

THE TADDLER

One Small Victory

By: Dr. Vivienne Lemos, TC FHT family physician

COVID-19 POSITIVE.

Red. Bold. CAPITALS.

The result had been sitting in my inbox like a Trojan horse all weekend – a completely mundane, uneventful weekend as all weekends have been since the start of this pandemic.

My tea steamed at my elbow as my hands paused on the keyboard.

I was not in clinic that Monday morning, but results and in-boxes wait for no woman and it was with a resigned sigh that I had sat down at my computer to deal with the inevitable Monday deluge.

I just had not expected this to top my list.

I had to call her.

With the result came a note from her retirement home – she was case zero and had been quarantined to her room, a fact about which she was not terribly pleased. Her husband – also my patient – refused to leave her, even though his test was negative. They had weathered decades together and they were not about to be separated now, risk of contagion, aside.

In the early spring of 2020, COVID-19 was still very much a vast unknown that was cutting a swathe through the world’s population.

I could not think of a worse person to get this virus. Name a comorbidity – she had it.

In the past, I had, by turns, admired, respected, and been frustrated by her fierce independence, a self-reliance which she acknowledged sometimes bordered on sheer stubbornness. She was a woman who knew her own mind and spoke it freely. And while her body seemed to be failing her in recent years, she still retained the sharp wit along with a keen mind that had served her well during her journalistic career.

I picked up the phone and made the call.

“Hello?”

“Hi, it’s Dr. Lemos. I just called to check in. I got your COVID test result this morning.”

In This Issue:	
One Small Victory	1
Aging Well: A Book Review	6
COVID-19 Vaccines	11
Regular	
Mental Health Corner	3
What’s Happening at Taddle Creek FHT? / COVID-19 Update	4
Diabetes Digest	7

Cont’d on page 2

Cont'd from page 1 (One Small Victory)

"I had a feeling I'd be hearing from you. Ugh. I feel fine. A little tired but FINE. I don't see what all the fuss is about. It's just a bit of a sniffle and everyone around here is losing their minds."

I could picture her, rolling her eyes behind her round, wire-rimmed glasses and shaking her head, one hand curled around the cane that was her constant (reluctant) companion.

"I don't understand why I can't leave my room. It's completely ridiculous."

I had learned over the years that there was nothing she hated more than being told what to do. And that if she truly did not want to do something, then she simply was not going to do it. Unfortunately, she had little choice in the matter this time – and she knew it. She just needed a place to park her frustration and it happened to land on my ears.

I could not blame her.

Because underneath the bluster, I heard the fear.

I felt for her. Being in her 80's with multiple comorbidities, the odds were against her. There was little we could do beyond supportive care and watch and wait for the disease to run its course, one way or the other. But even that warranted tight communication with the nursing team at the retirement home who were bearing the brunt of her care.

She was lucky to have them.

One special nurse: diligent, careful, attentive. Experienced enough to know when to call for help and calm enough to ride the storm of our shared charge's moods, of which there were many.

Over the coming weeks, we would come to know each other well.

In some ways, it reminded me of my time working in Northern Ontario, relying on the skills and competence of a nurse in a remote, fly-in community to be my eyes and ears on the ground in order to care for a person I had never met. There is an understanding that builds between providers in a crisis, particularly when your only connection is a phone line.

You must trust each other more deeply than if you are in the same room.



Clear communication is essential.

Verbal orders reinforced by faxed order sheets.

Phone calls well outside of regular office hours.

Putting out fires and backing each other up.

Whatever needed to be done.

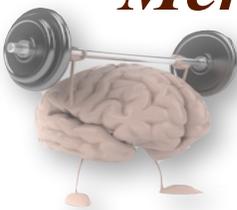
My patient would often unload her frustrations onto her nurse but, then would share with me how much she appreciated the care that same nurse provided.

Cont'd on page 9

Mental Health Corner

Cognitive Behavioural Therapy for Insomnia

by: Marlie Standen, Social Worker



What is Insomnia?

Insomnia is a common sleep problem, with up to 15% of Canadian adults reporting daytime and nighttime symptoms of insomnia and up to 10% meeting criteria for insomnia disorder (Chaput et al. 2018). People with insomnia have trouble falling asleep, staying asleep and/or falling back to sleep after an early waking. Insomnia is a *problem of 24 hours* because people often experience daytime challenges, including: impaired memory and concentration, low mood, anxiety, irritability, headaches and other symptoms making daily functioning difficult. *Speak with your primary care provider if you have concerns about your sleep.*

A bout of insomnia may be caused by various psychological, medical and situational factors, such as: stress, pain, anxiety, depression or major life events. For many, the stress of the COVID-19 pandemic has triggered the onset of sleep problems. *Chronic insomnia* develops when sleep problems persist for a couple of months, continue to cause daytime difficulties and are felt to be distressing.

Understanding Insomnia

Three biological systems that regulate sleep and wakefulness are implicated in insomnia.

An Overactive Arousal System: Feeling Tired but Wired.

People with insomnia worry about their sleep, believe “good sleep” takes effort, and feel anxiety or fear as nighttime approaches, ultimately creating a state of hyperarousal and an overactive mind which disrupts their ability to sleep. Insomnia often involves conditioned arousal by which the bed has become associated with wakefulness and worrying.

The Sleep Drive System determines quality and amount of sleep. People with insomnia may reduce their daily activity/exercise, nap during the day or increase time spent in bed by going to bed earlier or “laying in” in the morning after waking. These behaviours are actually counterproductive

because they interrupt the build-up of sleep drive.

The Body Clock determines the timing of an individual’s optimal sleep window. Going to sleep and waking at different times creates a jetlag experience and contributes to insomnia.

CBT-Insomnia

Cognitive-behavioural therapy for insomnia is a first-line, evidence-based treatment for insomnia which uses cognitive and behavioural strategies to restore the biological sleep systems and promote restorative sleep.

CBT-Insomnia Sleep Rules

1. **Set a standard wake-up time.** Use it daily regardless of how you slept the night before.
2. **Reserve the bed for sleep and sex only.** Avoid wakeful activities in bed.
3. **Get out of bed when you can’t sleep.** Move to another room until you feel sleepy enough to return to bed. You may do a relaxing or mildly pleasant activity.
4. **Avoid worrying, planning or overthinking in the bed.** If you catch it, use Rule #3.
5. **Avoid napping, especially later in the day.**
6. **Set a standard sleep time.** Try to align this with when you naturally feel sleepy.
7. **Schedule wind-down time before bed.** Try relaxation exercises, such as breathing, stretching or self-massage.

Our new, virtual CBT-Insomnia Group!

The Mental Health Program revamped our CBT-Insomnia Group and are now offering this 5-session virtual group over Zoom. Please speak with your primary care provider if you are interested in a referral to our group.

Some Helpful Resources:

Apps: CBT-I Coach; Headspace; Calm
<https://mysleepwell.ca/insomnia/>
<http://freecbti.com/>

Reference:

Chaput, J., Yau, J., Rao, D. P., and Morin, C. M. (2018). Prevalence of insomnia for Canadians aged 6 to 79. *Statistics Canada: Health Reports*. Retrieved from <https://www150.statcan.gc.ca/n1/pub/82-003-x/2018012/article/00002-eng.htm>.



WHAT'S HAPPENING AT TADDLE CREEK

By: Sherry Kennedy, *Executive Director*

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

COVID-19 – Vaccine Access

Many of you have reached out to our offices to ask questions about the vaccine and to express interest in getting vaccinated. We, too, are excited that vaccine rollout is starting. At this point, we know the vaccine distribution plan will include city-operated immunization clinics and mobile teams, and that the vaccine will not be offered at TC FHT for the foreseeable future due to logistics with storage for the currently available vaccines. Be assured, if and when TC FHT is to offer the vaccine in our offices, we will let you know via our patient portal (PomeloHealth) and on our website. I also want to remind you of a letter we distributed Jan 14, 2021 via PomeloHealth. The letter addresses common questions about vaccine safety, its effectiveness, side effects and contraindications. If you missed it, please see page 14 of this newsletter.

To keep abreast of Toronto COVID-19 vaccine information, I recommend you visit the City of Toronto's [website](#). This is a great way to learn more about priority populations being immunized and the locations of Toronto's city-operated immunizations clinics.

To learn more about the Government of Ontario's COVID-19 vaccine distribution plan, I recommend you visit the following [website](#).

COVaxON – Online Provincial System

COVaxON is the province's online platform that will allow Ontarians to see whether the vaccine is being offered to them right now, where the vaccine is being offered, to book an appointment, read vaccine information, complete the consent forms and receive appointment reminders. A call centre will be offered to those with no Internet access. For adults 80+ only, the COVaxON portal and call centre are to go live on Mar. 15 and vaccinations are to begin Mar. 22. Toronto Public Health and TC FHT clinicians will be reaching out to patients in this age group. The vaccine roll-out for other age groups is anticipated to be: Apr. 15 for 75+, May 1 for 70+, Jun. 1 for 65+ and Jul. 1 for 60+. These dates are dependent on supply and speed and may be moved forward if more vaccines become available.

Accessing Care at TC FHT during COVID-19

The Ministry of Health continues to encourage TC FHT's clinicians to conduct the majority of patient consultations virtually by phone or video. The clinician and patient then decide together if an in-person appointment is necessary or appropriate. The purpose of this is to support physical distancing and avoid inadvertent contact with another person who may have COVID-19. We also offer patients access via PomeloHealth (our patient care portal) which has a secure messaging system for patients to communicate with their healthcare providers or staff. To book an appointment, options include calling your provider's office or electronically booking a phone appointment through PomeloHealth (only available for some offices). If you do not have a PomeloHealth account or cannot remember your password, contact your provider's office for help. We also host virtual After Hours clinics Monday to Thursday and an on-site clinic on Saturday mornings. Information about our After Hours clinics and contact information for all providers is posted on our [website](#).

Cont'd on page 5

Cont'd from page 4 (What's Happening at Taddle Creek)

Cancer Screening Tests during COVID

Please refer to the Fall 2020 Taddler, [click here](#).

COVID-19 – Resources

Please refer to the Fall 2020 Taddler, [click here](#).

Electronic Asthma Management System (eAMS)

TC FHT is now using eAMS to improve asthma care for patients. On Feb. 9, invitations were sent to patients living with asthma requesting that they register with eAMS by downloading the app or by visiting the website. Patients can also access eAMS through the [eAMS patient portal](#). Once registered, eAMS sends a reminder one week before your appointment, reminding you to open eAMS and complete a simple questionnaire about your symptoms. Based on your answers, eAMS automatically provides your primary care provider (PCP) with advice on how to improve your care according to the latest medical guidelines. It also helps PCPs to prepare a personalized asthma action plan for you to self-manage your asthma. For more information about eAMS, you can visit their website at www.easthma.ca or contact their team at admin@easthma.ca.

TC FHT Flu Shot Clinics

TC FHT held flu shot clinics Oct. 14 - Dec. 16, 2020. In total, we administered 2038 flu shots in 19 clinics and another 1133 in our offices. I wanted to extend a sincere thank you to the clinicians and administrative staff at TC FHT who safely and efficiently made this happen.

Mid-West Toronto Ontario Health Team (MWT-OHT) Partnership

TC FHT is a proud partner of the MWT-OHT. If you would like to learn more about this partnership, visit <http://www.midwesttorontoohht.ca/>.

Patient Care Survey

The 2020 Patient Care Survey results are in; we received 1322 survey responses (9.7 response rate) between Nov. and mid-Dec. 2020. A sincere thank you to those of you who completed the survey.

From a quantitative standpoint, we heard the following:

- 98% always or often felt they had the opportunity to ask questions about recommended treatment
- 98% always or often felt they were involved in decisions about their care and treatment
- 96% always or often felt they had enough time with their doctor, NP or someone else
- 94% always or often could book an appointment within a reasonable time
- 93% always or often had their messages returned in a timely manner
- 90% always or often could contact the office by telephone easily
- 82% were able to see their doctor or NP either on same or next day, when needed

Cont'd on page 6

Cont'd from page 5 (What's Happening at Taddle Creek)

These results are especially encouraging knowing we were restricted by the COVID-19 pandemic and strongly encouraged to conduct patient consultations virtually by phone or video. Unfortunately, there hasn't been time to review your comments about what we do well and what we can do better. Once we are able to do that, we hope they offer insight into how we can improve your patient experience.

Personnel Announcements

Niraj Maulkhan, pharmacist, was hired Jan. 11, 2021 to complete Jessica Lam's maternity leave contract. Niraj will be with us until Nov. 1, 2021. Niraj graduated from the University of Toronto's Leslie Dan Faculty of Pharmacy in 2020. He has experience working as a pharmacist with Shoppers Drug Mart and as a pharmacy student at The Centre for Family Medicine in Kitchener, Ontario.

Sasha Adler, social worker, who was working 2.5 days with our Home Visiting Program and 2.5 days with our Mental Health Program has decided to go part-time with the Home Visiting Program. To fill the part-time vacancy, Amy Babcock was hired on Feb. 18. Amy comes to us with a Master of Social Work earned from the University of Toronto in 1999. Amy has 20 years of experience providing clinical and instrumental social work interventions in a variety of community-based and institutional settings (including 11 years in a hospital-based FHT setting).

Julia Stanislavskaia, our generalist dietitian, returned from her maternity leave on Dec. 29 and Jennifer Schneider's, who covered Julia's maternity leave, last day was also Dec. 29. A special thank you to Jennifer for completing the maternity leave contract.

Aging Well: A Book Review

By: Members of the TC FHT Patient & Family Advisory Committee (PFAC)

Three recommended books to help you stay healthy and vital over the years.

[Successful Aging: A Neuroscientist Explores the Power and Potential of Our Lives](#), by Daniel Levitin (Dutton Books, January 2020, 400 pages plus 75 pages of notes)

McGill University Professor Daniel Levitin, now 63, gives us all – young and old – hope and much to look forward to in his book, *Successful Aging*. After reviewing more than 4,000 peer-reviewed research studies, Levitin found that there are many ways in which we can prolong the period of time we are able to stay healthy. In his exploration of aging, Levitin suggests some strategies and practical cognitive habits that everyone should develop as they grow older.

Certainly, eating healthy foods and exercising regularly are both extremely important to our overall well-being. "If you're sedentary," he says, "you're going to forget things more. It's about movement and oxygenation of the blood, which keep your brain circuits healthier." His prescription: eat mostly plants, have lots of friends - young and old, don't retire (or at least keep up important interests and volunteer to help people), and try new things, such as learning a new language or playing a new instrument.

"Aging is not simply a period of decay," he says, "but a unique developmental stage that—like infancy or adolescence—brings with it its own demands and its own advantages." In fact, World Health Organization data culled from 60 countries indicate that we experience our peak of happiness at age 82, because, Levitin suggests, we have more self-discipline, we tend to be more agreeable, emotionally stable and calm, and less self-driven.

Cont'd on page 8



Taddle Creek

DIABETES
DIGEST

Is Diabetes Reversible?

By: Jessica Zupan, Registered Dietitian

The question of reversing diabetes may seem like a simple one, but what does it actually mean? In this article, I define reversing diabetes as undoing functional changes to the organs that cause diabetes (1). This is similar to a *cure*. It is important to note that people sometimes define reversing diabetes as getting blood sugars into the normal range without medication (2). This is similar to *remission*. While getting blood sugars into the normal range without medications is possible for some people, this is not reversing the functional changes to the organs that cause diabetes.

With the definition of reversal clarified, the short answer to the question is no. Diabetes is a chronic disease and does not have a cure. It is a little more complicated, but I hope to clarify some things for you.

Three main signalling issues contribute to diabetes. Some of these issues can be reversed and others cannot. Together, we will explore them and discuss how to appropriately manage each issue.

The liver makes too much sugar

One of the many roles of the liver is to store sugar and release it when the body needs fuel. In people living with diabetes, the liver releases too much sugar into the bloodstream.

When your blood sugar spikes, your liver stores and releases more sugar. Blood sugar spikes occur when your blood sugars rise and fall sharply after you eat. One way to avoid blood sugar spikes is to eat at regular time intervals. There are also medications that reduce how much sugar your liver produces (4). These medications can help adjunct regular meal spacing to prevent blood sugar spikes and regulate the liver's sugar production. This damage can sometimes be reversed.

Insulin resistance

Insulin is a hormone that is required to move sugar out of your blood and into your cells where it is used for energy. If cells are resistant to insulin, they cannot uptake sugar efficiently, resulting in high blood sugars. Exercise is one of the fastest and most effective ways of reversing insulin resistance. This helps muscle cells absorb more sugar, thus reducing blood sugar levels (3).

The pancreas makes less insulin

For many reasons, including genetics, age and environment, the cells that make insulin can get damaged. Usually by the time you are diagnosed with diabetes, about half of the cells that produce insulin are damaged, which puts extra pressure on the remaining cells to keep up with the demand (1). Because insulin is the hormone that removes sugar from the bloodstream, when you produce less insulin, your blood sugars increase. In addition, when you have insulin resistance, your body requires even more insulin to remove sugar from the blood. Managing insulin resistance can help preserve the cells that make insulin, preventing further damage, but you cannot reverse the cell damage that has already occurred.

While medicine and diet can correct the extra sugar produced by the liver and exercise and diet can reverse insulin resistance, cell damage to the pancreas cannot be reversed. However, **high blood sugars can decrease to normal range and you can prevent diabetes-related complications** with a combination of lifestyle changes, dietary changes and/or medications.

References:

1. <https://diabetes.diabetesjournals.org/content/58/4/773>
2. <https://care.diabetesjournals.org/content/32/11/2133>
3. <https://journals.physiology.org/doi/full/10.1152/japplphysiol.01336.2005>
4. <https://www.jci.org/articles/view/40671>



Cont'd from page 6 (Aging Well: A Book Review)

The Well-Lived Life: Live with Purpose and Be Remembered, by Lyndsay Green (Harper Collins, 240 pages)

This book is an easy read about what can be a difficult subject: life going on without us. However, the author uses poignant vignettes, drawing from real life situations, to illustrate how we can live in the now to cultivate our legacy.

The chapter on “Giving Back,” for example, challenges us to give of ourselves, right now, to enrich the lives of others. Even in these times during the COVID-19 pandemic, you can still mentor someone virtually, work to improve the environment or walk the dogs at the local rescue service.

The book stresses the importance of family stories and writing your own narrative to retain control over your own life story. “Pass on your values, not just your valuables,” Green urges. This can take the form of an “ethical will,” intended to relay values from one generation to the next, by sharing life stories, lessons learned, dreams for the future, and expressions of love, forgiveness and hope. The author provides a wealth of helpful resources at the end of the book.

Younger Next Year for Women, by Chris Crowley and Henry S. Lodge, MD with Allan J. Hamilton, MD (Second Edition, Workman Publishing Co, Inc., 2019, 399 pages)

Dr. Henry Lodge and his patient, Chris Crowley, write alternate chapters about the science of aging and how behavioural changes allow us to live healthier lives for longer into our senior years. Dr. Lodge lays out seven rules for good living: “Exercise six days a week for the rest of your life; do serious aerobic exercise four days a week; do serious strength training with weights two days a week; spend less than you make; quit eating crap; care; connect and commit.”

The message is that these behavioural changes allow us to grow and reach a plateau rather than face a long, steep slide into decline. The book is sometimes marred by patronizing attitudes. There is also an assumption that everyone can afford the high costs of skiing and a personal trainer.

More helpful books on aging:

Healthy Aging: A Lifelong Guide to Your Well-Being, by Dr. Andrew Weil

Aging Wisely: Strategies for Baby Boomers and Seniors, by Dr. Robert Levine

The Wonder of Aging: A New Approach to Embracing Life After Fifty, by New York Times best-selling author Michael Gurion



Cont'd from page 2 (One Small Victory)

I recognized through these conversations that she was seeking to control what little part of the universe she could while everything else went spinning madly around her. And sometimes that meant striking a balance between her safety and her need to be in charge of her own destiny.

"I don't need the oxygen. Why do they keep putting it on me?"

"Because you were having some trouble breathing and your oxygen dropped to 92%. How are you feeling now?"

"A little bit better. Just tired. But I hate that they come in here and poke at me all the time."

"She's just following my instructions and looking out for you. Everybody wants you to be around for a good, long time."

"I know...but I don't have to like it." She grumbled, and then barked out a laugh.

And I was grateful that, despite it all, she had sufficient breath to laugh and complain in the same sentence.

4 weeks.

By some act of grace, her husband's tests (four of them!) all came back negative.

And finally, hers did too.

She, who had endured it all while caring for her frail husband through the course of her own illness, had quashed her virulent enemy.

I am convinced that the independent spirit of hers that I admire so much had a large part to play in that.

"Did you see it?!" I called the nursing station to speak to the nurse who had been my constant virtual companion over the last few weeks.

"I know! I can hardly believe it!" She laughed and I could hear the cheers in the background.

And suddenly we both found ourselves whisking away tears on both ends of the line, unexpectedly emotional at this one, small victory over a virus that had killed so many.

"Thank you." I said. "I simply could not have done it without you."

A cake arrived at the nursing station:

*"Dear Nursing Team,
Thank you for risking your lives to care for my patients and doing such an excellent job.
Stay safe and stay well.
Dr. Vivienne Lemos"*

This pandemic has brought to the fore how connected and yet, so isolated, we all are. I returned to Canada on one of the last flights out of Mumbai before India closed its airspace in mid-March 2020, uncertain of what my practice was going to look like when I got back and deeply worried about the family I was leaving behind.

Fear coloured everything.

Cont'd on page 10



Cont'd from page 9 (One Small Victory)

The uncertainty weighed heavily on me.

My friends and family members are all frontline workers and none of us had the luxury of just staying home.

I remember the first day I stepped into my office after the lockdown was declared, wearing the scrubs that I had previously relegated to the back of my closet, rubber clogs, hair wound under a scrub cap, mask taped to my face, goggles and face shield compressing my skull and the whole mess covered by the tent of a level-2 isolation gown.

None of my patients recognized me.

I did not recognize myself.

We have sacrificed so much for our patients. I have been deeply angered and frustrated with the anti-mask protests, the conspiracy theories that COVID-19 is a hoax and the unwillingness of some individuals to follow public health recommendations. It is an insult to all of us who are risking our lives for those in our care and for the families who have lost loved ones to this virus.

I, like many others, have not seen my family in nearly a year, and likely will not be seeing them any time soon. It is that social disconnection, the absence of touch, that I find hardest to bear.

And yet, I am one of the lucky ones.

I have a family.

So many of my elderly patients do not.

It is their isolation that I feel most keenly, unspoken between the pauses in conversation.

Reason for medical visit: social isolation.

There are some whom I call periodically to check in for that reason alone: there is simply no one else.

In these difficult times, it is my hope that we rebuild our communities, redefine what it means to be family and reach out to those on the edges of our circles.

That we begin to think of the collective, not just the individual.

Life is too short not to be shared and too long to be lived alone.

**Printed with permission from the patient*



COVID-19 Vaccines

Dear Taddle Creek patients,

We wish you all a happy and healthy new year.

Thankfully, 2021 has brought us a beacon of hope. Vaccines are currently being administered in Canada to help us control the COVID-19 pandemic. With this good news comes many questions. We wanted to share with you the information on what we know so far.

The vaccines are safe

The two mRNA vaccines (Pfizer-BioNTech and Moderna) approved for use in Canada work by sending a message to our body's immune system to stimulate our own natural immune response. Research into mRNA vaccine technology began in the early 1990s, so this science is not new. As well, more than 70,000 people were involved in the trials of these approved vaccines and, as of mid-February, more than 60 million doses of the mRNA vaccine have been given worldwide. No serious safety concerns have been identified.

The vaccines are effective

We know the vaccines protect us from catching COVID-19 and getting more severe illness from COVID-19. The 94 to 95% effectiveness of both the Pfizer-BioNTech and Moderna two-vaccine schedule is as good as the results of the best vaccines we have for preventing any disease.

People who were vaccinated for the COVID-19 virus were about 20 times *less* likely to get sick with COVID-19 than those who were not vaccinated. The vaccine also likely prevents us from spreading COVID-19 to our loved ones and those around us, although studies are ongoing. This level of efficacy will play a major role in helping slow spread and move us towards a post-pandemic Canada.

The vaccine's known side-effects

As with other vaccines, some people can develop mild side effects in the days following immunization. The side effects are generally not serious and go away on their own within 1 to 3 days. In the studies, side effects included one or more of the following symptoms: pain where the needle was given, redness and swelling, fatigue, headache, muscle pain, joint pain, chills, mild fever, and/or swollen glands (less frequently). These types of side effects are expected and simply indicate the vaccine is working to produce protection. These side effects are more likely to occur after your second dose.

When will I get the vaccine?

Ontario's goal is to vaccinate every eligible person by the end of 2021. In general, older adults and others at high risk of getting sick or transmitting the virus will be vaccinated before others. It will take some time to vaccinate enough of our community members and achieve shared protection through herd immunity. We do not know yet if or when Taddle Creek will have vaccines for our patients, but we will keep you updated as more information becomes available. In the meantime, it is crucial that we all continue to follow public health protocols; wear a mask in public spaces, keep two metres apart and wash hands often.

Should I get the vaccine if I am pregnant or breastfeeding?

Pregnant and breastfeeding women were not included in trials for the currently available vaccines. However, the Society of Obstetricians and Gynaecologists of Canada has stated that "the documented risk of not getting the COVID-19 vaccine outweighs the theorized and un-described risk of being vaccinated during pregnancy or while breastfeeding **and vaccination should be offered.**" The Ontario Ministry of Health guidance states that

Cont'd on page 12

Cont'd from page 11 (COVID-19 vaccines)

pregnant women should discuss risks and benefits with their family physician or primary healthcare provider.

Should I get the vaccine if I have a history of allergies or am immunosuppressed?

People who have ever had a severe allergic reaction (anaphylaxis) to a previous dose of an mRNA vaccine or any of the ingredients in the vaccine should not receive it. We will discuss any allergies or other health conditions you may have before you receive the vaccine.

If you are immunosuppressed due to a condition or treatment, we will discuss the benefits and risks of vaccination given your particular situation and come to a decision together. People who were immunosuppressed were not included in the trials for the currently available vaccines, although vaccination is generally felt to be a good idea for you to reduce your risk of getting a COVID-19 infection.

Can I get a vaccine if I am on blood thinners?

Yes. There is no need to stop these important medications. We recommend that pressure be applied to your arm for five minutes after vaccination.

In summary, the vaccines are safe and effective. We will continue to monitor the vaccine rollout and provide you with the most relevant science-based information as soon as we have it available to us. The next page discusses common myths about COVID-19 vaccination.

Please remember, our healthcare professionals and offices remain accessible to you by phone or in-person visits (if deemed necessary). Thank you all for what you have done to keep yourselves, your loved ones and your communities safe.

Sincerely,
Taddle Creek Family Health Team

Resource:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_information_sheet_pfizer-biontech.pdf

THE TRUTH AND NOTHING BUT THE TRUTH!

MYTH: “These vaccines were developed too fast”

FACT: An amazing worldwide effort was put into this endeavour and resulted in very large and well-run trials with none of the usual delays. Also, mRNA vaccine is fast to produce.

MYTH: “The vaccine can cause COVID-19”

FACT: You cannot get COVID-19 from the vaccine. The COVID-19 vaccines we have now and the ones in development contain only bits of virus mRNA or protein to trick the body into mounting a defence that prevents real infection. Side effects like headache, muscle aches, fever or arm soreness are signs that your immune system is learning! These side effects are nowhere near as bad as the real infection can be.

MYTH: “mRNA vaccines can change your DNA”

FACT: mRNA enters the cell but not the nucleolus. The body reads the mRNA to make spike protein and then mRNA quickly degrades. The body sees the spike protein and launches its defence so it's ready for the real deal.

Cont'd on page 13

Cont'd from page 12 (COVID-19 vaccines)

MYTH: “mRNA vaccines have dangerous ingredients”

FACT: Actually, there are very few ingredients in these vaccines. What is most remarkable is what is not in there: no preservatives, no formaldehyde, no thimerosal, no mercury, no gelatin, no food, no egg, no dye, no fetal cells and no microchips!

MYTH: “We are missing long-term data”

FACT: Vaccine side effects are known to occur within 6 weeks. So far, with the many millions vaccinated, there have been no safety concerns. The only real unknown is for how long the vaccine will be effective. Medical professionals are much more concerned about the long-term known and unknown effects of contracting actual COVID-19 infection!

MYTH: “Since I already had COVID-19, I don’t need the vaccine”

FACT: Vaccination is still recommended. We don’t know how long immunity lasts and it is not uncommon for people to have COVID-19 infection more than once. One is also still susceptible to the new variants.

MYTH: “Once I have the vaccine, I no longer need to follow public health precautions”

FACT: Until enough people are vaccinated and the pandemic is under control, it is essential that everyone continue to mask, physically distance and wash their hands. Two vaccines, a few weeks apart, are required and it takes time to make antibodies. Also, we don’t know if it’s possible for vaccinated individuals to asymptotically transmit virus to others.



THE TADDLER

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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 2021 - April 2021 Groups/Workshops/Drop-In Offerings

Groups/Clinics are open to Taddle Creek Family Health Team patients
 Additional information is available on the Programs and Services drop down menu,
 see website: <https://taddlecreekfht.ca/>
 Dates are subject to change

Event	Date(s)	Time	Learn About/Assistance With
CBT for Anxiety Group (CAMH) Virtual Call 416-260-1315 Note: MD referral required	Jan-Mar 2021 (1 session per week for 12 weeks)	Scheduled 1 hour sessions with CAMH social worker	<ul style="list-style-type: none"> • Understanding the physiology of anxiety • Learning cognitive behavioural therapy (CBT) strategies and skills • Examining how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives • Being able to identify, evaluate and balance distress-related thoughts • Learning techniques for relapse prevention
CBT for Depression Group (CAMH) Virtual Call 416-260-1315 Note: MD referral required	Jan-Mar 2021 (1 session per week for 12 weeks)	Scheduled 1 hour sessions with CAMH social worker	<ul style="list-style-type: none"> • Learning cognitive behavioural therapy (CBT) strategies and skills • Examining how our thoughts and beliefs are connected to our mood, behaviours, physical experiences and to events in our lives • Being able to identify, evaluate and balance distress-related thoughts • Learning techniques for relapse prevention
CBT for Insomnia Group (CAMH) Virtual Call 416-260-1315 Note: MD referral required	Feb 2-Mar 2, 2021 (1 session per week for 5 weeks)	5:00-7:00 pm	<ul style="list-style-type: none"> • Learning about how cognitive behavioural therapy (CBT) is used when treating insomnia • Learning techniques to help you get quality sleep that will promote good physical and mental health • Understanding how our minds and thoughts contribute to insomnia • Practicing mindfulness to reduce stress and help you get to sleep
Lifestyle Balance Group Virtual Call 416-260-1315 Note: MD referral required	Oct 2020-Mar 2021	5:00-7:00 pm	<ul style="list-style-type: none"> • Reaching and maintaining a healthy balance between eating, physical activity and emotional eating • Learning essentials of nutrition and exercise • Recognizing and managing emotional eating

Event	Date(s)	Time	Learn About/Assistance With
<p>Intuitive Eating Group Virtual</p> <p>Call 416-204-1256</p>	<p>Jan-Mar 2021 (Wednesdays for 7 weeks)</p>	<p>2:00-4:00 pm</p>	<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
<p>Blood Sugar Management Workshop Virtual</p> <p>Call 416-204-1256</p>	<p>Mar 3 (Part 1) Mar 10 (Part 2)</p> <p>Mar 18 (Part 1) Mar 25 (Part 2)</p> <p>Apr 7 (Part 1) Apr 14 (Part 2)</p> <p>Apr 22 (Part 1) Apr 29 (Part 2)</p> <p>May 5 (Part 1) May 12 (Part 2)</p> <p>May 20 (Part 1) May 27 (Part 2)</p> <p>Jun 2 (Part 1) Jun 9 (Part 2)</p> <p>Jun 17 (Part 1) Jun 24 (Part 2)</p>	<p>9:00-11:00am 9:00-11:00am</p> <p>5:00-7:00pm 5:00-7:00pm</p> <p>9:00-11:00am 9:00-11:00am</p> <p>5:00-7:00pm 5:00-7:00pm</p> <p>9:00-11:00am 9:00-11:00am</p> <p>5:00-7:00pm 5:00-7:00pm</p> <p>9:00-11:00am 9:00-11:00am</p> <p>5:00-7:00pm 5:00-7:00pm</p>	<p>An introductory two-part series designed to help individuals living with prediabetes or diabetes. Workshops will be held over Zoom.</p> <p>Part 1: Getting Started</p> <ul style="list-style-type: none"> • What is diabetes? • What causes diabetes? • How is prediabetes/diabetes diagnosed? • How do I prevent long term complications related to diabetes? • Is diabetes reversible? <p>Part 2: Taking Charge</p> <ul style="list-style-type: none"> • How can I manage my blood sugars? • What can I eat when I have prediabetes/diabetes? • Can exercise help with prediabetes/diabetes? • How does stress impact my prediabetes/diabetes?