

Study suggests

Suicide Risk Runs in Families

A person is more likely to commit suicide if a family member has taken his or her own life or has a history of psychiatric illness, a new study suggests. Danish researchers tracked 4,262 people between the ages of 9 and 45 who had committed suicide and compared them to more than 80,000 controls. They evaluated the suicide history of parents and siblings, history of psychiatric illness among parents and siblings and other data.

Those with a family history of suicide were two and a half times more likely to take their own life than those without such a history. And a family history of psychiatric illness requiring hospital admission increased suicide risk by about 50 percent for those who did not have a history of psychiatric problems themselves. Both types of family history boosted risk, but the effect was strongest for individuals whose family history included both suicide and psychiatric illness, the researchers report in a recent issue of *The Lancet*. In previous research, experts have found that clustering of suicides within families occurs and that suicidal behaviour in part might be genetically transmitted.

"To our knowledge, this is the first study demonstrating that the two familial factors (suicide and psychiatric illness) act independently on increasing the risk of suicide," says Dr Ping Qin, lead author and a researcher at the National Centre for Register-based Research at Aarhus University in Denmark.

"Though we cannot conclude that there is a genetic factor associated with suicide, the findings from this large population-based study do suggest that the aggregation of suicide in families is likely due to a genetic factor rather than other non-genetic factors," Qin says. "And this genetic susceptibility is likely to act independently of mental illness."

More study is needed, she says, to find out exactly why a family history of suicide or psychiatric illness raises the risk of an individual taking his own life. Lanny Berman, executive director of the American Association of Suicidology, says the study simply reinforces "what we have long known. With regard to

family history of suicide, the pathway may be genetic, biochemical, and/or psychological.

With regard to a family history of mental disorder requiring hospitalisation, the same explanation might describe increased risk for similar mental disorder in offspring, and these mental disorders, in turn, are risk factors for suicide." Another expert, Dr Andrew Leuchter, a professor and vice chairman of the department of Psychiatry at the David Geffen School of Medicine at UCLA, says the new study, "confirms findings we have known for some time: that suicide does tend to run in families. We have known for some time that if you have a first-degree relative - mother, father, sister, brother - you are at a higher risk for committing suicide.

"But the significant addition of this study suggests there are independent and significant contributions both of a family history of suicide and a family history of psychiatric illness." He adds a caveat, though: If you have a family history of both, you are not doomed. "Both family history of suicide and family psychiatric history are important risk factors, but they still account for only a minority of all suicides." Qin agrees. In her study, she says, family suicide history accounted for 2.25 percent and family psychiatric history for 6.8% of the more than 4,000 suicides. Regardless, she says health professionals should evaluate both suicide history and psychiatric illness history when they are assessing a person's suicide risk.

copied from ADA Connection Vol. 12 #14

At Disability Information Service Soon

weka

What everybody keeps asking
[about disability information]

**comprising generic disability related information
in a number of broad categories**

Allergy & Socioeconomic Status

People of higher Socioeconomic status tend to have higher rates of allergy and psychological problems, according to latest research conducted by the Institute of Behavioural Sciences in Budapest, Hungary.

Researchers compared the psychological characteristics of 10,400 allergic and non-allergic individuals from a Hungarian health survey. The psychological tests revealed that a subgroup of allergic people have a high susceptibility to psychiatric problems. Some allergic individuals are more neurotic, have more depressive symptoms, have higher hostility scores and reported more conflicts with their social environment compared to the rest of the population. Attitudes such as perfectionism, need for approval, external control and need to be loved were also more characteristic of allergy sufferers.

One very specific finding of this study is that allergic symptoms are more prevalent in people of higher socioeconomic status. One explanation for this is the modern Western lifestyle, which may contribute to the increase of allergic sensitisation. Although this hypothesis is still debated, some of its proponents argue that improved hygiene increases the risk of allergy sensitisation. In other words, the natural development of immunity might be altered by the decrease of bacterial infections in early infancy.

Another possible explanation for the high prevalence of allergies among people of higher socioeconomic status, is that these people may be more aware of an allergy and its symptoms and may seek medical help earlier. However, a previous study found that self-diagnoses of allergy among high socioeconomic people, in many cases, could not be confirmed by medical examinations. This, the Hungarian researches suggest, may reflect a greater susceptibility to psychiatric problems. These problems appear as exaggerated worries about different physical symptoms, sleep disorders, feelings of panic or hopelessness, multiple conflicts in social relationships, dissatisfaction with health care and caregivers and failure of conventional anti allergy treatment. These problems generally interface with the symptoms and with the treatment of the allergy resulting in a poorer quality of life. Psychological tests conducted by the Hungarian researches confirmed that dysfunctional attitudes and psychiatric symptoms are more common in people with allergic symptoms than the general population.

Future research with focus on the associations of specific allergic diseases and specific psychiatric problems. It is still unclear how psychosocial factors affect the development of allergy symptoms, but once discovered these factors may have important therapeutic qualities.

copied from Allergy Today Winter 2001

to achieve inclusion existing resources need to be used in different ways.

Family Network Newsletter

Inclusion is.....

- A philosophy built on the belief that all people are equal and should be respected and valued, as an issue of basic human rights.
- An "unending set of processes" in which children and adults with disabilities have the opportunity to participate fully in ALL community activities offered to people who do not have disabilities

Inclusion means.....

- Educating children with disabilities in the schools they would attend if they did not have disabilities
- Providing services and support for parents and children with disabilities need in order to be normal settings
- Supporting regular education teachers and administrators
- Having children with disabilities follow the same schedule as other children
- Encouraging friendships between children with disabilities and their classmates/peers without disabilities
- Teachers and administrators taking these concerns seriously
- Teaching ALL children to understand and accept differences

(UNESCO – at the UN Committee on Rights of the Child October 6 1997 – Centre for Human Rights, Geneva)

New Zealand Disability Survey Snapshot 5 children

- ó 11% percent of all children (0 to 14 years) had a disability in 2001
- ó boys were more likely to have a disability than girls
- ó 41% of disabled children had a disability that had existed from birth
- ó 58% of disabled children reported speaking limitations, learning and developmental difficulties, and/or required special education due to a limitation
- ó 17% of children with disabilities had an unmet need for some type of health service

12 Commandments For Parents of Children with Disabilities

1. Thou art thy child's best and most consistent advocate.
2. Thou hast valuable information about your child. Professionals need your input.
3. Thou shalt put it in writing and keep.
4. Thou shalt try to resolve problems at the lowest level but not hesitate to contact a higher authority if the problem is not resolved.
5. Thou shalt keep records.
6. Thou shalt seek information whenever needed.
7. Thou shalt take time to think through information before making a decision.
8. Thou shalt have permission to be less than perfect. Important lessons are learned from both successes and failures.
9. Thou shalt not become a martyr. Decide to take a break now and then.
10. Thou shalt maintain a sense of humour. It is great for your emotional well being and that of your child.
11. Thou shalt always remember to tell people when they are doing a good job.
12. Thou shalt encourage thy child to make decisions because one day she/he will need to do so

sited in new zealand down syndrome newsletter

Swap the TV for Mind Games

Adults with hobbies that exercise their brains, such as reading, jigsaw puzzles or chess, are two and a half times less likely to develop Alzheimer's disease (AD) than those who have passive mental recreations. Watching television a lot may increase the risk of developing the disease.

A survey of people in their seventies showed that those who regularly participated in hobbies that were intellectually challenging during their younger adult years tended to be protected from AD. The finding supports other studies that have shown that brain power unused is brain power lost.

The study was more bad news for the couch potato, said Dr. Robert Friedland, author of the research, an associate professor of neurology at Case Western Reserve University School of Medicine and member of the medical staff at University Hospitals of Cleveland. "Television watching is not protective and may even be a risk factor for Alzheimer's," said Dr. Friedland.

This study is important because it supports other research showing that the onset of AD was delayed by education and by working in intellectually demanding professions.

In the study, Dr. Friedland and his co-authors analysed the leisure activities in young and middle adulthood of 193 Alzheimer's patients and of 358

controls, people who did not have symptoms of the disease. All the participants were in their seventies when the survey was conducted.

The researchers gathered information on how the subjects spent their leisure time during their early adulthood - age 20 to 39 - and during their middle adulthood - age 40 to 60.

The survey centred on three in types of activities:

Passive, such as watching television, talking on the phone or listening to music

Intellectual, such as reading, jigsaw or crossword puzzles, playing musical instruments, chess or other board games, knitting or woodwork.

Physical, such as baseball, football or other sports, bike riding, swimming, walking or skating.

"The Alzheimer's patients were less active in all these activities except for television watching," said Dr. Friedland. Intellectual activities seemed particularly protective, he said, noting that those whose leisure centred on mind-challenging hobbies were about two and a half times less likely to develop Alzheimer's. The results were adjusted for the known beneficial effects on Alzheimer's of education and intellectually demanding professions. No matter the profession or the amount of education, there was still a beneficial effect from intellectually stimulating hobbies.

Intellectual stimulation in early and middle adulthood did not absolutely protect against AD in late adulthood but the activities could delay the onset of the disease for years.

"The brain is an organ just like every other organ in the body. It ages in regard to how it is used. Just as physical activity strengthens the heart, muscles and bones, intellectual activity strengthens the brain against disease. It is believed that healthier brain cells were better able to control or slow the Alzheimer's process. The effect seemed to be that brain challenging activities "build up a reserve" of neuron connections. Because of this reserve it took longer for the Alzheimer's process to destroy enough neurons for there to be identifiable symptoms. "

"Intellectual stimulation may delay the onset," Dr. Friedland said. "There is no evidence, however, that it will actually alter the disease course. Delaying the disease's onset could give many more years of rational life to those who eventually developed it. The effect comes from activities between the ages of 20 to 60. However, this does not mean that people over the age of 60 should not take up intellectually stimulating activities; other research shows clear benefits, no matter how late in life the activity is started.

Headlines newsletter of the Neurological Foundation of NZ

"ability JN formation"

(Sponsored by Public Health South)

Hills Community Radio 1575khz

1st Wednesday each month

Older Peoples Disability Funding To Be Transferred to DHB's

Funding for disability support services for older people will be transferred from the Ministry of Health to District Health Boards from 1 October, 2003. Associate Health Minister, Ruth Dyson, said on 21 February 2003.

The amount of funding is \$700 million, 65 percent of which goes towards residential aged care.

Dyson said the transfer of funding to District Health Boards would help them provide more integrated services for older people, and was another step in the implementing the government's Health of Older People Strategy.

Ruth Dyson said the funding transfer would begin in October 2003, and the Ministry of Health and the District Health Boards had been working together for some time to ensure a smooth transition.

Ms Dyson said people with disabilities aged 50 – 64 whose health supports needs are assessed as 'close in interest' to older people would also be funded by district health boards. This group included many Maori who have specific health related needs at a younger age.

Media Statement Hon Ruth Dyson, Associate Minister of Health

Progress made on Disability Issues

Increased consultation involving people with disabilities, and their growing participation in advisory and reference boards, are two positive trends to emerge from the government's second report on implementing the New Zealand Disability Strategy. The report covers the activities of 10 government departments for the nine months from October 2001 to June 2002.

Disability Issues Minister Ruth Dyson said she was pleased with the progress documented in the report.

"Greater participation of people with disabilities in government decision-making is essential. It will contribute to policies that enhance their quality of life and help achieve our vision of a barrier-free and inclusive society."

Ms Dyson said the establishment of the Office of Disability Issues inside the Ministry of Social Development last year was another encouraging development.

"The office will work with government departments to implement a more robust evaluation and monitoring framework. This will help ensure they focus on outcomes that make a real difference to the lives of people with disabilities."

Media Statement Hon Ruth Dyson, Associate Minister of Health

Pet Shops and Peanut Allergy!

For all those with peanut allergic kids:

Remember that visits to the pet shop may mean the friendly owner or staff will offer your child the opportunity to feed the birds.

Beware, most bird feed in these stores contains peanuts. Often whole peanuts and sometimes in the shells.

Previous visitors to the shop may have accepted the offer, so be alert: birds are messy eaters and the remnants of the feeding time may be distributed around the shop.

And thus a hazard to your child

Allergy Today, Spring 2001

They were doing it in Victorian England

This is probably one of the first documented examples of how people who experience disability can contribute to our culture, knowledge and our society through employment. It is detailed in a book called "The Surgeon of Crawthorne"; as the cover explains ... "a tale of murder, madness and the Oxford English Dictionary"

It tells the story of how William Minor, over a period of 20 years submitted hundreds of scholarly contributions as a part of a group of learned academics who were putting together the Oxford English Dictionary. Indeed William Minor was one of the principal contributors. This was during the latter half of the 1800's and the reign of Queen Victoria.

Unbeknown to his colleagues, William Minor was an inmate of the Broadmoor Asylum for the Criminally Insane - indeed one of their longest serving inmates.

"Employment is nature's best physician and is essential to human happiness"

(Galen 172AD)

seen in Work 'N Progress No 8 2002

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