



IN TOUCH

Newsletter of the Lutheran Nurses Association of Australia

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Trends in Dentistry

In September, Dr Michelle Stone gave LNAA members an informative presentation on current trends in dentistry, including dental care for elderly residents in hospitals and residential care. She stressed the importance of preventative care, which includes no sugar in foods and drinks, eating cheese, nuts and vegetables, using fluoride toothpaste and drinking fluoridated water. Teeth should be cleaned morning and night, with nightly flossing. The brush should be held at a 45-degree angle to avoid pushing the gum back from the teeth.

Regular dental check-ups that include roof of mouth, gums, and tongue can also detect early cancer and other illnesses.

Minimal intervention dentistry includes regular hygiene appointments; mouth guards to help prevent teeth grinding caused by tension; fissure sealants; remineralisation with tooth mousse; checking for decay, as this causes infection of the tooth; reviewing tooth structure and restoring cracks that can lead to decay or nerve issues. Laser and chemical therapy can also disrupt decay growth.

Dental implants (usually made of titanium) keep bone in place and are made similar to

natural teeth. They cause less damage to the teeth next to them, and can last for around 60 years. If a tooth is knocked out, rinse it in milk if possible, replace it in the socket and see your dentist, as it maintains jaw bone growth.

Scanning impressions, with high-technology software, has superseded the 'gum impression'. The scans can be sent to Adelaide Dental Laboratory for analysis rather than overseas. 3D printers are also becoming useful/in vogue and can be used on its own or in conjunction with scanning.

Single day crowns are scanned impressions downloaded to a machine that mills the crown, which can then be fixed in place, at the one appointment.

Orthodontic aligners have become a very popular purchase over the counter, but for better results an orthodontist has the training and the technology available to move the teeth, managing in a controlled way, the fixing of wires and aligners.

Hospital and nursing home dental care of elderly patients: Staff need training in oral hygiene and to recognise pain in residents by observing their chewing, medication and general

health and giving oral hygiene support. They should have dental check-ups/treatment four to six times a year. There are some special needs dentists and some clinics are designed for wheelchairs and walkers. It would be good if nursing homes were designed to have a room that allowed for wheelchair knee-break chair access for use by podiatrists, oral health specialists, hairdressers, etc. It is important that their diet is low in sugar, preferably not soft sticky foods and not pulped foods, as this sits on the teeth. Drinking fluids regularly is important.

It is not need encouragement to open their

mouths. Electric toothbrushes are best and floss, brushes or picks, disposable dental swabs, high fluoride toothpaste and mouth washes are useful.

When dental health is kept in check diabetes, high blood pressure, cancer, acid reflux, osteoporosis can all be caught early and even prevented. These can be picked up by frequent dental checks. Dry mouth can cause ulcers and these can be from increased decay, local anaesthetics, chemotherapy and radiotherapy.

After many years of teeth problems, I wish I had met Michelle many years ago!

– Lynette Pech

BP tablets best at bedtime

New Spanish research shows that taking blood pressure medication at bedtime reduces the risk of dying from or suffering heart attacks, myocardial infarction, stroke, heart failure, or coronary revascularisation, compared with patients who take their medication on waking.

The study involved 19 084 randomly chosen patients selected to take their anti-hypertensive pills on waking or at bedtime. It followed them for an average of more than six years, during which the patients' ambulatory blood pressure was checked over 48 hours at least once a year.

The research found that people who took all their anti-hypertensive medication in one go at bedtime had better controlled blood pressure and a significantly lower risk of death or illness caused by heart or blood vessel problems, compared with those who took their medication in the morning.

The Hygia Chronotherapy Trial is the largest to investigate the effect the time of day when people take their anti-hypertensive medication has on the risk of cardiovascular problems.

Researchers adjusted their analyses to take account of factors that could affect the results, such as age, gender, type 2 diabetes, kidney disease, smoking and cholesterol levels.

They found that the risk of death from heart or blood vessel problems was reduced by 66 per cent, the risk of myocardial infarction was reduced by 44 per cent, coronary revascularisation by 40 per cent, heart failure by 42 per cent, and stroke by 49 per cent.



Current guidelines for treating hypertension do not mention a preferred treatment time. Morning ingestion has been the most common practice. However, the Hygia Project has previously reported that average systolic blood

pressure when a person is asleep is the most significant and independent indication of cardiovascular disease risk, regardless of blood pressure measurements taken while awake or when visiting a doctor.

The Hygia Project comprises a network of 40 primary care centres within the Galician Social Security Health Service in northern Spain. It involves 292 doctors who have been trained in ambulatory blood pressure monitoring that involves patients wearing a special cuff that records blood pressure throughout the day and night. It monitors blood pressure for 48 hours, instead of the more usual 24 hours.

Between 2008 and 2018, 10 614 men and 8470 women of Caucasian Spanish origin, aged 18 or over, who had been diagnosed with hypertension by means of ambulatory blood pressure monitoring, were recruited to the trial. They had to adhere to a routine of daytime activity and night-time sleep, so it is not possible to say if the findings apply to people working night shifts. >>

Cooinda becomes Lutheran



Last month, Lutheran Services assumed ownership of the 164-bed *Cooinda* Aged Care Centre in Gympie, Queensland. It became their third service in Gympie, joining Zion Home Care and the Zion Retirement Village, which had been founded by the local Zion Lutheran congregation in 1990. The *Cooinda* site includes a chapel, and a priority for *Lutheran Services* will be to engage chaplains to provide spiritual care for residents

Cooinda had previously been administered by a committee of community-minded business people and retired professionals. Faced with the implications of current legislative reforms and accreditation requirements, this committee felt that their operational model is no longer sustainable for a stand-alone operator. They selected *Lutheran Services* to continue the service, after seeking expressions of interest from a number of leading providers.



>> **BP tablets best at bedtime**

possible to say if the study findings apply to people working night shifts.

Doctors took the patients' blood pressure when they joined the study and at each subsequent visit. Ambulatory blood pressure monitoring over a 48-hour period took place after each clinic visit. This gave doctors accurate information on average blood pressures over the 48 hours, including how much blood pressure decreased or 'dipped' while the patients were asleep.

During some 6.3 years follow-up, 1752 patients died from heart or blood vessel problems, or experienced myocardial infarction, stroke, heart

failure or coronary revascularisation.

Data showed that patients taking their medication at bedtime had significantly lower average blood pressure both at night and during the day, and their blood pressure dipped more at night, when compared with patients taking their medication on waking. A progressive decrease in night-time systolic blood pressure during the follow-up period was the most significant predictor of a reduced risk of cardiovascular disease.

The Project is currently investigating what the best blood pressure levels should be while asleep to reduce cardiovascular risk most effectively.



Cure for hiccups



A man went into a chemist and asked the pharmacist if he could give him something that would stop the hiccups. The pharmacist promptly reached across the counter and slapped the man's face.

'What did you do that for?' the man asked.

'Well, you don't have the hiccups any more, do you?' said the pharmacist.

'No', the man replied. 'But my wife out in the car still does.'

From the President



We are reaching the end of another year, and it's been an exciting one here at the Lutheran Nurses. We were able to hold most of our face-to-face meetings, something that wasn't possible in 2020. While learning about dentistry trends, the work of the eye bank and coronary angiograms (to name a few), the fellowship and conversation that comes with just being together buoyed our spirits and energised our commitments.

As we prepare for Christmas, we have been promised the opportunity for families and friends to be together as border and quarantine restrictions will ease due to the anticipated percentage of the population having had their second vaccine dose.

So just what will a vaccinated COVID Christmas look like?

It's anticipated that by Christmas South Australia will have over 90 per cent of its population over the age of 12 having had their second vaccine dose, resulting in fully open borders with no need to quarantine if visitors are also fully vaccinated. Even overseas visitors will only have to quarantine for seven days, instead of 14. This will allow families to be together after two years of pandemic-driven separation. For many, this is the answer to so many prayers. Just imagine grandparents seeing their grandchildren for the first time and parents finally getting to hug their adult children after so long!

As a nurse working in the acute public health system, this has bought me so much joy, but also feelings of trepidation. In South Australia we have been practically untouched by the COVID-19 pandemic and enjoyed a mostly relaxed form of restrictions. The Premier, Steven Marshall, has stated that as soon as we lift our restrictions, we will have cases of COVID come into South Australia and that we cannot keep it out. As our hospitals prepare for this eventuality, they do so in an environment where there are increased demands for beds, resultant overcrowding in overflow wards, fatigued staff working beyond their contracted hours and stretched resources. The situation is much the same in other States.

So how can we play our part in keeping each other safe and well this Christmas?

Get vaccinated! It's not just for you, but for your family, your friends and the vulnerable in the community. Wear your mask in indoor public places! Don't just carry it, or wear in

under your nose or chin, or pull it down to talk! Use the QR code check-ins on your phone, or remember to sign in when entering a business or public building! And remember your hand hygiene and social distancing!

You've heard all this a million times before! Now, with borders open it's even more important to take it seriously.

Christmas is also a reminder of the hope that we have in God. Luke (2:10-11) tells us how the angel told those shepherds near Bethlehem: ***'Do not be afraid. I bring you good news that will cause great joy for all people. Today in the town of David a Saviour has been born to you; He is the Messiah, the Lord.'***

And Isaiah (9:6) reminds us: ***'For a child is born to us, a son is given to us. The government will rest on his shoulders. And he will be called: Wonderful Counsellor, Mighty God, Everlasting Father, Prince of Peace.'***

It is my prayer that these promises bring you peace as we celebrate reuniting with family and friends, as well as while you work through the changes in COVID-19 management and its effects on your work and personal lives.

The Lutheran Nurses Association has a full program for the next 12 months, and we look forward to sharing it with you in whatever form that takes. Meeting topics range from living with dementia, prostate cancer, mental health, end-of-life issues, Pacemakers and vascular nursing. If you are not able to attend, catch up with us on *Facebook* and through the *IN TOUCH* newsletter. As president, I would personally like to wish you all a Merry Christmas and safe and happy new year. I hope you get to connect with those closest to you, untouched by COVID-19. I pray that you all stay safe and look after yourselves so you can continue to look after the vulnerable.

Megan Materne RN

Lutheran Nurse of the Year

It's time to start thinking again of who to nominate for the 2022 Lutheran Nurse of the Year award. The award recognises faithful and outstanding service during the preceding calendar year by a Registered or Enrolled Nurse who is an active member of a Lutheran congregation in Australia or New Zealand. Nominations may be submitted by congregations, schools, aged-care facilities or other bodies or agencies within the Lutheran church.

Nominations must be lodged with the LNAA secretary on the official nomination form by no later than 31 March 2022, together a separate sheet giving details of the service that forms the basis of the nomination, and references from three people, including the congregation's pastor.

Nomination forms are available from the LNAA secretary, Mrs Rose Howard (☎08 8270 1575 or rosekazz@gmail.com; or the Rev Robert Wiebusch (☎08 8336 3936 or revbob@ozemail.com.au)

The award was launched in 2020, to mark the 200th anniversary of the birth of Florence Nightingale, who is recognised as the founder of modern nursing.

The inaugural winner in 2020 was Angela Uhrhane, of Albury/Wodonga, NSW/Vic. This year's recipient was Wayne Kroker, of Nundah, Qld.



Newsbrief



Emergency services organisations across Australia can now pinpoint the location of smartphone callers, using advanced mobile location (AML) technology. AML is an emergency call-based location service native to smartphones running Android 4.1 or higher and iOS 14.3 or higher. It automatically sends operators an SMS with the caller's best available coordinates. The system can provide a caller's location within a five-metre radius indoors, and within 25 metres outdoors. It is particularly helpful for callers who may be alone, and unable to tell the Triple0 dispatcher where they are.

At the delayed LNAA Annual General Meeting held on 27 September, the Chairperson's, Treasurer's, Editor's and Pastoral Care Nursing reports were adopted as published in the September issue of *INTOUCH*. All existing office bearers and committee members were re-elected, as listed on page 6.

Each year, some 60 000 Australians a hear the

devastating news of a dementia diagnosis. A new program developed by experts from Australia and overseas could help the newly diagnosed adjust to life with dementia. COGNISANCE, an international research collaboration, has developed *Forward with Dementia*, to improve the diagnostic experience, post diagnosis support and connections for people with dementia and their carers. *Forward with Dementia* was jointly developed by researchers from UNSW Sydney, the University of Sydney and University of Wollongong, in collaboration with colleagues in Canada, the Netherlands, Poland and the United Kingdom. It aims to help people diagnosed with dementia understand the next steps, and to change outdated perceptions of living with dementia.

The first public use of inhaled ether as a surgical anaesthetic took place on 16 October 1846, in an operating theatre in the Bullfinch Building at Massachusetts General Hospital in Boston, USA.

† LCA PARISH NURSE TRUST FUND MEMORIALS	
Barbara Klæbe 10.10.1940-19.07.2021	Dr Lance Graeme Steicke 19.02.1933-17.09.2021
Rev Lloyd Vincent John 09.10.1931-28.09.2021	

LNAA Planned Program

Venue for regular meetings: LCA/SA District Office, 137 Archer Street, North Adelaide

29 Nov 7.30pm **Dementia and Understanding Alzheimer's** – Pastor Chris Gallasch

07 Feb 7.30pm **Pharmacy Today**

28 Mar 7.30pm **Prostate Cancer**

30 May 7.30pm **Demon Possession and Mental Health in Biblical Times and Today**

25 July 7.30pm **Current End-of-Life Issues and their Implications**

26 Sep 7.30 pm **'House Model' Aged Care**

28 Nov 7.30pm **Pacemakers**

06 Feb 2023 7.30pm **Vascular Research**

Visit our Facebook page: @lutherannursesassociationaustralia

LNAA office bearers

President: Mrs Megan Materne, 48 Saltram Pde, Oakden, SA 5086 📞 04 0391 9061

Vice-President: Mrs Dianne Proeve, 20 Annesley Ave, Trinity Gardens SA 5068 📞 04 7550 9048

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Treasurer: Mrs Vicki Minge, 16 Douglas St, Lockleys, SA 5032 📞 08 8352 8819

Extra Members: Mrs Sylvia Hutt, 6 Brook Dr, Aberfoyle Park, SA 5159 📞 04 1785 4873

Mrs Lynette Pech, 51 Alabama Ave, Prospect, SA 5082 📞 04 1889 2131

Spiritual Counsellor: Rev Chris Gallasch, 1215 Grand Junction Rd, Hope Valley, SA 5090;
📞 08 8265 8001

IN TOUCH

IN TOUCH is published six times a year. **Editor:** The Rev Robert Wiebusch, 200/1215 Grand Junction Rd, Hope Valley SA 5090 📞 08 8336 3936. Email: robert.wiebusch@lca.org.au Deadline for next issue: **15 December 2021.**

Membership renewal for the 2021-22 financial year is now overdue

Kindly return the form below, together with your cheque, to the LNAA Treasurer, Mrs Vicki Minge. Funds can be transferred electronically to: BSB: **704942** Account name: **Lutheran Nurses Association of Australia.** Account number: **155449** If you transfer funds electronically, please advise the Treasurer. Your name or postcode may be given as a reference. This should be included when notifying the treasurer.

LNAA MEMBERSHIP RENEWAL FORM 2021–2022

NAME: _____ **DATE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: () _____ **NURSING STATUS:** _____

My membership fee of \$25.

I arranged electronic transfer of my membership fee of \$25 on: _____

Reference: _____

In future, please send me electronic copies of *IN TOUCH*

SIGNATURE: _____

LNAA TREASURER: Vicki Minge, 16 Douglas St, Lockleys, SA 5032 pvminge@hotmail.com