



# The Adina Advocate

Volume 8, Issue 3

SPRING 2015

## Families Registered For Support:

Seventy-seven families are currently registered for support with Adina Family Support

### Inside This Issue:

<b>Adina Team Message</b>	1
<b>Adina Photo Board</b>	2
<b>Recipe Spot &amp; General Information</b>	3
<b>AGM Information</b>	4
<b>Diabetes Information</b>	5 6
<b>Adina Activities Calendar</b>	7

### Adina Family Support Program

33 Glasstail Crescent, NARANGBA  
 QLD 4504  
 Ph: (07) 3385 7222  
 Fax: (07) 3385 7433  
 Email:  
 adina\_manager@arafmiqld.org

Well, this year is flying by and the weather is starting to warm up. It won't be long now until our lovely pool will be a hive of activity again. Don't forget to bring your togs, towels, sunscreen and hat with you when you come to stay over the warmer months.

We have many activities coming up, including a workshop at Bunnings North Lakes where we will be taught how to do hebel carving, a Melbourne Cup day BBQ in the beautiful Adina back yard, a new walking group, art classes and loads of other activities.

There have been a few staffing changes at Adina. Cathy and Laura have both left our team and we would like to take this opportunity to thank them for their contributions to the service and wish them the best of luck in their future endeavours.

We do have a new member to our team—a new pet Siamese Fighting Fish (Fishy)!!!! He is very happy living in our family room and is just beautiful to watch floating around in his tank. Welcome to Adina Fishy.



Adina staff are currently busy trying to implement a healthy eating plan. We have been sourcing information from the Queensland Government healthy eating website (<http://healthier.qld.gov.au>) and trying to promote a healthier Adina. Many of our guests have various dietary requirements and some have diabetes. Diabetes can effect anyone and can have severe effects on your health including blurred vision, tiredness and increased thirst. Please read our brief overview of Diabetes on pages 5 & 6 for more information on this disease. If you have any concerns or think you may be affected, please contact your local GP to discuss with them or phone the Diabetes Australia Infoline on 1300 136 588. If anybody has meal recipes or tips to share, please let us know, we would love your input.

Because we recognise that families and carers have such a big job to do and fill a very important role in our community, Arafmi and Aftercare are jointly hosting a 1 day Forum to celebrate Carer's Week. Please see the flyer "Standing Beside You" included with the newsletter for more information.

We have an exciting program to provide you with information and fun so we do hope you will be our guest at this special "**free of charge**" event.

One of the sessions is a **panel discussion** made up of carers and other experts. The panel will discuss issues that are most relevant to you. As this is *your forum* and *your opportunity* to be heard - when you register, please provide us with any questions that can be passed on to the panel beforehand.

Please RSVP to [info@arafmiqld.org](mailto:info@arafmiqld.org) and provide your details or call 3254 1881 to register by phone prior to 6 October 2015.

Make sure you mark the date on your calendar.

Close of registration is Tuesday 6 October 2015 so to avoid disappointment, please book early. Bookings are essential for catering purposes.

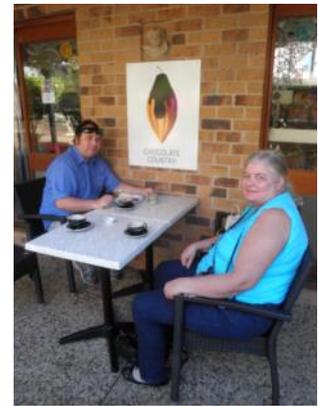
Enjoy your read and we hope to see you in the near future



# Adina Photo Board



We have done so many things since the last newsletter, including a trip to the Brisbane Ekka, fishing, barefoot bowling, pottery, karaoke and coffee shop outings to name a few. Here are a few photos from our adventures



This picture has been drawn by one of our extremely talented guests. This is the view sitting in our TV room—overlooking the pool and into our backyard. Thank you for this amazing picture which will be framed and placed on the wall at Adina for everybody to enjoy.



If you have any pictures, drawings, artwork or poems, short stories etc. that you would like to share with other guests at Adina, please advise the staff and we would love to either put it on display or add it to one of our newsletters.



# Recipe Spot

## Risoni Rissotto



This recipe serves 2 people

This recipe is great to use up left-over meat and veges

### INGREDIENTS:

- ◆ 1 litre of liquid stock (vegetable, chicken or beef stock to suit type of meat)
- ◆ 1 1/2 cups of risoni (found in the pasta aisle at the supermarket)
- ◆ 2 tablespoons of parmesan cheese (or to taste)
- ◆ 1/4 cup cooked chicken—shredded (or other left over cooked meat)
- ◆ 1/4 cup frozen mixed vegetables (or other left over vegetables from your crisper—lightly steamed)

### METHOD:

- ◆ Bring stock to the boil in a medium pot and then add the risoni
- ◆ Cover and allow to boil until most of the liquid has been absorbed. Stir through the meat and vegetables.
- ◆ Turn heat off, cover and allow to stand for 5 to 10 minutes
- ◆ Stir through the parmesan cheese before serving.

## Check in and check out times at Adina

Please be aware that the check in and check out times at Adina are as follows.

**Check in: after 12:00 pm**

**Check out: prior to 10:00 am**



Adina Family Support is a program of:  
Mental Health Carers - **Arafmi** Qld Inc.

PO Box 248, New Farm QLD 4005  
24 hour phone support for carers - Ph: (07) 3254 1881  
Free Call: 1800 351 881 (Regional Qld)  
[www.arafmiqld.org](http://www.arafmiqld.org)

Adina is funded by the Department of Social Services

*The opinions expressed in this newsletter are those of the individual staff and guests and not necessarily those of Adina Family Support Program. If you have any suggestions for our newsletter we would love to hear from you! Please give us a call on 32385 7222*



### Arafmi's Mission Statement

*To enhance the wellbeing of family, friends and others caring for people with mental illness and/or psychiatric disability by providing quality support, education and advocacy services.'*

You are invited to attend the  
**ANNUAL GENERAL MEETING**  
 And Dinner  
 Of  
 Mental Health Carers

*Arafmi Qld Inc*

Starting at 6pm

On

**WEDNESDAY 21 OCTOBER 2015**

Riverside Receptions, 50 Oxlade Street, New Farm

RSVP Monday 12 October 2015

# Standing Beside You

## Carer's Week

### Mental Health Forum

Brisbane Convention

& Exhibition Centre

Tuesday 13 October 2015

9.30am - 3.15pm

Free of charge

(including lunch)

Join us for a day of celebration,  
fun, recognition, information  
and connection.

Register by emailing: [info@arafmiqld.org](mailto:info@arafmiqld.org)

Or phone: 3254 1881.

### PROGRAM

9.30am Registration and morning tea

10.00am Welcome  
MC Ivan Frkovic—  
Deputy CEO Aftercare

10.20am Her story in song: Leah Cotterell—singer / song-  
writer

10.30am THE BIG PICTURE in changing times—Dr Lesley  
Van Schoubroeck,  
Commissioner QMHC

10.40am **Panel Topic: Who is standing beside you and  
how they can help carers**

If you have any question for the panel, Please let  
us know when you register

Noon Lunch with Food for Thought—  
Information browsing tables

1pm Simple ways to keep standing:  
Toni Powell

2pm Step up to JOY FACTOR: Susan Brown

3pm Take away messages: MC Ivan Frkovic

# A BRIEF OVERVIEW OF DIABETES

Diabetes Australia Infoline: 1300 136 588

Diabetes mellitus is a condition in which the level of [glucose \(sugar\)](#) in an individual's blood becomes too high because the body cannot use it properly. There are two common forms of diabetes. Type 1 diabetes is due to destruction of the [insulin producing islets](#) in the pancreas. Type 2 diabetes is due to the pancreatic islets failing after many years of increased insulin production because of resistance to the action of insulin in many tissues of the body, especially in muscle.

Insulin is a [hormone](#), produced by the pancreas, which controls the movement of glucose into most of the body's cells and maintains blood glucose levels within a narrow concentration range. Most tissues in the body rely on glucose for energy production, and all but a few - such as the brain and nervous system - are entirely reliant on insulin to deliver this essential fuel.

Diabetes disrupts the normal balance between insulin and glucose. Usually after a meal, [carbohydrate](#) are broken down into glucose and other simple sugars. This causes blood glucose levels to rise and stimulates the pancreas to release insulin into the bloodstream. Insulin allows glucose into the cells, where it also promotes storage of excess glucose - either as glycogen in the liver or as triglycerides in adipose (fat) cells. If there is insufficient or ineffective insulin, glucose levels remain high in the bloodstream and the body's cells 'starve'.

This can cause both short term and long term problems depending on the severity of the imbalance. In the short term it can upset the body's [electrolyte](#) balance, causing dehydration as high blood glucose levels increase the amounts of urine passed. If unchecked, this can eventually lead to loss of consciousness, kidney failure and death. Over time, high glucose levels can damage blood vessels, nerves and organs throughout the body, contributing to other problems such as [high blood pressure](#) and [heart disease](#) in addition to diabetes.

## Signs and symptoms

The signs and symptoms of diabetes are related to high glucose levels (hyperglycaemia), temporarily low glucose levels (hypoglycaemia), and to complications associated with diabetes. The complications can be related to lipid (fat) production, to macrovascular (large blood vessel) or microvascular (small blood vessel) damage, to organ damage - for example kidney (diabetic nephropathy), nerve (diabetic neuropathy) and eye (diabetic retinopathy) and/or to the slower healing associated with diabetes. Type 1 diabetics are often diagnosed with acute severe symptoms that require hospitalisation. With early type 2 diabetes and gestational diabetes there may be no symptoms.

### Symptoms of type 1 and type 2 diabetes with hyperglycaemia may include any of:

- Increased thirst
- Passing increasing amounts of urine
- Increased appetite (with type 1 weight loss is also seen)
- Tiredness
- Feeling sick
- Vomiting
- Stomach pain (especially in children)
- Blurred vision
- Slow-healing infections
- Numbness, tingling and pain in the feet
- Erectile dysfunction in men
- Absence of menstruation in women
- Rapid breathing (acute)
- Decreased consciousness, coma (acute)

### Symptoms of impending hypoglycaemia:

Temporary hypoglycaemia in the diabetic may be caused by the accidental injection of too much insulin, not eating enough or waiting too long to eat, exercising strenuously, or by the swings in glucose levels seen in patients with diabetes which is difficult to control (often referred to as 'brittle diabetes').

- Sensation of hunger
- Headache
- Anxiety
- Sweating
- Confusion
- Trembling
- Weakness
- Double vision
- Convulsions (severe)
- Coma (severe)

Hypoglycaemia needs to be treated because if it is severe, it can rapidly progress to unconsciousness. True hypoglycaemia occurs when the blood sugar is below 2.5 mmol/L, though symptoms may develop earlier, especially if the blood sugar falls rapidly, and include:

## Treatment

While there is no way to prevent type 1 diabetes, the risk of having type 2 diabetes can be greatly decreased by: losing excess weight, exercising and by eating a healthy diet with limited fat intake. By identifying pre-diabetic conditions and making the necessary lifestyle changes to lower glucose levels to normal levels you may be able to prevent type 2 diabetes or delay its onset by several years. Normalising blood glucose can also minimise or prevent vascular and kidney damage.

Continued .....

## DIABETES (treatment cont....)

There is currently no cure for diabetes (although there has been some success with transplants including islet (beta) cell transplantations as a way to restore insulin production). The goals of diabetes treatment are to keep glucose levels close to normal and to treat any progressive vascular disease or organ damage that arises.

Diabetic treatment at the time of diagnosis may be very different from that required afterwards. Type 1 diabetics may be diagnosed following a short term illness, have very high blood glucose levels, electrolytes out of balance, in a state of diabetic ketoacidosis (where their body has tried to break down fats to use as an alternate fuel source, leading to the toxic build up of ketones in the blood) with some degree of kidney failure. They may have become unconscious and comatose. This is a serious condition requiring immediate hospitalisation and expert care to get the body back to its normal balance.

Type 2 diabetics may occasionally be sick in a similar way to that described for type 1 diabetics. This may occur if they have ignored initial symptoms, if they have neglected their regular treatment, or if they have a serious stress to their system such as a heart attack, stroke or an infection. Very high blood glucose levels and dehydration reinforce each other, leading to weakness, confusion, convulsions, and to hyperglycaemic hyperosmolar (highly concentrated blood) coma. This is also a serious condition requiring immediate admission to hospital.

Regular diabetic treatment involves daily glucose monitoring and control, eating a healthy planned diet and exercising regularly (to lower glucose levels in the blood, increase the body's sensitivity to insulin and to increase blood circulation). It is important to work closely with your doctor or diabetes nurse and have regular checks that can include monitoring tests such as [UACR](#), haemoglobin A1c, lipids and tests of kidney function in addition to blood pressure, eye and foot tests.

Immediate attention is required for complications such as:

- Wound infections, especially on the feet, are slow to heal and if not addressed quickly may eventually lead to an amputation. Aggressive and specialised measures are often necessary
- Vision problems, diabetic retinopathy can lead to eye damage, a detached retina, and to blindness. Laser surgery may be necessary

[Urinary tract infections](#) which may be frequent and resistant to antibiotic treatment

**Type 1 diabetics** must self check their glucose levels and inject themselves with insulin from once to several times a day. (Insulin is not available in an oral form, it breaks down in the stomach so it must be injected under the skin). For some, a similar amount of insulin is taken every day; others prefer a more flexible regime where the amount and type of insulin injected is adjusted to take into account what they are eating, the size of their meals, and the amount of activity they are getting. There are several types of insulin available, some are fast acting and short lived while others take longer to act but have a longer duration.

Most type 1 diabetics use a combination of insulins to meet their needs, and maintaining control can sometimes be a challenge. Stress, illnesses, and infections can alter the amount of insulin necessary, and some type 1 diabetics have 'brittle' control - where glucose levels make rapid swings during the day.

A number of type 1 diabetics have turned to wearing insulin pumps, programmable devices that are carried at the waist and provide small amounts of insulin (through a needle under the skin) throughout the day to more closely match normal insulin secretion.

As another complicating factor, type 1 diabetics may develop antibodies to insulin. Over time, their body begins to identify the injections as an 'intruder' and works to destroy the insulin, resulting in the necessity of higher doses of insulin or of switching to a different kind.

Type 1 diabetics may also 'overshoot', running into trouble with low glucose levels (hypoglycaemia or 'hypos') if they inject too much insulin, go extended periods of time without eating, or if their needs change unexpectedly. They must carry glucose with them in the form of tablets or sweets and be ready to take some at the first signs of hypoglycaemia (low blood sugar).

Carrying glucagon injections is also recommended for times when their hypoglycaemia is not responding to oral glucose or for someone else to give them if they have become unconscious. Glucagon is a hormone which counteracts the action of insulin and increases glucose concentrations. Acute conditions, such as diabetic ketoacidosis or renal failure, may require admission to hospital to resolve.

**Type 2 diabetics** usually monitor control by testing urine for the presence of glucose and having regular blood HbA1c tests. Type 2 diabetics range from those who can control their glucose levels with diet and exercise, through those who require oral medicines, to those who need to take daily insulin injections. Many will move along through this range as their disease progresses.

The oral medicines fall into three groups, those that:

- stimulate the pancreas to produce more insulin
- help make the body more sensitive to the insulin it is producing, and
- slow the absorption of carbohydrates in the stomach (slowing down the increase in blood glucose after a meal).

Type 2 diabetics often take 2 or more of these medicines, and/or insulin injections - whatever it takes to achieve glucose control.

(Information sourced from <http://www.labtestsonline.org.au>)

# Upcoming Adina Activities

Please phone 3385 7222 during business hours to RSVP for all activities

As a majority of our guests are interested in doing activities/outings during their stay at Adina, Tuesdays and Thursdays will now be **outing days**. Staff will advise you of proposed planned activities for the week when confirming your stay. It is suggested to bring suitable clothing, footwear and perhaps a small amount of spending money for these activities. If anybody has any suggestions of where they might like to visit (eg. movies, picnics, markets etc.) please let the staff know.



## Walking Group Every Wednesday

All guests and carers are invited to join us from 10am every Wednesday for a new **WALKING GROUP**. We will start with some gentle walks around our community. Please remember to wear appropriate shoes for walking, a hat, sunscreen and bring a water bottle. See you at 10am next Wednesday at Adina Family Support Program.



## Bunnings Arts & Craft Class Wednesday 14 October 2015



A class will be held for Adina guests only at Bunnings, North Lakes with Craig from 1.30pm. We will be learning hebel carving. All supplies and afternoon tea will be provided by Bunnings. Hebel is an air-rated concrete which we will be carving into candle holders. Please come along and try a new activity (the hope is to make this a regular activity of fered).

Priority for transport will be given to guests staying at Adina during this time period, however we would love to meet you there and enjoy the day with you.

**RSVP: Monday 12 October 2015**



## Melbourne Cup Day at Adina Tuesday 3 November 2015

All guests and carers are invited to join us at Adina for a lunch time BBQ on Tuesday 3 November 2015 from midday to celebrate the Melbourne Cup. Wear your favourite clothes and hat if you like and enjoy some themed games and some yummy food!!

(Remember to bring your hat and sunscreen and also togs & towel if you would like a swim)

**RSVP: Friday 30 October 2015**



## Bookings & Closure dates for Adina

We encourage all Carers to plan and book their respite stays for the remainder of 2015 and also into 2016.

Booking early will ensure that you can pre-plan your breaks to get the maximum benefit from your "time off". Planning your **respite** can also ensure that you won't be disappointed if Adina is fully booked. Currently Adina is open approximately every 2nd weekend, the weekends are very popular so please take a minute and call us to make your bookings.

