



THE TADDLER

Pelvic Floor Dysfunction

By: Vicki McGregor, Registered Nurse

Pelvic Floor Dysfunction

Do you find yourself wondering if there is something wrong “down there”? Do you find it embarrassing to talk about issues such as urinary leakage, pain in your pelvic or genital areas, painful intercourse or bulging from your vagina? You are not alone! Many people experience these health issues and feel isolated or embarrassed to talk about it. Perhaps the opposite is true – you think everyone has this problem and you need to just learn to live with it. In fact, these symptoms are not considered a normal part of aging or childbearing and your primary care provider welcomes discussion about what you are experiencing and how to manage it.

What is Pelvic Floor Dysfunction (PFD)?

The pelvic floor is made up of layers of muscles, fascia and ligaments inside the bony pelvis (hip bones, pubic bone and tailbone). It acts like a hammock to support the pelvic organs which include the uterus, bladder and rectum. If the muscles become too tense, too weak, strained or uncoordinated, they may contribute to a number of health conditions described by the global term “Pelvic Floor Dysfunction” (PFD). Examples of these conditions include pelvic organ prolapse, urinary incontinence and chronic pelvic pain. PFD not only affects women, it is also experienced by men and children.

Symptoms of Pelvic Floor Dysfunction

Symptoms related to PFD may include unexplained pain of the lower abdomen, low back, pelvis, hips, vulva, vagina or rectum; a sensation of heaviness or pressure in the vagina, perineum or rectum; bulging (prolapse) in or through the opening of the vagina; pain with vaginal penetration, stimulation or orgasm; urinary urgency and frequency, feeling of incomplete emptying, stopping and starting of the urinary stream, dribbling, feeling a need to strain, urinary incontinence (leakage); constipation or straining to defecate, pain with bowel movements, frequent bowel movements and fecal incontinence. Symptoms of PFD tend to develop slowly and over time. If you are experiencing any of these symptoms, please speak to your primary care provider to assess for a cause and to determine how to manage it.

Treatment

Treatments for the conditions of PFD may include physiotherapy, medications or surgery. It is important to discuss this with your primary care provider to determine what is best for you.

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Pelvic Health Physiotherapy/Pelvic Floor Physiotherapy

Pelvic health physiotherapy is very often effective for managing PFD. The physiotherapist completes a physical assessment that includes internal and external examination of your muscles, bones, ligaments and joints. An internal exam is the best way to assess the pelvic floor as many of the tissues are only accessible through the vagina or rectum. If an internal exam is not tolerated, you are encouraged to discuss this with your physiotherapist who may proceed based on the external exam. The physiotherapist will develop a treatment program for you and may incorporate techniques such as manual therapy (e.g., stretching, massage, myofascial and trigger point release), muscle training, biofeedback and electrical stimulation.

How to Find A Pelvic Health Physiotherapist

In order to practice pelvic health physiotherapy, a licensed physiotherapist must complete additional theoretical learning and hands-on practice for pelvic work, and must then roster with the College of Physiotherapists of Ontario.

Consider asking the following questions when searching for a pelvic health physiotherapist:

- ▶ What education have you completed related to pelvic health?
- ▶ Do you have training specific to my condition and how often have you treated clients with this condition?

How to find a rostered pelvic health physiotherapist using the public register:

- ▶ Visit the College of Physiotherapists of Ontario website
- ▶ Click “Find a Physiotherapist” at the top of the homepage, enter your location
- ▶ Select “Authorized Activities” from the menu on the left and click on “Pelvic Floor/Incontinence”
- ▶ Select individual physiotherapists’ profiles to see details

Resources:

College of Physiotherapists of Ontario, <https://portal.collegept.org/public-register/>

Pelvic Health Solutions, <https://pelvichealthsolutions.ca/for-the-patient/>

American Urogynecologic Society Voices for PFD, <https://www.voicesforpfd.org>

Interstitial Cystitis Association, <https://www.ichelp.org/diagnosis-treatment/treatments/physicaltherapy/>

International Pelvic Pain Society’s patient pamphlets, https://www.pelvicpain.org/IPPS/Patients/Patient_Handouts/IPPS/Content/Professional/Patient_Handouts.aspx?hkey=cffd598e-5453-4b3f-9170-457c59266b50



Flu Shot W5H

By: Victoria Charko, Registered Nurse

Who?

- Those 6 months of age or older without allergies to the flu shot or its components, or history of Guillain-Barre Syndrome within 6 weeks of a flu shot

What?

- A vaccine to help protect against influenza virus. It contains 3-4 strains of inactivated influenza virus recommended for North America by the World Health Organization.
- A high-dose version of the flu vaccine is recommended for all adults 65 years of age and older as it is more effective

Where?

- 6 mos-4 yrs or 65+ yrs: at your primary care provider's office
- 5-64 yrs: at your primary care provider's office or at the pharmacy

When?

- As soon as possible! It takes your body approximately 2 weeks to build immunity after the flu shot

Why?

- It decreases the number of office visits, hospital admissions and deaths from influenza
- You will help lower the chances of spreading influenza to children and adults with weakened immune systems
- If you do get influenza, it is usually milder

How?

- Contact your primary care provider's office to book an appointment or visit your local pharmacy if you are 5-64 years of age



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 Fall 2019 / Winter 2020. 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/>).

Events/Announcements

There has been a lot of media coverage and talk about Ontario Health Teams (OHTs). You may be wondering is TC FHT an OHT? The answer is no, but we may be in the future. The link below, from the Association of Family Health Teams of Ontario, provides an excellent overview of OHTs (e.g. what the Ontario government's objectives are with OHTs, the characteristics of an OHT, Ontario Health and OHTs' governance model, what is happening across the province, and opportunities/challenges presenting from being involved in OHTs). TC FHT's Board has learned a lot about OHTs and TC FHT was invited to endorse the Mid-West Toronto OHT. At this time, TC FHT's Board is not comfortable endorsing the Mid-West Toronto OHT but has signed on as a supporter, which means I, as Executive Director, will keep abreast of the Mid-West Toronto OHT and will attend their meetings with an eye for future partnerships. I will provide you, our patient population, with updates on OHTs and TC FHT's actions in this area.

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WHAT'S HAPPENING AT TADDLE CREEK

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<https://www.afhto.ca/sites/default/files/2019-09/OHT%20Handbook%20for%20Boards.pdf>

The 2019-20 TC FHT Patient Care Survey was emailed in Oct 2019 to TC FHT physician patients who have provided us with an email address recorded in our electronic health record. Your comments provide insight into how TC FHT can better serve you and how we can improve your patient experience.

Personnel/Announcements

Since my last column, there has been one retirement and one maternity leave. Waheed Lakhani, our Financial Controller of 12 years, retired in Sept 2019. Waheed's wisdom, dedication and integrity will be missed. Suman Rajkarnikar is replacing Waheed as TC FHT's Financial Controller. Suman comes to us with years of experience as a Controller/Senior Accountant in the private pipeline/construction industry. Suman is a Certified General Accountant.

Karen Finch, Diabetes Nurse Educator and Diabetes Education Program (DEP) Lead, went on maternity leave in July 2019. Natalia Stanichevsky was hired as a Diabetes Nurse Educator to replace Karen. Natalia is a Certified Diabetes Educator with experience in diabetes management, counselling and education in acute care settings, and as a RN at Diabetes Canada Children's Camps. Robert Smith, Dietitian with the DEP, will be DEP Team Lead while Karen is on maternity leave. Robert has been with the DEP for over 6 years and we have the utmost confidence in his ability to manage the program.

Ranitidine (Zantac) Health Canada Drug Recall

*By: Shawn Goodman and Jessica Lam,
Clinical Pharmacists*

In September 2019, Health Canada issued a drug recall for Ranitidine (Zantac) as it may have been manufactured using an active ingredient containing N-nitrosodimethylamine (NDMA) at higher than acceptable levels. NDMA is classified as a probable human carcinogen, which means **long-term exposure** to levels above what is considered safe *could* increase the risk of cancer. We are all exposed to low levels of NDMA in some foods (e.g. meats, dairy products and vegetables) and in drinking water. NDMA is not expected to cause harm when ingested at very low levels.

If you are currently taking Ranitidine (Zantac) prescribed by your primary care provider, do not stop taking it until you have received alternative treatment, as the risk of not treating a condition may be greater than the risk related to NDMA exposure over a short period of time.

For additional information, please visit Health Canada's website on recalls and safety alerts: <http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2019/71029a-eng.php>.



Senior Eyecare

(Part 3 of a 3-part series*)

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

* See Winter 2019 and Spring 2019 Taddler issues for Parts 1 and 2



What does a doctor look for in the older generation?

Cataracts: Cataracts can happen to anybody as they age. Sun exposure and not using sunglasses is one reason. Other people can be affected earlier due to prescription drugs, family history and even diabetes. With cataracts, you will need more light to see and will suffer from glare issues. Vision can be foggy, colours may be muted and reading can be difficult until the cataracts are removed. Once removed and a new lens is implanted, you will be amazed. Again, your optometrist can explain and guide you through the process. In my grandmother's time, once the clouded lens was removed, there was no replacement. She had to use "coke bottle lenses" that were heavy and limited her vision because that was the only option. Now, the aged natural lens that has yellowed is removed using a very small hole, and a new plastic, interocular lens is inserted through the same hole. Removal of the lens and implanting of another does not change the shape of the eye. You can choose a SV distance lens, an astigmatism-correcting lens or a multifocal lens. Discuss the options with your optometrist and ophthalmologist before choosing which interocular lens to use. Remember – once in, the lens is not easily changed.

Glaucoma: As we get older, increased eye pressure can lead to glaucoma. This increased eye pressure is not something we can self-diagnose unless it is very severe. A yearly test will ensure that we are not on a path toward vision loss. When caught early, glaucoma can be addressed.

Macular Degeneration: Not common, but very problematic if not caught early. Your optometrist is trained to detect the early symptoms and can refer you to ensure that the issue is slowed and that you will have the best result that is available at the moment. It is a progressive disease – see your eye doctor and catch it early!

Floaters: What are "floaters"? Many of us have them, however most of us ignore them or do not notice them. The eyeball has a clear vitreous body, which fills and keeps the eye inflated just as air keeps a beach ball round. This vitreous body is more like jello than water, and as we age, it sometimes clumps. This creates a distortion or shadow that we call "floaters". It is mostly benign, but your optometrist may refer you because this could be an issue for your retina. Always treat your eyes with caution. Discuss your "floater" issue with your eye doctor.

Dry Eye: My friend hates winter because she comes in from the cold and her eyes are tearing like crazy! Funny enough, this is, in many cases, a "dry eye" symptom. Speak with your optometrist, as this issue can be addressed.

Other Issues: My eye doctor insists that I bring sunglasses to my appointments because she puts drops in my eyes and it is so bright for over an hour. How come? Well, that is actually the integral part of the health check for your eyes. We often see quoted "the eyes are the 'mirror of the soul'". By dilating your pupils, the optometrist can have a clear and wide view of the back of your eyes. They can see the structure and health of not only the retina, but also your blood vessels. There is no cutting you open to see how things are coming along, just a window into your internal state of health.

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Obvious signs of high blood pressure or stress can be seen. High cholesterol levels, sometimes a pre-cursor of stroke, can be detected by an examination of the back of the eye. And please, anyone that is living with type 1 or type 2 diabetes – I am one of you – see your optometrist yearly. High sugars make your blood more like syrup than water and this can severely affect the health of the eye!

How to choose an optometrist clinic?

The eye health and optical fields are active sciences. We are so lucky to be here now, when it seems that every 6 months there is a new way to treat an eye health issue. In optics, there are new contact lenses and advances to optical lenses for eyeglasses that really make a difference for the patient. Look for an optometry clinic that has some of the best diagnostic machines available. It was not so long ago, that to check the eye pressure for glaucoma, an instrument had to actually strike your pupil to get a reading. The new tonometer uses a puff of air – no physical contact, to get the same reading. Fundus cameras provide a history of your eye health over time by capturing a photo of the back of your eye, just as the dentist uses x-rays. Specialized cameras can view the topography and varying layers of the eye.

Conclusion

Your optometrist is much more than just someone from whom to get a new prescription for glasses. Remember, many age-related medical issues can be detected early, so see your optometrist for a yearly exam.

Paediatric Nutrition – Telephone Consult (4-15 months old)

Taddle Creek FHT is offering telephone consultations with our dietitian for parents of our paediatric population. This service is not ongoing nutritional counselling but rather an opportunity to have a brief telephone conversation with our dietitian on paediatric nutritional topics/concerns that you may have. If after consulting with our registered dietitian, our dietitian believes you need or would benefit from ongoing nutritional counselling, she will advise you to seek a referral from your physician/nurse practitioner.

Telephone Consults are available every second Wednesday of the month from 10-11am (exception: when dietitian is on vacation or ill). Call 416-260-1315, extension 0. If you are unable to get through to our dietitian (she may already be engaged in a consult), speak to reception to book. Reception will take your name and number and ask the dietitian to call you back when she is available or schedule you for the next consult session.

Examples of topics/concerns you may want to discuss with the dietitian:

- Starting solid foods
- Allergies
- Feeding infant/toddler
- Finger foods
- Iron needs
- Bowel movements & constipation



Baby-Led Weaning: What is all the fuss about?

By: Julia Stanislavskaia, Registered Dietitian

Have you heard about baby-led weaning (BLW) and wonder what it is all about? This article outlines what BLW is, the pros/cons to traditional, parent-led feeding, and what the research is saying about BLW.

The traditional method of introducing first solids to babies involves offering pureed foods from a spoon, given by the parent, around 6 months of age. BLW involves your baby self-feeding soft, cooked finger foods, bypassing purees altogether. The key concept is that your baby controls the weaning process and takes an active role in the feeding rather than a passive role as a recipient of the food.

BLW can also vary from family to family as some parents prefer a strict commitment to the approach, while other parents may be flexible and may include some purees. As you can imagine, this makes the topic much harder to study, but also reflects the uniqueness of each baby.

Some proposed benefits of BLW include the ability to eat together as a family, reduced maternal anxiety, lower cost of food and, potentially, acceptance of a wider range of foods, as well as an overall healthier relationship with food. Most of the benefits are, however, theoretical.

Two concerns that have presented with BLW include suspected increased risk of choking as well as inability to meet iron and overall caloric requirements. Several studies have demonstrated that the risk of choking does not differ between BLW and those being spoon-fed purees (1, 2, 3). There are also concerns that babies going straight to finger foods may not consume enough iron, as parents may bypass the iron-fortified cereals and may not emphasize sufficient iron-rich foods in the baby's diet. According to research (1), this also does not appear to be an issue. One study explored the nutrient content of babies' diets and found no difference in intake of iron, total calories or other nutrients between parent-fed and BLW babies (4). It appears both approaches can provide your baby with a nutritionally adequate diet.

It is important to keep in mind that BLW is a new approach and has not been fully studied. What matters most is recognizing the unique abilities of every baby and practicing what suits your baby and your family best. The decision on when and how to feed your baby will also depend on their developmental abilities, not their age.

If you choose to use BLW, there are a few important guidelines to keep in mind: constant supervision during feeding, avoiding high-risk choking foods that are typically firm and round (like grapes, nuts and cherry tomatoes), offering at least one iron-rich food per day and one high-energy (or high-calorie) food per day, and offering 3-4 foods at each meal while encouraging relaxed family meal times. These guidelines do not really differ from the traditional parent-fed feeding. Ultimately, the approach has to be tailored to you and your baby.



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Finally, no matter what approach you choose, it is important to obtain information from a credible source, so that you can feel confident and happy during your family meal times. Please speak with your primary care provider or the dietitian if you wish to learn more about infant feeding.

References:

- 1.D'Auria et al. Italian J of Pediatrics, 2018. Baby-led weaning: what a systematic review of the literature adds on.
- 2.Fangupo et al, Pediatrics, 2016. A baby-led approach to eating solids and risk of choking.
- 3.Cameron, Taylor, Heath. BMJ Open, 2013. Parent led or baby-led? Associations between complementary feeding practices and health-related behaviours in a survey of New Zealand Families.
- 4.Erickson et al, Nutrients, 2018. Impact of a modified version of baby-led weaning or infant food and nutrient intakes: THE BLISS randomized controlled trial



THE TADDLER

A publication of
Taddle Creek Family Health Team
790 Bay Street, Suite 306
Toronto ON M5G 1N8
416-260-1315

Editor: Victoria Charko

Editorial Team: Sherry Kennedy,
Venus Jaraba and Sarah Shaw

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
We hope you enjoy reading it!

**The Taddler is not for private marketing purposes*

Taddle Creek Family Health Team
January – April 2020 – 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	Tuesdays Jan 14 – Mar 31	5:30pm – 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
	Thursdays Jan 16 – Apr 2	2:30pm – 4:30pm	
CBT for Depression Group (CAMH) 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Wednesdays Jan 15 – Apr 1	2:30pm – 4:30pm	<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
	Wednesdays Jan 15 – Apr 1	5:30pm – 7:30pm	
CBT for Insomnia Workshop 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Mar 11, 2020	9:30am – 4:30pm	<ul style="list-style-type: none"> • 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	9:00am – 12:00pm	<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
	Tuesdays	1:15pm – 3:15pm	
Assertiveness Workshop 790 Bay, Suite 306 Call 416-260-1315 Note: MD referral needed	Feb 7, 2020	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	Mondays Jan 6, 2020 – Jul 13, 2020 10 Sessions only Every 2 – 3 wks	5:00pm – 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 9 Jan 22 Feb 6 Feb 19 Mar 5 Mar 18 Apr 2 Apr 15	5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 11:30am 5:00pm – 7:30pm 9:00am – 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 30 Feb 27 Mar 26 Apr 30	5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 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
Supermarket Safari – Diabetes Group 790 Bay, Suite 508 Call 416-204-1256	Mar 12 Jun 11	5:00pm – 7:00pm 5:00pm – 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 28 (YPTP 1) Feb 4 (YPTP 2) Mar 17 (YPTP 1) Mar 24 (YPTP 2) Apr 21 (YPTP 1) Apr 28 (YPTP 2)	5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 7:00pm 5:00pm – 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 11 May 13	5:00pm – 7:00pm 9:00am – 11:00am	<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