Volume 7 Issue 3

Volunteers: An Important Resource www.omafra.gov.on.ca

Volunteers are the most important resource community organizations have. The ability of people to work willingly together for the betterment of their community and themselves is a valuable resource.

The image of the volunteer has changed over time. Gone is the stereotype of the middle-aged housewife with time on her hands. Now volunteers come from all walks of life: they may be a teenager learning to manage responsibility by caring for wounded wildlife, an executive sharing management skills with a community group or a retiree enjoying a new friendship as a volunteer reader at the community library.

Ideally, volunteers find the donation of their time and energy a meaningful experience for themselves as well as for the organization. A true win/win situation.

Benefits volunteers bring to an organization:

 Credibility – volunteers have fewer vested interests, making them a valuable public relations asset

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- Objectivity especially in the delivery of services
- Refreshed energy
- Specialized skills and knowledge
- > Public opinion on important issues
- New ideas to enrich the existing program
- Flexibility to focus intently on a particular task or issue
- Constructive criticism and feedback
- Fresh perspectives "new blood" can keep an organization alive
- Ability to lessen the overall workload
- Immediate access to the community.

Rights of a Volunteer

- to be treated as a co-worker, not just free help.
- to be given a suitable assignment with consideration for personal preference, temperament, education and skills.
- to a well-planned program of training and supervision.
- to a continuing education on the job and the follow-up to initial training... training for a greater responsibility.
- > to sound guidance and direction.
- to promotion and a variety of experience through advancement to assignments with more responsibility.
- to be heard, to have a part in planning, to feel free to make suggestions, and to have respect shown for an honest opinion.
- to recognition in the form of promotion and rewards, and through day-to-day experience of appreciation.

The organization is responsible for making sure that volunteers are treated well. In return, the organization benefits by getting extra effort and good quality work from the volunteer.

Understanding why a person wants to volunteer will help determine the best job placement.

Life Lessons: Volunteering...Value it for

life! www.volunteercanada.ca

Volunteering doesn't have to be a onetime experience. For many, it's a lifetime activity. What you gain from volunteering will change. There will always be new skills, new experiences and new feelings of satisfaction. Volunteering is often hard work but it is rarely dull. There may be times when life doesn't allow you to volunteer. But it will always be there when you need it to enrich your life. Take joy in the knowledge that you can always give.

But it will do a whole lot more. It will develop you as a person, too. You will discover new parts of yourself, make friends, try new experiences and know the satisfaction of helping others and being a part of a community.

Remember Your Flu Shot

"Each year, thousands of Ontarians fall ill with the flu. Some get severely ill, missing days of work, school or vacation.

Some even die. But much of the illness caused by the flu can be prevented with a flu shot. Protect yourself and those around you. It's free!" (Dr. Sheela Basrur, Chief Medical Officer of Health)

Who should get the shot? Everyone.

Unless there is a medical reason not to, everyone aged 6 months or older can benefit from getting the flu shot. Getting the shot is also very important for some people because they have a greater risk of developing complications from the flu. Or they may spread it to others at high risk because they are in close contact or live in the same household.

It is recommended that all eligible Ontarians receive the flu shot. Remember, you need a flu shot every year. The risk of the vaccine causing serious harm is very small. However, you should always discuss the benefits and risks of any vaccination with your health care provider.

Myths about the flu

Complications from the flu can be very serious. The flu shot can help reduce the risk of contracting this illness.

There are many reasons why some people are unlikely to get a flu vaccination. A few people are severely allergic to eggs and shouldn't get a flu shot. Others admit that they're afraid of needles. Still others believe some unfounded myths about the flu shot. These are some common myths and the real facts:

Myth #1: I didn't get a flu shot last year and I didn't get sick.

FACT: Even though you have avoided getting the flu so far, it doesn't mean that you won't get sick this year. Every year, different strains of the flu virus circulate. By not getting the flu shot, you are increasing your chances of becoming ill.

Myth #2: **I'm young and healthy. I don't need a flu shot.**

FACT: Even healthy children and young adults can become seriously ill. On average, the flu can leave you ill for up to seven days, causing lost time from work, school or vacation. Plus, there's a chance you might infect others at much greater risk than you of becoming seriously ill: young children, the elderly, or someone with a medical condition. These groups, among others, could develop serious complications from the flu and may be hospitalized.

Myth #3: Getting a flu shot will give me the flu.

FACT: This is simply NOT true. The vaccine does not contain live virus. Many people confuse the flu with a cold or other respiratory infections, which the flu vaccine will not protect them against.

Myth #4: The flu is just a bad cold.

FACT: The flu is much worse than a cold. Cold symptoms and complications are much milder than that of the flu.

Myth #5: Flu shots are not worth getting because they're not very effective.

FACT: A flu shot is about 70 to 90 per cent effective in preventing flu in healthy adults, when the vaccine is a good match to the strains. In children, it's about 83 per cent effective. Among the elderly, the vaccine can help prevent pneumonia and hospitalization in about six out of 10 people and is up to 85 per cent effective in preventing death. Vaccine effectiveness varies from one person to another, depending upon their general state of health. Some individuals who get a flu shot can still get the flu. But if they do, it is usually a milder case than it would have been without the shot.

Myth #6: I don't need another flu shot. I got one last year.

FACT: A flu shot is needed every year. There are many strains of the flu virus with slightly different characteristics. The strains change, and each year a new vaccine is produced that provides protection against the three most common strains predicted for the coming season. Protection from the vaccine develops by about two weeks after the flu shot, and may last up to one year.

Why your kids should get the flu shot.

Healthy young children aged 6 to 23 months are at increased risk of being admitted to the hospital because of flu symptoms compared with healthy older children and young adults. And once children enter daycare, school, or begin playing with groups of other children, their close contact enables the flu virus to spread quickly and easily among them. This helps make children one of the main spreaders of the virus both in the school and in the household.

Facts about children, the flu and vaccination:

- Only children 6 months of age and older can be vaccinated.
- Healthy children 2 years and older should be encouraged to receive the vaccine as they can also develop influenza illness and complications.
- Children under 9 years old getting vaccinated for the first time need two doses of vaccine – the second dose at least one month after the first.
- Children and teenagers (6 months to 18 years) who have been treated with aspirin for long periods of time may have an increased risk of developing Reye's syndrome if they get the flu.
- Children with chronic medical conditions are at increased risk of flu-related complications.
- The vaccine is safe and well tolerated by healthy children.
 There is no evidence that it can cause neurological conditions such

as autism, attention deficit disorder or hyperactivity disorder.

What more can you do to avoid getting sick?

Washing your hands thoroughly and often may reduce your chances of getting sick.

- **4** Use soap and warm running water.
- Wash hands at least five times a day.

There are other precautions you can take to help prevent getting the flu and spreading it to others:

- Cover your mouth and nose with a tissue when you sneeze or cough.
- If you don't have a tissue, cough or sneeze into your upper sleeve – not into your hands.
- Put used tissues in the wastebasket immediately.
- Avoid sharing food, eating utensils, towels or handkerchiefs.
- Keep an alcohol-based hand sanitizer (gel or wipes) handy at work, home and in the car.

Want to learn more?

For more information on getting a flu shot, speak to your doctor, nurse practitioner, public health unit or pharmacist. Call **1-877-844-1944** (TTY 1-800-387-5559) to find a clinic near you. You can also learn more by visiting www.health.gov.on.ca and www.HealthyOntario.com.

Coping with Stress

Stress is an everyday fact of life and cannot be completely avoided. Thus, we need to learn to live with it in a healthy way. Some stress may be positive as it stimulates us to meet life's challenges. However, when stress is prolonged or intense it can be unhealthy and lead to emotional and physical illness. Whether your stress experience is a result of major life changes or a build up of everyday worries, it's important to deal with it in a positive way.

Stress can arise from 4 basic sources:

Environment - e.g., weather, noise, traffic, pollution.

Social stressors - e.g., deadlines, financial problems, loss of a loved one, family conflict, relationship problems, role changes, job loss, etc.

Physiological - e.g. new diagnosis of a health problem, chronic illness, menopause, aging, lack of exercise, poor nutrition, etc.

Your thoughts - how we interpret an experience, our expectations of life, expectations that we have of others and ourselves.

Each of us reacts to these stressors or demands in different ways. For example, while driving in heavy traffic or having a job interview may be exciting for some people, it may be stressful for others. Our stress balance is very individual!

The Stress Response

You've probably heard it called the "fight or flight" response. In these situations the body releases a hormone "adrenaline" that causes many physical changes: increased heart rate and blood pressure

- ↓ Increase in breathing rate
- ↓ Increased muscle tension
- Increased cholesterol / fatty acid levels in the blood

All of these changes make it easier for the person to stay and "fight" or to run away from the threat. When the stressful situation is relieved, your body relaxes and returns to a normal state.

The other response is a long-term "vigilance" response. Another hormone called "cortisol" is released to help the body prepare for survival. This hormone causes many things to happen in the body:

- 4 Gradual increase in blood pressure
- Release of fatty acids and clotting factors into the blood

- Decrease of sex hormones increase of gastric acid in the stomach
- Lowering of the body's immune system

As in the "fight or flight" response, the body returns to normal when the longterm stress is relieved.

Stress May Hurt Your Heart

Unfortunately, many people lead stressridden lives. One stressful situation is followed almost immediately by another, with little or no time for the body to relax in-between. While the exact role of stress in heart disease is unknown, constant and/or unrelieved stress can mean that:

- ♣ the heart is overworked, and
- blood pressure, cholesterol and fat levels remain higher than normal.

Each of these conditions is known to cause damage to the arteries, which adds to the risk of heart disease and stroke.

*Source: '*Lifelines' (1996) Alberta Heart and Stroke Foundation

Disability Awareness Corner – Chronic Fatigue Syndrome *Excerpted from chronicfatigue.com*

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Chronic Fatigue Syndrome (CFS), which is also sometimes referred to as Chronic Fatigue Immune Dysfunction Syndrome (CFIDS) or Myalgic Encephalomyelitis (M.E.), is a condition characterized by the primary symptom of a prolonged, persistent debilitating fatigue not relieved by rest and not directly caused by other conditions. In general, a diagnosis for CFS requires that the tiredness is severe enough for at least a 50% decrease in the patient's ability to participate in ordinary activities. The Centers for Disease Control (CDC) describes CFS as a distinct disorder with specific symptoms and physical signs, based on the exclusion of other possible causes.

What causes CFS?

The exact cause of CFS is unknown. A distinct or direct cause has not been positively identified. Some studies have shown that Chronic Fatigue Syndrome may be caused by inflamed nervous system pathways, Mycoplasma bacterial infection, or viral illness (such as Epstein-Barr) complicated by an inadequate or dysfunctional immune response. For some, the condition can occur following an injury, infection preceding or following surgery (e.g., peritonitis), or other traumatic body events that weakens or adversely affects the immune system. Age, environment, genetic disposition, prior illness, or stress may also be factors. Like most autoimmune illnesses, CFS most

commonly occurs in women, usually ages 30 to 50.

What are the symptoms of CFS?

Many of the symptoms of CFS are similar to those associated with the flu (muscle aches, headache, and fatigue). However, unlike the flu, while with CFS these symptoms may ebb and flow, they never go away. (Imagine dealing with flu symptoms on a daily basis and you know how someone with CFS feels on a good day.)

What are the primary symptoms of CFS?

Primary symptoms include:

- New onset fatigue or tiredness that lasts for at least 6 months and is not relieved by normal rest
- Full-body fatigue serious enough to restrict normal activity that develops from far less exertion than was possible before the illness

Additional symptoms include:

- Constant headaches, different those previous in pattern, quality, or severity.
- Feeling unrefreshed after normally adequate sleep.
- Forgetfulness, cognitive impairment including confusion or difficulty concentrating, or irritability.

- Joint pain, often moving from joint to joint (migratory arthralgias), without joint swelling or redness.
- Low-grade fever (101F or less)
- Lymph node tenderness and swelling in the neck or armpit
- Muscle aches (myalgias)
- Exercise intolerance: Muscle fatigue that lasts more than 24 hours after an amount of exercise that would normally be easily tolerated.
- Muscle weakness, all over or multiple locations, not explained by any known disorder.
- Sore throat, red but without drainage or pus.

What is the difference between CFS and "chronic fatigue"?

Chronic Fatigue Syndrome (ICD10-CM or WHO ICD-10 G93.3) has a different medical diagnostic code than idiopathic Chronic Fatigue (WHO F48.0). There are different symptom requirements used to diagnose these different entities.

Chronic Fatigue Syndrome and chronic fatigue are sometimes incorrectly used as synonymous, when in actuality they are two entirely different diagnoses. Chronic fatigue is often a symptom of other conditions, such as Chronic Fatigue Syndrome, depression, and so forth. Patients can sometimes get relief from the chronic fatigue that accompanies other conditions. As the condition causing the chronic fatigue improves, the chronic fatigue lessens. At present, there is no cure (complete relief) from Chronic Fatigue Syndrome.

Everybody gets tired! How is the fatigue of CFS different?

The fatigue of CFS is all-encompassing. It involves not only the feeling of having gone without rest (even after getting a full night's sleep, for those that fortunate; disrupted or irregular sleep patterns is often another side effect of CFS), the fatigue includes muscle weakness, cognitive impairment, and ongoing headaches of varying degrees.

Tests have shown that many CFS victims already start off with a lowerthan-normal oxygen level in the brain, and exercise, instead of increasing it, actually makes it go lower. In addition, studies such as those noted in a 2004 article Muscle Metabolism with blood flow restriction in Chronic Fatigue Syndrome in the Journal of Applied *Physiology* have shown that blood flow to the muscles is also altered. One describes this by saying that "the body reacts to even mild exercise, like a short walk, as if it has run a marathon on top of working an 80-hour week: extreme pain, fatigue, cognitive dysfunction...and it lasts for 36-48 hours."

What are some of the tests for CFS?

Physical examination is usually conducted to confirm the fever, lymph node tenderness, lymph node swelling, or other symptoms, but often examination alone is not considered conclusive.

A health care provider can deduce a diagnosis of CFS only after ruling out all other known possible causes of fatigue, such as:

- Drug dependence
- Endocrine diseases (such as hypothyroidism)
- Infections
- Muscle or nerve diseases (such as multiple sclerosis)
- Other illnesses (such as heart, kidney, liver diseases)
- Other immune or autoimmune disorders
- Psychiatric or psychological illnesses, particularly depression (because the severe fatigue of CFS itself may bring about depression, a diagnosis of depression does not rule out CFS; however, fatigue related to depression alone must be ruled out in order for CFS to be diagnosed)
- Tumors.

What symptoms must be present for a CFS diagnosis?

A diagnosis of CFS must include:

- Absence of other causes of chronic fatigue (excluding depression when other symptoms are present)
- At least 4 of the other symptoms listed
- Extreme, prolonged fatigue

There are no specific tests to confirm the diagnosis of CFS; however, a variety of tests are usually conducted in order to exclude other possible causes of the symptoms.

Note: In order to rule out muscle or nerve diseases and/or psychiatric or psychological illnesses, a **complete neuro-psych exam** may be a part of the diagnosis process.

Some typical findings on tests are seen consistently in people who are eventually diagnosed with the disorder. These include:

- Brain MRI that shows evidence of swelling in the brain or destruction of some of the nerve cells (demyelination)
- Higher levels of specific CD4 T white blood cells compared to other types of white blood cells (e.g., CD8 T cells)
- Specific white blood cells (lymphocytes) containing active forms of EBV or HHV-6

What treatment is available for CFS?

At present, no treatment has been proven to be effective as a way to cure CFS. Rather than hope for a cure, the symptoms are treated instead. Many people with CFS experience depression and other psychological problems that may improve with treatment.

Some of the proposed treatments include:

- Antianxiety drugs to treat anxiety
- Antidepressant drugs to treat depression
- Antiviral drugs, such as acyclovir
- Drugs to fight "hidden" yeast infections, such as nystatin
- Medications to reduce pain, discomfort, and fever

Unfortunately, for many with CFS, medications can cause adverse reactions or side effects that are worse than the original symptoms of Chronic Fatigue Syndrome.

While patients with CFS are encouraged to maintain active social lives, and mild physical exercise may also be helpful, for many this isn't possible.

What long-term effects should somebody with CFS expect? (In other words: What is the prognosis?)

The long-term outlook for patients with CFS is difficult to predict at the initial onset. Some patients have been reported to completely recover after six months to a year. Others may take longer for a complete recovery. Some never recover or return to pre-illness energy and wellness levels.

What are the complications of CFS?

CFS causes what might be considered lifestyle restrictions. For people for whom the fatigue is so severe or unpredictable that they are essentially disabled and homebound during much of the course of the illness, this leads to social isolation and an inability to maintain steady employment.

What should I do if I suspect I have CFS?

Call for an appointment with your health care provider if you experience persistent, severe fatigue, with or without other symptoms of CFS. Remember: There are other serious disorders that can cause similar symptoms; those need to be excluded.

Community Events



The United Way of Greater

Toronto has graciously offered free tickets to all of their member agencies to Handel's Messiah, hosted by Jack Layton, with members of the Toronto Symphony and Mendelssohn Choir. The concert is being held at St. James Cathedral on Saturday December 17th, at 4:00p.m. There are only a few tickets left, so if you would still like a pair please call Nancy.

CILT News



This year's United Way Fundraising Campaign was very successful. Rolita Siu did a fabulous job as Campaign Coordinator. The Bake Sale Event raised \$370 including \$32.5 from the Donation Jar. Through Employee Pledge Donations, we raised \$2,500. Last year's United Way campaign raised 90.2 million dollars of which CILT contributed \$2,336. The goal of United Way for this year was to exceed this by \$1 million or just over 1%. In order to reach UW's expected goal, our fundraising campaign goal for this year was \$2,359 (i.e. last year's achievement plus \$23). We surpassed our target by \$511 or 22%. We raised a grand total of \$2,870.

CILT will be closed for the holidays from December 26th 2005 and will re-open on Tuesday January 3rd 2006. The staff at CILT would like to wish you all the happiest of holiday seasons. See you in the New Year! *CILT's Volunteer Vibes* is a quarterly publication of the **Peer Support Program.** If you are interested in volunteering at C.I.L.T. please call Nancy to request a Volunteer Application Package.

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<u>Volunteer Vibes</u> is also available on audiotape.

Articles on products, agencies or services are for information only and are not meant as endorsements.

The opinions expressed in this newsletter are those of the contributors and may not reflect the views of CILT.





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