

October to December 2017 Newsletter

“Kāhore taku toa i te toa takitahi, he toa takitini”

We cannot succeed without the support of those around us

The voice of those affected by brain injury
Te reo o ngaa taangata i paangia i te mate roro

Divine Morning Moment

Walking out into the open
Between places and appointments
Stillness and balmy air meets me,
A vista of sunlight softened
By smear of white cloud over blue
River banks shimmering
Reflecting a burst of profuse green-

Spring fullness pervades me,
I am smitten
Held stationary in this moment
Like a window into the divine,
Before busyness moves me on

Something shifts,
A pledge to gratitude,
To seize what is important
Not to delay
Not to doubt
The power of the here and now.

Marion



Brain Injury Waikato empowers people and families affected by brain injury through the provision of advocacy, support and education. We also raise awareness and promote prevention of brain injury.

“Bringing together those in need with those who wish to give”

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Been part of the Bionical or BIONIC study in 2010, please get in touch with Dr Jones.

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A big THANK YOU to funders, sponsors and supporters.

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Your contribution impacts lives

LIKE US ON FACEBOOK

Like us on Facebook and connect with like minded people from around the World!



BrainInjuryWaikato

Research Report



Dr Kelly Jones, Senior Research Fellow, National Institute of Stroke and Applied Neurosciences, AUT University

It has been a while since my last update on our traumatic brain injury research at the National Institute for Stroke and Applied Neurosciences at AUT University.

We have been busy catching up with the parents of children who took part in our original BIONIC study that ran in the Waikato in 2010. This study, known as the Bionical study, involves a single questionnaire for parents.



The questionnaire can be completed online, by post, or in-person. We are very interested to know how children are getting along 7-years following their injury. If your child was involved in the BIONIC study and you have not heard from someone on our study team, please do feel free to make contact

with me so we can tell you more about this important next stage of research. There is so much more to learn about the potential longer-term impacts of traumatic brain injury on children's development. We would really appreciate your on-going to support.

So far, we have had a very positive response from those families that we have been able to contact. Likewise, if you are an adult who took part in the BIONIC study you may be interested to know that we plan to make contact with you again in 2018 to see how you are getting along.

If you have moved house or changed phone numbers, again feel free to email me at kelly.jones@aut.ac.nz to make sure that we have your latest contact details on file.

Both of these studies would not have been possible without vital funding from the Waikato Medical Research Foundation. Thank you also to those of you who have already participated in the children's 7-year follow-up, and we look forward to reconnecting with more parents over the next six-months.

Until next time, enjoy the sun that is trying hard to come out and brighten our days, Kelly

Fundraising

Please note we changed the name of our Give a Little page

Give a Little

We are registered with givealittle. Support our work www.givealittle.co.nz/org/braininjuryw



Why not consider donating through payroll giving? Your employer deducts a set amount from your wages and pay it directly to us. My **sincere thanks** to people who are currently donating this way.

First Aid Kits



77 Piece first aid kit - \$39.95

Email & order your kit from the office today. We get \$12 for each kit sold. The 77 item kit has transparent fold-out compartments including a digital thermometer and instant ice pack. This kit is CE approved and follows Worksafe NZ guidelines. View this first aid kit at the office, or online at www.fundraisingfirstaid.co.nz

Report from Liaison Officer

by Marion

Dear Friends

Welcome to our last edition for the year. Does anyone else feel that 2017 went faster than 2016?

It has been pleasing to see the interest in a few different programmes we are offering such as singing and our recently offered yoga class, which I can personally recommend for gentle but effective stretching and relaxation. James is a qualified yoga teacher who is mindful of accommodating differing abilities.

Our singing group is building in confidence and strength and it involves laughter which is most important.

We have also had some good support for our monthly Education Sessions and have two more before the end of the year which we have advertised in this newsletter. As well as learning something new, it is an opportunity to meet with others. For those who came to our Laughter Club theme and who would like to continue or want to find out if it's their cup of tea, you can go along to the Western Community Centre for a free session. This is on every Tuesday morning at 9:30am where Sanjay holds a regular group.

Ella and I have attended a couple of trainings and workshops including Community Waikato Conference which brings a huge range of organisations together who work in the not for profit field. We enjoyed a very interesting day with presenter Jim Diers, who travels the world and talks about building community from the "bottom up". His message is that change often comes when the people in communities get involved and take ownership, which can involve small steps, such as a neighbourhood get together.



Most of you are aware that we have been fortunate to have the use of a sponsored Suzuki Baleno 2017 through **Suzuki NZ and Nicholson United Autos Morrinsville** which has been fantastic. We are immensely grateful for this sponsorship.

Our workshop with Dr Gil Newburn, Neuropsychiatrist, on the topic Neuroplasticity was well attended. We received great feedback from attendees who would like Gil to return for another presentation.

Thanks to everyone who has come forward for assistance and who attend our events and Support groups in the different locations. We hope our services and groups make a difference. It is the people we meet that make our jobs so worthwhile.

On a sad note I would like to inform people Earl Hopkins (known as Hoppy) has had a severe stroke in recent weeks and is currently in Waikato hospital. Earl is a life member of our organisation. I know that there are some long standing clients and members, who might like to visit him. We wish him all the very best for his rehabilitation.

Congratulations to Paul, who is the winner of our mystery prize draw for financial members.

Best wishes to all for a safe and happy season.

Marion

END OF YEAR BBQ

Please join us at our end of year BBQ for clients, family/whanau and carers.

When: Friday, 1 December

Where: 11 Somerset Street, Frankton, Hamilton

Time: 11am

Food and drinks will be provided. A gold coin donation would be appreciated.

Please **RSVP** by Monday, **20 November**, for catering purposes.

Difference between retrograde amnesia and anterograde amnesia

Anterograde Amnesia

When a person is unable to store and retain new information but is able to recall data and events that happened previously, it's known as anterograde amnesia.

Anterograde amnesia is often a permanent condition generally thought to be caused by damage to the hippocampus section of the brain. Whatever the cause of the trauma, the person who is affected is unable to convert their short term experiences into long-term memory.

Retrograde Amnesia

Retrograde amnesia occurs when a person is unable to access memories of events that happened in the past, prior to the precipitating injury or disease that caused the loss. Those who are impacted are generally able to remember meanings and other actual information, but are not able to recall specific events or situations.

The severity of the condition is often indicated by what memories are retained, as under a medical principle known as Ribot's Law, more recent memories are lost first, with more ingrained memories tending to be less likely to be dislodged.

Recent studies have indicated that the extensiveness of the memory loss is a reflection of whether damage to the brain is limited to the hippocampus or also includes the temporal cortex.

Retrograde amnesia is a failure in the brain's ability to retrieve information.

Anterograde amnesia is a failure in the ability to store information.

Causes of Sudden Memory Loss

Though the most obvious cause of sudden memory loss is brain damage that is a result of traumatic injury, there are other functional causes, including illness, chemical reactions from drugs or alcohol, and psychological factors.

Encephalitis (brain inflammation) – this condition can be either viral or bacterial, and has been referred to as an acquired brain injury with effects similar to having suffered a traumatic brain injury, a stroke, or having had oxygen to the brain cut off by a cardiac arrest.

Oxygen deprivation – When the brain is depleted of oxygen, cells in the hippocampus can die.

If the brain is deprived of oxygen for more than four to six minutes, the result can be death. Shorter intervals can result in anterograde amnesia.

Emotional shock or trauma – Known as dissociative amnesia, this is memory loss that is specific to important information from the person's life, much of which may have been traumatic. The condition is generally temporary, and best treated through therapy.

Treatment for Amnesia

Though there are no medications available for the treatment of sudden memory loss, physicians have found some success with various types of therapy, including working with an occupational therapist to replace the information that has been lost as well as to develop strategies and use technology to deal with the inability to form long lasting memories.



Improve memory.org. (n.d.). The Difference Between Retrograde and Anterograde Amnesia. Retrieved from

<https://www.improvememory.org/amnesia/difference-between-retrograde-antegrade-amnesia>

Post-Concussion Syndrome (PCS)

Concussion is referred to as a mild traumatic brain injury (mTBI) whereby external forces cause the brain to move inside the skull causing a disturbance in normal neurological functioning. In most cases with sufficient rest the brain will regain its equilibrium from anything from 7 days to 3 months.

Most persons with mild TBI generally report a similar pattern of symptoms which include physical, cognitive and emotional/behavioural challenges. Common symptoms following the injury include poor concentration, cognitive issues, memory problems, fatigue, irritability, headaches, depression, anxiety, sleeping issues and insomnia, dizziness, visual disturbances and increased sensitivity to sound and light.

A study carried out by Dr Alice Theadom, Associate Professor, AUT, found that although some people make a spontaneous recovery after mTBI, nearly half continue to experience persistent symptoms linked to their injury.

Persistence of symptoms beyond the generally accepted timeframe for recovery may represent a prolonged concussion and the development of post-concussion syndrome.

PCS can alter lives. Symptoms are very distressing and often result in difficulties in activities of daily living and/or an inability to return to prior employment.

Predictors of PCS are not known with certainty. Interestingly, no study has identified injury severity as a factor contributing to the development of PCS.

The accepted time frame for recovery is influenced by factors such as age, sex, and history of prior concussions. There is considerable controversy regarding PCS. The clinical challenge is to determine whether prolonged symptoms reflect a version of the concussion pathophysiology versus a secondary process, such as pre-morbid clinical depression or migraine headaches. TBI can exacerbate such conditions, and complicate diagnosis of PCS, because of overlapping symptoms.

Predictors of PCS are not known with certainty. Interestingly, no study has identified injury severity as a factor contributing to the development of PCS. Predictors such as length of posttraumatic amnesia and cognitive difficulties clearly associated with symptoms at 1 month but less so at 6 months after injury.

Studies showing that previous concussions may be associated with slower recovery of neurologic function and that repeated concussions can result in neurocognitive impairment. It is found that Concussion induces a cascade of neurochemical, ionic, and metabolic changes that alters cerebral glucose metabolism and blood flow, that can continue long after injury.



Although fewer and fewer people are affected by these difficulties as time progresses post-injury, people can continue to experience symptoms long after their injury, even if brain scans (i.e. MRIs, CT, EEG) are completely normal.

The use of functional imaging including SPECT and PET (i.e. scans measuring brain circulation and metabolism) also appear very useful as neuro-diagnostic measures in this population even in the presence of normal MRI. These are not routinely available in New Zealand.



The Diagnostic and Statistics Manual of Mental Disorders (referred to as DSM IV) is often used in diagnosis of PCS, as there are symptoms, similar to Post Traumatic Stress Disorder. However PCS also includes vestibular dysfunction and visual disturbances. The Rivermead Post Concussion Symptoms Questionnaire (RPQ) was specifically developed to assess the severity of symptoms and is referred to in research. The World Health Organization's International Classification of Diseases, is also used to define PCS, but with slightly different criteria.

Neuropsychological research has shown that significant emotional distress can impair one's cognitive abilities and cause people to become more focused on their physical symptoms; however, a person's complaints should never be discounted or assumed psychological, without an appropriate evaluation to rule out possible physical causes.

Individual symptoms should be evaluated and treated as well as tools to assist people to manage their symptoms.

The number of referrals to the ACC funded concussion services rose from the expected 3000 in 2010 to 5000 in 2014 according to ACC statistics. This multi disciplinary service has improved the outcome for many people who are referred within the necessary time frame.

It is likely that we will come to a better understanding of PCS in the near future, thereby improving services and care for people. Evidence continues to build in support for the validity of those affected by PCS.

It is hoped that Healthcare Providers will be more able to provide the necessary and timely interventions and be compassionate in their dealing with people with PCS.

Information taken from:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3435903/>
<http://bjgp.org/content/66/642/e16>
<https://www.jscimedcentral.com/Burns/burns-1-1006.pdf>



Our office will be closed from Thursday, 21 December 2017 and reopen on Wednesday, 10 January 2018.



A merry Christmas and Happy New Year from Board and staff members.

Brain Injury Advocates

Staff members are advocates for clients. No one else can represent clients in an advocacy role or use the name of the organisation for other purposes not approved by the Board. Consultation with staff is recommended for any suggestions made by other brain injured people for treatment of a brain injury.

Disclaimer

All care has been taken in the preparation of this newsletter. We disclaim any liability for information contained within. It is of a general nature and to be used as a guide only.

SUPPORT GROUP MEETINGS



Tokoroa

2nd Thursday of each month at 10:30am at Tolloch House, Gate One, Maraetai Road, Tokoroa.

Cambridge

3rd Tuesday of each month at 10:30am at Cambridge Community House, 193 Shakespeare Street.

Morrinsville

Third Thursday of each month at 10:30am at Morrinsville Community House, 43 Canada Street, Morrinsville. People from surrounding areas are welcome to attend.

Kirikiri

Last Tuesday of each month at 10:30am at the office, 11 Somerset Street, Frankton, Hamilton

FEEDBACK /SUGGESTIONS

We welcome your suggestions or feedback. We want this organisation to work for you. Please forward feedback to Ella at admin@braininjurywaikato.org.nz

Horsebirds over Waikato

A social group for women who have a brain injury and a love of horses in common. Please contact the office if you are interested in attending.

Please contact the office to go on the mailing list.

Education sessions with Healthcare Rehabilitation

Sessions for clients, families, carers, & anyone interested in the topic of brain injury.

October: Wednesday, 11th Topic: Advance care planning

Karlynne Earp, Hauraki HPO, will explain why it is important to have a say in your future health treatment. This helps you, your family and healthcare team plan for future & end of life care.

November: Wednesday, 8th Topic: Be Active and Well

Hayley Berkers from Sport Waikato will talk about the importance of exercise and how to do it. Be ready to have some fun.

Information about these sessions and meetings are available on our website

Yoga sessions

Every Thursday at 11:30am at the office.

Singing group

Every fortnight on a Monday at 2pm at the office. Please contact us for more information.

Our SINCERE THANKS to all our funders, sponsors and supporters



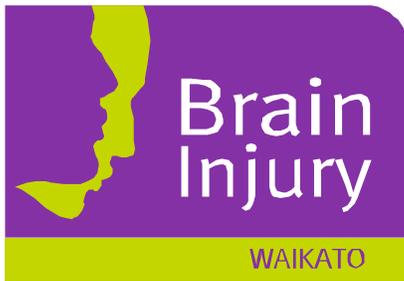
TRUST WAIKATO
TE PUNA O WAIKATO



Sir John Logan Campbell
Residuary Estate

Waikato WDFW Karamu Trust, NZ Community Post, Hamilton City Council, Jumble Around, Donny Charitable Trust, The Norah Howell Charitable Trust, Page Trust; Len Reynolds Trust, Waikato Lyceum Charitable Trust, Waikato Provincial Rural Women NZ, Ministry of Health, D.V. Bryant Trust, Grassroots Trust, C1 South, 4Good NZ, Oosh Cambridge, A-Lectrics, Hinuera-Te Poi Lions Club Suzuki NZ, Nicholson United Autos Morrinsville.

Thank you to everyone who has given a donation, but for privacy reasons cannot be named.



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www.givealittle.co.nz/org/braininjuryw

CC 23785

NEW MEMBERSHIP / RENEWAL

We invite you to support our work

Brain Injury Waikato empowers people and families affected by brain injury, to make informed choices in ways that create a long-term and sustainable difference in their lives, through the provision of advocacy, support and education. We also raise awareness and promote prevention of brain injury in the community.

I wish to become a member \$ 10 (Students, beneficiaries, seniors)

I wish to become a member \$ 50 (individuals waged)

I wish to give a donation \$10 \$20 \$30 \$ ___ (other)

Payment by Direct Deposit into SBS bank account no 03-1355-0691730-00. Please use your name as reference. All donations over \$5, are tax deductible. You can claim 33% of all donations made. We provide help to complete the 'Tax credit claim form' at the end of the financial year.

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Address:.....

Contact numbers:.....

Email address:.....

YOUR MEMBERSHIP AND DONATION MAKES A DIFFERENCE IN THE LIVES OF PEOPLE WE SUPPORT