

THE TADDLER

What's New with Cannabis?

(Part 1 of a series)

By: Jessica Lam, Pharmacist

Cannabis was made legal by the federal government on October 17, 2018. Here is what you need to know.

In Ontario, only those 19 years of age and older are permitted to purchase, use, possess and grow recreational cannabis. Find out more on the Ministry of Health website: <https://www.ontario.ca/page/cannabis-legalization#section-9>

What are the potential uses of medical cannabis?

There is not much reliable evidence to show that medical cannabis is effective for most conditions, thus its use is generally reserved for patients who have failed other therapies. Cannabis may be medically indicated as a potential third-line treatment for a limited number of conditions, including chemotherapy-induced nausea and vomiting, spasticity due to multiple sclerosis or spinal cord injury, or nerve pain not responsive to other treatments. If you are thinking of trying cannabis for a medical condition, speak with your primary care provider about the risks and benefits so that an informed decision can be made for your care.



Can I get addicted to cannabis?

Approximately 1 in 9 adults who use cannabis recreationally may develop addiction to cannabis. If recreational cannabis use is started in adolescence, this risk increases to approximately 1 in 6 teens. Canada's Lower-Risk Cannabis Use Guidelines (LRCUG) recommend that cannabis use not be started until later in life, preferably after the age of 25, as studies have shown longer lasting cognitive effects including memory and attention problems in adults younger than this age. Furthermore, combining tobacco and cannabis can increase the risk of developing an addiction to tobacco.

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What are the risks and adverse effects associated with cannabis?

Driving: It is illegal to drive when impaired by cannabis and it is just as dangerous as driving drunk.

Cannabis, like many other drugs, slows your reaction time and increases your chances of getting into a motor vehicle accident. It is recommended to avoid driving at least 6-8 hours after using dry cannabis or 8-12 hours after ingesting cannabis. However, the time interval may vary and depends on the amount and potency of the cannabis used, and how the individual person responds to it. Young, novice and commercial drivers are not allowed to have any cannabis in their system if they are 21 years of age or under, have a G1, G2, M1 or M2 licence, or are operating a commercial vehicle.

Other health risk factors:

Dried and smoked cannabis can worsen breathing conditions such as asthma and chronic obstructive pulmonary disease (COPD) and can increase risk of other respiratory concerns such as chronic bronchitis. Individuals who have a history of or are at risk of cardiovascular events (e.g. coronary artery disease, heart attack) are at increased risk of elevated blood pressure and stroke when using cannabis. Cannabis may also trigger underlying mental health issues, including psychosis, worsened anxiety and depression. While many people use cannabis to reduce their anxiety, in some cases it may worsen anxiety. As the effects of cannabis wear off, one may also feel an increase in anxiety due to its withdrawal effects. There is evidence that cannabis use may affect fertility in both men and women. Cannabis should be avoided in pregnancy due to the risk of decreased birth weight, anemia and need for intensive care for the newborn. Cannabis should also be avoided while breastfeeding as it is known to pass into breastmilk, although specific effects on the newborn are still being studied.

Drug and other substance interactions:


The two main active ingredients in cannabis are tetrahydrocannabinol (THC) and cannabidiol (CBD), which are known to have significant drug interactions. Cannabis also contains many compounds besides THC and CBD and these may have unknown drug interactions. All cannabinoids have additive adverse effects on the central nervous system, including sedation, confusion and impairment when combined with other medications that have similar side effects. Examples of these medications are benzodiazepines, opioids and substances including alcohol.


Cannabis can also affect the metabolism of other medications. This may lead to increased risk for adverse effects from higher than expected amounts of certain medications or reduced effectiveness of other medications. Conversely, certain medications can interact with cannabis and lead to higher levels of THC or CBD, increasing risk for side effects as well. Thus, it is important that you inform your primary care provider if you are using cannabis so that a thorough assessment for drug and substance interactions can be made to ensure your safety.


Some Side Effects of Using Cannabis


Yes, cannabis is a natural, plant-based substance. But this does not mean it is harmless.

CANNABIS CAN IMPACT THE BRAIN ...



Drowsiness



Feeling Unhappy



Worsening Memory Changes


Anxiety


AND CANNABIS SMOKE CONTAINS TOXIC CHEMICALS...



Lung Disease



Chronic Cough



May Increase Risk of a Heart Attack

AND SOME POSSIBLE SIDE EFFECTS OF CANNABIS MAY SURPRISE YOU!


Driving Impairment


Muscle Twitching


Uncontrollable Vomiting


Problems with Speech

YOU SHOULD AVOID CANNABIS IF...

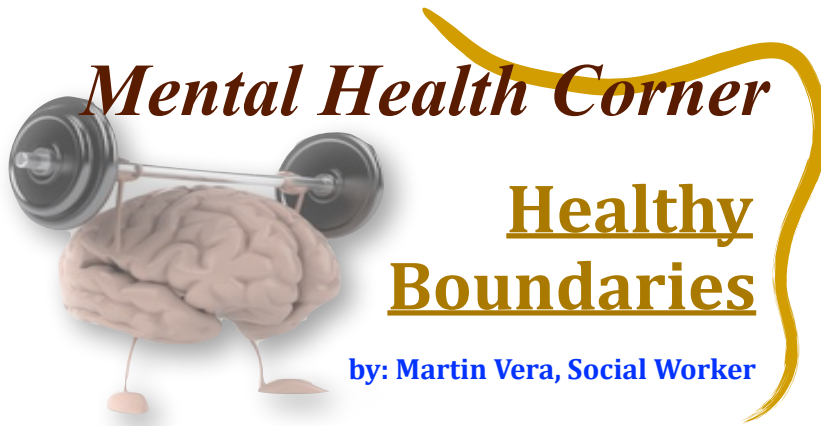
You are pregnant or breastfeeding.
Cannabis could hurt your baby.

YOU HAVE A MOOD OR PSYCHIATRIC DISORDER, OR A FAMILY HISTORY OF PSYCHOSIS.

You are under the age of 25.
Cannabis can hurt the younger, developing brain.

You have had problems with addiction.
Cannabis can be addictive.

Cont'd on page 11



Healthy Boundaries

by: Martin Vera, Social Worker

What are healthy boundaries? Maybe a friend has talked to you about wanting to have better boundaries in their marriage, or you once saw a flyer for a workshop on how to develop healthy boundaries, or your social worker once mentioned to you the importance of maintaining healthy boundaries in relationships. What exactly does it mean to have healthy boundaries and why are they important?

I will begin by describing the differences between our **physical boundary** and our **psychological boundary** (Real, 2008). Our physical boundary refers to our body and the personal space around it. This boundary is about how you engage with your body and how you allow your body to be engaged with by others. Are you a close talker or do you prefer more space when you are talking to people? Are you a hugger or more of a fist-bumper? Do you feel comfortable in a crowded subway or do you wait for the next subway to come so that you will have more space to yourself? For many people, their physical boundary is easier to identify than their psychological boundary. While the rest of this article will focus on our psychological boundary, keep in mind that these two boundaries are not entirely separate and often interact with one another.

While our physical boundary is measurable and tangible, our psychological boundary is an invisible protective layer that outlines where we psychologically “end” and where the world “begins”. Our psychological boundary protects us emotionally in relationships. It includes two components: the protective boundary and the containing boundary. In describing these two boundaries, I invite you to play along by using your hands.

Your right hand will represent your **protective boundary**. Gently raise your right hand in front of you, fingers spread, with your palm open and facing away from you. This protective boundary protects **you** from the **world**. If someone is trying to hurt you emotionally, this boundary will stop their potentially harmful thoughts or feelings from wounding you. This boundary will also stop you from taking responsibility for other people’s thoughts and feelings. Try it out right now. Picture someone you know trying to hurt you by saying mean words to you. Psychologically stop these words from wounding you by sticking out your right hand and saying “Stop!”. Try it again. One more time. What do you notice about your experience as you try to establish your protective boundary? Do you feel powerful? Was it easy? Difficult? Do you feel guilty? As best as you can, try setting this protective boundary in some of your relationships and see what you notice and learn about yourself. Healthy boundaries are flexible, so notice how far you need to stick out your right hand according to the situation. For example, you may want to bring your right hand in closer to you if someone who you trust is opening up to you emotionally and with kindness. You can experiment by softening your protective boundary.



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Senior Eyecare

(Part 1 of a series)

By: Bruce Prouty, Pearle Vision Owner
and member of TC FHT's SAVI (Senior Advisory
Volunteer Initiative) Committee

Who supports vision care?

Optometrist (OD)

- 7 years of schooling
- Overall health check of the eye, including pressure, blood vessels and nerve endings at the back of the eye
- Can detect glaucoma, high blood pressure, diabetes, brain tumours, macular degeneration and cataracts
- External exam of the eye, looking for any infection, disease or abnormality of the cornea, conjunctiva and lids
- New eyewear prescription if needed
- Arrange consultation with an ophthalmologist if required
- Follow-up care, if needed

Ophthalmologist (MD)

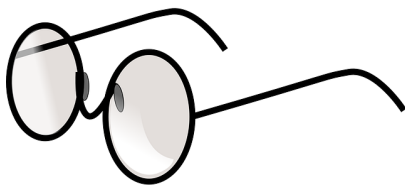
- Medical doctor with specialty in diseases and/or surgery of the eye
- Referral needed by your physician/nurse practitioner or an optometrist

Optician (RO)

- 2-year college course
- Takes the patient's prescription, advises on the best suitable lens offerings and provides frame suggestions
- Once the eyeglass is assembled, verifies that the lens meets the prescription requirements
- Dispenses and fits new eyeglass to the patient's face

Why is it important to have a yearly eye exam?

An eye exam is more than a prescription for glasses. As a matter of fact, the exam is mostly to ensure the health of the eye and a prescription is just the result of the health exam.



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 at the end of this newsletter for an outline of TC FHT's Groups/ Workshops offered in Winter 2018/19. For some you need a referral and for others you simply need to contact the number provided. These are also posted on our website calendar (<http://taddlecreekfht.ca/patients/event-calendar/>).

Our Quality Improvement (QI) Committee is actively working on two key QI initiatives - medication reconciliation and screening for poverty. Here are our aim statements for these initiatives:

Medication reconciliation - AIM:

50% of patients discharged from hospital for *selected conditions, seen by providers from Nov. 2018 – Feb. 2019, will have a medication reconciliation completed within 14 days.

**Selected conditions: pneumonia, diabetes, stroke, gastrointestinal disease, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD) and cardiac conditions including heart attack.*

Screening for poverty - AIM:

5% of patients, seen by clinicians from Nov.-Dec. 2018, will be screened for poverty.

I look forward to letting you know the outcomes in Spring 2019.

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WHAT'S HAPPENING AT TADDLE CREEK

Cont'd from page 4

Announcements

I am sad to announce four resignations since my last column, but I am happy to report on some excellent new hires.

Resignations

1. Emma MacGregor – Bloor RN, effective Aug. 31, 2018
2. Clea Lang – Bay S300/302 Nurse Practitioner (NP), effective Aug. 31, 2018
3. Alerta Mansfield, Admin. Assistant in our Administration Office S306, effective Oct. 22, 2018
4. Ranjana (Rani) Shardha, our Quality Improvement Decision Support Specialist, effective Nov 2, 2018

New Hires

1. Sasha Adler – Social Worker in S306, Jun. 4, 2018
2. Mona Bella Yacapin – Bloor RN, Aug. 20, 2018
3. Joanna Peddle – Bay S300/302 Nurse Practitioner (NP), Sep. 10, 2018
4. Venus Jaraba – Admin. Assistant S306, Oct. 16, 2018

Cont'd from page 3 (Healthy Boundaries)

Your left hand will represent your **containing boundary**. Gently raise your left hand in front of you, fingers spread, with your palm open and facing towards you. This containing boundary protects the **world from you**. Why would the world need protection from nice folks like ourselves? Sometimes we may get very upset and want to say or do things to others that would hurt them. This boundary stops us from emotionally wounding the world. Try it out right now. Imagine yourself feeling tired and cranky on a Friday afternoon. You leave work and on a busy sidewalk, a tall young man accidentally knocks his backpack into you. You get angry. Really angry. You want to scream at him. Raise your left hand (palm facing you) and psychologically try to contain your intention to emotionally wound him. Try bringing your left hand closer to you. What do you notice about your experience as you try to establish your containing boundary? Do you feel restricted? Do you feel proud? Was it easy? Have you calmed down? Do you feel taken advantage of? As best as you can, try setting your containing boundary in the many relationships of your life. You may notice that setting this boundary is easier in some relationships than in others. Remember, healthy boundaries are flexible boundaries, so feel free to experiment with boundary setting by varying the proximity of your left hand to yourself.

Real, T. (2008). *The new rules of marriage: What you need to know to make love work*. New York, NY: Ballantine Books.



What You Don't Know CAN Hurt You: Why Regular Blood Tests Are An Important Part of Diabetes Management

By: Jessica Zupan, RD, CDE

What is diabetes?

Diabetes is a common disease that occurs when your blood glucose is too high. Glucose is a sugar molecule (this is why the terms 'blood sugar' and 'blood glucose' are often used interchangeably). Your body uses glucose for energy. It gets this energy by breaking down certain foods into glucose. The glucose then travels through your blood into your cells where it is used for energy. When you have diabetes, your body has trouble bringing the glucose from the blood into the cells. The glucose stays in your blood longer resulting in high blood glucose (diabetes).

What is a Hemoglobin A1c?

An A1c is a blood test that reflects your average blood sugar readings over the previous 3 months. It measures the percentage of hemoglobin molecules in your red blood cells that have glucose attached to them. Glucose naturally sticks to hemoglobin in red blood cells. When blood glucose is high, more hemoglobin molecules have glucose attached to them. Glucose stays on the red blood cell for the life of the red blood cell (120 days). This is why the A1c blood test represents an average three-month glucose level.

Why should I test my A1c?

There are usually no symptoms of high blood glucose, so it can be difficult to know whether or not you are living with diabetes. Testing your A1c can let you know if you have high blood glucose (diabetes). This test can also let you know if you are at higher risk for developing preventable complications related to high blood glucose. Once you have this information, your doctor or nurse practitioner can refer you to the Diabetes Education Program. In this program, you will be provided with some tools to help you prevent or delay the development of diabetes and to help prevent the complications associated with high blood glucose. If you are already living with diabetes, the Diabetes Education Program can help you keep on track with your A1c testing.

Who should get A1c tested?

Everyone who has been diagnosed with diabetes should get their A1c checked every 3-6 months. Although there are many complications related to having high blood glucose for a long period of time, these complications can be prevented or reduced by keeping your blood glucose in target range. Knowing your A1c level can help you, your primary care provider and your diabetes team determine your best management options.

If you are not living with diabetes, it may still be a good idea to get tested. People over the age of 40 are at risk for Type 2 diabetes and should get their blood glucose tested every 3 years.

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Cont'd from page 6 (What You Don't Know CAN Hurt You)

If you have risk factors that increase the likelihood of developing diabetes, you should be tested more frequently and can start testing before the age of 40. Some of the risk factors include:

- Having a family history of diabetes
- Being a member of the following populations: African, Arab, Asian, Hispanic, Indigenous or South Asian
- Being previously diagnosed with prediabetes or gestational diabetes

Not sure what your risk is? Take this test to find out: <http://www.diabetes.ca/about-diabetes/take-the-test>

Bottom line: The earlier you are diagnosed, the sooner you can take action to stay well. If you have any questions or are interested in more information about diabetes, call 416-204-1256 to speak with someone from the TC FHT Diabetes Education Program.



Intuitive Eating with Diabetes

Intuitive Eating with Diabetes is a 7-week mindfulness course for people living with diabetes. This course is perfect for you if you:



- Have a good understanding of nutrition recommendations for diabetes but have a difficult time implementing them
- Are an emotional eater
- Are feeling overwhelmed with your diabetes management
- Have tried every type of diet and would like to try a different approach
- Feel restricted by your diabetes
- Would like to connect and share your experience with other individuals living with diabetes
- Would like to eat “normally” while managing diabetes

This course uses mindfulness meditation as a base to consider eating in a different way from simply learning nutrition facts. You will explore hunger, fullness, satisfaction and how to eat without feeling guilty. Ultimately, in this course, you will learn how to maintain a balance between mental health and physical health.

Call 416-204-1256 to reserve your spot. We are open for Winter 2019 registration.

Pap Testing: A Guide to Getting Started

By: Emma MacGregor, RN

A Pap test is a routine cancer screening test. The test looks for abnormal cell changes on the cervix. If certain changes are left untreated for years, they can slowly develop into cervical cancer.

When do you start Pap testing? When you turn 21 or become sexually active, whichever comes first. Sexually active does not just mean intercourse either. Sexual activity encompasses direct skin-to-skin sexual contact and oral or digital contact with men or women. Routine Pap tests are done every 3 years. If there are any unusual results, we will let you know and repeat the test within a year. Your last Pap is when you turn 70 or when your doctor or nurse practitioner says you can stop.

During the test, a medical tool called a speculum is gently inserted into the vagina and opened up to visualize the cervix. A soft brush is rubbed on your cervix to collect cell samples to be sent to the lab. It only takes 2-3 minutes to complete. The Pap test may be uncomfortable but it should not hurt.

It is very normal to be nervous for your Pap test. It may be your first time or you may have had negative experiences in the past. It can be emotionally upsetting too. There are many ways to make it a more comfortable experience. Here are some tips on how to do this:

- Ask yourself: do you feel comfortable with having your doctor or nurse practitioner do this? If not, you can head to a sexual health clinic like the Hassle Free Clinic, Planned Parenthood or the Bay Centre for Birth Control where they can do it too.
- Tell your doctor or nurse practitioner if you are nervous or if you have had a negative experience before. We can plan together to make it better.
- Ask for a smaller speculum or more lubricant
- Remember to breathe. When we are nervous, muscles tighten, including vaginal muscles. This makes it difficult to insert the speculum and can cause more discomfort. Practice deep breathing exercises before your test.
- Ask a friend to come with you to your appointment
- Talk aloud through the exam about anything you like
- Listen to music or a guided meditation on headphones

Most important of all, you are in control. You can stop at any time if it becomes too much.

When it is all done, remember to congratulate yourself for practicing excellent self-care. Take this chance to reward yourself for doing this important test to screen for cervical cancer.



Rates of whooping cough in Ontario much higher than previously thought



Study reinforces the importance of up-to-date pertussis vaccinations, particularly for children and adults who care for or who are in contact with young infants.

Researchers looked at the number of reported pertussis infections in Ontario (2009 - 2015). They then estimated the actual number of infections using linked data such as laboratory and health administrative records.

Pertussis, or **whooping cough**, is an acute respiratory infection that can be prevented by vaccination. It is spread by coughs and sneezes from an infected person to a non-vaccinated person. It infects people of all ages, but the danger from complications is highest in young infants.

Ontario physicians are required to report each pertussis case so the province can plan the timing and frequency of immunizations.

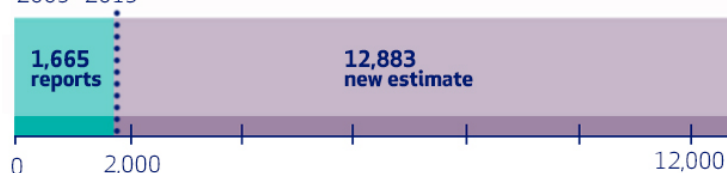
While it has been known that many cases go unreported, this study is the first to quantify that gap.

Nearly 8 times higher:

estimated number of whooping cough cases found using the study method, compared to tracking reported cases.



All pertussis cases in Ontarians aged > 1 year old
2009 - 2015



Crowcroft NS et al. PLOS ONE. 2018.

Institute for Clinical Evaluative Sciences
ices.on.ca

Public Health Ontario | **Santé publique Ontario**

***Check with your health care provider to make sure you are up to date with your pertussis vaccination!**

How to Reach My Primary Care Provider's Office

By: Cheryl Dranov, Administrative Assistant

Do you ever feel frustrated trying to get in touch with your physician or nurse practitioner? Any delays getting through can be very irritating, especially when you are not feeling well. What if you cannot even remember the phone number? What are you to do?

The fastest way to get the contact information you are looking for is to check out our website (www.taddlecreekfht.ca) and find your provider's name. You can also Google it, but it is important to Google the correct information. If you are hoping to get in touch with your doctor, search that specific doctor's name. This will give you the phone number to his or her direct office. If you search 'Taddle Creek', it will lead you to our administration office. While we are happy to give you the correct number for your primary care provider, we do not have the ability to book appointments for them or give out any personal medical information. The phone systems are **not** set up to transfer your calls to the other offices either. You can call the administration office for general information, to sign up for any of the groups we offer, or for appointments with the dietitian, social workers, psychiatrist and pharmacists.

For Drs. Frasca, Lemos and Vainberg, please call 416-960-1366

For Drs. Barman, Nieuwstraten, or NP Joanna Peddle, please call 416-585-9555

For Drs. Armstrong, Biancucci, Hirsz, Shaw, Valentinis and Yu, or NP Shauna Sturgeon, please call 416-591-1222

For Drs. del Junco and Jackson, please call 416-538-3939

For Drs. Davis, Machamer, Sugiyama, or NP Victoria O'Neill, please call 416-964-0800



Senior Seminar - Future Planning

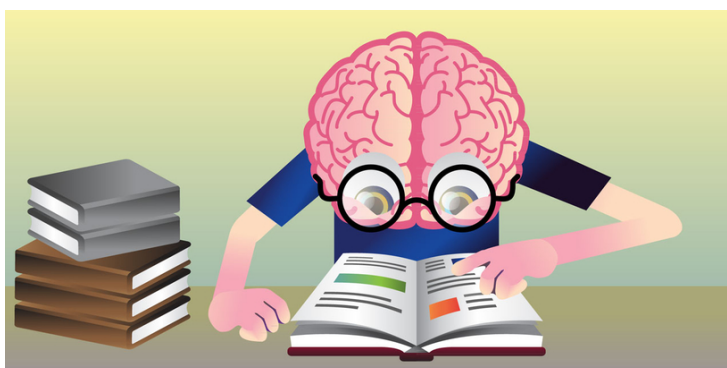
**Presented by the Senior Advisory Volunteer Initiative (SAVI)
On behalf of Taddle Creek & Women's College Hospital Family Health Teams**

Taddle Creek and Women's College Hospital FHTs (in conjunction with the Senior Advisory Volunteer Initiative – SAVI) hosted a successful Senior Seminar on November 28, 2018 about future planning. Topics included: planning for changes in decisional capacity, choosing a substitute decision maker and Powers of Attorney (POAs) for Personal Care & Property, how to avoid financial issues, and how to have discussions with family/friends about these matters. There were 47 attendees and, from all accounts, the seminar was a success. We will be posting the slide decks on Taddle Creek FHT's website in the near future under Patient/Resources/Downloads (<http://taddlecreekfht.ca/patients/healthcare-resources>).



Prevention in Hand - Health Resource Website and App

Do you want to research a health topic but do not know of a reliable resource? Have you been known to access “Dr. Google” from time to time? The College of Family Physicians of Canada and the Public Health Agency of Canada have partnered together to develop “Prevention in Hand” – a reliable, informative health resource accessible online and through a mobile app. The resource provides tools and videos, online health assessments and information about a variety of health topics. Check it out at: www.preventioninhand.com.



Cont'd from page 2 (What's New with Cannabis?)

What should I do if I am experiencing adverse effects or intoxication from cannabis?

Signs of cannabis intoxication include increased blood pressure (or drop in blood pressure in the elderly), increased heart rate and breathing rate, slurred speech, uncoordinated movement, red eyes, and impairment of perception. If you or someone you know is experiencing any of these symptoms after using cannabis, seek medical attention. Abrupt discontinuation of cannabis may lead to withdrawal symptoms including craving, anxiety, restlessness, tremor, weight loss, disturbed sleep, night sweats and abdominal pain. These withdrawal symptoms are generally not life-threatening and may last 1 to 2 weeks.

The best way to avoid health risks associated with cannabis is to not use it at all. Limiting the amounts you use and how often you use it can also reduce harm. You may also choose safer ways to use cannabis – the LRCUG recommend to avoid smoking cannabis and consider vaporizers, oils or edibles as alternatives. It is important to note, however, that these alternative dosage forms still come with risks, as consuming larger doses may cause more severe impairment due to delayed psychoactive effects. Speak your primary care provider about short- and long-term risks of cannabis use if you are thinking of trying cannabis or are experiencing adverse effects and would like to stop using it.

Stay tuned for the next Taddler newsletter for Part 2 of “What’s New with Cannabis?”. We will provide information about cannabis use in the elderly and for specific medical conditions.

Additional Resources and References:

1. New rules for cannabis legalization in Ontario: <https://www.ontario.ca/page/cannabis-legalization#section-9>
2. Canada’s Lower-Risk Cannabis Use Guidelines (LRCUG): <https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>
3. Cannabis: Questions about cannabis, and the answers that may surprise you. RxFiles.ca <http://www.rxfiles.ca/rxfiles/uploads/documents/Cannabis-Medical-Patient-Booklet.pdf>
4. Clearing the Air About Marijuana Use: <http://www.ontariosdoctors.com/wp-content/uploads/2018/09/cannabis-myth-fact.pdf>
5. What You Should Know About Recreational Cannabis: http://www.ontariosdoctors.com/wp-content/uploads/2018/09/OMA_Cannabis-Infographic.pdf
6. Non-Medical Cannabis Resource for Providers: Ontario, October 2018: <https://cep.health/clinical-products/non-medical-cannabis-resource/>
7. Cannabinoids: Overview: www.rxfiles.ca

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!

**The Taddler is not for private marketing purposes*

THE TADDLER

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Taddle Creek Family Health Team
790 Bay Street, Suite 306
Toronto ON M5G 1N8
416-260-1315
www.taddlecreekfht.ca

Editor: Victoria Charko
Editorial Team: Sherry Kennedy, Venus
Jaraba and Dr. Kristy Armstrong

Reader contributions are welcome!

Please send any comments or
suggestions to the editor at:
vcharko@tcfht.on.ca

Taddle Creek Family Health Team
January 2019 – April 2019 – Groups/Workshops/Drop-In Offerings
Groups/Clinics are open to TC FHT patients
For additional information, go to <http://www.taddlecreekfht.ca/events-calendar>
Dates are subject to change

Event	Date(s)	Time	Learn About/Assistance With
CBT for Anxiety Group (CAMH) 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Jan 9 to Mar 27 (Wed for 12 wks) Jan 9 to Mar 27 (Wed for 12 wks)	2:30-4:30pm 5:30-7:30pm	<ul style="list-style-type: none"> To understand the physiology of anxiety To learn cognitive behavioural therapy (CBT) strategies and skills To examine how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives To be able to identify, evaluate and balance distress-related thoughts To learn techniques for relapse prevention
CBT for Depression Group (CAMH) 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Jan 8 to Mar 26 (Tues for 12 wks) Jan 22 to Apr 9 (Tues for 12 wks)	2:30-4:30pm 5:30-7:30pm	<ul style="list-style-type: none"> To learn cognitive behavioural therapy (CBT) strategies and skills To examine how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives To be able to identify, evaluate and balance distress-related thoughts To learn techniques for relapse prevention
CBT for Insomnia Workshop 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Jan 25 (Fri)	9:30am-4:00pm	<ul style="list-style-type: none"> To learn about how cognitive behavioural therapy (CBT) is used when treating insomnia Learn techniques to help you get quality sleep that will promote good physical and mental health Understand how our minds and thoughts contribute to insomnia Practice mindfulness to reduce stress and help you get to sleep

Single Session Drop-In (Mental Health Support) 790 Bay, Suite 306 726 Bloor, Suite 207	Fridays Tuesdays	9:00am-12:00pm 1:15-3:15pm	<ul style="list-style-type: none"> Feeling sad or anxious Relationship issues Parenting issues Violence or safety issues Adjusting to new diagnosis Bereavement Managing stress Workplace or school issues Assistance with accessing government services Major life changes or transitions Note #1: No appointment is necessary Note #2: You will be seen on a first come/first served basis
Assertiveness Workshop 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Mar 1 (Fri)	9:30am-4:30pm	<ul style="list-style-type: none"> This is a workshop for people who are passive, aggressive or passive-aggressive, or who bounce back and forth between these options, and who want to gain a practical understanding of what it means to be assertive, as well as some assertiveness skills. This is not a group for people who struggle with being violent or abusive.
Lifestyle Balance Group 790 Bay, Suite 508 Call 416-260-1315 Note: MD referral needed	TBD Jan-Mar (10 weeks)	5:00-7:00pm	<ul style="list-style-type: none"> Reach and maintain a healthy balance between eating, physical activity and emotional eating Learn essentials of nutrition and exercise Recognize and manage emotional eating

DIABETES GROUPS ARE FOR PEOPLE REGISTERED WITH THE DIABETES PROGRAM & LIVING WITH DIABETES			
Diabetes Do It Yourself Group 790 Bay, Suite 508 Call 416-204-1256	Jan 3 (Thu) Jan 23 (Wed) Feb 7 (Thu) Feb 20 (Wed) Mar 7 (Thu) Mar 20 (Wed) Apr 11 (Thu) Apr 17 (Wed)	5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am	<ul style="list-style-type: none"> The basics of diabetes self-management Healthy eating, getting active and setting achievable goals Maintaining healthy changes
Let's Talk Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	Jan 31 (Thu) Feb 28 (Thu) Mar 28 (Thu) Apr 25 (Thu)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> Diabetes self-management skills by engaging in open, meaningful discussions about living with diabetes from others living with diabetes Common myths about diabetes
Let's Get Moving – Diabetes Exercise Workshop 790 Bay, Suite 508 Call 416-204-1256	Jan 7 (Mon) (Follow-up of Oct 2018)	1:30- 3:30pm	<ul style="list-style-type: none"> Discuss the benefits and barriers to being more active Attend 4 FREE exercise classes with a fitness specialist at the Miles Nadal JCC Measure your blood sugar, blood pressure and cholesterol at the beginning and at the end of the group series to monitor your progress
Supermarket Safari – Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	Mar 14 (Thu)	5:00-7:00pm	<ul style="list-style-type: none"> Reading food labels and packaging Best food choices for diabetes management 60 min grocery store tour
Your Path to Prevention Workshop 790 Bay, Suite 508 Call 416-204-1256	Jan 15 (YPTP 1) Jan 22 (YPTP 2) Feb 19 (YPTP 1) Feb 26 (YPTP 2) Mar 26 (YPTP 1) Apr 2 (YPTP 2) Apr 30 (YPTP 1) May 7 (YPTP 2)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> Learn what prediabetes is and how it is diagnosed Learn how to prevent or delay diabetes with healthy eating and physical activity Set achievable goals and learn how to maintain changes One-on-one visit offered in 6 months with a Registered Dietitian or Registered Nurse for additional support and to review your goals
Happy Feet – Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	Feb 12 (Tue)	5:00-7:00pm	<ul style="list-style-type: none"> Tips and techniques for daily self-foot care Preventing foot complications Choosing the right shoes Identifying problems/concerns with your feet
Intuitive Eating Group 790 Bay, Suite 508 Call 416-214-1256	Apr 24 to June 5 (Wed for 7 wks) Sep 4 (Reunion)	5:00-7:30pm 5:00-7:30pm	<ul style="list-style-type: none"> Creating a healthy relationship with food, mind and body Getting in touch with your body's signals of hunger, fullness and satisfaction Mindful meditation and relaxation exercises Strategies to cope with anxiety, depression, stress, fear and guilt around managing diabetes

