



# HIGHGATE



Issue 487  
August 2009

Website: <http://Highgate-rsl.org.au>

## NEWS

The official newsletter of the Highgate (WA) Sub-Branch of the Returned & Services League of Australia

### MONTHLY LUNCHEON

Monday 17 August 2009

**Venue:** Gallipoli Room

**Time:** 1130 hrs—Fellowship  
1215 hrs—Luncheon



**Guest Speaker:** Steve Pratt - Steve is an Accredited Practising Dietitian (APD) and Accredited Exercise Physiologist (AEP) who manages the nutrition and physical activity team at Cancer Council WA. Steve has extensive experience in development and delivery of a broad range of public health and clinical programs, specifically in the areas of nutrition, physical activity, alcohol and obesity.

In addition to his work with the Cancer Council, Steve is chair of the WA Branch of the Dietitians Association of Australia and chair of the National Oncology Interest Group for the Dietitians Association of Australia.

**Topic:** Cancer of the bowel

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### PRESIDENT'S REPORT

#### Luncheon Numbers

We must have a more accurate count of members attending the August Luncheon. We request that you signify your attendance at Luncheons by sending an email or telephoning either Martyn Thompson or Richard Adams. If you get an answering machine just leave your name so we know you will be attending. We need your RSVP by NOON on the Wednesday prior to the Luncheon for August, that is Wednesday 12 August, the Luncheon is Monday 17 August.

#### 80, 90 and 100 Birthday Luncheon

It was great to see so many of the birthday boys at luncheon. Harold Birch as our most senior member did a great job at 100 years of cutting the cake. On the Highgate website: <http://highgate-rsl.org.au> there is a group photograph and if you click on the Gallery then on Birthday Luncheon there are many photographs of groups and individual members taken at the last Luncheon.

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### FORTHCOMING MEETINGS

**Committee:** 7 Sep 09

**Monthly Luncheon:** 21 Sep 09



Back Row L to R - Cecil Walkley, Theo Ricketts, John Allen, Jack Suriano  
Front Row L to R - Don Rae, Harold Birch, Don Newman, Bob Arnold



## Editorial

### HOW OLD IS OLD?

**AM** news item: "Men over 45 are finding it very difficult to gain employment. It is those in this age bracket who have suffered most in the current financial environment".

However, when we look at the photograph on the left, we could be forgiven for believing that this was a gathering of businessmen in their prime. And, this brings with it a question. Why is it that men, and women over 45, who are victims of financial crisis and other disruptions, are seen as being too old to re-employ. It surely must be the false reading of youthful management.

But, it need not be. Probably the Senior appointment on the world stage today is that of President of the United States of America and the present incumbent Barack Obama is a young man. Yet he has chosen a 76 year old, George Mitchell as the US Middle East Envoy, to undertake one of the most difficult tasks that could be offered anybody, that is of trying to broker a peace between the Palestinians and the Israelis.

George Mitchell has recently met Israeli PM Benjamin Netanyahu and it is probable that he called on Israel to halt new settlement construction in the disputed territories of the West Bank, a major sticking point in all discussions to date.

Although little has been made public from this one to one meeting Mr Mitchell knows well enough from his months of painstaking negotiation in Northern Ireland that there is not much to be gained, if you are the broker, by providing running spin for hungry journalists.

However, he has stressed that difficult choices need to be made, as he continues to seek a comprehensive Middle East peace deal.

Mr Mitchell follows a long line of negotiators, years younger than he and all of whom have failed. Let us wait and see if an older man can succeed and let it be an indication to all employers that where experience and wisdom are a criteria age can be a bonus.

The last luncheon at which we celebrated the OBE's, and this happens each July, was a huge success. The spirit of goodwill was palpable and the atmosphere jovial, ample evidence that life in the fast lane at the grand ages of 80, and 100 is to be enjoyed. Two of our members who reached 90 Bob Airey and Bob Jones and two who reached 80 Peter Anderson and Norman Marks were unable to be with us but to see Harold Birch, our centenarian looking so well was a considerable fillip and gave us all the incentive to push on to his great age. Congratulations to all.



Continued from Page 1 **President's Report**

### August Guest Speaker

The August Guest Speaker is from the Cancer Council and has a topical subject that all members need to know more about. This is about you learning and having appropriate knowledge of an important topic.

### Poppy Day is Friday 6 November 2009

We are looking for an energetic person to take on the role of Coordinator for Poppy Day this year. It is not an arduous role and primarily entails the collecting and banking of the donations.

*Ian*



## LAST POST

Les Stewart

- Lest We Forget -



## SUB WARDENS DUTIES

**Wreath Laying Services currently scheduled at the State War Memorial Kings Park**

Sunday 2 August 2009 1215 hrs for 1230 hrs - Association of Macedonian Organisations of WA  
Monday 31 August 2009 1145 hrs for 1200 hrs - National Malaya and Borneo Veterans Association

## **AUSTRALIAN VETERANS' CHILDREN ASSISTANCE TRUST** **{Scholarships for Children of Veterans intending Tertiary Studies in 2010}**

In 2010 the Australian Veterans' Children Assistance Trust (AVCAT) is expecting to give financial assistance for up to 65 students under many different scholarship schemes. All schemes help the selected children in need of the Australian veteran community with the costs of tertiary education. Applicants are considered for all schemes for which they are eligible.

Applications open on 18 August 2009.

To apply you must be:

- Within the means test. That is eligible on assets and income grounds for Youth Allowance benefits for full-time education.
- Enrolled, or planning to enroll in a full-time course of tertiary education in Australia by attendance at a university, TAFE or college. The course must be of one or more academic years length and at undergraduate level.
- The child or grandchild of a person who has operational service with the Australian Navy, Army or Air Force, or if not has three or more year's continuous full-time service as a member of the Australian Defence Force.

- Under the age of 25 when applying, unless exceptional circumstances related to veteran's service exist.

The largest scheme is the Long Tan Bursary funded by the Australian Government. There are 50 new bursaries each year. They are valued at \$9,000 each paid at \$3,000 per year for three years. There are selection number targets for each State and Territory. To apply you must be the child or grandchild of an Australian Vietnam Veteran, be resident in Australia, be entering any year of tertiary study, having not previously received a Long Tan Bursary.

The other national schemes are the AVCAT Bursary, the two RSL Scholarships, the RSL Reg Saunders Memorial Scholarship (which is only for indigenous applicants), the three Vietnam Veterans' Peacekeepers and Peacemakers Scholarship and the Defence Force Welfare Association Scholarship. George Quinsey Scholarships directly pay tuition fees for economics, commerce and accountancy studies.

Schemes vary between \$3,000 and \$5,000 per year each. Some are restricted to location of residence or stud-

ies. Most require veteran service in Vietnam but others are broader. Most schemes continue payments for later years of study. All scholarship schemes but one pays monthly installments. That scheme helps with tuition costs for courses in commerce, economics and accountancy. One scheme is for indigenous students doing substance abuse or related studies. For this scheme there is no upper age limit nor a need to be related to a veteran. In addition to the above there is one grant per year to assist an handicapped eligible veteran's child or grandchild with special extra costs of transition to tertiary studies or employment.

To receive an application form register interest on **1800 620 361**.

Applications close on 31 October each year.

**AVCAT PO Box K978, Haymarket, NSW 1240**

**HOSPITALITY** - The virtue which induces us to feed and lodge certain persons who are not in need of food and lodging.

## NOTIFICATION OF LUNCHEON ATTENDANCE

Bob Arnold will be in hospital from 3 August and during his absence Richard Adams, and Martyn Thompson will record your notification of attendance for the 17th August luncheon. Bob will be back to take orders for the September luncheon.

- **Notification for the coming luncheon by not later than 10 August please.**
- Richard's contact details are: Telephone - 0411 737 723 and Email - [rpadams@westnet.com.au](mailto:rpadams@westnet.com.au) or to leave a message only - 9486 9480 (Please speak slowly)
- Martyn's contact details are: Telephone - 9383 2681 and Email - [jcthompson@bigpond.com](mailto:jcthompson@bigpond.com)



## FINDING THE BALANCE

Specialist physician Dr Arthur Criddle and researcher Dr Megan Wraith investigated whether carer-directed home exercise programs would improve balance and reduce falls in people with dementia.

The results were presented at the largest ever gathering of international leaders in Alzheimer's research. Over 5000 researchers from 60 countries shared groundbreaking information at the Alzheimer's Association International Conference on Alzheimer's disease (ICAD 2008) last July. According to Dr Criddle, a fall is a sentinel event for an older person. "If a bone is fractured it can change their life significantly because it is often the beginning of a series of events that can lead to hospitalisation and depression, and may eventually result in the person needing to move from their home into residential care," Dr Criddle said. The issue of falls is problematic enough in the general population as people age. One third of older people with no cognitive impairment who live in the community fall each year, but the numbers increase dramatically if dementia is added into the equation. People with dementia fall up to three times more frequently than those who have no cognitive impairment. "It is important to look at this population because they are increasing in number and they make up a big percentage of the patients that we see coming in with falls and fractures," Dr Criddle said. The idea for the study evolved from New Zealand-based falls prevention research that showed that performing regular balance exercises decreased the incidence of falls in the normal older population. To date, the prevailing attitude has been that intervention is of little use in the cognitively impaired group. The assumption is that any benefit would be outweighed by the inevitable deterioration over time. According to Dr Criddle there is not a lot of research funding directed towards management of the dementia group at home because Alzheimer's disease is an incurable degenerative condition. The tendency is to funnel money into conditions such as cardiac stenting where lives can potentially be saved. The program that was undertaken was extremely cost effective because it was the caregiver who supervised the exercises in the home environment without the need for any specialised exercise equipment. Balance and strength exercises that could be embedded into everyday activities like

standing at the kitchen sink, sitting in a chair or walking, were chosen to keep the program simple and manageable. To be eligible to participate in the study, which was jointly funded by the Hollywood Private Hospital and Sir Charles Gairdner Hospital Research Foundations, the subjects had to have dementia which ranged from mild to severe and a carer who could supervise the exercises and record the necessary data.

At the beginning of the study, a battery of tests to establish baseline data for balance, level of independence, activities of daily living and quality of life was performed on each participant by a physiotherapist. These measures were all reassessed at six and 12 month intervals. An occupational therapist also visited the home environment and provided information on ways to modify the home in order to minimise the risk of falls. An exercise physiologist then taught a tailor-made exercise program that was appropriate for the physical and cognitive capacity of each person. Dr Wraith said that both patients and carers were enthused about the one-on-one session which was akin to 'a personal training session'. The technique worked well with this very vulnerable group of people who need to be well looked after.

The carer was asked to record any falls and the amount and frequency of exercise that was undertaken on a monthly calendar. A therapy aid visited the homes of the 20 subjects in the exercise group eight times during the first six months of the program to check that both carer and patient understood and could perform the exercises correctly. During the equivalent number of home visits to the 12 subjects in the non-exercise control group, the care-aids interacted socially with the subjects and collected language samples. The effect of the home visits on motivation and adherence to the program was reflected in the final outcomes of the study. The participants in the exercise group had less falls than the group who did no exercise in the first six months of the program. In the second six months the difference between the two groups was not statistically significant. What is of particular interest is that the exercises were completed about three times per week in the first six months when the therapy aids were visiting the homes regularly and only just over once a week in the second six months when there were no home

visits. There was also a significant improvement in balance in the exercise group at the 12-month mark and a decline in the non-exercise or 'usual care' group. In addition, the usual care group did less, became more dependent and demonstrated a greater fear of falling than the exercise group. By contrast, the level of involvement in activities and the level of independence remained stable in the exercise group. According to the carers of this group, the subject's quality of life improved during the year whereas carers of those in the usual care group reported a reduction in the quality of life of their loved ones. Neither group of carers reported any change in the quality of their own lives. According to Dr Criddle, it is becoming increasingly clear that physical activity and social interaction are vitally important for people with Alzheimer's disease – whether they like it or not. The worst possible scenario for this group of patients is to sit in a chair without moving or talking for long periods. Apparently even negative or unpleasant social interaction is preferable to none at all. "What came out of the conference in Chicago is that none of the drugs came up as being a likely magic bullet any time soon, in spite of the hundreds of millions of dollars being spent on drug research for Alzheimer's," he said. This means that exercise may play an increasingly important role in the interim. Dr Criddle hopes that extra visits by therapy aids will be added in the second six months if larger studies are undertaken in the future as the visits apparently served an important role in maintaining motivation. One theory about the reason that exercise seems to help revolves around the fact that the brain sits in a 'soup' of nutrient chemicals. It is thought that exercise may improve the quality of this nutrient liquid which then improves the function of the brain. According to Dr Wraith, the results of the study are encouraging. "This study is small and just a beginning, but maintaining quality of life at the same level in the context of deteriorating cognitive abilities is an achievement. Targeting this high risk group with a caregiver-focused home exercise program may be a cost effective way to reduce the mortality that may result from falls and delay nursing home placement," she said.

**(With thanks to Katherine Filippi Hollywood Private Hospital)**