next After Hours Clinic is listed on the home page of our website at [www.taddlecreekfht.ca](http://www.taddlecreekfht.ca)\*  
*If you do not have computer access, please call your primary care provider's office for this information*
3. Call the Telephone Health Advisory Service (THAS) at 1-866-553-7205  
\*Available after clinic hours, 7 days a week  
\*You will speak with a nurse who will provide counsel and will have access to the on-call physician

### References

Canadian Institute for Health Information. *Sources of Potentially Avoidable Emergency Department Visits*. Ottawa, ON: CIHI; 2014.

Nearly 1 in 5 Patient Visits to Emergency Could Potentially Be Treated Elsewhere. Available: <https://www.cihi.ca/en/types-of-care/hospital-care/emergency-and-ambulatory-care/nearly-1-in-5-patient-visits-to-emergency>.

UpToDate. *Patient information: Ear infections (otitis media) (The Basics)*. Available: [http://www.uptodate.com/contents/ear-infections-otitis-media-the-basics?source=search\\_result&search=Patient+information%3A+Ear+infections+%28otitis+media%29+in+children+%28Beyond+the+Basics%29&selectedTitle=2%7E150](http://www.uptodate.com/contents/ear-infections-otitis-media-the-basics?source=search_result&search=Patient+information%3A+Ear+infections+%28otitis+media%29+in+children+%28Beyond+the+Basics%29&selectedTitle=2%7E150).

UpToDate. *Patient information: Ear infections (otitis media) in children (Beyond the Basics)*. Available: [http://www.uptodate.com/contents/ear-infections-otitis-media-in-children-beyond-the-basics?source=search\\_result&search=Patient+information%3A+Ear+infections+%28otitis+media%29+in+children+%28Beyond+the+Basics%29&selectedTitle=1%7E150](http://www.uptodate.com/contents/ear-infections-otitis-media-in-children-beyond-the-basics?source=search_result&search=Patient+information%3A+Ear+infections+%28otitis+media%29+in+children+%28Beyond+the+Basics%29&selectedTitle=1%7E150).

UpToDate. *Patient information: Urinary tract infections in adolescents and adults (Beyond the Basics)*. Available: [http://www.uptodate.com/contents/urinary-tract-infections-in-adolescents-and-adults-beyond-the-basics?source=see\\_link](http://www.uptodate.com/contents/urinary-tract-infections-in-adolescents-and-adults-beyond-the-basics?source=see_link).



## Food and Mood

By: Julia Stanislavskaja,  
Registered Dietitian



Spring 2016

Does the food you eat really affect your mood? Does diet have a role in depression, anxiety, substance abuse and other psychiatric disorders? The research, while still in its infancy, is pointing to yes.

To start with the basics, on any given day, water and dietary intake can affect the mood of any individual. Skipping meals can cause irritability, fatigue and even anger, while overeating can lead to feelings of guilt, sadness, emotional distress and depression. The essential principle to avoid these negative, uncomfortable feelings is: eat a balanced meal every 4 to 6 hours with small snacks in between if needed. A balanced meal consists of a grain or starch (sweet potato, rice, quinoa), a protein (fish, chicken, tofu or legume) and, of course, fruits and vegetables.

However, we can dig a lot deeper to see how foods may contribute to brain activity. We have all heard of the “happy brain chemicals” dopamine and serotonin, but what are they really? They are neurotransmitters or nerve chemicals that regulate many of our functions including memory, appetite, mood and sleep. Neurotransmitters are made up of amino acids and amino acids are the building blocks of proteins (foods such as lentil, turkey and egg.)

Adequate serotonin levels can help improve mood and increase sleep, while reducing cravings and aggression. Dopamine can also help improve mood and increase alertness, cognition and problem-solving skills. Sounds pretty neat, but how do we ensure we have the right balance of these brain chemicals or neurotransmitters?

As mentioned, these brain chemicals are made up of amino acids found in protein-based foods. Dopamine is made from the amino acids tyrosine and phenylalanine, which are found in eggs, meats, almonds, fish, legumes and more. Serotonin is made from the amino acid tryptophan, which is found in eggs, milk, yogurt, bananas and meat. These amino acids are found in a variety of foods, but if you follow a vegetarian diet or simply have a low intake of protein throughout the day, consider the potential impact of this on your brain.

It is important to understand that, at this time, there is very limited and conflicting research on the direct effect of dietary amino acids on depression, anxiety and overall mood. Depletion of these amino acids does appear to worsen symptoms of depression, but not much can be said with certainty. However, protein is a crucial element of our diet, responsible for many functions in our body. Think of this as another important reason to ensure you consume enough protein in your day, especially if mental health is a priority on which you are working.

Carbohydrates also play a key role in the production of serotonin. Sugar from the carbohydrates allows the amino acid tryptophan to enter the brain and convert to serotonin. Therefore, low-carbohydrate diets may affect mood and may be particularly unsuitable for those battling depression, anxiety, substance abuse or other psychological conditions. It is recommended to consume low glycemic index carbohydrates for mental wellness, as well as your general health. Low glycemic index refers to carbohydrates that convert to sugar slowly and offer lots of fibre. Examples of these include fruits and vegetables, sweet potatoes, brown rice, legumes, oatmeal and much more. These types of carbohydrates will provide a long-lasting and beneficial effect on brain chemistry, mood and energy levels, whereas foods high in simple sugars provide very short-term relief likely followed by more cravings and fatigue.

Your brain is the organ with the highest fat content. Fat also plays a role in brain function. A significant portion of the brain's structure is made of fat supplied by our diet, as the body cannot make it on its own. These important fats are polyunsaturated fats, also known as the omega-3 and omega-6 fatty acids. It is important to consume the right balance of these fats. While omega-6 is easier to obtain, as it is found in abundance in nuts, seeds, corn oil, sunflower oil and many more foods, the omega-3 fatty acid is more of a challenge. Omega-3 fatty acid, in its most active form, is found in fatty fish such as salmon and sardines, but it is not found in any other foods, hence the standard recommendation to consume fatty fish 1-2 times per week. There are also plant sources of omega-3 fats that can convert to the active form, albeit less efficiently, and are found in flax seeds and flax oil, and soy products such as edamame beans and walnuts. These fatty acids help maintain the integrity of the brain structure and function. Experimental studies have shown that omega-3 may help combat depression and reduce inflammation, but much more research is needed.



*Cont'd on page 7*

Lastly, in addition to macronutrients (proteins, fats and carbohydrates), micronutrient intake is important. B vitamins, including folic acid, B6 and B12 are also essential to the production of serotonin and dopamine. Vitamin and mineral deficiencies such as iron, folic acid, B6 and B12 can mimic or exacerbate mental health problems and symptoms such as depression, fatigue, poor attention and altered sleep.

This is a lot of information, but we can simplify it to put it into practice:

1. Ensure you have adequate intake of protein throughout the day from a variety of sources. This will help you consume all the necessary amino acids, iron and B vitamins needed for the production of dopamine and serotonin.
2. Make sure your diet incorporates essential fatty acids, omega-3 and omega-6, with special attention to omega 3-fatty acids as foods rich in omega-3 are limited. Make fish part of your weekly menu or explore plant sources of omega-3, such as walnuts, tofu and flax oil.
3. Lastly, ensure that you are consuming the amount of carbohydrate that is right for you. If you are suffering from depression or anxiety, steer clear of carbohydrate-free or extremely low-carbohydrate diets. Both type and amount (insufficient or excessive) of carbohydrates can affect your brain function and the rest of your body, and consequently, your mood.

If you have additional questions or require assistance with your dietary intake, please discuss with your primary care provider if a referral to a registered dietitian may be of help to you.

Neurotransmitter	Nutrient Base	Food of Origin	Brain Concentration	Effect on mood
Serotonin	Tryptophan, B6, B12, folic acid	Eggs, meat, yogurt, milk, bananas, nuts, seeds, oats, cheese	<p>↑ with carb intake</p> <p>↑ with omega-3 fats</p> <p>↓ with high protein intake</p>	<p>↑ mood</p> <p>↑ pain tolerance</p> <p>↑ sleep</p> <p>↓ cravings</p> <p>↓ aggression</p>
Dopamine	Phenylalanine, tyrosine, B12, folic acid	Beets, soybeans, egg, grains, almonds, meat	<p>↑ with high protein diet</p>	<p>↑ mood</p> <p>↑ cognition</p> <p>↑ alertness</p> <p>↑ problem-solving</p>

Table 1: Neurotransmitters and diet

Adapted from: *Psychiatric Nutrition Therapy: A resource Guide for Dietetic Professionals Practicing in Behavioural Health Care*

## References

1. Emerson M, Dubois C, Hatcher A, et al. Psychiatric nutrition therapy: a resource guide for dietetic professionals practicing in behavioural health care. Dietetics in developmental and psychiatric disorders practice group of the American Dietetic Association. 2006.
2. Sathyanarayana TS, Asha MR, Ramesh BN, Jagannatha Rao BS. Understanding nutrition, depression for mental illness. Indian J Psychiatry, 2008. 50 (2): 77-82.
3. Harrison NA, Brydon L, Walker C, Gray MA, Steptoe A, Critchley HD. Inflammation causes mood changes through alterations in subgenual cingulate activity and mesolimbic connectivity. Biol Psychiatry, 2009; 66 (5): 407-414.
4. aan het Rot M, Moskowitz DS, Pinard G, et al. Social behaviour and mood in everyday life: effects of tryptophan in quarrelsome individuals. *J Psychiatry Neurosci* 2006; 31:253-62.



# Strategies to Prevent Type 2 Diabetes

By: Ramona D'Mello, Registered Nurse,  
Certified Diabetes Educator

## What is Type 2 Diabetes?

Type 2 diabetes is a life-long, chronic disease in which your body is not able to properly store and/or use sugar for energy, resulting in high blood sugar levels. This is due to a decline in insulin production by the pancreas, the inability of the body to respond to insulin (known as insulin resistance) or both.

## Risks for Developing Type 2 Diabetes

There are several things, known as risk factors, which can increase the chances that you may develop Type 2 diabetes. They fall into two major categories - things that you can change and things over which you have no control.

Risk factors that you may not have any control over include:

- Being over the age over 40
- Belonging to a certain high-risk ethnic population (e.g. Aboriginal, Hispanic, Asian, South Asian)
- Having a parent or sibling with Type 2 diabetes
- History of prediabetes
- History of gestational diabetes (women)
- Already experiencing complications that are associated with diabetes (e.g. eye, nerve or kidney problems)

Risk factors that you can change include:

- Being physically inactive - exercising less than 3 times per week
- Unhealthy eating habits, such as regularly choosing high-fat, high-sugar, high-salt or low-fibre foods
- Smoking, as it impairs your body's ability to respond to insulin
- Being overweight - especially around the middle. Weight around your organs increases insulin resistance.
- High cholesterol or high blood pressure

Keep in mind that it is possible that you may never have any of these risk factors and still develop diabetes, or that you may have all of these risk factors and not develop diabetes.

If you are interested in calculating your personal risk of developing diabetes, complete the Canadian Diabetes Risk Questionnaire online at <http://www.take2minutes.ca>.

## Can Lifestyle Changes Help?

Yes! A couple of large research studies on diabetes prevention have proven how effective and crucial lifestyle changes are. In fact, lifestyle changes were twice as powerful as taking a medication in preventing the development of diabetes. Read on for specific tips.

### 1. Food

- Aim for three regular, balanced meals per day. This provides your body with the right amount of energy at regular times and can help prevent blood sugar that is too high or too low.
- Reduce or stop drinking regular pop or juice (250mL has 6 sugar cubes added in but it does not always taste that way)
- Try to include half a plate of green or orange vegetables at lunch and dinner, for most meals of the week. Save a quarter of your plate for high-fibre starches/grains (e.g. whole grain pasta/bread, sweet potatoes, brown rice, quinoa) and another quarter for a lower-fat protein (e.g. fish, chicken, beans). A small amount of whole fruit is also a good addition as it has healthy fibre. Making these changes will automatically reduce the number of calories and fat in the meal, which can also help with weight management.

### 2. Physical Activity

- Aim for 30 minutes of moderate physical activity, five times a week. This will help boost your body's ability to respond to insulin; improve blood sugar, blood pressure, cholesterol values; and boost your energy levels and mood. Examples of moderate physical activity include walking (indoors or outdoors), cycling, swimming and stair climbing.

Remember the 80/20 rule in a healthy lifestyle - aim to make healthy choices 80% of the time; we're looking for progress, not perfection. The suggestions above may sound pretty simple and they are not only for people at high risk of developing diabetes. Everyone would benefit from making these changes to help live a healthy life!

Cont'd from page 8 (Strategies to Prevent Type 2 Diabetes)

### References

1. Canadian Diabetes Association. *Are You at Risk?*. Available: <http://www.diabetes.ca/about-diabetes/risk-factors/are-you-at-risk>
2. Tuomilehto J, Lindström J, Eriksson J.G. Finnish Diabetes Prevention Study Group: Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med*, 2001; 344: 1343-1350.
3. Knowler W.C., Barrett-Connor E., Fowler S.E. Diabetes Prevention Program Research Group: Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*, 2002; 346: 393-403.
4. Diabetes Prevention Program Research Group. 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study. *Lancet*, 2009; 374: 1677-1686.



## THE TADDLER

A publication of  
Taddle Creek Family Health Team  
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### DISCLAIMER

*The information presented in The Taddler is for educational purposes only and should not be used as a substitute for the professional advice, treatment or diagnosis from your health care provider. Contact your physician, nurse practitioner or other qualified health care professional if you have any questions or concerns about your health.*

**The purpose of the TC FHT Newsletter, “The Taddler” is to provide:**

- ◆ Education on varied health-related topics
  - ◆ Regular communication about what is happening at TC FHT
  - ◆ Information on issues that impact TC FHT and its patients
  - ◆ A means for patients to get acquainted with TC FHT team members
  - ◆ An avenue for patient contribution
- We hope you enjoy reading it!*

Taddle Creek Family Health Team  
June 2016 – December 2016 - Group Offerings

All Groups/Clinics are open to all TC FHT patients; Diabetes Programs are open to the public.  
 All programs are held at 790 Bay St., Toronto, Ontario  
 For additional information go to [www.taddlecreekfht.ca/events-calendar](http://www.taddlecreekfht.ca/events-calendar). Dates are subject to change.

Group	Date(s)	Time	Learn About:
<b>CBT for Anxiety</b> Suite 306 Call 416-260-1315 Note: MD referral needed	Sept 14 to Nov 16 (Wed for 10 weeks)	5:00-7:00pm	<ul style="list-style-type: none"> <li>• To understand the physiology of anxiety</li> <li>• To learn CBT strategies and skills</li> <li>• To examine how our thoughts and beliefs are connected to our mood, behaviors, physical experiences and events in our lives</li> <li>• To be able to identify, evaluate &amp; balance distress related thoughts</li> <li>• To learn techniques for relapse prevention</li> </ul>
	Sept 15 to Nov 17 (Thu for 10 weeks)	2:30-4:30pm	
<b>CBT for Depression</b>	Sept 12 to Nov. 28 (Mon for 12 weeks) * (Full Day retreat Sat, Nov 5, 2016)	5:30-8:00pm	<ul style="list-style-type: none"> <li>• CBT strategies and skills</li> <li>• Increasing behavioral activation</li> <li>• Adaptive ways of thinking to decrease depression</li> <li>• How thoughts &amp; beliefs are connected to our mood, behaviors, physical experiences &amp; event in our lives</li> </ul>
<b>CBT for Insomnia Workshop</b> Suite 306 Call 416-260-1315 Note: MD referral needed	Jun 22 (Wed) Nov 4 (Fri)	9:30-4:30pm	<ul style="list-style-type: none"> <li>• To learn about how cognitive behavioral therapy is used when treating insomnia</li> <li>• Learn techniques to help you get quality sleep that will promote good physical and mental health</li> <li>• Understand how our minds &amp; thoughts contribute to insomnia</li> <li>• Practice mindfulness to reduce stress and help you with getting to sleep</li> </ul>
<b>Assertiveness Workshop</b> Suite 306 Call 416-260-1315 Note: MD referral needed	Nov. 23 (Wed)	9:30-4:30pm	<ul style="list-style-type: none"> <li>• This is a workshop for people who are either passive, aggressive, or passive aggressive, or who bounce back between these options, and who want to learn some practical understanding of what it means to be assertive and some assertiveness skills. This is not a group for people who struggle with being violent or abusive.</li> </ul>
<b>Diabetes Do It Yourself</b> Suite 508 Call 416-204-1256	Jun 2 (Thu)	5:00-7:30pm	<ul style="list-style-type: none"> <li>• The basics of diabetes self-management</li> <li>• Healthy eating, getting active &amp; setting achievable goals</li> <li>• Maintaining healthy changes</li> </ul>
	Jun 22 (Wed)	9:00-11:30am	
	Jul 7 (Thu)	5:00-7:30pm	
	Jul 20 (Wed)	9:00-11:30am	
	Aug 4 (Thu)	5:00-7:30pm	
	Aug 17 (Wed)	9:00-11:30am	
	Sep 1 (Thu)	5:00-7:30pm	
	Sep 14 (Wed)	9:00-11:30am	
	Oct 6 (Thu)	5:00-7:30pm	
	Oct 19 (Wed)	9:00-11:30am	
	Nov 3 (Thu)	5:00-7:30pm	
	Nov 16 (Wed)	9:00-11:30am	
	Dec 1 (Thu)	5:00-7:30pm	
<b>Let's Get Moving – Diabetes Exercise Workshop</b> Suite 508 Call 416-204-1256	Jul 13 (Wed)	9:00-11:00am	<ul style="list-style-type: none"> <li>• Benefits of being physically active</li> <li>• Tips to reduce sedentary time</li> <li>• At home resistance band program (band provided)</li> </ul>
	Sept 22 (Thu)	5:00-7:00pm	
	Nov 9 (Wed)	9:00-11:00am	
<b>Let's Talk Diabetes</b> Suite 508 Call 416-204-1256	Jun 30 (Thu)	5:00-7:00pm	<ul style="list-style-type: none"> <li>• Diabetes self-management skills by engaging in open &amp; meaningful discussions about living with diabetes <i>from others living with diabetes</i></li> <li>• Common myths about diabetes</li> </ul>
	Jul 28 (Thu)	5:00-7:00pm	
	Aug 25 (Thu)	5:00-7:00pm	
	Sep 29 (Thu)	5:00-7:00pm	
	Oct 27 (Thu)	5:00-7:00pm	
	Nov 24 (Thu)	5:00-7:00pm	

Group	Date(s)	Time	Learn About:
<b>Supermarket Safari – Diabetes</b> Suite 508 Call 416-204-1256	Jun16 (Thu) Aug 18 (Thu) Oct 20 (Thu) Dec 15 (Thu)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> <li>• Reading food labels and packaging</li> <li>• Best food choices for diabetes management</li> <li>• 60 min grocery store tour</li> </ul>
<b>Your Path to Prevention – Prediabetes 3month workshop</b> Suite 508 Call 416-204-1256	Jun 7 & 14(Tue) Aug 2 & 9 (Tue) Oct 4 & 11(Tue) Dec 6 & 13(Tue)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> <li>• Prevent/<i>delay</i> diabetes by making healthy lifestyle changes</li> <li>• Meal planning and grocery store tour</li> <li>• Stress management/physical activity techniques</li> <li>• Weekly email follow-up for 3mths to maintain motivation</li> </ul>
<b>Happy Feet – Diabetes</b> Suite 508 Call 416-204-1256	Jul 27 (Wed) Sep 8 (Thu) Nov 23 (Wed)	9:00-11:00am 5:00-7:00pm 9:00-11:00am	<ul style="list-style-type: none"> <li>• Tips &amp; techniques for daily self-foot care</li> <li>• Preventing foot complications</li> <li>• Choosing the right shoes</li> <li>• Identifying problems/concerns with my feet</li> </ul>
<b>Quit Happens</b> Suite 306 Call 416-260-1315	Every Wednesday	4:00-5:00pm	<ul style="list-style-type: none"> <li>• Accessing free nicotine replacement therapy</li> <li>• Benefits of quitting smoking</li> <li>• How to making a quit or reduction plan</li> <li>• About quitting smoking medications</li> </ul>