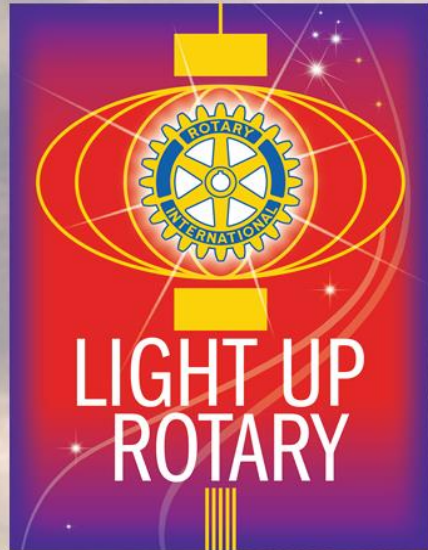


# Rotary Club of Tamworth - First Light 2014—2015

Rotary 





**Outgoing  
President  
Jim Raymond**

## Wednesday, 9<sup>th</sup> July, 2014 Meeting # 1218

Quote of the Week:

“We all need people who will give us feedback. That’s how we improve.” [Bill Gates](#)

### **Jim’s Journal**

What a cold start this morning. Luckily our guest speaker Sally Henry lives in Armidale so it was more like a summer’s morning for her. Sally was joined by Genevieve Gittoes to talk about Early Onset Alzheimer’s, a disease that is becoming more prevalent, not only in those older members of our community but also in people much younger.



Genevieve discussed her decision to run in this year’s City to Surf to be held on 10 August. She has joined a team called The Memory Joggers and is hoping to raise several thousand dollars to donate back to the local community to assist those that have been diagnosed with this disease and as a tribute to a very close friend who has been diagnosed with Early Onset Alzheimer’s. I’m sure she will achieve her goal.

Sally further discussed Alzheimer’s, which is the most common form of dementia. Some of the reasons this disease presents are due to repeated concussions received in playing contact sport, drug abuse and the non-use of protective headwear when riding bikes, horses etc. Further information will be reproduced in this bulletin and future ones explaining: what is dementia, memory changes, Alzheimer’s disease and ways to keep your brain fit and healthy.

The date for Pedal the Peel is 12 October 2014. This is one of our major fund raisers for the year and Terry Robinson will be looking for volunteers to assist with organisation as well manning checkpoints, working on the BBQ etc. on the day.

Next Wednesday will see Di Ford inducted as our 25<sup>th</sup> President. An invitation has been extended to partners to join us to celebrate the occasion. I'm sure Di is looking forward to finally being inducted following Simon's health scare which precluded her from being present at the changeover.

My last report (jinxed myself and Simon Ford last time I wrote that). It's been a privilege and pleasure to be president of the best Rotary Club in District 9650. To Di and her board, I wish you all the best for a successful year ahead.

That's all folks....JR



Spur Up Rodeo



## MEETING NOTES

Fines raised \$139.15

P.O. Raffle raised \$152.00



## DATES TO REMEMBER....

**Sat 12<sup>th</sup> July: Rugby Roster**

**Sun 3<sup>rd</sup> August: Gold Coast Golf Classic**

**Wed 6<sup>th</sup> August: New England Dementia Forum**

**October Long Weekend: Cobar Rotary "Billycan Bash"**

**Sun 12<sup>th</sup> October: Pedal the Peel** See Robbo for more details.

<b>Meeting Roster</b>	<b>Wed 9<sup>th</sup> July</b>	<b>Wed 16<sup>th</sup> July</b>	
Guest Speaker	<b>Induction of Incoming President, Diane Ford:</b> Partners welcome	<b>Club Assembly</b>	
Topic			
Door Team	John Fogarty Genevieve Gittoes	Deb Barnes (Sue O'Connor swap) Phil Heffernan	
Meeter & Greeter	Louise Matthews	David Hinwood	
Welcome	John Glynn	Maureen Thornton	
President Assist	Bruce Hemmett	Ian Howle	
Visitor Assist	Michael Smith	Julian Smith	
Corporal Assist	Laurence Hearn	Graham Dooley	
Introduction			
Vote of Thanks			
<b>Post Office Raffle Roster</b>			
<b>11 July</b>	<b>18 July</b>	<b>25 July</b>	<b>1 August</b>
Bob Baddams Graham Dooley	Graham Dooley Vicki Cooper	Vicki Cooper Dave Baddams	Dave Baddams Brian Logan
<b>8 August</b>	<b>15 August</b>	<b>22 August</b>	<b>29 August</b>
Brian Logan Paul Stevenson	Paul Stevenson James Treloar	James Treloar Chris Celovic	Chris Celovic Peter Ryan
<b>Corporals for July</b>		<b>Corporals for August</b>	
John Worldon, Anne Jacob		Graham Nuttall, Paul Stevenson	
<b>Birthdays, Anniversaries and Inductions</b>			
Members Birthdays	Barry Biffin 12 July; Michael Smith 15 July		
Partners Birthdays	Leigh (Ian Howle) 12 July; Kerry (Dennis Johnson) 15 July; Sue (Terry Robinson) 15 July		
Anniversaries			
Club Induction	Les Jacob (21 years) 14 July		
<b>Stats for last meeting</b>			
Attendance	63%		
Make-Ups	Nil		
Visiting Rotarians	Nil		
Visitors	Nil		
Heads & tails	John Glynn		
Raffle	John Glynn		

**WHY City To Surf???**

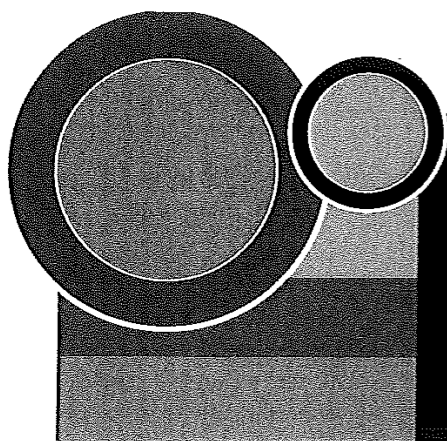
**WHY Alzheimers????**

- I am running the City to Surf (14kms) this year to raise money for Alzheimers Australia
- I last ran in this event 38 years ago (only yesterday....ha ha!) with a special school friend.
- Last year she was diagnosed with Early Onset Alzheimers at the young age of 53.
- Sadly in a couple of years she won't know her two sons (now 18 and 16) or husband and will more than likely be in the same nursing home as her Mum.
- Please help me reach my fundraising GOAL! Every little bit counts so I would really appreciate whatever you can afford.
- Our official Team is called the 'Memory Joggers' and you can sponsor me direct on <https://city2surf2014.everydayhero.com/au/genevieve>

Many thanks

Genevieve Gittoes





**New England Dementia Forum**  
**Tamworth Town Hall, Fitzroy Street**  
**Wednesday August 6, 2014**

**Dementia: Tears, fears and practicalities**

**Registration Form for Carers and Interested Public**

Name: \_\_\_\_\_

Are you a carer of someone living with dementia? Yes  No

Phone: \_\_\_\_\_ Email \_\_\_\_\_

***Morning Tea will be provided on arrival*** (please note lunch is not provided)

**Venue:** Tamworth War Memorial Town Hall  
Fitzroy Street, Tamworth

**Time:** 9.00am - 9.30am – sign in and morning tea  
Start at 9.30am with opening/Welcome to Country (day will finish by 3.15 pm)

**There is no fee for attending this Forum.**

**Please note, as places are limited, you must formally register to attend the Forum**

**Registrations close 25 July, 2014.**

**Send Registrations to McLean Care — phone: 02 6722 2655 fax: 02 6722 2025**

Note: for further information about the forum please contact Viki Brummell, HNE Local Health District, phone: 02 6739 0131 or Cate Doyle/Sally Henry, NEML, phone: 02 6771 1146

Please note there is limited paid parking available behind the Tamworth Town Hall.



# WHAT IS DEMENTIA?

This Help Sheet describes dementia, who gets it and some of its most common forms. It describes some early signs of dementia and emphasises the importance of a timely medical diagnosis.

Dementia describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease.

Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life. The hallmark of dementia is the inability to carry out everyday activities as a consequence of diminished cognitive ability.

Doctors diagnose dementia if two or more cognitive functions are significantly impaired. The cognitive functions affected can include memory, language skills, understanding information, spatial skills, judgement and attention. People with dementia may have difficulty solving problems and controlling their emotions. They may also experience personality changes. The exact symptoms experienced by a person with dementia depend on the areas of the brain that are damaged by the disease causing the dementia.

With many types of dementia, some of the nerve cells in the brain stop functioning, lose connections with other cells, and die. Dementia is usually progressive. This means that the disease gradually spreads through the brain and the person's symptoms get worse over time.

## Who gets dementia?

Dementia can happen to anybody, but the risk increases with age. Most people with dementia are older, but it is important to remember that most older people do not get dementia. It is not a normal part of ageing, but is caused by brain disease. Rarely, people under the age of 65 years develop dementia and this is called 'younger onset dementia'.

There are a few very rare forms of inherited dementia, where a specific gene mutation is known to cause the disease. In most cases of dementia however, these genes are not involved, but people with a family history of dementia do have an increased risk. For more information see the Help Sheet on *About Dementia: Genetics of dementia*.

Certain health and lifestyle factors also appear to play a role in a person's risk of dementia. People with untreated vascular risk factors including high blood pressure have an increased risk, as do those who are less physically and mentally active. Up to date and detailed information about dementia risk factors is available at [yourbrainmatters.org.au](http://yourbrainmatters.org.au).

## What causes dementia?

There are many different diseases that cause dementia. In most cases, why people develop these diseases is unknown. Some of the most common forms of dementia are:

### Alzheimer's disease

Alzheimer's disease is the most common form of dementia, accounting for around two-thirds of cases. It causes a gradual decline in cognitive abilities, often beginning with memory loss.

Alzheimer's disease is characterised by two abnormalities in the brain – amyloid plaques and neurofibrillary tangles. The plaques are abnormal clumps of a protein called beta amyloid. The tangles are bundles of twisted filaments made up of a protein called tau. Plaques and tangles stop communication between nerve cells and cause them to die. For more information see the Help Sheet on *About Dementia: Alzheimer's disease*.

### Vascular dementia

Vascular dementia is cognitive impairment caused by damage to the blood vessels in the brain. It can be caused by a single stroke, or by several mini-strokes occurring over time. These mini-strokes are also called transient ischaemic attacks (TIAs).

Vascular dementia is diagnosed when there is evidence of blood vessel disease in the brain and impaired cognitive function that interferes with daily living. The symptoms of vascular dementia can begin suddenly after a stroke, or may begin gradually as blood vessel disease worsens. The symptoms vary depending on the location and size of brain damage. It may affect just one or a few specific cognitive

[FIGHTDEMENTIA.ORG.AU](http://FIGHTDEMENTIA.ORG.AU)

NATIONAL DEMENTIA HELPLINE 1800 100 500

UNDERSTAND ALZHEIMER'S  
EDUCATE AUSTRALIA

This help sheet is funded by the Australian Government under the National Dementia Support Program

functions. Vascular dementia may appear similar to Alzheimer's disease, and a mixture of Alzheimer's disease and vascular dementia is fairly common. For more information see the Help Sheet on *About Dementia: Vascular dementia*.

### Lewy body disease

Lewy body disease is characterised by the presence of Lewy bodies in the brain. Lewy bodies are abnormal clumps of the protein alpha-synuclein that develop inside nerve cells. These abnormalities occur in specific areas of the brain, causing changes in movement, thinking and behaviour. People with Lewy body disease may experience large fluctuations in attention and thinking. They can go from almost normal performance to severe confusion within short periods. Visual hallucinations are also a common symptom.

Three overlapping disorders can be included with Lewy body disease:

- Dementia with Lewy bodies
- Parkinson's disease
- Parkinson's disease dementia

When movement symptoms appear first, Parkinson's disease is often diagnosed. As Parkinson's disease progresses most people develop dementia. When cognitive symptoms appear first, this is diagnosed as dementia with Lewy bodies.

Lewy body disease sometimes co-occurs with Alzheimer's disease and/or vascular dementia. For more information, see the Help Sheets on *Lewy body disease*.

### Frontotemporal dementia

Frontotemporal dementia involves progressive damage to the frontal and/or temporal lobes of the brain. Symptoms often begin when people are in their 50s or 60s and sometimes earlier. There are two main presentations of frontotemporal dementia – frontal (involving behavioural symptoms and personality changes) and temporal (involving language impairments). However, the two often overlap.

Because the frontal lobes of the brain control judgement and social behaviour, people with frontotemporal dementia often have problems maintaining socially appropriate behaviour. They may be rude, neglect normal responsibilities, be compulsive or repetitive, be aggressive, show a lack of inhibition or act impulsively.

There are two main forms of the temporal or language variant of frontotemporal dementia. Semantic dementia involves a gradual loss of the meaning of words, problems finding words and

remembering people's names, and difficulties understanding language. Progressive non-fluent aphasia is less common and affects the ability to speak fluently.

Frontotemporal dementia is sometimes called frontotemporal lobar degeneration or Pick's disease. For more information, see the Help Sheet on *About Dementia: Frontotemporal dementia*, or visit the Frontier research group website [neura.edu.au](http://neura.edu.au)

### Is it dementia?

There are a number of conditions that produce symptoms similar to dementia. These can often be treated. They include some vitamin and hormone deficiencies, depression, medication effects, infections and brain tumours.

It is essential that a medical diagnosis is obtained at an early stage when symptoms first appear to ensure that a person who has a treatable condition is diagnosed and treated correctly. If the symptoms are caused by dementia, an early diagnosis will mean early access to support, information and medication should it be available.

### What are the early signs of dementia?

The early signs of dementia can be very subtle and vague and may not be immediately obvious. Some common symptoms may include:

- Progressive and frequent memory loss
- Confusion
- Personality change
- Apathy and withdrawal
- Loss of ability to perform everyday tasks

### What can be done to help?

At present there is no cure for most forms of dementia. However, some medications have been found to reduce some symptoms. Support is vital for people with dementia and the help of families, friends and carers can make a positive difference to managing the condition.

### FURTHER INFORMATION

Alzheimer's Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at [fightdementia.org.au](http://fightdementia.org.au)



For language assistance phone the Translating and Interpreting Service on **131 450**



## The Object of Rotary

The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and, in particular, to encourage and foster:

- **FIRST.** The development of acquaintance as an opportunity for service;
- **SECOND.** High ethical standards in business and professions; the recognition of the worthiness of all useful occupations; and the dignifying of each Rotarian's occupation as an opportunity to serve society;
- **THIRD.** The application of the ideal of service in each Rotarian's personal, business, and community life;
- **FOURTH.** The advancement of international understanding, goodwill, and peace through a world fellowship of business and professional persons united in the ideal of service.

### Rotary Grace

O Lord and giver of all good  
We thank Thee for our daily food  
May Rotary Friends and Rotary ways  
Help us to serve Thee all our days

### The Four-Way Test

Of the things we think, say or do

1. Is it the **TRUTH**?
2. Is it **FAIR** to all concerned?
3. Will it build **GOODWILL** and **BETTER FRIENDSHIPS**?
4. Will it be **BENEFICIAL** to all concerned?

### Tamworth—First Light

Meets Wednesday morning,  
6:30 for 7:00 am at  
Frog & Toad Function Centre  
236 Goonoo Goonoo Rd  
TAMWORTH NSW 2340

Phone: 6765 7022

### Club Officers and contact details

#### President—Diane Ford

president@tamworthfirstlight.org.au

#### Secretary—Vicki Cooper

secretary@tamworthfirstlight.org.au

#### Treasurer—Phil Penman

treasurer@tamworthfirstlight.org.au

### Other Clubs meet:

Monday

Tuesday

Wednesday

Friday

Tamworth West, West Tamworth Bowling Club, 6:30pm

Tamworth Rotary Club, Service Club, 6:15pm

Tamworth on Peel, Calala Inn, 6:30pm

Tamworth Sunrise, Sanctuary Inn, 7:am