



The Butterfly is the monthly magazine of Abicare Services Ltd.

Volume 1 Issue 4

May 2014

The Editorial email is david.perry@abicare.co.uk.

Inside this issue:

Discounts for carers

New Butterfly Awards winners

Who's won a mag-got?...update!

Dementia...what, how, why?

Walk elegantly in high heels!

You could write for The Butterfly...please send me your thoughts or words or call me for info.

Do you get Carer Discounts??

Did you know that you can qualify for discounts in certain retail outlets? Well, you might do so it's always worth asking.

Some companies such as JAS Hair for example offer hefty discounts if you can prove you are a care worker.

Hox Brasserie in Salisbury also gives 15% discount to Nurses and care

Salisbury will also give good deals.

Elsewhere in Abicare land we have...Gurkha Nepalese restaurant in Swindon and so many places in Southampton that I can't possibly list them all! However, if you go to the website shown in the window you'll be able to search by county then by town

Some of the places say "NHS" but many say simply "Nurse" or "Healthcare"...so you might have to blag your way to some of them, but Im sure the gift of the gab comes with the job description!

Good luck and do let us know of your successes so that we can

www.healthstaffdiscounts.co.uk/

staff...take your ID!

Archangelz Nails in

for all the discounts and as you see, there are HUNDREDS of them.

spread the word.

Butterfly Awards!

Once again we have Butterfly badge winners. I'm very pleased that these badges are being awarded: it really means a lot to the staff who are recommended and then win one. I know from talking to the winners that they

really enjoy them!

I do hope the badges are worn with great pride!!! Remember...the badge says "you're special!"



Dementia Care



I recently had a note from Tina Mansley about Dementia. Have a read of this...

Hello all,

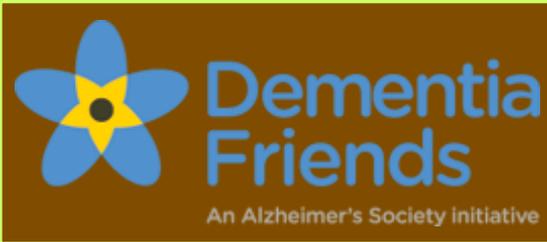
There is going to be a Dementia campaign launched on the 7th May. The aim is to get one million people involved as Dementia friends by 2015. I have just been to a Dementia friends information session, our host was delayed by the trains for 40 mins, so 8 ladies who had

never met before sat around a table and introduced them selves.

I have 2 business cards, one lady has acquired a bike as hers got stolen, another lady received some very useful legal advice and I found out that, to dementia victims, black mats look like holes and blue carpets look like the sea or puddles. This was all before our speak-

er turned up!

One of his training lessons was about the book case analogy; in very basic terms we store memories and feelings on a book shelf which grows higher each year as we add shelves. The book case with our memories is very flimsy and starts wobble as our disease progresses. The top shelf is the first to fall. However, the book case containing our feelings is very strong and never



moves.

As an example: I may not remember who you are or that it's my birthday but I remember the feeling of receiving a present and how happy it made me.

He has sign posted us to some very useful links, as well as the dementia friends link.

I am going to register and find out if they have posters etc we could display in our offices to encourage others to get involved.

If you want to see a video have a look at Love, Loss and Laughter ~(just type that name into Youtube)

If you enjoy website browsing...

Dementiafriends.org.uk

If reading a book is more to your tastes, then try "Contented dementia" by Oliver James.

Kind Regards

Tina Mansley



Follow Abicare on line



<http://www.theguardian.com/society/2013/dec/11/dementia-next-global-pandemic-aids-peter-piot>

What is Dementia?

Source: Alzheimers Research

Volume 1 Issue 4

Dementia is a word used to describe a group of symptoms including memory loss, confusion, mood changes and difficulty with day-to-day tasks. There are many causes of dementia, with Alzheimer's the most common.

This information does not replace any advice given by doctors, nurses or pharmacists, but aims to give background information which we hope you find helpful.

Alzheimer's Disease

Alzheimer's is a disease that causes dementia. It is probably the best-known cause of dementia, accounting for about two-thirds of cases in the elderly. Around 500,000 people in the UK have Alzheimer's. Typical early symptoms of Alzheimer's include:

- Regularly forget-

ting recent events, names and faces.

- Regularly misplacing items or putting them in odd places.
- Confusion about the time of day.
- Disorientation, especially away from your normal surroundings.
- Getting lost.
- Problems finding the right words.
- Reduced judgement, for example, being unaware of danger.

Mood or behaviour problems such as apathy, irritability, or losing confidence.

There is still a lot to learn about what causes Alzheimer's. Scientists know that during Alzheimer's two abnormal proteins build in the brain. They form clumps called either 'plaques' or 'tangles'. These plaques and tangles interfere with how brain cells work and communicate with each other. The plaques are usually

first seen in the area of the brain that makes new memories. A lot of research is focused on finding ways to stop these proteins in their tracks and protect brain cells from harm.

Vascular dementia

Vascular dementia is the second most common cause of dementia and is caused by a reduction of blood flow to the brain. This can happen after a stroke or if blood vessels in the brain become damaged.

Vascular dementia can also be called vascular cognitive impairment. Vascular dementia is sometimes split into more specific types. The most common of these are:

- Stroke-related dementia. This includes multi-infarct dementia (MID), which hap-

pens after a series of small strokes. It also includes dementia which happens after a stroke (called post-stroke dementia).

Subcortical vascular dementia (also called Binswanger's disease, small vessel disease-related dementia or lacunar state). This is caused by changes to very small blood vessels in the brain.

Vascular dementia is caused by a reduction in blood flow to the brain. Blood carries essential oxygen and nourishment to the brain and, without it, brain cells can die.

The network of blood vessels that carries blood around the body is called the vascular system.

There are a number of different ways that blood vessels in the brain can become damaged leading to vascular dementia:

- Stroke-related dementia. This occurs when parts of the brain be-

come damaged following a stroke. A stroke occurs when blood supply to a part of the brain is suddenly cut off. This may cause difficulties in moving, problems with coordination, speech and sight depending on the part of the brain affected. If a stroke causes memory loss and problems with attention, then a person may be diagnosed with post-stroke dementia. Similar damage can also be caused by small strokes in the brain (which may be called transient ischaemic attacks), which may be too small for a person to notice. This is sometimes called multi-infarct dementia.

Subcortical vascular dementia. This is caused by a series of small changes to blood vessels deep inside the brain. A person usually does not notice these changes but they can, over time, damage parts of the brain that are important for attention,

memory and language.

Dementia with Lewy bodies

Dementia with Lewy bodies (DLB) is the third most common cause of dementia. It affects about 15% of people with dementia, over 100,000 people in the UK. Some people can show features of both Alzheimer's and DLB, sometimes called mixed dementia.

This page aims to give an introduction to dementia with Lewy bodies, by providing an overview of the causes, symptoms and treatments. We hope you will find it helpful.

DLB may also be called Lewy body disease, diffuse Lewy body disease, Lewy body variant of Alzheimer's disease, cortical Lewy body disease and senile dementia of Lewy body type.

Dementia with Lewy bodies can cause common dementia symptoms, including

memory loss, spatial awareness problems and a decline in problem solving skills. There are also some more specific symptoms associated with the disease. Some of these symptoms are also seen in Parkinson's dementia.

These symptoms include:

- Changes in alertness, attention and confusion, which may be unpredictable and change from hour to hour or day to day.
- Parkinson's disease-type symptoms such as slowed movements, muscle stiffness and tremors.
- Visual hallucinations. These can involve seeing people or animals that aren't really there.
- Sleep disturbances which can cause people to move or talk in their sleep.
- Fainting, unsteadiness and falls.

DLB is a progressive condition which means symptoms get worse over time. DLB can progress

slowly over several years but the speed of progression and type of symptoms can vary from person to person.

Frontotemporal dementia

Frontotemporal dementia or FTD (sometimes called Pick's disease) is a relatively rare form of dementia. Although it is thought to account for less than 5% of all dementia cases, it is the second most common cause of dementia in people under the age of 65. It usually affects people aged between 30 and 60.

FTD is caused by damage to cells in areas of the brain called the frontal and temporal lobes. The frontal lobes regulate our personality, emotions and behaviour, as well as reasoning, planning and decision-making. The temporal lobes are involved in



the understanding and production of language.

There are several different conditions which affect the frontal and temporal lobes of the brain – together called frontotemporal lobar degeneration. These include:

- Behavioural variant FTD (bvFTD)
- Semantic dementia (the word semantic means the meaning of language)
- Progressive non-fluent aphasia (aphasia is a language disorder where people have problems speaking and writing)

Dementia associated with motor neurone disease

In frontotemporal dementia (FTD) the brain shrinks in the frontal and temporal lobes. There is also a build-up of specific proteins in these areas of the brain. These proteins can clump together and become toxic to brain

cells, causing them to die. Three major proteins identified in FTD are called tau, TDP-43 and FUS. The reason for their build-up is not yet fully understood and research is ongoing.

This text has been taken from Alzheimer's Research UK

If you have experiences with Dementia care that you'd be happy to share with readers of The Butterfly, please send them in. Readers are really interested in what their colleagues get up to when at work.



Abicare1 on Twitter



The Maggot Awards

YOU WILL NO DOUBT RECALL LAST MONTH'S MAGGOT AWARDS... WHAT A TRIUMPH OF JOURNALISTIC STIRRING!!

IT SEEMS WE HAD A FEW PEOPLE TELL US THEY THOUGHT THE AWARDS WERE OUT OF ORDER...SO I'D JUST LIKE TO MAKE IT CLEAR THAT THE INSTIGATOR OF THE AWARD, AND THE FIRST WINNER, WAS BRYAN HIMSELF!

WE DON'T HAVE A MAGGOT AWARD WINNER THIS TIME



ROUND...WHICH IS GOOD OF COURSE! BUT LET ME KNOW IF YOU DESERVE A MAGGOT AWARD!

Walk Elegantly in High Heels

The Afon House blog

Formal occasions such as christenings, weddings and funerals often involve a lot of standing around; not an enjoyable prospect if you have a



history of low back pain.

Standing is much less of a strain if your posture is good and your feet are comfortable.

When having to stand, focus on your posture. Lift up your chest, tuck your chin slightly, to stretch the back of your neck with your face straight (not looking up or down). Drop

your shoulders down and back (flattening your shoulder blades onto your back; like folding your wings). Gently hold your tummy in and tighten your buttocks. This has the effect of lifting you up into a straight standing position.

Now rock your weight back over your heels.

If you lean forwards you will have your weight mainly on the balls of your feet and your toes. This creates a lot of tension in the muscles in your legs and will make you tired more quickly. Also if you are wearing heels and leaning forwards, your feet will be pushed more into the front of your shoes and your feet will start to burn. So keep your weight over your heels.

With your weight back over your heels you will look elegant and relaxed. Excellent, since you are about to have your picture taken.

Now let's look at your feet. When was the last time you went to the chiropodist? You cannot expect to stand comfortably if you don't take care of your feet. Have corns, hard skin and long nails sorted out. If you have bunions they, of course, need to be accommodated with comfortable shoes.

If you are going to be at a function all day, have an extra pair of shoes to match your outfit. Then you can swap your shoes back and forth during the day. (keep the spare pair in someone's car).

If you are going to be standing

around on lawns, don't wear narrow heels. They are a nightmare for walking on grass. Wear wedge-heels on grass or gravel.

If you still think you will struggle to stand for as long as necessary, do what the marvelous late Queen Mother did. She had umbrellas which matched her outfits. The umbrellas were robust enough to act as walking sticks, but much more elegant.

And while we are on the subject of weddings, here's a tip for the bride;

I was invited by a very dear friend to attend a fitting for her wedding dress. She is a very pretty girl and looked fabulous in her gown...until she started walking! She threw her shoulders forwards and pulled the



heavy dress as if she were pulling a plough!

So brides please...stand up tall, clench your buttocks to hold a strong upright position. Gently hold in your stomach. Lift your chest and drop your shoulders down and back. Tuck your chin so your face is

looking forwards, not up or down. You should feel a gentle stretch in the back of your neck. Now step forwards feeling the weight of the heavy skirt on your hips. Tighten your buttocks so you don't tip forwards; and pull with your hips.

Elegant, fabulous.

Also, brides' shoes need to be suitable for the surfaces she will walk on. If you have an old church with a flagstone aisle covered with a thin carpet, don't wear narrow heels. She won't look good staggering on heels that are catching between the flagstones. Wear wedge heels to stand on grass or gravel.

Also, file any rough burrs off new heels to stop them catching in the hem of the dress. And good luck.

Here's the exercise for walking well;

First test a 'poor walk' so you can recognize it when you



catch yourself slouching.

Drop your chest down and slouch your shoulders.

Put your index fingers on the apples of your buttock cheeks, and walk.

You will feel that your buttocks stay soft.

Keep this position and put your fingers on the muscles alongside your spine in the back of your waist, and walk.

You will feel that these muscles are firing as you walk.

If you walk like this all the time (run in this position and generally exercise in this position) you will develop a thick waist and a flat bottom!

Now let's correct it.

Lift your chest up.

Tighten your buttocks to pull yourself upright.

Put your index fingers on the apples of your cheeks, and walk.

You will feel the muscles firing as you push off from each foot.

Stay with your chest up and buttocks tight and put your fingers onto the muscles at the sides of your spine in the back of your waist, and walk.

These muscles will stay soft. They should be soft. They are not involved in moving your hips!

If you walk like this all the time (run in this position and generally exercise in this

position) you will develop a slim waist and a pert bottom!

Chiropractic Clinic in Salisbury

When was the last time you felt this good?

At Afon House Chiropractic Clinic, in the heart of Salisbury, we care about making your body a more comfortable place to live.

Don't let your body slow you down.

We offer a free, no obligation consultation. If you are not sure if chiropractic is the right treatment for you, come and talk to us. If chiropractic treatment is not indicated, we can advise you on a more appropriate course of action.

34 Rollestone Street
Salisbury
SP1 1ED
(01722) 820 400
info@afonhouse.org.uk

Afon House...in association
with Abicare1



Abicare1

Butterfly Awards

This months awards for very special people go to...

Ellie Jubb, in Lambourn, Leanne Essex in Newbury, Sharon Clark in Newbury and Nicky Passfield also in Newbury! Big round of applause for Newbury office it seems...

Ellie Jubb is an excellent carer and her clients are all very happy...well done Ellie!

Leanne Essex is kind, thorough and caring. She is kind, fun and good to work with and nothing seems to be too much trouble for her. Fabulous praise indeed Leanne.

Sharon Clark had loads of nomination forms sent in and they all seem to say the same kind of things: Sharon is kind and caring, always very keen to help other carers and the office in general and she shows great team work! Sharon is currently training to be a Key Worker and has expressed interest in becoming a CTS. Sharon, this is exactly the kind of 'promotion from within' that Abicare loves to see. Well done you!!!

Last but NOT least, Nicky Passfield. Again, many forms spoke up for Nicky and this time they all praise her professionalism, her communication and the way she has organized the office. Well done Nicky; a true manager it seems.

What can we say...the Butterfly Awards are meant to show certain people as being special; when the praise comes straight from colleagues it makes it even more special...well done to all four of you.

Lets start nominating more award winners for next month!!

Keep up the good work everybody, and keep nominating your colleagues for these prestigious beautiful Butterflies.. The winners should wear them with pride...they really do mean you are very special! And tell your clients about them too...let them see what you are capable of.



Don't forget that we are now on Twitter and facebook.

Please follow us, or re-tweet or like us or whatever you have to do to help get us noticed. It really matters that we get good internet search scores...the more people find us, the more we grow and the more we grow the more secure are our jobs.



The Butterfly
AbiCare Services Ltd
Abi House
Brunel Rd
Churchfields Ind Est
Salisbury
SP2 7PU
Phone: 01722 343989
E-mail: help@abicare.co.uk:

AbiCare and all the AbiGroup is now on Twitter, face book and whatever other social media we can get our hands on...well, if you cant beat 'em, join 'em. Have a look for us please on Twitter and face book—and like our pages and follow us on Twitter. Remember there's a serious side to social media today; we recruit new staff and we get new work through the various forms, so by you're also helping your colleagues and yourselves.



retweeting
The more



or by liking our facebook pages you are not only helping AbiGroup but the world knows about us, the better we become.