

Older people and the COVID-19 Vaccine

According to OPAN (an independent voice for older people), a vaccine is a medication, and it is entirely your choice whether you choose to have the COVID-19 vaccine or not.

To help you make an informed choice as to whether you'd like to give your consent and have the vaccination, you may like to view a panel of experts discuss the COVID-19 vaccine and older people at: <https://opan.com.au/covid-19-vaccine-what-you-need-to-know>

Panel experts believe the vaccination may be very effective in preventing severe disease and death from COVID-19. During the webinar, the question was raised of whether people with dementia can have the COVID-19 vaccine and whether it will be compatible with all the other medications that they may take.

The panel discussed the fact that people with complications of living with dementia may have co-existing conditions and this may mean they have the predictors of a poorer response to the COVID-19 infection. Therefore they may benefit the most from the vaccination and should discuss concerns with their health professional or GP.

To find out more, you may also like to watch **OPAN's series of webinars titled 'Medication, It's your choice'**. The videos can be watched and resources read and downloaded at: <https://opan.com.au/yourchoice>

If you are an older person and have COVID-19 (coronavirus) concerns, you may like to telephone OPAN on 1800 237 981, 6am-10pm, 7 days a week.

What is OPAN?

The Older Persons Advocacy Network (OPAN) is a national network comprised of nine state and territory organisations that have been successfully delivering advocacy, information and education services to older people in metropolitan, regional, rural and remote Australia for over 25 years.

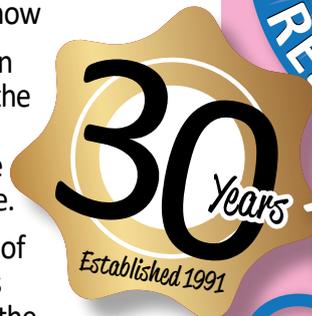
OPAN's free services support older people and their representatives to address issues related to Commonwealth funded aged care services and is funded by the Australian Government to deliver the National Aged Care Advocacy Program (NACAP). While OPAN is always on the side of consumers, it is an independent body with no membership or constituency beyond its nine service delivery organisations.

OPAN organisations support consumers and their families and representatives to effectively access and interact with Commonwealth funded aged care services and have their rights protected. Commonwealth Aged Care services include:

- Residential aged care
- Home Care Packages
- Commonwealth Home Support Programme services (CHSP)
- The Commonwealth Continuity of Support (CoS) Programme
- Commonwealth-funded dementia services
- Flexible care services, including the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, Multi-purpose services, Transition care and Short-term restorative care.

Please contact OPAN if you are unhappy with your government funded residential care, in home care or use community care services and want to know more about your rights and responsibilities as a client. You can also contact OPAN if you are a provider assisting a client to engage with an advocate or are seeking education for staff on advocacy and the rights and responsibilities of clients.

**Telephone 1800 700 600, 6am-10pm seven days per week
to be connected with the aged care advocacy organisation in your state.**



The Byron carer

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www.byronrespite.com.au

Byron Shire Respite Service is located at the Brunswick Valley Community Centre, South Beach Rd, Brunswick Heads.

Our incorporated non-government community based organisation is managed by a local committee and covers the shires of Byron, Ballina and Lismore.

NDIS Registered Provider

Respite care is delivered through our Flexible Respite, Day Respite and Social Support projects, with a person centred enablement approach across the respite continuum.

**Telephone Janine on: 02) 6685 1629
or Karen and Emma on 02) 6685 1619**

**Website: www.byronrespite.com.au
Email: caremanager@byronrespite.com.au**



Byron Shire Respite Service acknowledge and pay respect to the Arakwal people of the Bundjalung nation, the traditional owners of the land on which we live and care – and pay respect to the Elders past, present and emerging.

Byron Shire Respite Service Inc. is supported by the Australian Government Department of Health. Visit www.health.gov.au

Although funding for the Commonwealth Home Support Programme (CHSP) has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.

Muscular dystrophy and older people

Muscular dystrophy is the name given to a group of inherited neuromuscular conditions. There are more than 30 different types of muscular dystrophy. These conditions cause weakness and wasting of the muscles. This muscle wastage gets worse over time, and is not reversible.

What causes muscular dystrophy?

Most are caused by changes to genes involved in providing strength to the muscle structure. Many genes help to make the proteins that protect muscle fibres from damage. Muscular dystrophy occurs if one of these genes does not work properly.

Each type of muscular dystrophy is caused by a different change in a gene. Some of these gene changes are inherited from a parent. Some of them are new changes that occur early in development. These are known as spontaneous or 'de novo' gene changes. Spontaneous gene changes are not inherited, but they can be passed on to the next generation. Muscular dystrophy is the name given to a group of inherited neuromuscular conditions.

Late onset muscular dystrophies

Many people think that muscular dystrophy is exclusively a childhood condition. However, it can occur at any point in life. Common muscular dystrophies in later life include:

- **Myotonic dystrophy** which is the most common adult form of muscular dystrophy. (It is also known as Steinert's disease and dystrophia myotonica). Unlike the other muscular dystrophies, the muscle weakness is accompanied by myotonia (delayed relaxation of muscles after contraction) and by various other non-muscular symptoms.

The first muscles to be affected by weakness are those of the face, neck, hands, forearms, and feet. Myotonic dystrophy can affect the tissues and organs of many body systems.

The effects can include cardiac disease, cataracts, testicular atrophy – the testes become smaller and may stop functioning, difficulty breathing and adverse reactions to anaesthesia, difficulty in swallowing (dysphagia), digestive problems, excessive daytime sleepiness, learning difficulties, diabetes and thyroid dysfunction.

- **Facioscapulohumeral dystrophy (FSH)** which is a form of muscular dystrophy that affects the face and shoulders. It is generally considered less serious than other forms of muscular dystrophy.

This condition gets its name from the areas of the body that are affected most often – the muscles in the face (facio-), around the shoulder blades (scapulo-), in the upper arms (humeral). Some muscle groups on one side of the body are stronger than those on the other side.

Typical facial features of FSH include eyes that appear to be slightly open when the person is sleeping due to weakness of eye closure muscles, fewer than usual facial lines due to age. This characteristic facial appearance is

Treatment for muscular dystrophy
There is currently no cure for muscular dystrophy, however to help ease discomfort, reduce joint contractures, and prevent or delay scoliosis, physiotherapists offer advice on stretches and exercises, and the prescription of orthoses and other orthopaedic devices. Occupational therapists also provide advice on sitting positions and activities. Such treatment can keep affected people walking for longer and maximise independence in daily living.

more noticeable when the muscles are in use, for example, during speech.

In addition to Myotonic dystrophy and Facioscapulohumeral dystrophy there are three other types of muscular dystrophy that can occur later in life:

- **limb-girdle muscular dystrophy** which involves slow to fairly rapid progressive muscle deterioration of the proximal (back of the body) muscles of the pelvis and shoulders.
- **ophthalmoplegic muscular dystrophy** which is fairly rare and affects the eye muscles, leading to drooping eyelids.
- **distal muscular dystrophy** which is the rarest of the muscular dystrophies, and affects the small muscles of the arms and legs.

Where to get help

- **Your General Practitioner**
- **A Genetic Counsellor**
- **The Muscular Dystrophy Foundation Australia.** This charitable, not-for-profit entity and the peak body is a national voice for people living with muscular dystrophy and their support network. visit: <https://mdaustralia.org.au>
- **Muscular Dystrophy NSW** Phone (02) 9888 5711 or 1800 635 109 (Freecall) or email: info@mdnsw.org.au

To read the original transcript of this article and find out more about Muscular Dystrophy, visit: <https://mdaustralia.org.au> or <https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/muscular-dystrophy>

Sleep disturbances and dementia

Some people with dementia sleep during the day and are awake and restless at night. Some are no longer able to tell the difference between night and day, while others are simply not as active as they used to be and consequently need less sleep. According to Dementia Australia, these changes are common in people with dementia.

Sleep disturbances can cause the person with dementia distress, particularly at night, and are associated with reduced quality of life and depressive symptoms for both themselves and their carers. It is important to try to identify what is causing the sleep disturbances so that the issue can be addressed.

Dementia can cause chemical and structural changes in the brain which can change sleeping patterns.

Some other common causes include:

- physical factors such as hunger, discomfort or generally feeling unwell
- symptoms from a medical condition, such as pain from arthritis, or a frequent need to urinate because of urinary tract infection
- side effects from medicines
- changes to the usual night-time environment or routine, as a result of moving to a new home or being hospitalised.

Carers can try things at home to identify and address the underlying causes of sleep disturbances,

including adjusting daily routine and environment, or changing types or timing of food and drinks.

NPS MedicineWise report that medicines may be considered for short term use, but can add to problems with memory, urinary incontinence and the risk of falls. They believe that talking to your doctor can help you decide the option most suitable for you.

QUESTIONS TO ASK YOUR DOCTOR:

- Could untreated physical or emotional symptoms (such as infection, constipation, pain, or loss and grief) be disrupting your loved-one's sleep?
- Could another medical condition (such as depression) or a sleep disorder (such as restless leg syndrome,

sleep walking or sleep apnoea) be the cause of the sleep disturbance?

- Could the sleep disturbance be a side effect of a medicine, and if so, are alternatives available?
- Are there other ways to help reduce the person's sleep disturbance that do not involve medicines?
- If a medicine is prescribed, what are the side effects and how long would my loved-one need to take it for?

For more information about sleep disturbances and dementia, visit Dementia Australia at: <https://www.dementia.org.au/information/about-you/i-am-a-carer-family-member-or-friend/personal-care/sleeping>

For more information about medicines and dementia, visit the NPS MedicineWise website where you can find many resources at: <https://www.nps.org.au/consumers/medicines-and-dementia-what-you-need-to-know#medicines-to-manage-distress-symptoms>

Need support?

- **Carer Gateway** telephone: 1800 422 737 for information about planned & emergency respite & other carer supports. www.carergateway.gov.au
- **Australian Government Department of Health** For more information about COVID-19 call the Coronavirus Health Information Line on 1800 020 080 or www.health.gov.au
- **My Aged Care** telephone: 1800 200 422 for information about the Australian Government's aged care system and services. www.myagedcare.gov.au

If you require emergency respite care, please call the Carer Gateway:

1800 422 737

- **Telephone Janine at Byron Shire Respite Service to discuss your role as a carer.** telephone: (02) 6685 1629
- **National Dementia Helpline** telephone: 1800 100 500
- **Carers Counselling Service** telephone: (02) 6628 6416
- **Carers NSW** telephone: 1800 242 636
- **Sandra Kimball Counselling** telephone: 0458 175 962
- **National Continence Helpline** telephone: 1800 330 066
- **NSW Elder Abuse Helpline** telephone: 1800 628 221

Aids:

- **Byron Ballina Home Maintenance and Modification Service** 1/65 Centennial Circuit, Byron Bay telephone: (02) 6685 7312
- **Lismore Home Maintenance and Modification Service** 43 Habib Dr, South Lismore telephone: (02) 6622 2323
- **Bright Sky Cards for Continence Aids Payment Scheme (CAPS)** telephone: 1300 886 601

Need Transport?

- **Byron Shire Respite Service** can assist with transport to medical appointments. Telephone Emma or Karen: (02) 6685 1619
- **Byron Shire Limousines** telephone: (02) 6685 5008 Travel for medical appointments free with travel voucher or for Veteran and Widow Gold Card holders
- **Brunswick Limousines** telephone David on: 0412 855 747
- **Tweed Byron Ballina Community Transport** telephone: 1300 875 895 Tweed Byron Ballina Community Transport provide transport to medical appointments, weekly & fortnightly shopping outings & monthly social outings. The service is funded to support older people living at home independently or have a permanent disability or Indigenous Australians aged over 50 years. Phone Kathryn in the Byron office on: 1300 875 895 for transport to medical appointments or Amanda for any shopping bus or social bus enquiries.

Northern Rivers Carers Coffee Club

Are you caring for someone with dementia? If so, we'd love to see you at our monthly Carers Coffee Club on the last Wednesday of every month in Brunswick Heads. The next meeting is the 31st March.

If you are interested in join us, please email Emma on: emmawhite@byronrespite.com.au or telephone 02) 6685 1619.

Margaret enjoys visiting new friends outdoors during a break in the recent summer storms.



Companionship

Being with animals can promote a sense of belonging, love and appreciation and can be a great source of companionship for older people who might feel isolated.

Pet therapy can involve adopting an animal, visiting animals, or participating in sessions or living with pets at an aged care facility.

According to NSW Health, animal companionship and pet therapy may also be an effective way to complement other forms of rehabilitation and clinical care. It has been found that spending time with animals can produce a positive impact on patient care, the health workforce and the local health environment with minimal interruptions and risk to patient care.

To read the NSW Health guidelines regarding the use of animals to enhance clinical care, visit: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2012_007.pdf



Byron Shire Respite Service – Day Program Timetable

| monday | tuesday | wednesday | thursday | friday |
|---|---|---|---|---|
| 10am – 3pm centre-based day respite <i>dementia friendly</i> | 10am – 3pm centre-based day respite <i>dementia friendly</i> | 10am – 3pm centre-based day respite <i>dementia friendly</i> 10am – 3pm Bus Outings & shopping days | 10am – 3pm centre-based activities for older people | 10am – 3pm centre-based day respite <i>dementia friendly</i> |

Lunch, morning and afternoon tea is provided.
 The cost for the day including transport is \$22.00 (Fees subject to change).

For more information, please telephone: 02) 6685 1619 or email: caremanager@byronrespite.com.au

Need to make a complaint about your aged care service?

Clients and their carers accessing government funded support such as the Commonwealth Home Support Program (CHSP) are actively encouraged to provide feedback about the services they receive.

People have the right to call an advocate of their choice to present any complaints and to assist them through the complaints management process.

Clients (or their representative) can raise a complaint in the following ways:

- Directly with the service provider through their publicly available complaints system.
- CHSP clients can also contact the Older Persons Advocacy Network (OPAN) if they would like assistance in directly engaging with Commonwealth-funded aged care services. OPAN supports consumers to access and interact with Commonwealth funded aged care services and can be contacted on (free call) 1800 700 600 from 6am-10pm seven days per week.
- Contact the Aged Care Quality and Safety Commission on an open, confidential or anonymous basis by phoning 1800 951 822 (free call) or by visiting the website www.agedcarequality.gov.au. The Aged Care Quality and Safety Commission provides a free service for anyone to raise concerns about the quality of care or services delivered by Australian Government funded aged care services. The Aged Care Quality and Safety Commission is independent from the Department of Health.

Elder Abuse

Elder abuse may involve physical harm, misuse of money, sexual abuse, emotional abuse or neglect.

If you witness, suspect or experience elder abuse, you can contact the National Elder Abuse phone line for free and confidential information, support, and referrals.

To find out more about elder abuse, call 1800 ELDERHelp (1800 353 374) or visit the COMPASS website at: www.compass.info for information, a support directory and resources about elder abuse.