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From all of us at CIEPS, we hope that you and your families have a very enjoyable and safe start to your 2025 Summer, AND don't forget ABOUT Father's Day on June 15, 2025

The Month of June in Canada...

June in Canada offers a mix of national commemorations and cultural celebrations. Key highlights include National Indigenous History Month, National Indigenous Peoples Day on June 21st, and Saint-Jean-Baptiste Day on June 24th.

Pride Month also takes place throughout June in addition to many major events like the Montréal International Jazz Festival and the Vancouver International Jazz Festival are held in June.

Here's a more detailed look:

- **National Indigenous History Month:**

This month-long celebration, designated by the House of Commons in 2009, recognizes the rich history, heritage, resilience, and diversity of First Nations, Inuit, and Métis peoples.

- **National Indigenous Peoples Day:**

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Celebrated on June 21st, this day is an opportunity to acknowledge and celebrate the distinct languages, subcultures, and spiritual beliefs of Indigenous peoples.

- **Saint-Jean-Baptiste Day:**

On June 24th, Francophones across Canada celebrate their language and traditions, marking the National Day of Quebec.

- **Pride Month:**

This month-long celebration acknowledges the LGBTQ+ community and their history.

- **Jazz Festivals:**

Major jazz festivals in Montréal and Vancouver attract thousands of visitors.

- **Dragon Boat Festival:**

Vancouver hosts a large dragon boat festival, celebrating the heritage of the Chinese community.

The NEW Canada Disability Benefit (CDB)

After much anticipation, the **Canada Disability Benefit (CDB)** is officially launching this July. This monthly benefit (**up to \$200/month or \$2,400/year**) is designed to provide financial support to working-age Canadians with disabilities.

If you or someone you care for is approved for the **Disability Tax Credit (DTC)** (which also qualifies you for an **RDSP**), you may be eligible.

Who Can Apply?

To be eligible, you must:

- Be between 18 and 64 years old,
- Be approved for the Disability Tax Credit, and
- Have filed an income tax return for the previous year.

Applications open in June 2025, and monthly payments will begin in July 2025.

Legal Guardianship & Representative Applications

If a person is not capable of managing their own affairs, a legal guardian or representative may apply and receive the benefit on their

behalf. The representative must be authorized under provincial or federal law to manage the individual's affairs.

However, if the individual can manage funds once received, they can apply on their own. We expect more details to be clarified closer to the application date, but if you're unsure about your legal situation or guardianship needs, our team can help you prepare.

For more information, check out - [Canada Disability Benefit - Canada.ca](#)

The Coming Crisis Few Are Talking About: Canada's Ageing Population...*from an article found on the National Institute on Ageing website written by Gabrielle Gallant, the Director of Policy at the NIA and David Coletto, Founder and CEO of Abacus Data*

Canada stands on the brink of a demographic transformation that will redefine our societal landscape – a massive change that is nearly upon us, but almost completely absent from the tariff-dominated discussions and debates in the Canadian election. We are rapidly approaching "super-aged" status, with older adults aged 65 and older already outnumbering children under 15. By 2030, nearly a quarter of Canadians will be older adults. This seismic shift raises some important questions: are we prepared for the demands an ageing population will place on government services? Are our political leaders ready to address this reality?

The numbers are stark. In 2016, 17% of Canada's population was over 65. By 2030, that figure is projected to reach nearly 25%. Meanwhile, our healthcare and housing systems are already struggling to keep up. The shortage of long-term care (LTC) spaces, a crisis in affordable housing, and mounting pressures on the publicly funded retirement security system are only set to worsen. Without proactive policies, Canada faces a future where ageing Canadians lack access to basic services and financial security.

An ageing population means a surge in demand for healthcare services. Canada is already experiencing a shortage of long-term care beds, home care providers, and geriatric specialists. In some provinces, waitlists for LTC beds stretch for years, leaving families scrambling for alternatives. Workforce challenges are common across the country: Canada does not have enough doctors, specialists, nurses, home care providers or personal support workers. This will be made worse as ageing health professionals retire and leave the workforce. A demographic double whammy so to speak.

Rising healthcare costs will also challenge provincial budgets. The federal government's health transfers will need to grow accordingly — and those federal-provincial conversations are always more time-

consuming and contentious than anticipated. Some provinces are increasingly looking to privatized services to bridge the gap. If governments fail to act, ageing Canadians could face diminished care and increased out-of-pocket costs.

Our rapidly ageing population is in desperate need of age-friendly housing, but Canada is woefully unprepared. Many older adults wish to "age in place," yet they face a lack of accessible, affordable housing options. Downsizing into smaller homes or older adult-friendly communities remains a challenge due to low supply and high costs. Similarly, beds in retirement residences are costly with long waitlists. Governments must take a more active role in building housing solutions to meet these needs, and at the same time, they should take a hard look at the need for public infrastructure (transit, sidewalks and the rest of our built environment) to adapt to an ageing population.

As the Baby Boomer generation begins to retire, more Canadians than ever before in our history will be drawing on programs like the Canada Pension Plan, Old Age Security and the Guaranteed Income Supplement while fewer workers contribute. OAS and GIS are crucial for low-income older adults, and while the programs have successfully lifted many older adults out of poverty, historic enhancements have been piecemeal – leading to a system in need of modernization.

This is especially critical for the most vulnerable older adults — often single women who rent their homes, according to the NIA's Ageing in Canada Survey — who are already struggling with rising living costs, which hit older adults on fixed incomes the hardest.

Political leaders should be prioritizing financial security for retirees — yet these conversations have been largely absent from the 2025 election dialogue. A notable exception to this is the Conservative Party of Canada promises to raise the RRSP age limit and increase the tax-free earnings threshold for older adults, measures that the National Institute on Ageing welcomed with the acknowledgement that the poorest older adults are least likely to benefit from these changes.

Older Canadians are a formidable electoral force. They turn out to vote in higher numbers and will soon make up an even larger share of the electorate. Publicly available Elections Canada data shows that voter turnout gradually increases across age groups, from the youngest to oldest voters and tends to be highest among older adults. Canadians aged 65-74 have the highest turnout: three-quarters of them voted in the 2021 general election. The age cohort with the next highest rate of voting turnout is the decade heading into retirement, with almost 70% of Canadians 55-64 voting in the last election.

With Trump's tariff war fueling economic uncertainty, Canada must prioritize long-term planning for its ageing population. How we prepare

for and manage this demographic certainty will shape the future of Canada – not just for older Canadians but for all of us.

John Lennon Wore Contact Lenses That Kept on Pinging Out, Then He Smoked Pot and the Rest is History... *from an article posted on the Good Times magazine site, written by Jessica Dostie and Steve Vincent on February 26, 2025*

When you think of John Lennon from The Beatles, you're likely to picture him with his circular, wire-rimmed glasses. But at times, he wore contact lenses, or at least he tried to. They kept pinging out of his eyes.

Why and what Lennon did to help his contacts stick is part history and part vision science. As I propose in [my paper](#), it also involved smoking a lot of pot.

Lennon didn't like wearing glasses

Before 1967, Lennon was rarely seen in public wearing glasses. His reluctance to wear them started in childhood, when he was found to be shortsighted at about the age of [seven](#).

Nigel Walley was Lennon's childhood friend and manager of The Quarrymen, the forerunner to The Beatles. Walley [told the BBC](#), "He was as blind as a bat – he had glasses but he would never wear them. He was very vain about that."

In 1980, Lennon [told Rolling Stone](#) magazine, "I spent the whole of my childhood with [...] me glasses off because glasses were sissy."

Even during extensive touring during [Beatlemania \(1963–66\)](#), Lennon never wore glasses during live performances, unlike his hero Buddy Holly.

Then Lennon tried contacts ... ping!

Roy Orbison's guitarist [Bobby Goldsboro](#) introduced Lennon to contact lenses in 1963.

But Lennon's foray into contact lenses was relatively short-lived. They kept on falling out – including while [filming a comedy sketch, on stage](#) (when a fan threw a jelly baby on stage that hit him in the eye) and [in the pool](#).

Why? That's likely a combination of the lenses available at the time and the shape of Lennon's eye.

The soft, flexible contact lenses worn by millions today were not commercially available until [1971](#). In the 60s, there were only inflexible (rigid) contact lenses, of which there were two types.

Large “scleral” lenses rested on the white of the eye (the sclera). These were partially covered by the eyelids and were rarely dislodged.

But smaller “corneal” lenses rested on the front surface of the cornea (the outermost clear layer of the eye). These were the types that were more likely to dislodge and the ones Lennon likely wore.

Why did Lennon’s contact lenses regularly fall out? Based on the [prescription](#) for glasses he wore in 1971, Lennon was not only shortsighted, but had a moderate amount of [astigmatism](#).

Astigmatism is an imperfection in the curvature of the cornea, in Lennon’s case like the curve of a rugby ball lying on its side. And it was Lennon’s astigmatism that most likely led to his frequent loss of contact lenses.

[At the time](#), manufacturers did not typically modify the shape of the back surface of a contact lens to accommodate the shape of a cornea with astigmatism.

So when a standard rigid lens is fitted to a cornea like Lennon’s, the [lens is unstable](#) and slides down when someone raises their upper eyelid. That’s when it can ping from the eye.

What’s pot got to do with it?

Lennon realized he could do one thing to keep his contact lenses in. According to an interview with his optometrist, Lennon [said](#), *“I tried to wear them, but the only way I could keep them in my bloody eyes was to get bloody stoned first.”*

So how could smoking pot help with his contact lenses?

This likely led his upper eyelids to droop (known as [ptosis](#)). We don’t know how exactly cannabis is related to the position of the eyelid. But several [animal experiments](#) have reported cannabis-related ptosis. Cannabis may reduce the function of the levator palpebrae superioris, the muscle that raises the upper eyelid.

So, while Lennon was stoned, his lowered eyelids would have helped secure the top of the lens in place.

Lennon wore contact lenses from late 1963 to late 1966. This coincides with The Beatles’ peak use of cannabis. For instance, Lennon refers to their 1965 Rubber Soul album as [“the pot album”](#).

Back to glasses

Ultimately, Lennon's poorly fitting contact lenses led him to abandon wearing them by 1967 and he began wearing glasses in public.

His frustrating experience with contact lenses may have played a role in the genesis of his iconic bespectacled look, which is still instantly recognizable over half a century later.

How Food Can Be Used to Support People Living With Dementia...*from an article posted on the Good Times magazine site, written by Jessica Dostie and Navjot Gill-Chawla, University of Waterloo on April 20, 2025*

As dementia rates [rise globally](#), families and care partners are seeking ways to maintain meaningful connections with loved ones experiencing memory loss. In many cultures, [food is central](#) to cultural identity and family life.

Cooking traditional recipes can also be a unique way to evoke memories and foster social connections. Familiar flavors, scents and cooking techniques can [provide support and comfort to those living with dementia](#).

In South Asian cultures, food is deeply intertwined with identity, memory and relationships. From the aroma of freshly ground spices to the rhythmic sounds of a mortar and pestle, food evokes strong sensory memories, making it a powerful tool in dementia care.

When it comes to supporting people with dementia, food and cooking can be culturally relevant ways to enhance well-being, strengthen inter-generational bonds and preserve identity — making them an increasingly important tools in dementia care.

[My research](#) focuses on understanding the experiences of people living with dementia and their care partners in South Asian communities, and the importance of culturally inclusive care for dementia.

Food and memory

The connection between food and memory is [well-documented](#). For individuals living with dementia who often experience memory loss and disorientation, familiar foods can [trigger memories](#) of specific events, places or people. For example, the scent of ghee-laden parathas or the sight of turmeric-coloured curries may evoke memories of childhood kitchens, family celebrations or community gatherings.

In South Asian communities, food is a cornerstone of [cultural identity](#). Dishes are often tied to regional traditions, religious practices, and

family legacies. For individuals living with dementia, preparing or consuming familiar foods can provide a sense of [stability and continuity](#).

A person with dementia may find comfort in the ritual of making chai, even if they forget other aspects of their daily routine. Similarly, they might find joy in tasting the traditional foods of their region.

Dementia care often involves strategies that [engage the senses](#) to improve quality of life. Food offers a [multi-sensory](#) experience — taste, smell, touch, sight and even sound. For South Asian older adults, the act of rolling dough for rotis, smelling fragrant basmati rice or hearing the crackle of mustard seeds in hot oil can stimulate the senses and provide therapeutic benefits.

Engaging individuals in food preparation can also help maintain fine motor skills and foster a [sense of purpose](#). Even simple tasks like peeling garlic, mixing spices or stirring a pot can provide opportunities for engagement and connection. Importantly, these activities do not need to be perfect — the process itself is valuable.

In cultures around the world, meals are rarely solitary. Food is inherently social, often prepared and shared among family members. For individuals living with dementia, [mealtime can be an opportunity to strengthen familial bonds](#) and reduce feelings of isolation. Sharing a meal allows care partners and family members to engage in meaningful interactions, even if verbal communication is limited.

[Inter-generational cooking](#) can be particularly engaging. Grandparents living with dementia can pass on recipes to their grandchildren, creating moments of joy and preserving cultural heritage. These interactions help younger generations understand dementia while fostering empathy and appreciation for their elders.

Adapting for dementia care

While traditional South Asian dishes can be comforting, they may need to be adapted for individuals living with dementia. For example, finger foods like pakoras or stuffed parathas can be easier to handle than dishes requiring utensils. Similarly, simplifying recipes with fewer ingredients or steps can make the cooking process more manageable for individuals living with dementia.

Nutritional considerations are also crucial. Many South Asian dishes are rich in fats, carbohydrates and spices, which may not align with the dietary needs of older adults. Modifying recipes to include more vegetables, lean proteins and lower salt levels can ensure that meals are both nutritious and culturally familiar.

Despite its benefits, using food as a tool for dementia care is not without challenges. Care partners often face time constraints, lack of resources or their own emotional burdens, which may limit their ability to engage

in food-based activities. Additionally, some families may struggle to adapt traditional recipes, especially if they lack culinary skills or are unfamiliar with healthy substitutions.

Community support organizations can play a pivotal role in overcoming these barriers. [Cooking workshops](#), [memory cafés](#) with food themes or culturally tailored resources can empower families to incorporate food into dementia care. For instance, community centres can organize events where older adults and care partners come together to prepare traditional meals, share recipes and build support networks.

Culturally tailored dementia care

Integrating food into dementia care underscores the importance of [culturally tailored approaches](#). Incorporating cultural elements like food acknowledges the holistic needs of individuals and their families. Health-care providers and community organizations must prioritize cultural humility, recognizing the unique role that food plays in the lives of South Asian families living with dementia.

In the journey of dementia care, food is more than a tool for nourishment. For South Asian communities, it is a source of connection, identity and healing. By integrating food into care practices, families and care partners can unlock its potential to evoke memories, strengthen relationships and improve the well-being of individuals living with dementia.

With culturally sensitive support and resources, food can become a powerful ally in navigating the complexities of dementia care, one bite, one memory and one story at a time.

Understanding Binge Eating Disorder ...*from an article posted on the McMaster University Portal on May 7, 2025*

Many people have difficulties with binge eating at some point in their lives, and it is estimated that it affects up to 5% of the population. It is experienced by people of all ages, genders, socioeconomic classes, racial backgrounds, and ethnicities. Binge eating disorder is about twice as common in females than males, and it may affect about 20% of women aged 60 and over. It is more common in men compared with other eating disorders, and likely underreported.

Any eating disorder can have a **negative impact** on **healthy aging**.

What is binge eating disorder?

Binge eating disorder (BED) is a recognized eating disorder where individuals frequently consume large amounts of food in a short period of time (e.g., within any 2-hour period). There is a sense of lack of control while eating – either a feeling that you can't stop eating or

control what or how much you're eating. This behaviour is often accompanied by at least three of the following symptoms:

- Eating very quickly
- Eating until feeling uncomfortably full
- Eating even when not feeling physically hungry
- Eating alone because of feeling embarrassed about how much one is eating, or
- Experiencing feelings of self-disgust, guilt, or depression after eating

People with BED experience significant distress about their eating habits. Unlike other eating disorders, such as bulimia nervosa and anorexia nervosa, binge eating episodes are not typically followed by compensatory behaviours like vomiting, use of laxatives, or excessive exercise.

CAUSES AND RISK FACTORS

Binge eating disorder (BED) is influenced by a combination of biological, psychological, and social factors.

Biological factors: Research suggests that genetics and early life experiences, such as childhood trauma, may contribute to emotional difficulties that lead to binge eating. Additionally, BED is linked to brain function, particularly in the reward system. Individuals with BED may have a low level of dopamine, a chemical that affects pleasure, making them more sensitive to the rewarding aspects of food.

Psychological factors: Emotional regulation plays a significant role in BED. People with BED often struggle to manage their emotions and may turn to binge eating as a way to cope with negative feelings. Although this provides temporary relief, it often leads to feelings of guilt and distress, which can trigger further binge eating, creating a vicious cycle.

Social factors: The cognitive behavioural model highlights the impact of societal pressures and personal attempts to control weight through strict dieting. This rigid dietary restraint can lead to binge eating episodes, which then cause feelings of shame and guilt, perpetuating the cycle of binge eating and dieting.

SIGNS AND SYMPTOMS

People with BED may experience physical symptoms such as:

- Unusual weight changes
- Bloating
- Frequent stomach aches

- Constipation

They may also experience behaviours such as:

- Skipping meals
- Avoiding eating with others
- Eating in secret
- Hiding food
- Withdrawing from social activities

Mood changes may include:

- Increased anxiousness
- Increased irritability
- Low mood or depression

HEALTH CONSEQUENCES OF BED

BED is associated with many physical health conditions, including obesity, diabetes, heart disease, chronic pain, and sleep problems. It can result in poor nutritional intake, as foods associated with binge episodes are typically high in sugar, fat and salt. The mental health impacts include depression, anxiety, and poor quality of life.

In older adults, the health consequences of any form of disordered eating may be even more severe than seen in the general population, as older adults may already be at risk of over- or under-nutrition, sarcopenia (loss of muscle mass), and frailty.

TREATMENT OPTIONS

Psychotherapy

The primary treatment for BED involves psychotherapy, and many people can have success with guided self-help, which can include books and apps, supported by brief sessions of support from a healthcare professional.

Individual psychotherapy, in the form of cognitive behavioural therapy (CBT) or dialectical behavioural therapy (DBT), may be appropriate for some people.

CBT helps individuals understand the relationship between their thoughts, feelings, and behaviours. In the case of BED, CBT focuses on identifying and changing negative thought patterns and behaviours related to food and body image. It also teaches skills to manage stress and regulate emotions, which can reduce the urge to binge eat.

DBT combines cognitive-behavioural techniques with mindfulness practices. It helps individuals develop skills to cope with distress,

improve emotional regulation, and build healthier relationships. DBT is particularly useful for those who struggle with intense emotions and impulsive behaviours.

Medication strategies

In addition to psychotherapy, some individuals may benefit from medications that target underlying issues such as depression or anxiety. However, the use of medications should be carefully monitored by healthcare professionals due to potential risks and side effects, especially in older adults.

OTHER SUPPORTS

Dietitians with eating disorders training can offer guidance on healthy eating patterns, emotional support, and strategies to prevent relapse.

Overall, a combination of therapy, medical support, and lifestyle changes can significantly improve the quality of life for individuals with BED.

7 Foods to Nourish Your Eyes...*from an article posted on the Zoomer website, written by Lisa Bendall on May 1, 2025*

They say the eyes have to eat, too, and that may be truer than you think. An overall healthy diet can help ward off many age-related eye conditions, including cataracts, glaucoma, and diabetic retinopathy.

But there are also specific – and tasty – foods that have particular properties that can nourish your eyes. Check out our list of eye-healthy choices.

Kiwi

Surprisingly, the high-fibre kiwi contains more vitamin C per gram than an orange. One large kiwi contains 84 grams of vitamins, which has been linked to a lower risk of cataracts, among other eye benefits. Kiwi also contains the pigments zeaxanthin and lutein (lutein is often known as the “eye vitamin”). Not only do these two compounds provide the benefits of antioxidants, but they also absorb light that might otherwise damage our retinas and appear to protect us from both cataracts and age-related macular degeneration. Furthermore, compared to other fruits, kiwi is a standout for its diversity. Whereas most other fruits aren’t high in more than a couple of nutrients, kiwi is rich in an impressive array of vitamins and minerals.

Oysters

Zinc is found in high concentration in and around our retinas. Researchers know this trace mineral plays an important role in

protecting us from eye diseases – and oysters are loaded with it. Oysters also contain omega-3 fatty acids, also considered beneficial for the eyes. There are other reasons to add oysters to your plate. They provide protein without a lot of calories and cholesterol. There is even evidence that zinc-rich foods might help lower anxiety.

Eggs

Get cracking! Eggs – specifically their yolks – are extremely high in lutein and zeaxanthin, those peeper-protecting pigments we mentioned above. The fat in eggs actually boosts our absorption of these compounds, making them an even richer source than fruits and vegetables. Another vitamin contained in eggs, vitamin A, lowers the risk of cataracts and macular degeneration. Thinking of reaching for vitamin A in a bottle? Since there's no strong evidence that vitamin A in supplement form provides the same eye benefits as food sources, it's best to stick to the originals!

Butternut Squash

Your body can use the beta-carotene in your diet to manufacture its own vitamin A. That means that foods high in this pigment – orange, dark yellow and dark green fruits and vegetables – are exceptional for eye health. Carrots are included in this group, of course, but so are apricots, peaches, cantaloupe, sweet potatoes, kale and spinach. We're fans of butternut squash because it's high in fibre and very filling, with less than half the carbs of a sweet potato. A cup of cooked squash, with 500 mg of potassium, may also help moderate blood pressure in the presence of sodium.

Red Peppers

Red and orange bell peppers add a delightful splash of colour to a salad or stir-fry, but the benefits to our eyes don't stop there. They're a wonderful source of vitamins A and C, as well as lutein and zeaxanthin. They can be enjoyed cooked or raw – they retain more vitamin C when raw, but we can absorb more of their lutein and zeaxanthin when roasted or stir-fried. Just don't bother boiling them – they're least nutritious served this way.

Wheat Germ

A quarter-cup of wheat germ contains five grams of vitamin E – a nutrient we can't produce ourselves but that is essential for slowing the development of cataracts and age-related macular degeneration. Vitamin E is also important for our immune functioning and cell health. Wheat germ ("germination"), the part of the grain from which the plant would have sprouted, is chock-full of other healthful compounds as well, including folic acid, magnesium, thiamine, phosphorus and zinc. A

spoonful of wheat germ can be easily added to oatmeal, smoothies or yogurt for a quick burst of nutrients.

Turkey

Another promising vitamin for eye health is [vitamin B3, or niacin](#), and three ounces of white turkey meat contains 10 grams of it. In a promising study published in the journal *Science* in 2017, scientists were able to prevent glaucoma in mice by giving them vitamin B3. Other research has suggested that niacin may offer some protection against cancer and cardiovascular disease. Besides niacin, turkey is packed with protein, is low in fat, and is a good source of zinc and iron.

Helping the Helpers: Easing the Burden on Caregivers ...from an article posted on the McMaster University Portal on April 15, 2025

Across Canada, nearly one in four adults provides informal care to a loved one with a chronic condition or disability. Whether it's helping a parent with appointments, managing medications for a spouse, or checking in on a neighbour, caregiving is often described as a labour of love. But too often, it comes at a personal cost.

Unpaid caregivers—who make up more than 90% of this group—face higher risks of anxiety, depression, burnout, and financial stress. Many spend up to 20 hours a week on caregiving responsibilities, often while juggling work, family, and their own health. Without support, these hidden heroes may struggle to continue in their roles—and when caregivers suffer, so does the care they provide.

The good news is there are many ways to ease the load, including several promising approaches, like acceptance and commitment therapy (ACT). Unlike traditional therapies that focus on changing negative thoughts, ACT helps caregivers accept challenging emotions while finding meaning through values-based action. ACT can reduce stress, depression, and anxiety—and improves mindfulness and quality of life. It's especially effective when delivered face-to-face in both individual and group formats.

Other support is emerging as well. Educational and counselling programs—especially when offered early in the caregiving journey—can improve caregivers' confidence and coping skills. Internet-based tools, including self-guided programs and peer support forums, are making mental health care more accessible, particularly for caregivers in remote areas or those who can't step away from their responsibilities.

Supporting caregivers isn't just a kind gesture—it's a smart investment in the health and resilience of our communities. When caregivers are

supported, they can continue their work with empathy, energy, and stability. And everyone benefits.

Caregivers should feel empowered to speak with their healthcare providers about available resources—from ACT to respite care, financial assistance, and peer groups. Because the people who care for others shouldn't have to do it alone.

Help for Seasonal Allergies... *from an article posted on the Good Times magazine site, written by Jessica Dostie and Wendy Haaf*

Can a pharmacist help me during allergy season?

If you have new symptoms similar to those of seasonal allergies (such as sneezing, sore throat, nasal congestion, or watery eyes), a pharmacist can ask questions to help determine whether allergies are the most likely cause.

In some cases, the culprit might be something else, such as a sinus infection that developed following a cold.

If you're shopping for over-the-counter relief, consulting a pharmacist is a good idea. "Some things you can grab off the shelves are very effective, but there are so many that it can be hard to navigate—a pharmacist can help with that," says Andrea Swanson, a pharmacist and assistant professor at the University of Toronto's Leslie Dan School of Pharmacy.

A pharmacist can offer guidance on which products are best suited to your particular situation, based on such factors as other medical conditions you may have and the side-effect profiles of different medications. For example, most experts recommend avoiding older-generation antihistamines because these come with a higher risk of harm and a longer list of potential drug interactions.

In addition to weighing the potential for side effects, a pharmacist can help you choose among different formulations. "There are a lot of options—liquids, tablets, eye drops, and nasal sprays," Swanson says. "Steroid nasal sprays are very effective for seasonal allergies. Taking something orally or nasally will usually help with eye symptoms, too."

On the other hand, she adds, "steroid nasal sprays offer the most benefit once they've been taken consecutively for seven days or more." That means that, ideally, you should start taking them a week before your symptoms usually start.

Many provinces have expanded the scope of practice for pharmacists, so they now have the authority to prescribe medications for minor ailments, including allergic rhinitis (nasal symptoms) and allergic conjunctivitis (eye symptoms). Consequently, "you're not limited to

what's on the shelf," Swanson says. "You can actually get prescription medications that might be more effective and covered by your insurance." For example, if your old standby oral antihistamine is no longer providing adequate relief, "there are two newer prescription products that longtime sufferers are finding effective."

And, just as you would with your doctor, check back with your pharmacist after a trial of a medication to report whether it had the desired results and, if not, to discuss alternatives. Generally speaking, your pharmacist "will provide education about how long to use it; if things don't get better, go back to the prescriber—or a physician or other practitioner," Swanson advises.

Overall, Swanson says, when it comes to coping with everyday seasonal-allergy symptoms, "pharmacists can definitely be a resource, from initially figuring out what's going on to selecting a product and following up with you afterwards."

Summer Barbequing For The Senior In Your Life

Barbecuing can be a fun and healthy way to enjoy a meal with seniors, but it's important to consider their specific needs and preferences. Here's a breakdown of tips for a senior-friendly barbecue:

1. Food Safety and Preparation:

- **Use a food thermometer:** Ensure meats are cooked to a safe internal temperature to prevent food poisoning.
- **Avoid cross-contamination:** Use separate cutting boards for raw and cooked foods.
- **Thaw meat safely:** Thaw frozen meat in the refrigerator, cold water, or microwave.
- **Keep hot foods hot:** Maintain hot foods above 135°F and cold foods below 41°F during the barbecue.
- **Cool leftovers properly:** Place leftovers in shallow containers and refrigerate within two hours.

2. Nutritional Considerations:

- **Choose lean proteins:** Opt for fish, chicken, turkey, or lean cuts of beef over fatty meats.
- **Grill vegetables:** Include a variety of vegetables like kabobs, grilled corn, or roasted peppers.
- **Offer fruit desserts:** Consider grilled pineapple, peaches, or other seasonal fruits for dessert.
- **Homemade sauces and marinades:** Control the sodium and sugar content by making sauces and marinades from scratch.

3. Accessibility and Comfort:

- **Accessible setup:** Ensure the grill and food area are easy to reach and navigate.
- **Consider seating:** Offer a variety of seating options, including chairs, benches, and possibly even a table with a height appropriate for seniors.
- **Offer comfort food:** Include familiar and comforting dishes like meatloaf or vegetable pasta.
- **Entertainment:** Include activities like games, music, or a movie night to make the barbecue more enjoyable.

4. Additional Tips:

- **Reduce spice and chili:**

Be mindful of spice levels, especially if seniors have specific dietary restrictions.

- **Mindful portion control:**

Offer smaller portions to encourage mindful eating and prevent overconsumption.

- **Hydration stations:**

Provide plenty of water and other refreshing beverages to help seniors stay hydrated.

- **Get help:**

Don't be afraid to ask for help with grilling, serving, or cleanup.

[SAFE FOOD HANDLING for Senior Living BBQ's](#) Tips from Maple Leaf Foods

CEIPS/EPC Member Benefits

By now you have received the EPC Special Bulletin highlighting the NEW added EPC Member Benefits that are available for you as an EPC member in good standing.

We have put together some great partnerships for you to consider. Please contact the individual companies for further details.

Check them out here - [**EPC Member Benefits**](#)

UPDATED 12th Edition EPC Materials are NOW Available

The NEW 12th Edition (2024) updated EPC materials have now been released.

The CIEPS faculty have been working relentlessly over the past 8 months to update the EPC Curriculum and information that each chapter contains.

The most updated statistics and information that we have found from multiple sources has been used to make this the most up to date aging program that you will come across today.

We have made the order of the EPC Curriculum so that it flows even better than before. Chapters have been rewritten to better reflect aging trends, ideas, lifestyle improvements and what is trending with our older populations today.

Order your updated copy today - The hard copy version of the 12th Edition EPC Desk Reference materials are available for EPC Designation holders at a reduced cost of \$199 + taxes and shipping is included.

[Visit here](#) to order your set today.

The Advantage of Having a CARP Membership

Let us first go over the [Canadian Association of Retired Persons](#) (CARP) and why it would be good to become a member.

If you are a Canadian citizen aged 50 or older, you can become a member. You will then get senior discounts at several businesses across Canada.

The minimum age requirement depends on the partnering business, but it might be worth spending a little money each year for the membership in exchange for the discounts available. I have listed several 55+ senior discounts in Canada below, and many of them are exclusively available to CARP members.

This list of senior discounts in Canada based on different categories to help you find discounts on specific items, businesses, or services that you can use for the senior in your life.

Did you know that CIEPS is on LinkedIn?

EPC member Paul Fawcett started a group on LinkedIn, and it is now an open group. Why not join it so that you can keep up to date with trending discussions that would be of interest to the Elder Planning Counselor.

Join and share with the group here –[EPC LinkedIn Group](#)

CIEPS/EPC is always looking for interesting articles from the EPC membership for submission to the PULSE.

If you have any interesting articles that you would like to have submitted into the EPC PULSE pertaining to senior issues etc., please send them to me and if suitable, we will put them into the monthly PULSE and give credit where it is due. You can send them directly to me – registrar@cieps.com

Please keep your contact information current with us

To help us keep your contact information up to date, so that you do not miss any timely information, renewal notifications and the PULSE monthly email newsletter, please use our member update form if any of your information has changed. You can access the form here - [EPC Member Update Form](#)

Important notice regarding your EPC Membership dues. Please ensure that your EPC is always in good standing.

When you pay your EPC Membership Dues, please include applicable taxes (GST/HST) for your Province of residence.

If you are sending a cheque for your EPC Membership, please reference that the cheque is for.

Annual renewal fee—\$150.00 + Applicable taxes for the province you reside in. This can be paid by Cheque, Visa, or MasterCard, or email transfer to payments@cieps.com and it will be processed for you.

- If you reside in AB, BC, SK, MB, QC, NT, NU, or YT your yearly renewal is \$157.50 all taxes included.
- If you reside in ON, your yearly renewal is \$169.50 all taxes included.
- If you reside in NB, NL, or PE your yearly renewal is \$172.50 all taxes included.
- If you reside in NS your yearly renewal is \$171.00 all taxes included.

Not sure when your renewal is? Check the date on your EPC Certificate. The date you passed your EPC Qualification examination is your renewal date each year.

We email receipts for renewal payments at the end of the month which you paid your dues.

[RENEW SECURELY HERE](#)

Reminder

Remember, only an EPC member in good standing may use the EPC mark, the words EPC Designation, or logo on any advertising, business cards, stationery, signage, voice mail or email. This is in accordance with the CIEPS tenets and standards.

CE requirements when renewing your EPC Designation

CIEPS has a requirement of 30 CE credits annually when you renew your EPC membership.

Lately we have been receiving questions about the Continuing Education requirements when renewing your EPC Designation.

The following should clarify this for you.

If you are in a profession that requires CE Credits, then we accept that number of CE hours towards your EPC Membership renewal.

If you are in a profession that does not require CE Credits, then you do not require any CE to renew your EPC membership.

PLEASE NOTE!

Just a reminder that when you use your credit card to pay for your EPC Renewal fees, or purchase anything from the EPC Resource Library, it will show on your statement as CNDIAN INTIVE FOR ELDR ST... Beamsville, ON. With a phone number of 855-882-3427 do not panic, as this is the Elder Planning Counselor Designation (EPC).

If you would like to stop receiving this publication, please respond to info@cieps.com with the message **"STOP MY PULSE!"**

To contact CIEPS:

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