Spring is Here!!!

After a ‘so - so’ sleep last night and breakfast, I sat down at my computer to write this edition of The Digital Examiner. My computer reminded me I had 10 minutes to get my car to the garage for a spring tune-up. So, ….. I drove to the garage and walked back home along the Bow River. Birds chirping, pussy willows and geese overhead! Clear blue water in the Bow River! Its too soon for the muddy water from the melting mountain snow and spring rains. And .... an Annual General Meeting of PCCN Calgary coming up! Spring is here ……. finally. AGMs can be very boring and staged. I thought, let’s meet & greet, do our business, and then have fun and make some new friends!

So, several themes wrapped into one theme of “Between the Sheets” for this issue of The Digital Examiner:

- In the inside two pages, you’ll find a discussion about Sleep Disorders.
- Our Annual General Meeting:
  - Review and approve our audited financial statements.
  - Appoint our 2014 auditor.
  - Nominate and elect Directors.
- Three Amigos will talk about:
  - Our 20-year history as a prostate cancer support group.
  - How things have changed for men diagnosed with prostate cancer.
  - Our future plans as a prostate cancer group serving Calgary & area.

Our journeys continue ………

Stewart Campbell
Executive Director

Tuesday, May 13th, 2014
Meeting Schedule

5:00 PM: No-host dinner at Moxies. Park and sign-in at the Kerby Centre. Walk east along the LRT to Moxies in the Sandman Inn. We have room for you at the table!

6:30 PM: Newly Diagnosed & Active Surveillance Group
Room 331 at Kerby Centre,
Ron Singer, Facilitator

6:30 PM: Warrior Group
Board Room at Kerby Centre,
Jim Swaile, Facilitator

7:30 PM: Annual General Meeting.
Kerby Centre Lecture Theatre
Three Amigos talking about the 20-year History & Future Direction of PCCN Calgary
Ron Gorham, Stewart Campbell and Steve Belway

Jokes, Humorous Videos & Story Telling - PCCN Members

This is our meeting to a little necessary business and to socialize. Cookies, fruit and refreshments will be served.

Come join us Tuesday, May 13th at the Kerby Centre. Ladies, family members and caregivers are always welcome.
**Sleep Disorders and Complementary Health Approaches—What the Science Says**

Condensed from the original article published in NCCAM Clinical Digest, April 2014. For the full article, see www.nccam.nih.gov.

**Mind and Body Practices**

**Relaxation Techniques**

Relaxation techniques include progressive relaxation, guided imagery, biofeedback, self-hypnosis, and deep breathing exercises. The goal is similar in all: to consciously produce the body’s natural relaxation response, characterized by slower breathing, lower blood pressure, and a feeling of calm and well-being. Relaxation techniques are also used to induce sleep, reduce pain, and calm emotions.

Evidence suggests that using relaxation techniques before bedtime can be helpful components of a successful strategy to improve sleep habits. Other components include maintaining a consistent sleep schedule; avoiding caffeine, alcohol, heavy meals, and strenuous exercise too close to bedtime; and sleeping in a quiet, cool, dark room.

A 2006 review commissioned by the American Academy of Sleep Medicine (AASM) of 37 studies found that psychological and behavioral therapies, including relaxation techniques, produced reliable changes in several sleep parameters of participants with primary insomnia or insomnia associated with medical and psychiatric conditions. Relaxation was one of five treatments that met criteria for empirically-supported psychological treatments for insomnia.

AASM’s 2006 practice parameter report concluded that several psychological and behavioral interventions, including relaxation training, stimulus control therapy, and cognitive behavioral therapy are effective, and recommended inclusion of at least one in initial treatment strategies for chronic primary and comorbid (secondary) insomnia.

A 2009 meta-analysis of five randomized controlled trials evaluating the efficacy of music-assisted relaxation for sleep quality in adults found that music-assisted relaxation had moderate benefits.

Relaxation techniques are generally considered safe. Relaxation techniques are generally used as components of a treatment plan, and not as the only approach for potentially serious health conditions. There have been rare case reports of worsening of symptoms in people with epilepsy or certain psychiatric conditions, or with a history of abuse or trauma.

**Other Mind and Body Practices**

Other mind and body practices studied for their effects on insomnia and other sleep disorders include mindfulness-based stress reduction, yoga, massage therapy, and acupuncture. Current evidence of these therapies is either too preliminary or inconsistent to draw conclusions about whether they are helpful for sleep disorders.

While there have been many studies of acupuncture for insomnia, the evidence base suffers from trials of poor methodological quality, and high levels of publication bias and heterogeneity in study design.

Meditation is considered to be safe for healthy people. There have been rare reports that meditation could cause or worsen symptoms in people who have certain psychiatric problems, but this question has not been fully researched. People with physical limitations may not be able to participate in certain meditative practices involving physical movement. Individuals with existing mental or physical health conditions should speak with their health care providers prior to starting a meditative practice and make their meditation instructor aware of their condition.

Overall, clinical trial data suggest yoga as taught and practiced in these research studies under the guidance of skilled teacher has a low rate of minor side effects. However, injuries from yoga, some of them serious, have been reported in the popular press. People with health conditions should work with an experienced teacher who can help modify or avoid some yoga poses to prevent side effects.

Massage therapy appears to have few risks when performed by a trained practitioner. However, massage therapists should take some precautions with certain health conditions. In some cases, pregnant women should avoid massage therapy. Forceful and deep tissue massage should be avoided by people with conditions such as bleeding disorders or low blood platelet counts, and by people taking anticoagulant medications such as warfarin (also known as blood thinners). Massage should not be done in any potentially weak area of the skin, such as wounds. Deep or intense pressure should not be used over an area where the patient has a tumor or cancer, unless approved by the patient’s health care provider.

Acupuncture is generally considered safe when performed by an experienced practitioner using sterile needles. Reports of serious adverse events related to acupuncture are rare, but include infections and punctured organs.
Dietary Supplements

Melatonin

Melatonin is a hormone known to shift circadian rhythms. Evidence suggests that melatonin may be useful in treating several sleep disorders, such as jet lag, delayed sleep phase disorder, and sleep problems related to shift work.

AASM’s 2007 practice parameter report includes the recommendation of melatonin to:

- Promote daytime sleep among night shift workers. Studies that support this recommendation found that melatonin administration prior to daytime sleep after night work shifts improved daytime sleep quality and duration, and caused a shift in circadian phase in some but not all participants. Melatonin did not enhance alertness at night.
- Reduce symptoms of jet lag and improve sleep following travel across multiple time zones. A 2009 Cochrane review supporting this recommendation assessed the effectiveness of oral melatonin for alleviating jet lag after air travel across several time zones, and concluded that melatonin is remarkably effective in preventing or reducing jet lag, and that occasional short-term use appears to be safe.

Adults and teens with delayed sleep disorder have trouble falling asleep before 2 a.m. and have trouble waking up in the morning. In a 2007 review, the authors suggested that a combination of melatonin supplements, a behavioral approach to delay sleep and wake times, and reduced evening light may even out sleep cycles in people with this disorder.

A 2013 meta-analysis of trials involving participants with primary sleep disorders found evidence of small but statistically significant improvements in sleep onset latency, total sleep time, and overall sleep quality with melatonin use. These effects do not appear to dissipate with continued melatonin use. The investigators concluded that although the absolute benefit of melatonin compared to placebo is smaller than other pharmacological treatments for insomnia, melatonin may have a role in the treatment of insomnia given its relatively benign side-effect profile.

A 2007 study of 170 participants with insomnia, aged 55 years or older, found that prolonged-release melatonin significantly improved quality of sleep and behavior following wakefulness (BFW), compared with placebo. The authors concluded that the improvements in quality of sleep and BFW were strongly correlated, suggesting a beneficial treatment effect on the restorative value of sleep.

Melatonin supplements appear to be relatively safe for short-term use, although modest adverse effects on mood were seen with melatonin use in elderly people (most of whom had dementia) in one study. The long-term safety of melatonin supplements has not been established.

L-tryptophan and 5-hydroxytryptophan (5-HTP)

Dietary supplements containing chemical precursors of melatonin—L-tryptophan and 5-hydroxytryptophan (5-HTP)—have also been researched as sleep aids, but they have not been shown to be effective for insomnia. Studies of L-tryptophan supplements as an insomnia treatment have had inconsistent results. Evidence that 5-HTP supplements are useful in insomnia is lacking at present. Until more is known it is reasonable to regard L-tryptophan as possibly unsafe.

Herbal and Homeopathic Medicines

Various herbs such as valerian, chamomile, and kava, and homeopathic medicines sometimes used as sleep aids have not been shown to be effective for insomnia, and important safety concerns have been raised about a few.

The strongest evidence concerning efficacy of the herb valerian for insomnia consists of several meta-analyses and systematic reviews. Very little research has been done on the effects of chamomile, kava, and other herb formulations for this condition. There is insufficient evidence to make determinations about the efficacy of chamomile, kava, or other herbal formulations for insomnia. A 2010 systematic review concluded that current evidence does not demonstrate significant effects of homeopathic medicines for insomnia.

Although few people have reported negative side effects from valerian, it is uncertain whether this herb is safe for long-term use. Some people, especially those who are allergic to ragweed or related plants, may have allergic reactions to chamomile. More importantly, kava supplements have been linked to a risk of severe liver damage.

The National Center for Complementary and Alternative Medicine is 1 of 27 institutes and centers of the US National Institutes of Health for medical research. NCCAM is dedicated to exploring complementary and alternative healing practices in the context of rigorous science, training CAM researchers, and disseminating authoritative information to the public and professionals. NCCAM Clinical Digest is a monthly e-newsletter which offers evidence-based information on complementary and alternative medicine, including scientific literature searches, summaries of NCCAM-funded research, and fact sheets for patients. For additional information, visit the NCCAM Web site at nccam.nih.gov.

As always, PCCN Calgary recommends that men diagnosed with prostate cancer consult their family doctor and prostate cancer medical specialist before implementing any therapies or approaches presented in The Digital Examiner.
Three Amigos from PPCN Calgary
Speaking to Our History and Future

After the formal part of our AGM on May 13th at the Kerby Centre, three amigos from PPCN Calgary will present:

- Ron Gorham (our Chairman) will track our history from the first days of 1993 through seven Presidents and four Executive Directors. Also we have had four meeting locations, changed our meeting day, formed a charity, created The Digital Examiner, started and maintain a website, video record our meetings, as well had many speakers of note.

- Stewart Campbell (our Executive Director) will speak to the progress over 20 years in the options and hope for men diagnosed with prostate cancer.

- Steve Belway (our President) will present findings from our recent Directors workshop highlighting our mission, vision and objectives. He will look at challenges faced by non-profit organizations and present strategic initiatives at how PPCN Calgary will become stronger with relevant programs and key partnerships and collaborations. Improvements on established events and partnering for new ones will be communicated. He will present an update on PPCN’s national networking as well as Movember fund-raising & Canadian prostate cancer research initiatives.

Don’t miss this look back at our history and accomplishments. The evening will be a great time to socialize, meet your fellow members, tell some jokes and view 2—3 short humorous videos about men and women their foibles. Members, please do bring your favorite humorous video clips on a USB and we’ll show 2 – 3 of them during the evening and stockpile the rest for the future.

PCRI Conference for Patients & Caregivers

The Prostate Cancer Research Institute’s 2014 Conference for Prostate Cancer Patients and Caregivers will be held in Los Angeles, CA from Friday—Sunday, Sept 5—7, 2014. For many years, members from PPCN Calgary have attended this conference and reported back to our members. DVDs of presentations by leading PCA researchers and clinicians from past conferences are available for loan from our Knowledge Library. Also, you will find videos of our members ‘take home’ messages posted on our website at www.pccncalgary.com.

This year, PPCN Calgary will reimburse 10 of our members who attend the 2014 PCRI conference for their early registration fee and Saturday evening dinner. Early registration ends on June 30. For info, see www.prostate-cancer.org.

For those interested, please contact Stewart Campbell at 403 932 2372 or executive.director@pccncalgary.org.

Our 6th Annual 2014 Show ‘n Shine will be held on Sunday, June 29th at the Grey Eagles Casino. The event will feature:

- Parking for 500 exhibitors
- The theme “Fun in the 50s”
- Music by “Blue Brothers Too” from Kelowna
- A new “Men’s Health Challenge”
- The MAN VAN™ for Free PSA testing
- Prizes, raffles and draws
- And much more …………..

Ron Gorham, our 2014 “Fun in the 50s” Chairman, has put together a tremendous program. It will be a fun day for everyone. In the weeks to come, Ron will post more information about our “Fun in the 50s” festival on our website at www.pccncalgary.org and be in contact with collectors, car & bike clubs, commercial exhibitors and volunteers.

There’s always ‘lots of prostates’ at our Show ‘n Shines to talk to about prostate cancer and men’s health. The Man Van™ from the Prostate Cancer Centre will be at the show for PSA testing.

MARK THE DATE

2014 “Fun in the 50s” Show ‘n Shine
June 29th at Grey Eagles Casino

We’d like 15 volunteers for this fund raiser. Please call

- Ron Gorham at 403 730-6534
- Stewart Campbell at 403 932-2372