

ACCESS Health

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Complementary and Alternative Medicine: What patients need to know

Complementary and alternative medicine, also called CAM, is enjoying a surge of popularity both in Canada and in the United States. Integrative medicine is developing as a new form of medical practice. The standard form of health and medical care practiced in the United States is conventional medicine, also called "Western" medicine (its practice began in the Western Hemisphere) or allopathic medicine. When you go to a doctor who is an M.D. or a D.O., he/she will likely diagnose you and treat you based on the medical knowledge and experience she has gained through conventional education or practice, using drugs, surgeries or standard physical therapies.

CAM therapies take a different approach. Most are founded in Chinese medicine, also called Eastern medicine (emanating from the Eastern hemisphere). They rely on herbs and other "natural" substances (we'll explore that word "natural" below), orienting the human mind or physical manipulation to achieve health and wellness.

Integrative medicine is a combination approach that takes complementary, alternative and conventional medicine into consideration. It's the point at which East meets West for wellness, and where the combination can allay the disagreement.

What is the Difference Between Complementary and Alternative Forms of Medicine?

Often, these two terms are used interchangeably. However, there is a difference. Alternative therapies are used in place of a conventional medical approach. If you chose to do yoga instead of going to a physical therapist, it would be considered an alternative therapy.

Complementary therapies are used together with conventional therapies. For example, your doctor might suggest you take calcium for your bones, plus one of the drugs developed to stave off osteoporosis. Since you are using both

approaches, it would be considered complementary.

What Medical Approaches are Considered to Be Complementary and Alternative?

You have probably used some forms of CAM without realizing it. If you put aloe on a cut, for example, or if you take zinc or Echinacea when a cold gets started, you are using alternative remedies. Men take saw palmetto for prostate health, and people with arthritis take glucosamine and chondroitin to help relieve pain. You may choose foods with antioxidants or omega-3 fatty acids to stay healthy.

The U.S. and Canadian governments break down these therapies into five categories:

- (1) Biologically-Based, such as herbal supplements, botanicals, animal-derived products, vitamins, proteins, probiotics and other organic approaches.
- (2) Energy Medicine, such as veritable energy like sound, electromagnetic forces, and light or putative energy fields (also called biofields) which work to identify a body's own energy field, also called "chi." Alternative medicine professionals believe that when these biofields are disturbed, it causes illness in the body.

Examples of energy medicine are acupuncture, reiki, Qi gong, homeopathy, healing touch and intercessory prayer in which the prayers of one person help improve the health of another. These particular therapies are among the most controversial of the CAM therapies.

- (3) Manipulative and Body-Based, such as chiropractic, osteopathic, reflexology, and therapeutic massage. These therapies rely on the structures and systems of the body, making adjustments to them to heal symptoms and medical problems.
- (4) Mind-Body Medicine, which focuses on the interactions among the brain, behavior and physical health, such as meditation, yoga, biofeedback, tai chi, even spirituality.

Even conventional medicine has long understood the relationship between the mind and the body. Mental health and physical health are intertwined, and this type of approach is being used more and more for pain control, cancer management, and is being explored to learn more about its

immunity response.

- (5) Whole Medical Systems that have evolved totally separately from what we consider to be conventional medicine in the United States. These systems have names like naturopathy, homeopathy, traditional Chinese medicine, Eastern medicine and Ayurvedic medicine. You will see some of these names already mentioned in the categories above. The distinction here is in the way they developed rather than the therapy itself.

What is Integrative Medicine?

For those practitioners and patients who want to consider both conventional and CAM medicine in their medical decision-making, the integrative model makes sense.

Integrative medicine is the combination of the two. It takes the best practices of both worlds, reviews the evidence for treating whatever the patient's medical problem is, and combines them to benefit the patient. An integrative doctor will choose from either conventional medicine, or CAM, or will choose them together.

For example, there is evidence that teaching breast cancer patients to meditate, a complementary treatment, in combination with chemotherapy, a conventional treatment, improves their outcomes. It helps reduce stress, improve mood, improve their quality of sleep and reduce their fatigue. This is both complementary and integrative.

Are CAM Remedies Really "Natural"?

Some are. Some are not. Sometimes herbs and other plant substances are combined with non-natural additives to make an alternative supplement. You'll find many claims that supplements are "natural." You are supposed to draw the conclusion that "natural" equates to safe -- and that is not always true. Not all natural substances are safe (think arsenic or toxic plants), which also contributes to the controversy behind complementary and alternative therapies.

Thinking About CAM for Yourself?

If you are interested in pursuing complementary or alternative therapies, and just as you should for any therapy you and your doctor decide to choose, be sure to:

Understand the controversies, then...

- [Do your research](#), including...
- [Review of the evidence](#).
- [Then talk to your doctor](#). If your doctor is unwilling to help you integrate CAM treatment, then...
- You may need to change doctors.

This article was found at

http://health.lifestyle.yahoo.ca/channel_section_details.asp?text_id=2101&channel_id=131&relation_id=22408

Recommended Regular Screenings for Men

For more information, visit

<http://www.menshealthnetwork.org/library/MHNfactsheet1104.pdf>

Blood Pressure	At least every 1-2 years; more frequently if indicated
Cholesterol	At least once every 3 years
Colorectal	Age 40 and over: consult with a physician
Diabetes	Age 45 and over: every 3 years or as recommended by a physician
Immunizations	Tetanus-diphtheria: every 10 years
Testicles	Self-exams monthly starting at age 15
Thyroid	Yearly as part of periodic physical examination
Prostate Cancer	Age 40 and over: consult with a physician

Quiz on Aging (<http://www.apps.mcl.gov.on.ca/agingquiz/englishQuiz.asp>)

Older adults are among the most heterogeneous group in society. Since the

senior years can encompass such a long time span, some people have found it useful to distinguish between the:

****young-old (people 55 to 74)**

****middle-old (people 75 to 84)**

****oldest-old (people 85 and older)**

Public policy strives to advance the well-being of all people in society regardless of age, gender, ability, race, ethnicity or class. This means promoting the principles of the National Framework on Aging: dignity, independence, participation, fairness and security for all seniors. This quiz is designed to give you information to help you become aware of the needs of an aging population.

1. Intellectual functioning decreases as we age.
_____ True _____ False
2. Most older people do not experience a loss of interest in, or capacity for sexual relations.
_____ True _____ False
3. _____ True _____ False
4. Age affects older adults' ability to drive safely. _____ True _____ False
5. Most seniors are women. _____ True _____ False
6. The majority of older adults live in Long Term Care Homes. _____ True _____ False
7. The number of individuals belonging to the older adult group will continue to grow.
_____ True _____ False
8. _____ True _____ False
9. Older people who reduce their activity tend to be happier. _____ True _____ False
10. Older workers cannot be expected to work as effectively as younger workers.
_____ True _____ False
11. _____ True _____ False
12. Older people can successfully learn new technologies. _____ True _____ False
13. Developing dementia is a normal part of aging. _____ True _____ False

14. People become more difficult and resistant to change as they age. _____
True _____ False
15. Older people are less likely to experience clinical depression than younger people?
_____ True _____ False
16. _____ True _____ False
17. Older adults would rather not use computers or the internet.
_____ True _____ False
18. Most seniors limit their travel to be close to home.
_____ True _____ False
19. Physical strength declines with age. _____ True _____ False
20. Older adults report that they are happy with their financial situation.
_____ True _____ False
21. The majority of older people report that they are often bored. _____ True
_____ False
22. Older people are working, in that they are either employed, doing work around their home, or volunteering. _____ True _____ False
23. Participation in volunteer activities tends to increase as people age.
_____ True _____ False
24. Older adults are less likely to be victims of crime than younger people.
_____ True _____ False
25. In general, older people are alike. _____ True _____ False
26. Older people are a powerful force for influencing change within our government. _____ True _____ False
27. Grandparents today take less responsibility for rearing grandchildren than ever before. _____ True _____ False
28. People who have an older relative with Alzheimer's disease will most likely develop Alzheimer's themselves.
_____ True _____ False
29. Older adults live alone. _____ True _____ False
30. Older adults are preoccupied with death.
_____ True _____ False
31. The majority of older adults live below the poverty line.
_____ True _____ False
-

Correct Answers:

1. Intellectual functioning decreases as we age.

False: It is a common assumption that intellectual functioning increases as we mature from childhood to about age 40, but then begins an inevitable decline throughout older adulthood. However, current research indicates that this is simply not true.

2. Most older people do not experience a loss of interest in, or capacity for sexual relations.

True: Research suggests that the normal aging process alone does not directly impact sexuality.

3. Age affects older adults' ability to drive safely.

False: Healthy older adults do not differ significantly in their driving skills from their middle-aged counterparts, who statistically are the safest group on the road. It is the impact of age-related diseases, and not age, that affects older adults' ability to drive safely.

4. Most seniors are women.

True: Most seniors are women, and this is especially so in the 'oldest of old' age groups. In 2005, women accounted for 52% of persons aged 65-69 and almost 75% of persons aged 90 or older.

5. The majority of older adults live in Long Term Care Homes.

False: The majority of older adults do not live in Long Term Care Homes. According to the 2001 Census, 93% of seniors live in private households while only a small proportion (7%) live in Long Term Care Homes or hospitals.

6. The number of individuals belonging to the older adult group will continue to grow.

True: Canada's population is aging. Between 1981 and 2005, the number of seniors in Canada increased from 2.4 to 4.2 million, and their share of the total population increased from 9.6% to 13.1%.

7. Older people who reduce their activity tend to be happier.

False: As individuals move into older adulthood they may begin to adapt and change their patterns of activity, disengaging from some activities, engaging more intensely in others, or trying new activities. Current research indicates that participation in various activities is directly related to increased happiness, life satisfaction, and overall well-being.

8. Older workers cannot be expected to work as effectively as younger workers.

False: Older workers can be as productive as younger workers. The Human Resources and Social Development Canada's (HRDC) document, Older Worker Adjustment Programs Lessons Learned, provides an excellent review of this topic and its implications.

9. Older people can successfully learn new technologies.

True: Older adults are one of the fastest-growing groups purchasing and learning to use computers and computer-related products and services. Older adults can learn to use new technology such as computers, and even become expert users, but due to changes which occur with aging, they may require some adapted learning strategies.

10. Developing dementia is a normal part of aging.

False: Dementia can be defined as the progressive decline in cognitive function due to damage or disease in the brain beyond what might be expected from normal aging. The most common form of dementia is Alzheimer's disease. Alzheimer's disease is not a normal part of aging. While age is the most significant known risk factor for Alzheimer's disease, most people in fact do not develop the disease as they age.

11. People become more difficult and resistant to change as they age.

False: Individuals do not become more difficult or inflexible as they age. Resistance to change and difficult personality traits can occur at any age.

12. Older people are less likely to experience clinical depression than younger people.

True: According to Statistics Canada's Report, A Portrait of Seniors in Canada, younger people are more likely to report that they felt sad or depressed than older age group.

13. Older adults would rather not use computers or the internet.

False: Older adults are the fastest growing group of computer buyers and internet users. The share of individuals aged 65-74 using the internet increased from 11% to 28% between 2000 and 2003, and the share using email increased from 11% to 27%. The same upward trend was evident among seniors aged 75 or older, although at a lower level.

14. Most seniors limit their travel to be close to home.

False: While the majority of older adults travel within their own province, the growth in domestic and international trips by seniors over the past decade has outpaced most age groups.

15. Physical strength declines with age.

True: Muscle strength declines with age, but training programs over several weeks can lead to great gains in strength among older adults.

17. Most older adults report that they are happy with their financial situation.

True. According to the Statistics Canada's A Portrait of Seniors in Canada, older adults report more positive assessments of their finances than individuals in younger age groups.

18. Most older people are working, in that they are either employed, doing work around their home, or volunteering.

True: Over the last decade the number of older adults working in paid employment settings has increased. According to the 2003 Statistics Canada's General Social Survey, a significant proportion of older Canadians help other people, and they do so in many different ways.

19. Participation in volunteer activities tends to increase as people age.

False: According to the latest data from the Canada Survey of Giving, Volunteering and Participating (2004), as reported in A Portrait of Seniors in Canada, the proportion of people who volunteer their time to charities or other non-profit organizations tends to decline with age.

20. Older adults are less likely to be victims of crime than younger people.

True: According to the 2004 General Social Survey (GSS), seniors were three times less likely than non-seniors to experience victimization in the 12 months preceding the survey (10% versus 31%).

21. In general, most older people are alike.

False: The older adult population is highly diversified.

22. Older people are a powerful force for influencing change within our government.

True: Older adults are an active and powerful force in politics and government issues. According to Statistics Canada report, A Portrait of Seniors in Canada, older adults are more likely to consistently vote in all elections, at all levels of government, than younger persons.

23. Grandparents today take less responsibility for rearing grandchildren than ever before.

False: There are an increasing number of older adults providing childcare for their grandchildren.

24. People who have an older relative with Alzheimer's Disease will most likely develop Alzheimer's themselves.

False: If you have an older relative with Alzheimer's Disease, you are not necessarily going to develop the disease yourself.

25. Most older adults live alone.

False: The majority of older adults do not live alone. The majority of older adults live with a spouse, with children or grandchildren, or in a collective dwelling.

26. Most older adults are preoccupied with death.

False: Attitudes towards death are highly variable across all age groups. In general, older adults are less anxious about death.

27. The majority of older adults live below the poverty line.

False: The majority of older adults do not live below the poverty line.

Finances and Aging

Income changes for most people when they retire from employment. Those receiving the fixed income of government support program also experience a change in income level as they become ineligible for one program and must move to others. For example, a person with a disability who receives Ontario Disability Support Program Income (ODSP) will have to move to a mix of federal and provincial income support programs at the age of 65.

A smooth transition in income can be achieved by planning ahead. Planning is important for people with disabilities because the majority are receiving ODSP and living on a lower income than most of the rest of the population.

Ontario Disability Support Program (ODSP)

ODSP provides financial support, employment support and additional benefits, including eyeglasses, hearing aids, special diet allowance, diabetic supplies, ostomy supplies, surgical supplies, transportation to attend medical appointments, wheelchair/ mobility device repairs and batteries, guide dog allowance, back to school and winter clothing allowance for dependent children, community start-up benefit, employment start-up benefit, extended health benefits and emergency home repairs.

Usually, a few months before the 65th birthday those with a disability will receive a letter from the ODSP office informing them that they will cease to receive ODSP payments once they turn 65. The correspondence will advise them to

apply for income support benefits available to seniors in Ontario and Canada, such as Old Age Security (OAS), the Guaranteed Annual Income Supplement (GIS) and the Ontario Guaranteed Annual Income System (GAINS).

Guaranteed Annual Income System (GAINS)

The ODSP maximum monthly income level (June 2004) is 957.00 for a single person or 11,484.00 per year. The table below, prepared from Statistics Canada data, presents information on the poverty levels in Canadian communities and illustrates that persons with a disability on ODSP are among the poor of Ontario before they reach retirement age.

Table 1: Before Tax Low Income Cut-Offs for 2004

Family Size	Community Size				
	Cities of 500,000+	100,000 - 499,999	30,000- 99,999	Less than 30,000	Rural Areas
1	\$19,795	\$16,979	\$16,862	\$15,690	\$13,680
2	\$24,745	\$21,224	\$21,077	\$19,612	\$17,100

For more information on ODSP, call the Ministry of Community and Social Services office at 1-888-789-4199 or the Ministry's website at www.cfcs.gov.on.ca. More can be learned about the ODSP program and eligibility requirements from the website of the Advocacy Centre for the Handicapped at: http://www.archlegalclinic.ca/publications/legislation/73_1999_000709?03_asset_s.asp

Old Age Security (OAS)

Old Age Security is a monthly payment that goes to Canadians 65 years of age or older. Eligibility criteria for OLD Age Security (OAS) include:

- A person must be 65 years of age or older

- Be a Canadian citizen
- Must have lived at least 10 years in Canada after age 18.

The amount of OAS paid to claimants will depend on how long they have resided in Canada. A full OAS pension may be paid to those who have lived here at least 40 years. The maximum OAS rate is \$466.03 (September 2004). Payments usually arrive during the last three banking days of the month. Application for Old Age Security can be made by picking up an application from any Human Resources Development Canada office or downloading it from their website at www.hrdc-drhc.gc.ca/isp.

Guaranteed Annual Income Supplement (GIS)

The Guaranteed Income Supplement (GIS) provides additional money on top of the Old Age Security pension for seniors on a low or modest income. Eligibility criteria for GIS include:

- A person must be receiving OAS
- A person must meet the income requirements

The Supplement is based on the person's previous year's income or the combined income of the person and their spouse or common-law partner. Consequently, the recipient must renew the supplement each year. The GIS payment is added to the OAS payment each month. The maximum GIS rate for a single person is \$554.59 (September 2004). More information is available from the HRDC website at www.hrdc-drhc.gc.ca/isp or by calling 1-800-277-9914.

Guaranteed Annual Income System (GAINS)

The Government of Ontario provides money to seniors who get the federal Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) so that they do not fall below the provincial guaranteed income level. It is not necessary to apply for GAINS. The GAINS payment is based on an individual's income or combined income as a married couple or common-law partnership, which is reported on the GIS application, filed with Human Resources Development Canada (HRDC) or which is reported on the income tax and benefit form filed with the Canada Revenue Agency (CRA).

The specific amount of GAINS benefit is directly linked to the amount of your GIS monthly payments. GAINS payments range from a minimum of \$2.50 to a maximum of \$83.00 per month. Cheques are mailed automatically around the 25th day of each month. Direct deposit to one's bank account is also available. For more information on GAINS visit the Government website at http://www.trd.fin.gov.on.ca/userfiles/HTML/cma_3_6571_1.html.

Canada Pension Plan (CPP)

The Canada Pension Plan (CPP) is provided to persons who have paid into the fund, usually through deductions from employment income. A person may become eligible for CPP on their 60th birthday. Eligibility criteria for CPP benefits include:

- A person has made at least one valid contribution to CPP, and
- Has reached their 60th birthday and has wholly or substantially ceased pensionable employment, or
- Has reached their 65th birthday (persons aged 65 do not have to stop working to receive their CPP).

More information about CPP is available by calling 1-800-277-9914 or on the internet at www.hrdc-drhc.gc.ca/isp

Goods and Services Tax Rebate (GST)

The GST Rebate provides cash payments to low and middle income Canadians to help offset the costs of paying the GST on taxable purchases. The rebate amounts include a basic amount of \$213 per adult and \$112 per child and a supplement of up to \$112 for singles and single parents. The phase-in threshold for the supplement is \$6,911 for singles without children and the threshold for the regular GST credit phase-out is 27,749. Visit the Canada Customs and Revenue Agency at http://www.cra-arc.gc.ca/benefits/gst_hst-e.html.

How much Money to Expect at Age 65

While most Canadians who are engaged in full-time employment will experience a decline in income after retirement, persons receiving the maximum ODSP payment will experience a small increase of income. A comparison of Pre and post age 65 amounts paid is summarized in the table below. It is important to note that these amounts are provided to illustrate the comparison. Please be sure to check current information for the specific situation.

Maximum Payments	Before 65	After 65			
	ODSP	OAS	GIS	GAINS	Total
Single Person					
Monthly	\$957	\$476.97	\$566.87	\$83.00	\$17,100
Annual	\$11,484	\$5,723.64	\$6,802.44	\$996.00	\$13,522.08

For further information, visit

<http://www.opadd.on.ca/News/documents/htphandbookfamiliescaregiversrevapr06.pdf>

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