Summer 2025

POLIO POSTBOX

Editor: Ivan Jorgensen
Phone: 306-757-8051
ivan.jorgensen@sasktel.net

Polio Regina Incorporated
3344 Baneberry Drive, Regina, Sask. S4V 2V2

Enjoy Your Summer

Message from the President

Diane Lemon

Our long winter has made us anxious to rush into the floral and vegetable garden sales shops. Whether it be annuals or perennials they are all just waiting for us to pick our favourites.

We are sorry to have lost three members this year: Ken Holliday, Lloyd Bartel and Eleanor Anderson. As our membership reduces in size, I continue to be amazed by how active those of us left are. Interesting hobbies are Astronomy, Gardening, Charity work and Church work to name just a few.

Many of us are increasingly reliant on gadgets and more supportive walking aides. As we learn from one another we can lean on one another for support.

Have a wonderful summer everyone.

Regards,

Diane

At the Meetings

January 2025 – By Zoom – Our President Diane Lemon said that her health problems and hospital stays have been the result of Long COVID which has affected her heart. She is presently at the Wascana Rehabilitation Centre.

Open Forum: Our guest speaker was Rhonda Minchuk who did a presentation on Accessing Home Care Services. An outline of her presentation is printed later in this issue.

February 2025 – By Zoom - Harriet Ross mentioned that regarding last meeting's presentation on Home Care, that the phone number for "Intermediate Care" is 306 766-6280. This is for people who are sick at home and don't have access to a doctor or other medical care. It is staffed by nurses, paramedics, nurse practitioners and other technical staff.

Open Forum: Our guest speaker, Susan L. Schoenbeck, MSN, RN, a nurse educator, gave a presentation "Rituals Restore Equilibrium - Rituals Help Polio Survivors Face Uncertainty." A summary of her presentation is printed later in this issue.

March 2025 – At College Park 1 and Zoom – This was our annual general meeting. The following people are the Executive Officers/Directors of Polio Regina Inc. for 2025-2026:
President – Diane Lemon
Vice-President – Brenda Brough
Secretary – Ivan Jorgensen

Treasurer – David Cotcher
Phone Co-ordinator – Elaine Cotcher
Web Master – David Cotcher
PostBox Editor – Ivan Jorgensen
Directors at Large – Carole Tiefenbach, Wilf Tiefenbach

President's Report: Diane Lemon congratulated everyone who worked for Polio Regina. She thanked Ken and Cecile Holliday and Brenda Brough for arranging for speakers. She thanked Ivan Jorgensen for his work as secretary and David Cotcher for his work as treasurer and for chairing the meetings. She thanked Carol Biberdorf for making the arrangements for this meeting at College Park 1. She thanked Carole and Wilf Tiefenbach for saving Polio Manitoba. She thanked the Polio Regina members for supporting Polio Regina and attending meetings in person or by Zoom. Diane also paid tribute to three active members that we lost during the last year: Ken Holliday, Lloyd Bartel, and Eleanor Anderson. We miss them.

Open Forum: Sheila Bonneteau gave a presentation on gardening, focusing on growing strong summer containers. An outline of her presentation is printed later in this issue.

April 2025 – At Nicky's Café and by Zoom - The Paratransit newsletter had an invitation to attend the 50th anniversary on June 14th. Diane Lemon has been trying to get someone from Paratransit to speak at one of our meetings. Diane is moving to Victoria Park Personal Care Community.

Open Forum: We had a discussion among members about how they have been doing this winter.

Lloyd Bartel passed away January 27, 2025. Lloyd and Anne Bartel have been active members of Polio Regina since it began and were also active in The Saskatchewan Post-Polio group prior to Polio Regina. Lloyd was always smiling. With his halo of white hair, he will fit right in singing with the angels. The following is Lloyd's obituary.

Lloyd BARTEL

1935 - 2025

Lloyd passed away peacefully on January 27, 2025, at the age of 89 years. He was predeceased by his parents Henry and Margaret Bartel, his sister Gladys, and his brother Vernon. He is survived by his wife Anne, his nieces, and a nephew.

After his marriage to Anne, he spent the winters in Regina, SK where he was very involved on service committees with several organizations such as Farmers with Disabilities, Post Polio Association and the Philharmonic Chorus of Regina.

Lloyd had a strong faith in the Lord. From his love of the Lord he developed a sincere love of people in the church and the community.

A Memorial Service was held for Lloyd on Saturday, February 8, 2025 at 2:00 p.m. in Hillsdale Baptist Church, 101 Munroe Place, Regina, SK. Personal messages of condolence may be sent to the family at: www.AlmassyMetzFuneral.com

My Polio Story

Fall 2016

Lloyd Bartel

Lloyd was born on the farm at Drake Saskatchewan. I attended a one-room school and only spoke German, so the grade one teacher used pictures of the farm animals and equipment to teach me English. I enjoyed sports particularly track and field.

On the morning of September 17, 1949, at the age of 14, life changed when early in the morning I awoke with awful pain all over my body. After seeing the local Doctor my cousin and my father took me by car to Regina, and I was admitted to the isolation wing of the General Hospital. The treatment consisted of putting hot compresses over my whole body; they were as hot as were tolerable. There was also physiotherapy to attend. In a recent letter we discovered which was written to my father by Dr. Buschinski, he indicated both legs were involved but that the right leg was most affected. He also noted they expected people would make good recovery from Polio. My right leg continued to be affected, and I was unable to walk without the use of crutches or a long leg brace. I was in the hospital for 4 months doing physiotherapy and after release had a home program to follow.

My brother and I shared a room but neither he nor my sister contracted the poliovirus.

After returning from Regina, I returned to the farm and was expected to carry my fair share of the work. I also returned to school and completed my Grade 10, since after that I would have had to attend a school with stairs; I decided that was not for me.

Working for my father on the farm had its challenges but one thing I am grateful for was his habit of having a nap after the noon meal. I took full advantage of this habit, as I found I easily got tired.

My life took on a new prospective when I went to Edmonton for a CPA conference, for farmers with Disabilities. It was there I met Anne and 18 months later we were married.

Anne was able to provide the information as to how I could get a referral to Wascana Rehabilitation Centre and I was fitted with a more functional brace. After consultations with Dr. White and Dr. Fink it was determined that I had post-polio syndrome.

Diane Lemon provided us with information about a new support group which was being formed Post-Polio of Saskatchewan. I started to attend the meetings and soon found myself as one of the representatives of the Regina branch. Maurice Denzin and I would travel to Saskatoon for meetings and then report back to this group.

One thing that has always been of interest to me is music. I sang in church choirs and male voice choirs over the years. After coming to Regina, I was invited to sing in the Regina Philharmonic chorus. It was a challenge to have to audition for acceptance, as that had never been part of the previous choirs. A real highlight of my time with them was being able to sing tenor and perform the Messiah at the Centre of the Arts with a full orchestra and have Ben Heppner as the guest soloist.

Another very important part of my life is being involved with a church family with a good mix of ages and solid teaching.

In recent months I had experienced more weakness and after doing Physiotherapy and participating in an exercise program and seeing no results, we discussed it with our physician as I had started taking Lipitor and found out it could have that as a side effect. He agreed I should stop taking it and I am already seeing positive results.

I feel one must pace oneself and be around folks who are positive.

IN THIS ISSUE

Eleanor Anderson passed away March 5, 2025, at the age of 86. She was an active member of Polio Regina attending meetings either in-person or by Zoom. We miss her. The following is her obituary.

Eleanor Anderson

1938 - 2025

It is with sadness that we announce the passing of our beloved mom, Eleanor Margaret Anderson. Mom died peacefully and on her own terms on March 5, 2025, at the Dr. F.H. Wigmore Hospital in Moose Jaw, surrounded by her family. She will be remembered by all those who knew her for her kindness, acceptance, inclination to help others, and for her ready smile.

Eleanor was born October 8, 1938, in Maryfield, SK, to Ted and Mary Corbett. She grew up on the family farm near Maryfield, tending to chores and, as the oldest of 4 children, helping to look after her younger brothers and sister. This was in a time before electricity or running water came to the area, so there were a lot of chores to do! In the summer of 1953, at age 14, Eleanor was struck with polio, along with her father Ted and sister Kay. With their household in quarantine, it was a difficult time for the whole family. And though all eventually recovered, Eleanor lived with the after-effects of polio for the rest of her life.

Eleanor finished high school in Maryfield before moving to Regina where she worked for a time at SaskPower. After attending Normal School in Moose Jaw, she took teaching jobs at Tetlock School near Grenfell and Ten Mile School at Battle Creek. Later, she returned to Regina to attend university for two years, majoring in math. After completing her studies, she took a teaching job in the village of Briercrest, where her former students still recall her kindness and cheerful demeanor.

In January 1966, Eleanor Corbett met Keith Anderson, of Briercrest, and after a whirlwind romance they married in October of the same year. Their son Ken was born in August 1967 and 2 years later came their darling daughter Kathy. In 1981, 15 years after they married, came their pride and joy, Karen Lynne. They raised their family of three in Briercrest, where Eleanor became involved in many aspects of church and community life.

In summers they volunteered at Camp Capernaum and enjoyed spending time at the family cabin at Grandview Beach. In winter they volunteered at the rink, and loved to go dancing together whenever the opportunity arose. And, of course, Eleanor enjoyed cooking and baking all year round. As a 4H leader she taught many Briercrest kids basic cooking skills. And she made a point of baking a special treat for each of her family members for their birthday, a memory we will treasure always.

All her life, Eleanor loved to read. She landed her dream job as a librarian in 1974 when the Palliser Regional Library opened a branch in Briercrest. After she retired from the library 19 years later in 2003, her passion for books continued unabated. She was a long-time member of the 'Briercrest Literary Types' book club. And each year in the lead up to Christmas she insisted that everyone in her family choose a book title, which she would then search out and present as a Christmas gift. (Not always easy in the days before online ordering).

In June of 2018, Eleanor's husband Keith passed away at the age of 94 after a brief illness. She continued to live in Briercrest for several more years and remained active in the community. However, walking became increasingly difficult as the effects of polio began to show themselves again later in life. Eventually the stairs in her home in Briercrest became too much and she moved to an apartment in Moose Jaw. Around that time, she also became involved with Polio Regina, a support group for survivors of polio.

After moving to the city, Eleanor continued to keep her connections to Briercrest strong, returning frequently for UCW, book club, wellness clinic, church services, and even to pick up her mail, which she continued to receive at a Briercrest post office

box. Recently she moved into the Bentley retirement complex in Moose Jaw where she made more new friends.

Eleanor always enjoyed spending time at the cabin in summers, where she would sit in her usual shady spot, warmly welcoming new additions to the family and sharing with them her (occasionally meandering) stories. In her last words to her family she told us that her favourite thing was just spending time with us.

Eleanor was predeceased by her loving husband of 51 years, Keith Anderson, her parents Mary and Ted Corbett, her brothers, John Corbett and Don Corbett, brothers-in-law, Lloyd Anderson, Bill Anderson, and Maurice Yingst, her sisters-in-law, Joan Anderson and Beth Anderson, and her nephews Bradley Yingst and Ernie Koshman.

She is survived by her sister, Kay Yingst, her sisters-in-law, Gayle Corbett and Karen Corbett, her children, Ken (Heather) Anderson, Kathy (Ryan) Cunningham, and Karen (Aric) Dodd; her grandchildren, Jessica, Tyler (Stephanie), Larissa (Andrew), Sean, Andy, Kaiden, Kyan and Katos; her great grandchildren Stetsyn, Tinsley, Jenaya, and Andrew; her nieces and nephews, Wayne (Laurie), Lynnette, Mavis, Kevin (Renee), Keith (Kristen), Kelly (Joe), Glenn (Tamara), Laurie (Cam), Brenda (Brad), Stacey (Jason) and Bonnie (Aaron); her great nieces and nephews, Jackie, Mikkyal (Cherie), Scott (Carissa), Stephan (Maegan), Kaydin, Kolton, Kamden, Karter, Dallas (Francesca), Cassidy, Corey, Cole (Hannah), Brett, Zane, Teagan, Finn, Theo, Fitz, Caris and Coen; and her great-great nieces and nephews, Mackenzie (John), Hunter (Autumn), Andrew, Camryn, Josie and Kyra

Eleanor's family would like to thank the doctors, nurses and staff of Dr. F.H. Wigmore Hospital who were professional, compassionate, and took good care of both Eleanor and her family during her final days.

A celebration of Eleanor's life took place Sunday, April 27 at 2:30 pm at the Briercrest Community Centre, Main St, Briercrest, Saskatchewan.

Eleanor Anderson was one of our newest members in 2020. She has been able to convince a family member to drive her from Briercrest and later Moose Jaw to Regina to attend our meetings and we appreciate having her with us. The following is Eleanor's Polio Story from Summer 2020.

My Polio Story

Eleanor Anderson

My family came down with polio in the summer of 1953. First my sister (not diagnosed as polio at first) then I was sick, followed a week later by my father. In the middle of this my six-year-old brother had an emergency appendix operation.

We were the first family in the district to get polio so since the local hospital had no isolation ward, "they" determined that we should remain at home to be cared for by my mother, who had no nursing experience. (Soon after, others in our district who had polio were given a place in the hospital).

All in all, we were lucky. I was not paralyzed, just weakened, and Dad as well, though he was much weaker.

We were quarantined for three weeks. No one came to help Mom except the doctor, who came almost every day.

We lived on a small farm, so Mom had to look after two very sick people, milk 6 cows morning and night, feed an care for the pigs, cows and chickens, look after a large garden (to provide for next winter's food) with no electricity, and no running water and only a ten-year-old boy and a twelve-year-old (who had been weakened by polio) to help.

My youngest brother stayed at our uncle's place as the doctor thought his appendix operation might make him more susceptible to polio.

After 3 weeks in bed, I started to be up and walking around the house, starting to recover, when I got the mumps. This meant another 3 weeks of quarantine for everyone. Fortunately, no one else in my family got mumps.

The doctor's wife was a physiotherapist so we had good advice about exercises to do to help us recover,

but no one ever explained that I might develop scoliosis.

That autumn I had planned to go to High School in Maryfield but "high school" was on the second floor of the school building and I couldn't climb stairs without a double hand-railing, so I took grade 10 by correspondence.

We slowly continued to recover our physical abilities, and I am grateful that my experience with polio was no worse.

Devices to Help Clear Breathing

By David Cotcher

My wife Elaine and I got sick with COVID in September 2024. I was more affected by it, probably due to my existing health conditions. I was quite congested and weak. Later in September I tested negative for COVID but was still quite weak with continuing congestion. Then on October 1 I fell and my wife and daughter could not get me up. They called an ambulance, and I was taken to Pasqua Hospital ER. After examinations and tests, I was admitted to ICU.

I have needed supplemental oxygen since 1995. I have had a tracheostomy and use a ventilator at night since having respiratory failure in 2007. I have written before about my polio story and the resulting kyphoscoliosis and post-polio muscle weakness that has been the cause of my respiratory problems. (See references listed at the end of the article.) When admitted to ICU in October 2024 I was thankful to have specialized care that considered my respiratory issues and the effects of post-polio.

Tests showed I had dangerously low levels of sodium. I was put on sodium IV and a diuretic medication was discontinued that was lowering sodium. My CO2 level was very high. I had been stable since 2007 with a tracheostomy and using a ventilator at night. The specialist in ICU ordered the minimum breathing rate setting on my ventilator increased from 10 to 14 breaths per minute. This brought my CO2 down to a safe level. I had an arterial port in my wrist and blood samples were taken multiple times a day which included O2 and CO2 blood gases.

I was very weak and unable to stand for the first several days in hospital. I was too weak to eat very much, but gradually got back to eating more, along with protein supplements. Physiotherapists took it gradually helping me to stand and start to take steps with a walker.

In hospital, a respiratory specialist prescribed a cough assist machine for me. Cough assist is a device that blows air into the lungs with positive pressure and then suddenly switches to negative pressure to give a stronger cough and forcefully expel air from the lungs and help clear lung secretions. Medically the device is called mechanical insufflation – exsufflation.

The Saskatchewan Aids to Independent Living (SAIL) policy states that a Mechanical Insufflation-Exsufflation Device is covered under the following criteria:

• Have the equipment prescribed by a physician with one of the following specialties: respirology, physiatry, paediatrics, neurology (neurologist and neurosurgeon), or rheumatology.

• Have a diagnosis of neuromuscular disease, post-polio, spinal cord injury, or a condition with weak respiratory muscles or paralysis.

• Be ventilator-assisted or at risk for developing a need for ventilator assistance.

• Have documented objective evidence of a weak cough with Peak Cough Flows <270 L/min with Lung Volume Recruitment (LVR) and/or Manually Assisted Cough (MAC).

• Not be a resident of a hospital, or health centre.

When I was in hospital my cough strength was tested as only 50 L/min (litres per minute). Even after I was recovered it was 120 – 150 L/min. This is below the required 270 L/min cough strength to keep lungs clear of congestion. The prescription from the respiratory specialist stated I need a cough assist machine due to post-polio. Respiratory therapists helped me use a cough assist machine in hospital to aid in getting my lungs clear of congestion. But using it wore me out as I was still quite weak.

After several days using cough assist in hospital, my tracheostomy tube was getting plugged with

dried secretions and blood. Each time, respiratory therapists took 15 to 20 minutes to get it cleared with suctioning. This happened multiple times over several days. They turned up the humidifier on the ventilator I use at night, and during the day put me on a heated humidifier connected to my tracheostomy tube. This helped make my lung secretions easier to clear.

By Friday October 11, I was finishing the IV antibiotics and could be discharged. But medical staff recommended I stay an extra day using heated humidity because I was still getting my tracheostomy tube plugged with dried secretions and blood. Finally, after 12 days in ICU, on October 12 I was discharged and went home. I was prescribed to have a cough assist machine and heated humidifier at home. However, neither were available right away and took a while to order.

After coming home Saturday October 12, I used the humidifier on my ventilator at night. But during the day, I just have a cold mist humidifier, issued by SAIL, that is not very effective. On Monday evening October 14 my tracheostomy tube plugged up and I was having difficulty breathing. I could not get it cleared. My family called an ambulance, and I was taken to Regina General Hospital ER. They did some tests and connected me to a heated humidifier. They were considering having me admitted to ICU. However, after several hours on the heated humidifier my tracheostomy tube was cleared. I was able to go home.

Picture with heated humidifier

A few days later my heated humidifier for home use was delivered. It is a Fisher Paykel Airvo 2. It is rented from Careica because SAIL only covers heated humidifiers up to age 18. Respiratory therapists submitted a request with a doctor prescription to SAIL for coverage but no response so far. I have continued using my heated humidifier 1 to 3 hours each afternoon or evening and my breathing has stayed quite clear.

Picture with cough system

In November 2024, I got a cough assist machine for home use provided by SAIL. It is a Hillrom Synclara Cough System. At first, I was apprehensive about using a cough assist machine at home because it wore me out in hospital. But a respiratory therapist at a clinic at Wascana Rehabilitation Centre explained how it would help keep my lungs clear. I have continued using the cough system almost every day at home. Each therapy session is 3 cycles of positive pressure in then negative pressure forced cough out. I usually do therapy sessions with an adapter connected to my mouth, and then with an adapter connected to my tracheostomy tube.

I have been regularly using the cough system, usually after a session on the heated humidifier. With the help of these two new devices, my lungs and my tracheostomy tube have stayed clear. It is 7 months now since my time in hospital and I have not had to go back. For that I am very thankful.

References:

1. My Polio Story – David Cotcher, Polio Postbox, May 2009
2. High Tech Breathing, David Cotcher, Polio Postbox, Christmas 2012
3. My Experience with a Tracheostomy, David Cotcher, Polio Postbox, Summer 2017
4. Updated Respiratory Ventilator, David Cotcher, Polio Postbox, Christmas 2023

Accessing Home Care Services

Home Care provides health and support services for people and their families. It promotes independence in the community as well as aids in timely discharge from hospital. Home Care helps people who need acute, end-of-life, rehabilitative, maintenance and long-term care to remain independent at home. Services depend on assessed care needs and are reviewed on a regular basis. Home Care encourages and supports assistance provided by the family and community.

How to access Home Care Services:

- Primary Health Care Assessor Coordinators from community
- Discharge Planning and Support Team (DPAS) from acute care
- self referral
- Physician or Nurse Practitioner referral

Assessor Coordinators and Social Workers from these departments:

- provide information on available community resources.
- help you identify the appropriate services to meet your needs.
- assist you to receive the community services that you require.
- complete assessments with approved assessment tools.
- support independent living.

Eligibility and access are determined for any of the following services:

- Home Nursing Care
- Occupational Therapy
- Physiotherapy
- Home Services provided by Continuing Care Assistants

Information can also be provided for:

- Palliative Home Care Services
- Volunteer Services
- Meals on Wheels
- Long Term Care Services
- Respite
- Adult Day Support Program
- Individualized Funding
- Dietitian
- Counsellors

Service Fees:

Fees are set by the Ministry of Health for Home Care services and meal services. Depending on your income, you may qualify for a subsidy that can reduce your monthly charges. It is your responsibility to pay your monthly Home Care bill on time.

Contact Numbers for Regina and Surrounding Area

Regina (306) 766-7200
Regina Palliative (306) 766-2918
Outside this area contact your local Home Care Office.
In the hospital, ask your care team to contact the Assessor Coordinator for the unit.

Rituals Can Help Polio Survivors Face Uncertainty.

By Susan L. Schoenbeck, MSN, RN

Historically, rituals have been done in times of uncertainty because human beings are always looking for order.

Polio survivors face uncertainties we sure did not see ahead of us. We polio survivors can choose to build rituals into our lives knowing that rituals make us calmer and stronger when facing the uncertainties of end-stage polio.

#1 Uncertainty: We are overlooked. There are over 15 million of us around the world but helping people with post-polio does not get a lot of attention.

 # 2 Uncertainty: We polio survivors are at the older end of a growing world population. In today's world, there are more younger people than older people.

#3 Uncertainty: As we age, polio survivors face a short supply of healthcare workers…a shortfall of 10 million healthcare workers by 2030.

 # 4 Polio survivors face uncharted waters: We polio survivors did not expect that in our later years we would experience late effects of polio such as extreme pain and fatigue, breathing, sleeping, swallowing, and movement disorders among the long list of post-polio conditions.

Ritual Building

Rituals are an antidote to our built-in polio survivor overdoing, overthinking, pushing ourselves to overachieve and then crashing with fatigue and pain.

What can rituals do for polio survivors?

1. Rituals improve our resiliency by providing some predictability in our lives. A study about rituals confirmed that if people involved themselves in repetitive, predictable rituals, their stress levels dropped.
2. Rituals build our resilience by calming us.
3. Rituals can build resilience by giving our circulation a boost. People who tap their feet, wiggle their toes, and squirm around while sitting throughout the day can increase blood flow in their legs.
4. Distraction can be used as a ritual to reduce pain by grabbing a person's mind's attention away from the sensation of pain. Watching movies, reading, woodworking, sewing…hobbies are good distractions.
5. Rituals can soften grief caused by life-changing losses. A life-changing loss can be the death of loved one. We polio survivors also grieve when we face a decline in our physical or mental ability. Grief rituals soothe us by providing some order to the chaos that grief brings. A grief ritual may be reading a passage in a book of meditations or poetry; looking at old photos or talking to other polio survivors.
6. Rituals can bring balance to our days & closure to our evening because we can count on certain things happening at set times.

You may want to start your day with one of these rituals:

The Ritual of Acceptance

A healthy motto is "Be Happy not perfect." You may say to yourself at breakfast:

- I accept who I am today.
- I will be truthful with myself.
- I will do my best today.
- I may not be able to do all I want to do today.

The Ritual of Forgiveness

- Letting ourselves be angry about the uncertainties we polios face does not do us any good. We polios have to identify what helps us and let go of what does not.
- Holding a grudge is not good for a person's health. Anger triggers the body's fight or flight response. Stress hormones, like cortisol, flow, blood pressure rises, inflammation increases, and our memory can get fuzzy.
- In contrast, forgiveness engages the parasympathetic nervous system where hormones such as serotonin and oxytocin are produced. Forgiveness may take time. It is okay to forgive a little each day. You do not need to forget that a person did you harm in order to forgive that person.

The Ritual of Deep Breathing

- Deep belly breathing is a good relaxer.

- Once you train yourself to breathe deeply, you can breathe in and out in a crowd without the people around you paying any attention.
- Find a comfortable position.
- Breathe in for 5 seconds and watch your belly rise.
- Breathe out slowly for 5 seconds and watch your belly fall.

The Ritual of Giving

- Giving serves both the person receiving the gift and the giver.
- Studies revealed that people given free cash to spend on anything they wanted were happier when spending money on others rather than themselves.
- A gift does not have to be costly. Surprise someone with a note of gratitude. Picture the joy a person feels when receiving an unexpected note of thanks.

The Ritual of Sharing Yourself

- A male polio survivor emphasized that attending polio survivor support group meetings was an especially important way for him to maintain his well-being. Sharing yourself not only makes you feel good but may also inspire other polio survivors to share something to address our common post-polio symptoms.

The Ritual of Writing

- Daily checklists bring certainty in uncertain times. Making a checklist of what to do the next day is called a "brain dump." Instead of lying in bed thinking of all you have to do, put the list on paper where you can leave it and go on to dreaming.
- Free flowing writing --putting down on paper the first thing that comes to mind-- helps clear our heads and releases bothersome emotions that may make us feel stressed.
- You may have the determination to write your personal polio story. The Voices of Polio Survivor Virtual Museum (VPSVM) is a project of Mona Arsenault, leader of the Montreal Polio Survivor group, Viney Lugani, Berlin, Germany psychologist and polio survivor and Susan Schoenbeck. Send a note to monaarsenault@gmail.com and she will send you directions how to start your story.

The Ritual of Play

- Disconnecting from chores and worries lets our mind and body recover from things that are bothering us. Play does not have to be productive. But it can be. Crafts, music puzzles, reading can all take our minds off our pain.

The Ritual of Rest

- A wise person once said: If sleep were an eight-hour pill, it would be good to take the full dose at regular times consistently. The American Academy of Sleep recommends at least 7 hours of sleep a night.
- A rest ritual is a routine you perform before taking a nap or going to bed for the night. Rest should be a series of relaxing steps that you do in the same order. By performing the same activities in the same order, your brain comes to see those activities as a precursor to sleep.
- How can you coach your brain into thinking it is time for sleep? Consistency is key.
  - Timing should be specific such as an after-lunch nap and a certain/set bedtime hour.
  - Figure out a series of things you can do to tell your brain it is time for sleep. Some examples include:
    - Setting out clothes for the next day
    - Preparing breakfast meal the night before
    - Taking a bath or shower.
  - Making a paper and pencil/computer "brain dump" checklist of what to do the next day.
  - The temperature for the room in which you sleep should be cool. The best temperature for sleep is 15.5 to 20 degrees Celsius. Wear socks if you have cold feet.
  - Disengage from extraneous noise, such as TV, phone, traffic. You may use a sound machine that blocks noise around you and plays what you consider calming white noise, the sound of waves, or birds.
  - Dim lighting. Bright lights trigger us to be awake. Darkness cues your body to produce

melatonin, the hormone that induces sleep. Dimming the lights around the house before bedtime, you are signaling your brain to get ready for rest. Bright screens/ tablets and television all conspire to keep you awake. Black out curtains/ shades help your brain understand it is time to sleep. Some people turn the face of their bright light of alarm clock away from them.

• Soothe yourself with a scent. Research has also shown that aromatherapy (like lavender, rose) can have an effect on how long it takes to fall asleep and stay asleep. There is no consensus about the best types of aromatherapies for sleep.

• Challenge yourself to try a ritual new to you. Let your heart, interests and hobbies lead you. Find a ritual that suits your lifestyle. After a couple of months, ask yourself: Has this ritual calmed me, made me feel more in control of my life, made me feel less stressed? Has the ritual restored my equilibrium, so I am strengthened to best meet my post-polio symptoms?

• If the ritual has helped you, please pass it on. In a world filled with unforeseen circumstances, we polio survivors can tell others how rituals have restored our equilibrium when faced with events we did not choose to bear. When we polio survivors speak up, we throw out a lifeline to others who face uncertainty.

OPTIMIZING YOUR SUMMER CONTAINERS

Provided by Master Gardener Sheila Bonneteau, 306-530-1421

Have a plan before you shop and don't shop too early!

• Consider things like budget, maintenance of plants, sun requirements and colour palettes

Avoid purchasing annual plants that look unhealthy, mismanaged, or plants that are blooming!

• Bigger plants aren't always better - focus more on plant health then size or premature blooms

Choose plants with interesting foliage colour, unique leaf shapes and texture!

• Experts agree knock out containers are more then just flashy blooms

Look for self cleaning and low maintenance foliage plants!

• Begonias, Superbells, Fanflower, Torenia, Supertunias to name a few that bloom

Crowd your annual containers a little in order to see expert results! Adjust for full grown size

• 10 to 12-inch diameter container – use 3 plants, 14 to 16-inch diameter container– use 4 to 6 plants

• 16 to 20-inch diameter container – use 6 to 8 plants, 24 –inch container (whiskey barrel size) 8 to 10 plant

Starting 4 weeks after transplanting, begin fertilizing with a general maintenance fertilizer every 7-10 days!

• If you can't fertilize weekly use a slow release fertilizer in the potting soil when planting

Remove spent blooms - cut the flower stem below the spent flower just above the first set of healthy leaves!

• If you don't remove spent blooms your plants will bloom once and enter seed production

Water like a PRO! Water in the morning and until water runs out the bottom!

• Don't wet plant foliage- it will invite fungal diseases to take hold on your plants!

WHO Declares Polio Outbreak in Papua New Guinea

Kelly Ng BBC News

The World Health Organisation has declared a polio outbreak in Papua New Guinea and called for an "immediate" vaccination campaign.

Samples of the highly infectious virus were found in two healthy children during a routine screening in Lae, a coastal city in the country's north east.

Less than half of the country's population are immunised against the potentially deadly disease, which is close to being wiped out but has recently resurfaced in some parts of the world.

"We have to do something about it and we have to do it immediately," said Sevil Huseynova, WHO's representative in Papua New Guinea, warning that the disease could spread beyond the country.

"We have to make maximum effort to get 100% [vaccination] coverage," Dr Huseynova said at a media conference on Thursday.

"Polio knows no borders."

The disease is caused by the poliovirus, which spreads through contact with an infected person's faeces or droplets when they cough and sneeze.

It mostly affects children under five years old.

There is no cure for polio, although the majority of people with the infection - including the two recent cases in Papua New Guinea - have no symptoms. Those who do may get a flu-like illness.

A small number of people infected with polio - between one in a thousand and one in a hundred - develop more serious problems that can lead to paralysis. This is also when the disease becomes life-threatening, particularly when paralysis affects muscles used for breathing.

Papua New Guinea was said to be polio-free since 2000, until an outbreak in 2018, which was contained within the same year.

The latest cases were found to be carrying a virus strain genetically linked to one circulating in Indonesia. Papua New Guinea shares a border with Indonesia's easternmost Papua province.

Health Minister Elias Kapavore has vowed to achieve 100% polio immunisation in the country by the end of this year.

"There is no excuse... Polio is a serious disease," he said.

The ongoing campaign will target children aged 10 and below and is expected to reach around 3.5 million people.

"The battle on polio starts today," the department wrote in a Facebook post yesterday.

The WHO, UN's children agency Unicef and Australia's government are supporting Papua New Guinea in its rollout of vaccines.

Unicef's Papua New Guinea representative Veera Mendonca pointed out the disparity in vaccination coverage across the country - with coverage as low as 8% in some districts.

"That is not acceptable," she said, adding that Unicef is working with churches and community leaders to encourage vaccination and to dispel any misinformation.

Polio has staged a comeback elsewhere in Asia in recent years. Pakistan saw 74 cases of the disease last year, while Afghanistan recorded 24 cases.

The WHO has also warned of an outbreak in war-torn Gaza after traces of the virus were found in wastewater.

Articles about the late effects of polio you may want to read online and share with your doctors and other healthcare personnel.

Assessing Pain-the Invisible, Long-Haul Polio Symptom - 2023
https://pubmed.ncbi.nlm.nih.gov/36820695/

Polio survivors' perceptions of the meaning of quality of life and strategies used to promote participation in everyday activities-2014
https://pmc.ncbi.nlm.nih.gov/articles/PMC5060821/#:~:text=Results,care%20professionals%20and%20societal%20attitudes.

New Canada Research Chair using AI to improve quality of life in older populations

by University of Manitoba

In the next five years, the senior population in Canada is projected to exceed 9.5 million individuals, comprising approximately 23 per cent of the total population.

The growing number of older adults will result in increased complex age-related conditions (CACs), including injuries from falls and symptoms of Parkinson's disease and dementia, putting significant pressure on the Canadian health-care system.

To help address these challenges, Dr. Mina Nouredanesh, assistant professor of community health sciences at the Max Rady College of Medicine in the Rady Faculty of Health Sciences, has been appointed a Canada Research Chair (Tier 2) in artificial intelligence (AI) for complex health data.

This prestigious appointment recognizes Nouredanesh's pioneering research to develop innovative solutions for age-related conditions and alleviate stress on populations, caregivers and the health-care system. She brings a multidisciplinary lens to this research, owing to her extensive experience in engineering, machine learning and health data analysis.

"My goal is to design innovative, AI-powered personalized tools to help understand and treat the many factors that contribute to CACs and improve the lives of older adults and their caregivers," said Nouredanesh.

Despite many technological advancements in recent years, knowledge gaps persist, including a lack of precise tools to proactively assess individual-level risks associated with CACs. Every case is unique due to the complexity of symptoms or injury experienced by older adults.

"There are no effective cures to many CACs, so identifying early signs, well in advance of their onset, or detecting factors that trigger them in those already affected, is crucial for developing targeted interventions to delay their progression and mitigate impact," says Nouredanesh. "One-size-fits-all prevention and rehabilitation strategies often fall short because each individual may experience a specific interplay between various risk factors that contribute to the development of these adverse conditions," she adds.

Nouredanesh will address the complex nature of CACs by looking at multiple types of information, bringing together physical, genetic, psychological, socioeconomic, behavioural and environmental data from a variety of sources. Her work will address critical questions, such as:

- What factors are sensitive to early signs of a CAC in an individual?
- What contexts in everyday scenarios trigger a CAC in a symptomatic individual?
- How to intervene?

To answer these questions, Nouredanesh will use questionnaires, in-lab data such as blood tests and medical imaging, and free-living data collected by wearable sensors — such as smart watches — that older adults can wear in their everyday environments.

Nouredanesh will use AI to expand personalized medicine and improve diagnostic, prognostic and treatment methods. While AI has shown promise in addressing health problems, she says, it is in the early stages of development when it comes to predicting and managing CACs, such as falling.

The scientist hopes that this work will assist in the diagnosis and management of age-related conditions and will help to improve functioning in older adults, enhancing their independence. Ultimately, she says, personalized assistive technologies could reduce health-system burdens and contribute significantly to older adults' quality of life.

Research at the University of Manitoba is partially supported by funding from the Government of Canada Research Support Fund.

UM Today Staff

Lower Blood Pressure May Offer Benefits Even for the Very Elderly

by Yale School of Medicine

Newswise — Adults aged 80 and older experience the highest prevalence of cardiovascular disease, yet the optimal blood pressure targets for this group have been unclear in clinical guidelines. Now, a new study from Yale School of Medicine (YSM) suggests that intensive blood pressure management may offer important benefits for very elderly patients.

As the American population rapidly ages, the proportion of adults aged 80 and above is expected to significantly increase over the next few decades. But despite their growing numbers, this population has been understudied and often excluded from clinical trials investigating blood pressure management. The American Heart Association's current blood pressure guidelines for all adults call for blood pressure of 130/80 mmHg or below, but it's unclear if this range is appropriate for the very elderly.

"The key challenge is the lack of strong evidence for this age group," says Yuan Lu, ScD, assistant professor of medicine (cardiology) at YSM, and the senior author of the study published in the Journal of the American College of Cardiology. "Much of the scientific evidence in the hypertension guidelines is based on clinical trials, but these studies have often excluded adults aged 80 and older. When they are included, their numbers are usually too small to draw clear conclusions for this age group."

To address this evidence gap, Lu and her team used data from the Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey and National Death Index to investigate the association between blood pressure and death from cardiovascular disease in adults aged 80 and above who had been actively treated with hypertension medication. Despite previous conjecture that higher blood pressure might be acceptable in this age group due to concerns such as increased fall risk and other side effects when blood pressure is too low, Lu and her team found evidence suggesting that lower blood pressure and more intensive management may be associated with better outcomes for these patients.

Evidence-based guidelines for blood pressure management

With little evidence to guide hypertension treatment for this age group, physicians have often relied on experience, expert opinions, and observational studies. This has frequently led to the idea that higher blood pressure might be acceptable for very elderly patients.

"There's concern that lowering blood pressure too much in very elderly patients could cause side effects like dizziness, falls, or other injuries," Lu explains. "That's why there's still uncertainty among doctors about how aggressively to manage blood pressure in this age group. We simply don't have enough data to say what the ideal target should be. Should we aim for 120 or 130? Or is 140 to 150 still acceptable for elderly patients?"

Lu and her team sorted data from over 1,500 patients aged 80 and above who had been treated for hypertension into three groups: those with systolic blood pressure lower than 130, those between 130 and 160, and those above 160. They found that those with systolic blood pressure below 130 had the lowest risk of dying from heart disease and stroke, even after accounting for factors such as frailty that could potentially moderate the benefits of aggressive blood pressure management. They also found that systolic blood pressure even in the range of 145 held significant cardiovascular disease mortality risk for these patients.

Balancing blood pressure management in the elderly

While these results challenge earlier suggestions that higher blood pressure might be acceptable in this age group, Lu emphasizes the importance of individualized care. "Blood pressure management in this age group should involve thoughtful conversations between patients and their physicians," she explains. "It's essential to consider each patient's overall health, potential side effects, and personal preferences."

Although the study found that lower blood pressure was associated with reduced cardiovascular mortality, Lu cautions that given the multiple comorbidities in very elderly patients, antihypertensive medications

may increase the risk of additional complications—factors that need to be carefully weighed when making treatment decisions.

"Physicians need to engage in shared decision making and consider the full medical history of the patient. Starting medication slowly and closely monitoring their patient's progress and symptoms as they reach blood pressure targets may help find the right balance," says Lu, who is also an assistant professor of biomedical informatics and data science at YSM and of chronic disease epidemiology at Yale School of Public Health. "If there are no side effects, the benefits may outweigh the risks. If there are side effects, physicians may need to reassess and weigh the trade-offs."

Ultimately, Lu believes that both this shared decision-making and follow-up research in the form of randomized control trials will be important moving forward.

"These findings provide evidence and support for more aggressive treatment among elderly patients, but at the same time, we also want to raise the point that the treatment decision would need to be personalized for frail patients and those with multiple comorbidities," Lu says.

Other Yale co-authors include Huanhuan Yang, PhD; Chenxi Huang, PhD; Mitsuaki Sawano, MD, PhD; Jeph Herrin, PhD; Erica S. Spatz, MD; and Harlan M. Krumholz, MD.

The research reported in this news article was supported by the National Heart, Blood, and Lung Institute (award R01HL169954) and Yale University. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Move More, Think Sharper: How Physical Activity Boosts Brain Health in Ageing

by University of South Australia

Credit: Getty images

Small changes to your daily activities can have big impacts on your brain health

Newswise — A brisk walk, a splash of water aerobics, or even a light jog around the block – if your heart rate goes up then so too will your brain health according to new research from the University of South Australia.

Conducted in partnership with the US-based AdventHealth Research Institute, the new study found that staying active through moderate-to-vigorous physical activity is associated with significantly better processing speed, working memory, and executive function in older adults.

Interestingly, the biggest cognitive gains were seen among people who went from doing no moderate-to-vigorous physical activity, to even doing just five minutes, clearly illustrating the power of exercise for the human brain.

Assessing data from 585 older adults (aged 65-80 years) in the USA-based IGNITE trial*, the study examined associations between time spent in sleep, sedentary behaviour, light physical activity, and moderate-to-vigorous physical activity across the 24-hr day, and cognitive performance.

Researchers identified a two-way relationship between 'huff-and-puff' physical activity and brain

health: do more exercise and your brain health improves; but do less and it declines.

UniSA researcher, Dr Maddison Mellow says the study highlights how small changes to your daily activities can have big impacts on your brain health.

"There are three mutually exclusive lifestyle behaviours in the 24-hour day – sleep, sedentary behaviour and physical activity – and how these interact to influence our health outcomes," Dr Mellow says.

"For example, we know that being more active can improve our sleep; or having a better night's sleep could boost our energy levels to perform physical activity the next day. But what we don't know is the optimal balance of time spent in each of these behaviours to maximise cognitive performance.

"In this study we explored how different uses of time impact your brain. We found that higher levels of moderate-to-vigorous physical activity – that is, activity performed at higher intensities that increases your heart rate and breathing – was related to better cognitive performance.

"Specifically, 'huff-and-puff" physical activity (like aerobic exercise) improves processing speed (how fast your brain thinks), executive function (how well you plan, focus, and multitask) and working memory (your ability to store information for short periods of time).

"Importantly, the opposite was also true: lower levels of this higher intensity physical activity were related to poorer performance on these tests."

The findings were consistent across different genetic and demographic backgrounds. Interestingly, the findings did not extend to episodic memory (the what, where and when details of an event) or visuospatial function outcomes (your ability to recognise places and navigate through spaces).

Co-researcher, Dr Audrey Collins, says understanding the interplay between different activities could empower older people to make positive health changes.

"There are only 24 hours in a day, so every day, we make decisions about how we spend our time. For example, if we sleep for eight hours, then there's 16 hours remaining for waking behaviours like physical activity or sedentary behaviour; that's the basic reality," Dr Collins says.

"Our results show that how we choose to spend our time across the 24-hour day may be differentially related to our brain health.

"Understanding that we need to prioritise physical activity – such as physical activity that gets our heart rates up, according to our findings – is the key.

"With one in six people in the world expected to be 60 years or older by 2030, we need to make sure we are supporting and empowering people to age well.

"In this instance, we hope that knowledge is power: boost your physical activity and boost your brain health to stay fit and well as you age. However, these results are cross-sectional and need to be tested longitudinally and experimentally."

Notes for editors:

** The IGNITE study was conducted at the University of Pittsburgh (Pittsburgh, PA), University of Kansas Medical Center (Kansas City, KS), and Northeastern University (Boston, MA) and involved a large, well-characterised sample of cognitively unimpaired older adults. Participants were, on average, 69.8 years of age, predominantly female (70%), and self-reported as inactive.*

Junk Food for Thought: Landmark Canadian Study Directly Links Ultra-Processed Foods to Poor Health

by McMaster University

Newswise — A landmark study exploring Canadians' consumption of chips, frozen pizzas, breakfast cereals and other ultra-processed foods typically loaded with fat, sugar and additives has confirmed these foods are directly and significantly linked to poor health outcomes.

Researchers at McMaster University investigated the relationship between ultra-processed food (UPF) consumption and risk factors including blood pressure, cholesterol levels (LDL and HDL), waist circumference and body mass index (BMI).

Their study is the first in Canada to leverage population-based and robust biomarker data to examine this relationship.

The team analyzed data from more than 6,000 adults across Canada, representing a diverse range of ages, health conditions and socio-economic backgrounds. The subjects completed a questionnaire for the Canadian Health Measures Survey, conducted by Health Canada and Statistics Canada, and were then personally assessed at mobile clinics.

Individuals who consumed the most UPF were more likely to be men, and to have lower income levels, less education and to have reported lower fruit and vegetable intake. They had significantly higher BMI, waist circumference, blood pressure, insulin, and triglyceride levels than those who consumed the least UPF.

Researchers noted that many links between UPF consumption and cardiometabolic risk factors remained significant even after adjusting for BMI, suggesting that ultra-processed foods may influence health through mechanisms beyond weight gain, such as inflammation, insulin resistance, and poor metabolic regulation – all well-established predictors of heart disease and type 2 diabetes.

The associations persisted even after adjusting for physical activity, smoking, the total amount of food consumed and socioeconomic factors including income and education.

“We have this very complex food supply that is more than just the nutritional composition of a food,” explains Anthea Christoforou, an assistant professor in the Department of Kinesiology at McMaster University and senior author of the paper.

“It may be about the additives. The way the food is prepared. It›s related to the packaging and the marketing of that food. All these things come together to create this food environment that really affects the healthfulness of our diets.”

The study, published today in the journal of Nutrition and Metabolism, uncovered a strong association between UPF consumption and the presence of C-reactive protein (CRP), which the liver produces in response to inflammation, as well as an increase of white blood cells.

“These two biomarkers indicate that these foods are causing an inflammatory response in our bodies. In a sense, this suggests that our bodies are seeing these as non-foods, as some kind of other element,” says Christoforou.

UPFs are ready-to-eat, pre-packaged foods, often high in sodium, sugar and unhealthy fats, while being low in fibre, minerals and vitamins. They are often more convenient, heavily marketed, and appeal to time-pressed consumers, factors that may contribute to higher consumption among lower-income groups and growing health disparities.

Researchers point out that such foods have come to dominate the global food supply, particularly in middle- and high-income countries. Canadian study participants consumed an average of more than three servings of UPFs per day, but those who consumed the highest amounts averaged six servings daily, and researchers believe UPFs may be replacing healthier foods such as fruits and vegetables.

“Ultra-processed foods are impacting health across all socioeconomic groups,” says Angelina Baric, a graduate student in the Department of Kinesiology at McMaster and co-author of the study. “While some populations are more exposed to these foods, our findings show that the health risks persist independently of income and education. This highlights the need for broad, equitable food policies that protect everyone.”

Health Canada currently recommends reducing the consumption of processed foods as part of its healthy eating guidelines and has begun consultations to develop broader strategies for limiting UPFs in the Canadian food supply.

“We found consistent evidence that eating ultra-processed foods is associated with cardiometabolic risk factors, which not only reinforces the evidence we have seen linking these foods with rising overweight and obesity rates in Canada and other parts of the world, but also provides more detailed information about what’s happening in the body before a full disease,” says Baric.

In future, the research team plans to develop a study on children’s eating habits as related to processed foods, and female health, focusing on fertility, menses and the onset of menopause.

They are also investigating the biological mechanisms by which UPFs may trigger inflammation and metabolic dysfunction and exploring the role of affordability and food environments in driving UPF consumption — with the aim of informing more equitable public health strategies.

Scientists Find Two Brain Biomarkers in Long COVID Sufferers May Be What's Causing Their Brain Fog, Other Cognitive Issues

by Corewell Health

Newswise — Southfield, Mich., May 15, 2025 – A new study that is the first to compare inflammation and brain stress responses in long COVID-19 patients with individuals who have fully recovered shows that those with continued brain fog and other cognitive issues have a lower ability to adapt to stress and higher levels of inflammation in their brains. While previous long COVID studies have shown changes in these markers in mice, this study evaluated the infection's impact on the brain in documented COVID-positive patients.

Up until now, physicians have found it difficult to understand why certain patients develop post-COVID cognitive symptoms while others do not. Recent studies estimate tens of millions of people worldwide still have not recovered from the COVID infection, even five years later.

"We compared our long COVID participants to our healthy, fully recovered control group based on neurocognitive measures, emotional functioning, measures of quality of life as well as specific changes in blood markers assessing stress response," said lead author Michael Lawrence, Ph.D., neuropsychologist at Corewell Health in Grand Rapids, Michigan. "To our knowledge, this is the first controlled study that shows specific self-reported neurocognitive and central nervous systems changes in long COVID patients which validates the symptoms they've been experiencing."

The pilot study, published in PLOS One, included 17 confirmed COVID patients (10 with long COVID and seven who were fully recovered with no lingering symptoms) and found the following:

- Serum levels of nerve growth factor, a biomarker of the brain's ability to change and adapt by forming new connections, were significantly lower in the long COVID group. This group was also more likely to have higher serum levels of interleukin (IL)-10, a marker of inflammation.
- While there was virtually no difference between groups related to neuropsychological test outcomes, long COVID participants did score significantly lower on letter fluency, meaning they had more difficulty with quickly and accurately accessing language centers in the brain and producing words beginning with various letters.
- The long COVID group also had significantly lower ratings than healthy controls on quality of life, physical health, emotional functioning and psychological well-being responses.

"Although this is a small study and more work needs to be done, from a clinical application standpoint, physicians potentially can identify individuals who are struggling sooner and provide wrap-around care that could be helpful to them," said Judith Arnetz, Ph.D., professor emerita at Michigan State University College of Human Medicine and corresponding author of the study.

According to the study authors, the struggle physicians have with evaluating long COVID patients is that when asked to complete various written diagnostic tests, they tend to look normal.

"These patients experience significant frustration, and their symptoms often may be minimized by friends, family and even the medical community," Dr. Lawrence said. "It's tough when everything looks normal on paper, but our patients continue to struggle and report a multitude of difficulties."

Dr. Arnetz agreed and indicated that physicians might want to take a multidisciplinary approach to care and assess inflammatory and brain biomarkers, which could ultimately offer a better path forward in treating patients with long COVID.

"Additional services such as speech therapy, psychotherapy for stress reduction and incorporating medications that target fatigue and mental fogginess could all be elements of creating a successful treatment plan as well," Dr. Lawrence said.

Compound in Tomatoes May Help Stave Off Weight Gain

by American Physiological Society (APS)

Newswise — Baltimore (April 25, 2025)—New research suggests that lycopene, which gives fruits like tomatoes and watermelons their bright red color, supports healthy liver functioning and may help prevent weight gain. Researchers will present their work this week at the 2025 American Physiology Summit in Baltimore. The Summit is the flagship annual meeting of the American Physiological Society (APS).

Lycopene is an antioxidant, anti-inflammatory compound that is naturally produced by some plants. It is also available as a dietary supplement, although supplements are not evaluated for safety or effectiveness by the U.S. Food and Drug Administration and the potential health impacts of lycopene supplements are not well established.

The researchers' interest in studying the impacts of tomato consumption and lycopene on obesity was sparked by a previous study that showed dietary estrogen supplements prevented zebrafish from becoming obese despite being overfed. Since lycopene and other compounds found in tomatoes affect some of the same chemical pathways as estrogen, the scientists wondered if eating tomatoes could have a similar effect.

"This study is unique because we are assessing interactions between tomatoes, estrogens and obesity prevention mechanisms," said the study's first author Samantha St. Clair, PhD, assistant professor of biology at Northern State University. "Since tomatoes are a rich source of the antioxidant lycopene, we are assessing whether the obesity protection in tomato-supplemented fish stems in part from reduced inflammation in the liver."

Researchers conducted a series of experiments in which they fed zebrafish a normal or high-fat diet along with various combinations of tomato extract, estrogen supplements and lycopene supplements. They found that fish consuming a high-fat diet supplemented with a tomato extract were more effectively protected from weight gain than fish on a high-fat diet supplemented with dietary estrogen. Also, fish that were fed a high-fat diet supplemented with both estrogen and lycopene had lower blood sugar levels compared with fish consuming a normal diet. This finding suggests that lycopene consumption improves the breakdown of fat in the liver.

The researchers also found that the benefits of tomato consumption happened fast, showing a significant difference in metabolism after just one week. "We are really excited about this one week time point. If a relatively short-term intervention tweaks metabolism to protect against weight gain, this implies that folks would be able to make some small adjustments to their daily diet and see benefits in a few weeks' time," said St. Clair.

The team is conducting further analyses to track changes in gene expression involved in inflammation, fat processing and estrogen metabolism at different time points and with different types of supplements. "This data will enable us to paint a broader picture of how tomato consumption alters liver metabolism to help prevent diet-induced obesity," said St. Clair.

The researchers also plan to further study how lycopene content and impacts on metabolism may vary among different types of tomatoes.

Disclaimer

Information published in the Polio Postbox may not represent the opinion of Polio Regina. It is not to be regarded as Polio Regina's endorsement of treatment, products, or individuals. If you have or suspect you may have a health problem, please consult your health care professional.

You Are Invited

Polio Regina is inviting people who have had poliomyelitis and are now experiencing new symptoms such as fatigue, muscle weakness and cold intolerance, to join our self-help support group to learn how they can cope with post-polio syndrome. Spouses, partners, and family members are also welcome. Polio Regina Inc. was formed to help people from Saskatchewan.

Our Objectives:

- To develop, promote and increase awareness of Post Polio Syndrome.
- To disseminate information concerning research and treatment pertaining to Post Polio Syndrome.
- To provide support to survivors of polio, other than financial aid.

Where to Meet

Recently we have been conducting some of our meetings by Zoom, some in person and some hybrid in person-Zoom. There are no meetings in June, July, August, or December. We usually have our Spring Picnic in May and our Christmas party in November, at a restaurant. For more information on meetings phone 306 757-8051 or check out our website: http://nonprofits.accesscomm.ca/polio/ for more information on Polio Regina and links to other useful related information or you can just Google **Polio Regina.** Our email address is: ivan.jorgensen@sasktel.net

Polio Regina Alternate Methods of Payments

Bank e-transfer

We now can receive e-transfers to our e-mail address polioregina@outlook.com and the funds are directly deposited in the Polio Regina bank account.

Please confirm your contact information: address, phone number, email address in the comment area of the e-transfer. Then a receipt will be issued and mailed for the amount.

If you have questions about e-transfer, please contact treasurer David Cotcher at email cotcher@sasktel.net or phone 306-949-1796.

Canadahelps.org

There is the option to use Canadahelps.org website which has a Polio Regina page. This will deposit the membership/donation directly into the Polio Regina bank account.

1. Go to the website link https://www.canadahelps.org/en/charities/polio-regina-inc/

2. OR on the Canadahelps.org website enter Polio Regina Inc in the charity search.

3. Enter the amount, your name, address, email address and payment information.

4. Canadahelps issues a receipt directly to the donor by email. They take 4% administration fee and deposit the net amount directly in the Polio Regina bank account.

5. The Polio Regina treasurer, David Cotcher will be able to access the information and acknowledge the membership/donation.

MEMBERSHIP APPLICATION POLIO REGINA Inc.

Name_____

Active ( ) if you had polio Associate ( ) New ( ) Renewal ( )

Address _____

_____

Postal Code_____Phone: _____

Annual membership fee: (Jan.- Dec.)

$10 Single; $15 family $_____

My donation to Polio Regina Inc.: $_____

Total $_____

Please make cheque payable to: **Polio Regina Inc.** and mail this application form and cheque to:
Polio Regina Inc., 78 Petersmeyer St., Regina, SK S4R 7P7 (Official receipt for income tax purposes will be mailed.)