

## Featured Article

## More Risk Factors in Dementia

The number of people diagnosed with Alzheimer's is expected to increase from 240,000 to 780,000 in the next 30 years. However the results from a U.S. study undertaken in 2005 may indicate that this number is on the low side because the study identifies obesity in mid-life (40 -45) as a significant risk factor in dementia. The study is one of two by Dr Rachel Whitmer, of the Kaiser Permanente Division of Research, et al., that identify a number of risk factors for dementia. The other culprits identified are smoking, hypertension, high cholesterol and diabetes.

The studies looked at the mid-life condition of the participants because the ratio of lean to fat mass changes with ageing, resulting in decreased body mass index and because the sub-clinical phase and initial onset of dementia affects appetite and causes weight loss, skewing the temporal association between weight and dementia.

The first study, 'Midlife cardiovascular risk factors and risk of dementia in late life' was published in Neurology in January. It was based on 8,845 participants, who underwent health evaluations from 1964 - 1973, when they were between the ages of 40 and 44. Diagnoses of dementia were ascertained by medical records from January 1994 to April 2003. 721 or 8.2% of the participants were identified as having dementia. Smoking during midlife was associated with a 26% increased dementia risk. Diabetes increased the risk by 46%, high cholesterol by 42% and high blood pressure by 24%.

The second study, 'Obesity in middle age and future risk of dementia', also by Whitmer et al., and published in June in BMJ, used 10,276 participants. As with the previous study, these men and women underwent detailed health evaluations from 1964 to 1973, when they were aged 40 - 45. Diagnosis of dementia was again undertaken between 1994 and April 2003. In this study, 713 participants (6.9%) were diagnosed with dementia. The obesity measures used were body mass index and tricep and subscapular skinfold thickness.

At mid life, 10% of the cohort were obese, 36% overweight, 53% normal weight and 1.3% underweight. Their conclusions were that compared with those with normal weight at mid life, obese people had a 74% greater risk of dementia, while those who were overweight had a 35% greater risk. Also, in sex specific models, body mass index was associated with dementia more strongly in women. Overweight women were 55% more likely to have dementia than women of normal weight, while overweight men had a non-significant 16% increase in risk compared with men of normal weight. Given the demographic structure of the Canadian population, with its increasing number of seniors in the next twenty years, this is cause for considerable concern.

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*Ask Dr. John*

## Should Senior Diabetics Receive Special Foot Care?

A. The short answer is "YES". The 'natural history' of diabetes is replete with evidence of widespread damage to many bodily systems. Diabetics are at

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significantly higher risk for cardio-vascular, kidney, eye, nerve and skin diseases. With feet, it is a question of a combination of circulatory and neurological factors. Over time, and especially with poorly controlled blood sugar levels, the flow of blood to the feet decreases and the skin 'sensation' in the feet can diminish (diabetic neuropathy). This combination of diabetic complications can often lead to small injuries (bumping toes against furniture), ingrown toe-nails, calluses, corns and plantar warts going unnoticed for a while. These 'minor' issues can then progress to the stage of infection. The more serious outcomes can be amputation of toes, feet or even legs.

No foot "incident" in senior diabetics should be taken lightly. Delay or neglect in seeking treatment can result in infection, gangrene and amputation, as always, PREVENTION is the best approach. This means good control of blood glucose levels in senior diabetics. (This is accomplished by the 'balancing' of the 3 central factors, diet, exercise and the use of hypoglycemics (insulin or oral preparations). And, I strongly recommend routinely scheduled, regular, professional diabetic foot care and review. This means routine appointments every 6 – 8 weeks, preferably with a qualified podiatrist, chiropodist or 'diabetic foot-care nurse.'

The 'costs' of NOT providing appropriate foot care for senior diabetics is MUCH too great in terms of individual pain, suffering and disability as well as in 'health care dollars'.

This section of our newsletter gives you an opportunity to send in questions and receive answers from one of Canada's leading and founding gerontologists! Following his retirement as a professor of gerontology at Simon Fraser University, Dr. John Crawford continues to share his expertise and wisdom by serving as the VP of Education for the Canadian Academy of Senior Advisors. Take advantage of your access to this remarkable resource by e-mailing your questions to: [drjohn@canadacsa.com](mailto:drjohn@canadacsa.com)

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*Heart Healthy Recipe*

## Summer Chicken and Shrimp Pasta for Two

This is a quick and easy pasta dish perfect for a weeknight's supper.

### Ingredients (Makes 2 servings)

- 3 cups (750 mL) dry whole wheat pasta
- 1 tbsp (15 mL) olive oil
- 1 chicken breast (about ½ lb / 250 g) diced
- ¼ cup (60 mL) diced red onion
- 3 cloves of garlic
- 1 cup (250 mL) cherry tomatoes, cut in half
- 10 medium shrimp, peeled
- 1 cup (250 mL) fresh baby spinach, washed
- 1 tbsp (15 mL) finely chopped fresh basil or ½ tsp (2 mL) dried
- 1 tsp (5 mL) pepper
- 1 tbsp (15 mL) parmesan cheese

### Directions

1. Cook pasta according to package directions. Set aside.
2. Meanwhile, heat oil in a large fry pan over medium heat.
3. Add the chicken and cook for 5 minutes until fully cooked.
4. Add the red onion, garlic, and tomato and sauté for 5 minutes.
5. Add the shrimp and spinach and cook for 5 minutes, stirring frequently.
6. Remove from the heat and toss in the basil, pepper and cheese. Serve immediately over the pasta.

### Nutritional information per serving

(1 cup / 250 mL chicken and shrimp mixture, and 1½ cups / 375 mL pasta)

- Calories: 575
- Protein: 47 g
- Total fat: 11 g\*
- Saturated fat: 2 g
- Dietary cholesterol: 110 mg
- Carbohydrate: 76 g
- Dietary fibre: 10 g

- Sodium: 438 mg
- Potassium: 772 mg

\* This recipe contains higher total fat per serving than is recommended by the Heart and Stroke Foundation. However, the saturated fat serving still meets the Foundation's criteria. Make sure that fat intake for other meals you consume the day you prepare this recipe is lower. The Foundation recommends that women consume 45 g to 75 g of fat a day, and men 60 g to 105 g daily. Developed by Nadine Day, RD. ©The Heart and Stroke Foundation.

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*Joke or Quote of The Month*

## Warranty Claim

An angry client went back to the automobile garage where he'd purchased an expensive battery for his car six months earlier. "Listen," the motorist grumbled to the owner of the garage, "when I bought this battery you said it would be the last battery my car would ever need. It died after only six months!" "Sorry," apologized the garage owner. "I didn't think your car would last longer than that."

(source : [www.MyCleanHumor.com](http://www.MyCleanHumor.com))

Quotes of the Month

"Always do what you are afraid to do."  
Ralph Waldo Emerson

"When I let go of what I am, I become what I might be."  
Lao Tzu

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*Did You Know?*

## Cost of Care

Over 500,00 Canadians have Alzheimer's Disease, affecting 1 in 20 families aged 65 and older and 1 in 3 families aged 85 and older. The annual cost of care increases as the disease develops from an average of \$9,500 to \$36,800 per year.

(source : CASA)

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*Seniors Tip*

## Learn About Your Ship's Sanitation Record

Check your cruise line's scores on the Centers for Disease Control and Prevention's Vessel Sanitation Program Inspection Scores list. Under its Vessel Sanitation Program (VSP), the Centers for Disease Control and Prevention (CDC) inspect ships that have foreign itineraries, stop at U.S. ports and carry more than 12 passengers. Inspectors check each ship in the program twice per year. They look at the ship's systems, medical facilities, swimming pools and common areas for pests, disinfection problems, safety issues, and problems with documentation and crew training. A score of 85 or lower on a scale of 100 possible points is considered unsatisfactory. You can search for a particular ship's score or check results for an entire cruise line at the VSP website. You can also see a list of cruise ships that received a perfect score.

(source : [www.seniortravel.about.com](http://www.seniortravel.about.com))

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Jennifer Legge, Newsletter editor, Canadian Academy of Senior Advisors.

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