

Tribute



NEWSLETTER OF THE GALLIPOLI MEDICAL RESEARCH FOUNDATION

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Diggers' Dozen display the true ANZAC spirit and raise **\$264,000** for veteran health research!



Remembrance Through Research

Gallipoli Medical Research Foundation is
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GREENSLOPES
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For our Diggers

It's a little over a hundred years since the Great War began; the sun is rising on a regular Monday morning. A small company of women prepare to take their post for another day of faithful service to a proud legacy. They are the Diggers' Dozen, and this is their act of remembrance...

Fundraising legends for medical research

The Diggers' Dozens have been part of our team since the beginning. In May 2005, the group pledged \$50,000 to Gallipoli Medical Research Foundation over three years, a target they hit within two. So they made the target bigger, \$200,000 bigger. Since then, they have baked, raffled, and sewn their way to this ambitious goal. In December 2015, 100 years since the Great War began; the Diggers' Dozen had fundraised a staggering \$264,906.95 for medical research into Veteran health.

We're not sure which we find more impressive, their dedication and commitment to the cause and these massive targets, or the fact that they're still not slowing down in their fundraising efforts – well done ladies!

How it all began

In February 1990, a 'Friends of the Hospital' Program was formed to further add to the quality of patient care at Greenslopes Repatriation Hospital. Continuing the hospital's commitment to Veterans' health, and to carry on this spirit, the name 'Diggers' Dozen' was proposed.

The Diggers' Dozen was made official on May 28th 1990 and they were given a six month trial period to prove themselves. And prove themselves they did. During this time, the Diggers' Dozen became a friend to all patients and an asset to the Greenslopes Repatriation Hospital.

The volunteers continued to swell in rank, and were warmly accepted by Ramsay Health Care when the hospital came under their management in 1995.

Hard working heart of Greenslopes Private Hospital

The Diggers' Dozen faithfully serve the hospital in its commitment to outstanding service. These volunteers have staffed information desks, assisted with marketing, organised mailings, and performed countless other administrative tasks.

They've also lent their organisational prowess to the Gallipoli Medical Research Foundation by preparing

appeal mail outs, a service which has saved the Foundation significant time and money.

But as helpful as they are with daily operation duties, it has always been in patient support where the Diggers' Dozen volunteers really shine. For over 26 years, these kind souls have been part of the warm welcome and friendly smile at the hospital. Over the years, they have always been on hand to serve a tea or coffee for a day surgery patient. They have delivered books and magazines to patients recovering in bed, or taken them for a gentle walk. At the Cyril Gilbert Cancer Centre, they have spent time with patients having a chat or sitting quietly holding a hand, just to let them know that they are not alone. Diggers' Dozen are an integral part of Greenslopes Private Hospital's people-centred care approach, and they've been a source of comfort and support for thousands of patients, and their families, which continues to this day.

President of the Diggers' Dozen, Joan Harris, leads this group of committed volunteers, and has been serving at the hospital for almost two decades.

"I heard about the Diggers' Dozen nineteen years ago. I thought to myself, my father was a digger, my husband was a veteran of Malaya, my brother was a prisoner of war at Changi prison, they're my diggers, I want to do this for them."



We can't spell community without Y-O-U!

The medical research in our laboratories is founded on the support of our local communities. It doesn't matter how old you are, what you do (or did) for a living, or how many years of study you've done, you are part of ground breaking research combating the diseases that are devastating Australian families.

Take the Women's Interest Group (WIGS) for example. This committed group have just raised over \$6,000 for medical research. They visited our Foundation in February to hear from our Liver Cancer Unit on how their support will change lives.

Local community groups are essential to creating awareness and support for the life-changing work our Doctors and researchers are doing. Have a think about the groups you are involved in, and the power you can have in improving the health of future generations. We would love to talk to you about how your community group can help us take some big steps forward in medical research – and have a ton of fun while doing so!



Call us on (07) 3394 7284 for more information or to get a community fundraising pack.



Joan Harris (left) handing GMRF Philanthropy Manager, Anna Coles, yet another generous donation towards medical research.



Imagine Life

What you need to know about Diabetic Retinopathy

- In the early stages, you may not notice any symptoms or changes to your eyesight. If the condition is not detected and treated quickly, your vision could be irreversibly damaged.
- In 2007–08, almost 96,000 Australians who had diabetes suffered from long-term visual loss.
- After 25 years of living with type 1 diabetes, 83 per cent of people will have some form of diabetic retinopathy - a serious eye condition that can lead to blindness.
- From 2010 to 2050 in America alone, the number of people with diabetic retinopathy is expected to almost double, from 7.7 million to 14.6 million.

Diabetic retinopathy is the leading cause of blindness in people aged 30–69 years, worldwide.

“The main point is to help people – that’s it!”

In 2015, Gabriela de Moraes worked together with Dr Christopher Layton, an Ophthalmologist (Eye Specialist) based here at GMRF, on a diabetic retinopathy research project. Their work was recently presented at a major European eye conference, winning ‘Best Poster’ amongst 462 entries! But Gabriela says there is something more important than accolades...

“I see beauty in science. Each cell in the eye is connected and has a special role; they help us to see the world. But the science that we are doing here is not just about that beauty. It is about helping people.

Each little thing that we find here is important. Even if it’s a small thing, each step will help. We want to make a difference in people’s lives. We are trying to find ways to prevent people from losing their vision. The main point is to help people – that’s it!

Our work – even amongst so many other countries with high quality research groups – was recognised with a prize. This was proof that we are on the right track.”

Why is ophthalmology research so important to you?

“In medical school, there was a patient who had cataract surgery. When the Doctor took off her patches, she started to cry. She said ‘oh my God, I can see things again!’ She was feeling so much emotion. I realised how vision is something really, really important for people.

How does diabetic retinopathy affect people?

“Diabetic retinopathy is not usually reversible. Imagine yourself without vision. When you cannot see, your everyday activities are severely limited. Rehabilitation might be effective but your quality of life is seriously impacted.

Vision also stimulates our feelings: colours, art, photography, a beautiful landscape, to watch your team playing, to see the ones you love.”

How would you describe the work environment at Greenslopes Private Hospital and GMRF?

“People here are very committed to their work. It doesn’t matter if the person is the Chief Executive Officer of the Foundation or the bus driver – everyone is really lovely, happy and friendly. In Brazil, it is not very common for medical Doctors to do research. When I came to GMRF, I was excited about the idea of finding new things, learning about science and the laboratory work. GMRF has truly high quality Staff leading the research. I feel particularly grateful for Dr Layton, who I worked with most of the time.”

Will your time at GMRF make a difference to your medical career?

“A huge difference! Being able to be at this excellent laboratory was a great opportunity and added deeply to my knowledge as a future ophthalmologist. I have grown up as a person being in this beautiful country too. I’m going to miss Australia so much! This year has changed me forever.”

without vision

Gabriela studied with GMRF thanks to a ‘Science Without Borders’ Scholarship from the Brazilian Government.

Understanding the Research

Diabetes causes blindness by blocking blood vessels at the back of the eye. This, in turn, kills the light sensitive cells. Without light sensitivity, you will lose your sight.

Our ophthalmology unit’s research looked at whether insulin administered directly by way of eye drops or eye injections could prevent light sensitive cells from dying. The results showed that insulin prevented some light sensitive cells from slowly degenerating but it also led to ‘sudden death’ of other light sensitive cells. This means that, if Doctors re-establish blood sugar level control in a patient too quickly, it could lead to worsened retinopathy.

Insulin therapy remains the best treatment for diabetes. However, this research provides important clues about why current treatments to prevent diabetic retinopathy are not always entirely effective. Our team will now focus on developing new treatments which can prevent both types of cell death (i.e. slow degeneration and sudden death).



“I think it’s really amazing here. Each person that contributes makes a difference.

This is a genuine effort to create healthy lives in the future.” - Gabriela

We’d like to say a special thank you to Blair Smith, a GMRF Discovery Partner who is making this ophthalmology research possible.



Blair and his daughter Joanne, proud Discovery Partners in our research

Blair shares his motivation for giving...

“40 years ago, I was watching TV and suddenly I couldn’t see in one eye. I was diagnosed with Coates Disease (a very rare congenital, nonhereditary eye disorder that causes full or partial blindness) and received care at Greenslopes Private Hospital in the late 1970’s under their new eye specialist team. Unfortunately, they were unable to save my sight and I have been blind in that eye ever since. When I heard about Dr Layton’s work in diabetic blindness at GMRF, I felt compelled to help as I also have diabetes. I hope my investment in Dr Layton’s work saves other people from losing their sight like I did.”

As you walk through the main entrance of Greenslopes Private Hospital, you will see our Discovery Partner Honour Board. Each person on this board is responsible for a step forward in medical research. When the cures and treatment of tomorrow are realised, we will remember these selfless people, and celebrate their unwavering belief and commitment.

If you would like to add your name or that of a loved one to our Discovery Partner Honour Board, please contact us today.

How do you want to be remembered?

Anne felt like she lived a different life during the war. When the war ended, this young woman had to return to Ireland, draw a line in the sand, and move on. But as was the case for so many, the war followed her home. Seventy years later, an oft-asked question was posed to her as she neared the end of her life; how did she want to be remembered? The question was asked by her daughter, Sue, who had lived through the aftermath of World War II, and witnessed her mother's unwavering commitment to the Veterans. Sue handed over a brochure on our Post Traumatic Stress Disorder (PTSD) Initiative. Tears came to her mother's eyes as she read it. "This is it," Anne said, "this is how I want to be remembered."

Sue describes the Second World War as the defining period in her mother's life. Anne was trained as a nurse in London, and served near the front line in hospitals under canvas in Italy and North Africa. Her compassion compelled her through the gruelling work.

"Mother cared deeply for her patients. Eighteen year olds were coming in with horrific injuries, often compounded by gangrene, and their deaths would be extremely painful. She wrote letters to their families, explaining how they died and how courageous they were. She told me stories of these young men and she cried every time," Sue says.

Anne met her husband while they were both serving in India. Ted was a Dunkirk Evacuee who had gone on to fight in Burma. The pair married in India and returned to York after the war, but it wasn't long until they headed to Australia for a fresh start. Anne found work as a Ward Sister at Rosemount Repatriation Hospital in the Brisbane suburb of Windsor. It was there she saw firsthand the mental and emotional impact of the horrors tormenting the returned soldiers – she didn't know it at the time, but she was working on the frontline of PTSD treatment.

"She immersed herself in the care of the diggers at Rosemount. It helped her survive. She put her hand up to work in the Anzac Ward, which was a tough job. It was those who today would be recognised as having PTSD. She tried to give families some insight into what these guys were going through. It was unusual for those times for someone to recognise and attempt to address the psychological impact war had on soldiers."

The family were also dealing with the heavy toll of PTSD on the home front. Ted was a 'different person' after the war. Nowadays, Sue is certain her father had severe PTSD, but at the time it was something they



just had to live through.

"Father used to fight in his sleep. The dreams never stopped. He never went for help because he didn't talk about it, and there really wasn't much help available anyway."

Sue often reflects on the difference our Veteran Mental Health Initiative could have made to their family. So when the time came for her, and her brother Joe, to insist their mother make arrangements for her funeral, the PTSD Initiative at GMRF seemed like the fitting choice to continue on a legacy of the work she had dedicated her life to.

The family viewed in-memoriam donations to GMRF as the 'good Irish closing the circle way'. "Let's complete the circle," Sue had said to her mother, "let's celebrate you and what you were passionate about - helping the diggers address their demons."

The last page of your story

Planning the funeral for someone you love is one of the hardest things you'll ever do. It is your final goodbye. Amidst the sadness, there is a chance to celebrate a life well lived, and honour something they believed in.

When Anne passed away last year, the in-memoriam donations to Gallipoli Medical Research Foundation became part of her story. Her daughter, Sue, saw it as something that would continue to grow in the years to come.

"It was very fitting – we were asking people to complete the story and honour what was important to our mother."

If you would like to make a donation in memory of a loved one, or would like to collect in-memoriam donations at a funeral, please call Andrew on 07 3394 6776

Crunching the numbers

What our Philanthropy Manager, Anna Coles wants to say you about bequest giving

We Australians are a pretty generous lot. There are over 54,000 registered charities in this country, and I'd say most of them owe their existence to everyday people like you and I.

But I'd also say that for many of us it is becoming increasingly difficult to make room in our budgets for donations. I have two kids at university and a mortgage, so as much as I'd like to, I simply cannot afford to make large donation to the charities I care about.

Added to this, a number of you have told me how much you hate the 'begging letters' charities send you at Tax and Christmas time. As it is my job to raise money for medical research, I know that appeal letters are a necessary evil to raise enough funds for the important work we do.

But perhaps there is another way?

You can make a significant contribution to the causes you care about without putting a strain on your wallet, or feeling overwhelmed by appeals for your help. Here is some food for thought for you to consider...

A recent survey identified that over half the country's population, 53%, support the idea of leaving a gift to charity in their Will. That's one in two - fantastic news! However, it is whittled back to 29% with those who say they are planning to leave a gift. Not to worry, this is still good news. Unfortunately this figure decreases again, and we are left with only 7.5% who actually follow through with a bequest. One in thirteen Australians leave a gift to charity in their will - surely we can do better than that!

In 2014, there were 153,580 recorded deaths in Australia. The average bequest in Australia is \$59,800. That equates to around \$685 million dollars based on our 7.5% figure. Imagine if more people had arranged to leave a gift in their Will. In fact, if the majority of people, let's say 75%, who passed away in 2014 had left a more modest \$10,000 to charity in their Will; they'd be donating a combined total of nearly \$1.2 billion dollars!

By choosing to leave a bequest, you can focus on the day to day budget battle safe in the knowledge that your final act will be one of lasting significance.

After 15 years of working in the charity sector, I feel great knowing that when I die I will be leaving bequests in my Will to the causes I am passionate about. I know those gifts will make an incredible difference.

If you don't currently have a gift for charity in your Will (or maybe you don't even have a will), what's stopping you? You don't even have to bequest to Gallipoli Medical Research Foundation, though of course I would love it if you did! I have seen firsthand the incredible value provided through bequests, and I want to be part of a legacy revolution.

So, if you're thinking 'I've always thought leaving a bequest would be a really good thing to do', then now is the time to do something about it. You can help grow the 7.5%! I really enjoy meeting our supporters and would love to come and visit you (I will bring a cake) to thank you for the support you have already shown our research team and to tell you more about why leaving a gift in your Will could be one of the simplest yet most significant things you ever do.

For more information about bequests and Wills or to book me in for cake and a chat, call 07 3394 7105; I hope to meet you soon.

Thank you,
Anna



'One of my mob' – Veterans supporting Veterans

Our supporters are an extremely giving bunch. That's why we get excited when the opportunity comes up to give an extra something back in return. Recently we had the chance to give one of our good friends a thank you in the form of a little joyride. Though, perhaps 'little' is not the right word when referring to a 128,000 kilo aircraft.

Stuart Arnold joined the Gallipoli Medical Research Foundation team and other special guests on an unforgettable trip up the Queensland coastline in a Boeing C-17 Globemaster. The humongous aircraft was piloted by another of our fantastic supporters, Royal Australian Airforce Pilot and Gallipoli Poppy, Squadron Leader, Samatha Freebairn. The two hour flight journeyed past Hervey Bay, Gladstone and Rockhampton. Stuart was up in the cockpit, and loving every minute of it.

Stuart has loved planes since he was a five year old boy who avidly followed the feats of aviator and inventor, Bert Hinkler. Stuart earned his wings at just nineteen years of age, and has been a professional pilot for over 35 years, first during World War II, then as an airline pilot for Trans Australia Airlines. He has flown a range of aircraft, and has once even broken his own rule of 'never jumping out of a serviceable airplane' by sky-diving to celebrate his eightieth birthday. He retired at the age of sixty, and now reflects on a very fulfilling career.

"I consider myself very fortunate to fulfil the dream I had as a five year old," Stuart says.

Stuart has been donating to GMRF for over ten years. A few months ago, he extended his support of medical research by committing to a regular donation. Regular giving is vital to our work because it gives our researchers stability. Medical breakthroughs don't happen overnight, they're a lengthy and expensive process. It becomes much easier to progress a stream of research with a reliable source of income from our regular donors.

Everyone donates to our medical research for a different reason. Stuart's reason is simple; he donates for the Veterans. As he so excellently surmises, "they're one of my mob".

By making a regular donation to our work, you are ensuring we can continue to address the health concerns facing the Veteran community - people like Stuart, who faithfully and bravely served our country.

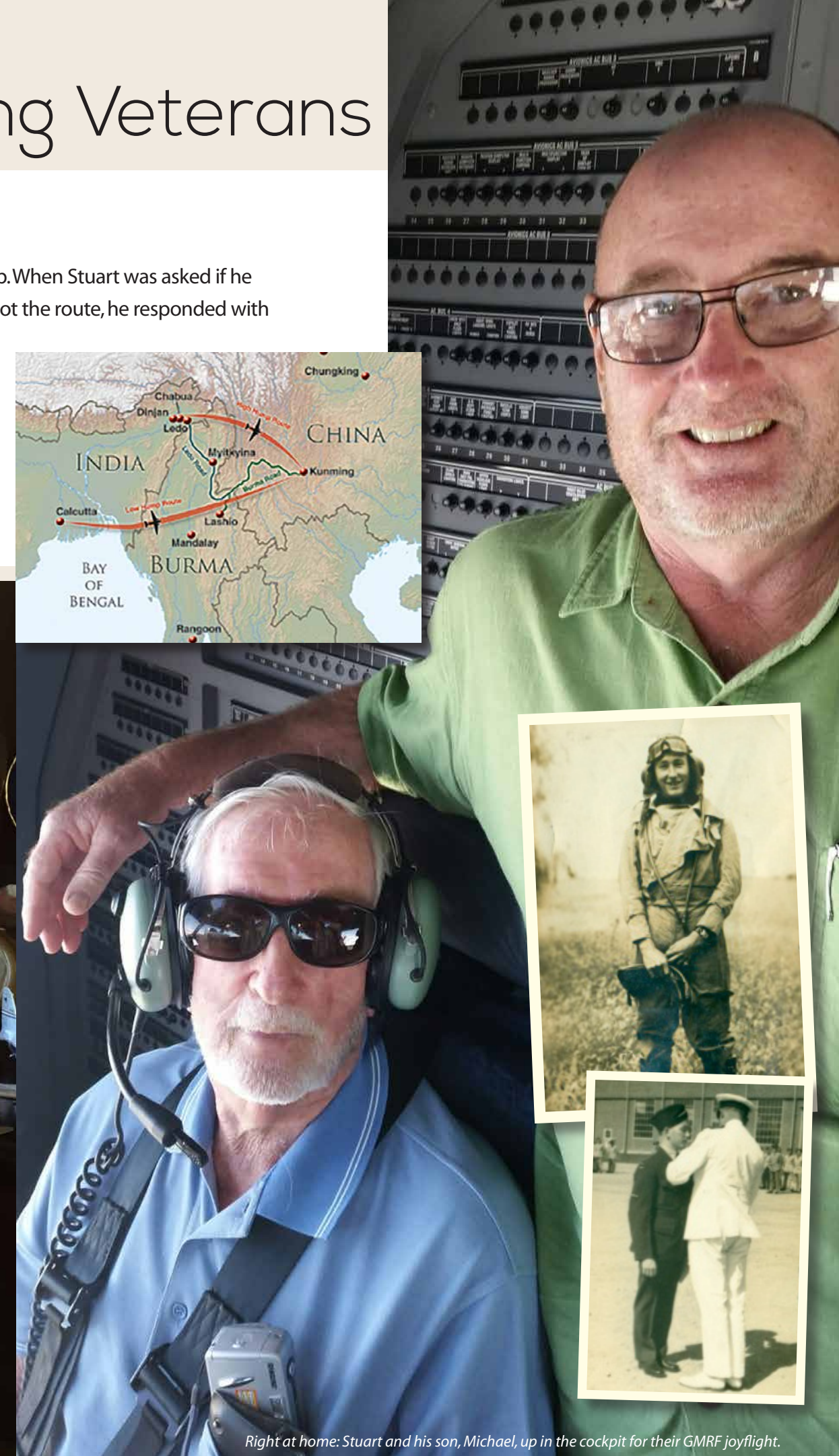
Flying the hump

'The hump' was the Allies nickname for the perilous airlift route from India to China over the Himalayas during World War II. The operation delivered over 685,000 tonnes of cargo for the war effort in China, with a total logged flight time of 1.5 million hours. Pilots faced terrible turbulence, inclement weather, and sporadic attack. Over the course of the war, it is estimated that 1,300 personnel were killed or missing, and close to 3000 Allied Transport and tactical aircraft

were lost on the Hump. When Stuart was asked if he would volunteer to pilot the route, he responded with a classic, "Why do I need to volunteer? I already did that when I signed up."



Stuart holds up a replica of the Dakota, the plane he flew over 'the hump' as a 20 year old recruit during WWII.



Right at home: Stuart and his son, Michael, up in the cockpit for their GMRF joyflight.

A ROLLER COASTER OF CHANGES

It was once regarded as a rare form of lung infection, but Nontuberculous Mycobacterial Infection (NTM) is now increasingly common in Australia. NTM is often misdiagnosed, or worse still, not diagnosed at all. Many people suffer with a rasping cough or shortness of breath for years without Doctors being able to determine the root cause.

Recently, Dr Rachel Thomson from our GMRF Respiratory Research Unit was successful in two applications to the National Health Medical Research Council (NHMRC). Your support has helped her to get this far. Without you, research departments like Dr Thomson's would never be able to undertake the preliminary research that puts them on the right track to finding answers. **Your contribution to medical research will provide relief to NTM sufferers and their families.**

One family associated with Dr Thomson's research kindly agreed to share their story on the devastating impact of NTM, and their search for answers.

Carole had been unwell for years before she finally received the diagnosis of NTM in 1998. Understandably, Carole felt anxious and isolated. Unfortunately her Doctor had very few answers for her, and there was little reference material available.

"It is often like a roller coaster of changes. I've had to learn to accept what I can no longer do, and try to focus on what I can do," Carole says.

When Carole commenced her journey with NTM she had to adjust to a "new normal" of regular Doctors' appointments, tests, medication, and unpleasant side effects. Carole, and her daughter Debbie, are grateful to the Doctors who are devoted to the treatment and research of NTM in Australia, "Awareness, understanding and support are essential for improved treatment outcomes," Carole says.

If NTM is impacting you or a loved one, we encourage you to connect with the NTM Support Group that Debbie and Carole are involved in. Visit www.ntmaustralia.com.



I love my Mum very much and admire her stoicism and resilience. The GMRF team has helped make our difficult journey so much easier – for which we're most grateful." Debbie.

An investment for our future

Last October, we introduced you to our PhD student, Bijay Dhungel, who was hard at work creating 'viral vectors', crucial elements of his immunotherapy work. The existing procedure was slow, at times inaccurate, and often required a lengthy trek across town to another facility. We thought there had to be a better way, and you proved us right...

It took just five donors to fund this \$15,000 piece of equipment. Robyn Solomon, and her son Jonathan, were the first to answer the call. You might remember Robyn from the last Tribute; she lost her husband, Peter, to liver cancer and is a keen supporter of the team's immunotherapy work.

"When we saw the urgent call for donations to supply the NanoDrop, I said to Jonathan, '\$15,000 is not really such a lot. If a few of us got together we could supply that machine so Bijay, Dr Steel and the others could get better and faster results in working towards controlling cancer with Immunotherapy.'" Robyn says.

Robyn and Jonathan came in to visit our labs to check out the NanoDrop for themselves. We loved Robyn's response to what the item would mean for Bijay's work; **"That's fantastic. What else do you need?"** It summed up how vital our supporters are in driving forward the ground-breaking research that will help save lives.

Our researchers are very good at what they do, but they need the right resources to progress their work. This equipment is expensive, and it's not government funded. Your donation will fund items such as the NanoDrop, essential to medical breakthroughs into some of our biggest killers. We can't do it without this specialised equipment, and we certainly can't do it without you!

"Donating to Medical Research is an investment in the future. It's something we will leave behind for our children, and grandchildren. If you look at the amazing strides made in the treatment of various cancers, diabetes, heart disease, HIV AIDS and other diseases, which have been around for centuries, you can see that investment in medical research really pays off," Robyn says.

"You can help relieve suffering and improve lives, believe me, it's a very rewarding area to support."

Don't let its size fool you; this little machine does some big things

- **Accurately and reliably measures the concentration and purity of nucleic acids**
- **Accurately and reliably measures the concentration and purity of protein in a sample**
- **Measures optical density of samples at different wavelengths for a wide variety of biological applications**



Bijay gives Robyn and Jonathon a run through of the NanoDrop and what it will mean for his research

BREAKTHROUGH IN LIVER CANCER RESEARCH

Cyril Gilbert Testimonial Fund - cancer grants 2015
Project title: The immunology of cancer initiating cells
Lead investigator: Dr Jason Steel
Grant: \$50,000

When it comes to Liver Cancer in Australia, the statistics paint an alarming picture - 85% of patients will die in less than 5 years. New treatments for liver cancer are desperately needed.

Your support is helping fund a promising avenue of research - using the body's own immune system to fight cancer. However, for immunotherapy to be successful, we need to understand how and why it is currently failing.

In Dr Steel's study, the research team is looking at an important population of cells within a tumour: the cancer stem cells. These cells are thought to be responsible for tumour returning after conventional treatments. The team will investigate if those cells may also be responsible for immunotherapy failures. The results may ultimately propose new treatment combinations that have the potential to be more effective in targeting and killing liver cancer.

The seed funding provided by this grant will allow the team to obtain the preliminary results needed before applying for million-dollar, large-scale Government funding. The ultimate long-term goal of the team is to commence human clinical trials aimed at improving liver cancer treatment.

Dr Steel is so close, but he's not quite there yet. We need you to get him over the line by donating to this research today. With your help, this research will be able to progress to human clinical trial and untold benefits for sufferers of liver cancer.

Donate today to be part of this significant step forward in treating this cancer. You can give cancer patients and their families hope by helping us improve the dismal survival rate.

LIVER CANCER IS THE FASTEST GROWING CANCER IN AUSTRALIA

The team has tested over one hundred drugs on liver cancer cells. In photo one is a liver dotted with cancer cells. In photo two is a liver injected with an experimental drug. See the smooth line down the middle? No cancer cells! The drug has prevented the cancer cells from spreading through the liver, and subsequently, to other parts of the body.

This is big news for our team and it is an exciting step forward in liver cancer treatment. This breakthrough was not possible without our donors. Your support will ensure our progress continues.

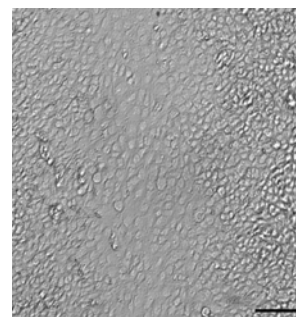


Photo 1. Cancer cells spread across a liver

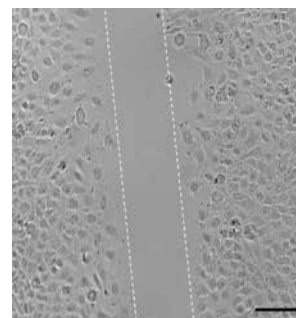


Photo 2. Cancer cells blocked from spreading by an experimental drug.

This photo has got our liver cancer researchers very excited!

Your support is discovering new treatments for chronic pain

Chronic pain is a debilitating illness that is having a dramatic impact on the quality of life of thousands of Australians. It is not responsive to treatments and endures for at least six months after the typical healing time of an injury. Chronic pain and post-traumatic stress disorder (PTSD) are the two most prevalent conditions among the ex-service population - with a large population of Veterans suffering with both. Thanks to your donations, \$11,695 was awarded to a group from Greenslopes Private Hospital (GPH) who is taking a holistic approach to the treatment of chronic pain.

Dr Karolina Alichniewicz (Psychologist), Belinda Wannell (Physiotherapist) and Jenny Pashley (Occupational Therapist) have spent three years developing their program. IMPACT (Independent Management of Pain through Activity and Cognitive Therapy) is an outpatient program offered at GPH to Veterans and civilians.

The aim is to alleviate the psychological effects of chronic pain and help sufferers to manage their physical pain so they are able to take part in everyday activities. Dr Alichniewicz explains, "If you have chronic pain, you can develop a mental health condition due to the physical stress you are experiencing. Added to that - when you have PTSD - you have heightened awareness and feel the pain more intensely".

A key element of IMPACT is developing self-management strategies for patients. Jenny Pashley has worked as an Occupational Therapist at GPH for 6 years and explains the danger of 'boom and bust' behaviours used by those who suffer both PTSD and chronic pain: "When people have PTSD, they often keep very busy to distract from the intrusive thoughts. But, by keeping busy, they're potentially pushing themselves into a pain flare-up. Then, they get a flare up and need to rest for a long period of time." In the IMPACT program, the team individualise the exercise schedule for each participant's fitness and interests.

Dr Alichniewicz says reintegration is an added benefit she has seen for Veteran participants. "We see them form new friendships, it helps to get rid of that feeling that they don't belong to civilian life." She believes the program has been highly beneficial to participants so far but her team need hard scientific proof to prove their beliefs.

Dr Mark Tadros, a Consultant in Rehabilitation and Pain Medicine based at GPH, endorsed the IMPACT team's application saying: "Chronic pain is an issue that is under-funded and under-recognised in the general medical and wider community. In the coming years,



L to R: Jenny Pashley (Occupational Therapist), Dr Karolina Alichniewicz (Psychologist) and Belinda Wannell (Physiotherapist).

I believe it will be the source of great innovation and progression in medicine".

The research takes place for 24 weeks from January-June 2016 (with a new group commencing every 6 weeks). If you are interested in becoming a participant on the IMPACT program, please contact Sueann Hillman at 07 3394 7727 or hillmans@ramsayhealth.com.au for further information.

Sleep research to aid PTSD sufferers and their families

‘Parasomnias’ can include frightening disturbances such as nightmares, sleep terrors, and sleepwalking. These sleep disturbances are a hallmark feature of PTSD and lack of sleep is linked to poorer clinical outcomes for PTSD sufferers.

As part of the Vietnam Veteran study, our participants underwent a series of questionnaires to evaluate their sleep habits and quality of sleep. Dr Robyn O’Sullivan, respiratory and sleep consultant, along with sleep fellow Dr Dayna Law, have been analysing the data with our PTSD Initiative statistician, Dr Sarah McLeay, to unravel the links between sleep disturbances and PTSD.

Our participants with PTSD were found to have significantly more sleep disturbances than those without PTSD, with increased parasomnias and night-time awakenings resulting in poor sleep and insomnia. The frequency of nightmares also increased with the severity of PTSD.

Surprisingly, participants with PTSD were found to have twice the risk of obstructive sleep apnoea (OSA) – a sleep disturbance that has only very recently been identified to be associated with PTSD independent of other risk factors.

Obstructive sleep apnoea is a sleep disorder in which breathing periodically stops due to airway obstruction from the tongue or airway muscles during sleep, and is unrelated to nightmares, sleep terrors, and other unusual sleep behaviours. People with OSA have a higher risk of a range of diseases such as heart disease, high blood pressure, stroke, diabetes, and depression.

Dr O’Sullivan has extensive experience diagnosing and treating OSA, especially in Veterans. “We were seeing a

lot of patients with PTSD being diagnosed with OSA in our clinic here at Greenslopes Private Hospital. Results of the study confirm our suspicions that obstructive sleep apnoea is more prevalent in Australian Vietnam Veterans with PTSD.

“Given the increased risk of other diseases due to OSA, it is very important that people who think they might have OSA ask their General Practitioner (GP) for a sleep study. A sleep study can also help diagnose other sleep problems, and allows for proper diagnosis and treatment.”

Veterans experience	with PTSD	without PTSD
Nightmares	91%	29%
Yelling or screaming in sleep	73%	18%
Sleep terrors	61%	13%
Sleep walking	11%	4%
Acting out dreams	60%	11%
Restless legs	45%	25%
Uses medication to assist with sleep	44%	14%
Obstructive sleep apnoea	42%	21%

Like OSA, it is important to have other unusual sleep problems identified and treated, as they may be linked to other health problems as well. Sleep deprivation from sleep disorders can also result in poor concentration and memory, impaired judgement, and daytime fatigue that can contribute to other serious risks like motor vehicle or workplace accidents. Having OSA increases your risk of a motor vehicle accident by seven-fold.

Additionally, lack of sleep can worsen psychological difficulties – and therefore makes it critical to address when treating PTSD and other mental health problems. Any way of improving sleep quality is obviously very important for people with PTSD.

Senior Clinical Psychologist at GMRF, Dr Madeline Romaniuk, explains, “Sleep disturbance can lead to compromised functioning in daily life. Veterans with chronic sleep deprivation may find it particularly difficult to engage in gold-standard cognitive

and behavioural treatments for PTSD, and as a consequence, their symptoms of PTSD can become more severe.”

Results of the Vietnam Veteran study provide solid evidence that a thorough assessment of sleep disorders, including parasomnias and OSA, should be performed as part of a treatment plan for PTSD to ensure that correct treatment is provided early.

What is REM sleep behaviour disorder (RBD)?

REM sleep behaviour disorder (‘REM’ from ‘rapid eye movement’) is a parasomnia where people act out their dreams, when normally, there is loss of muscle tone in REM sleep.

Participants with PTSD in our study were found to be over 5 times more likely to have RBD than those without PTSD, with 40% having injured themselves, and almost 50% having injured their bed-partner due to their sleep behaviours.

These findings highlight just one of the ways that PTSD affects not only sufferers, but their families too.

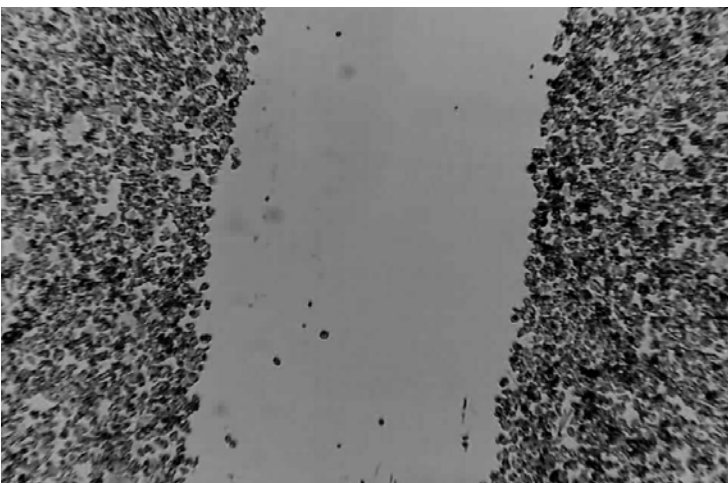
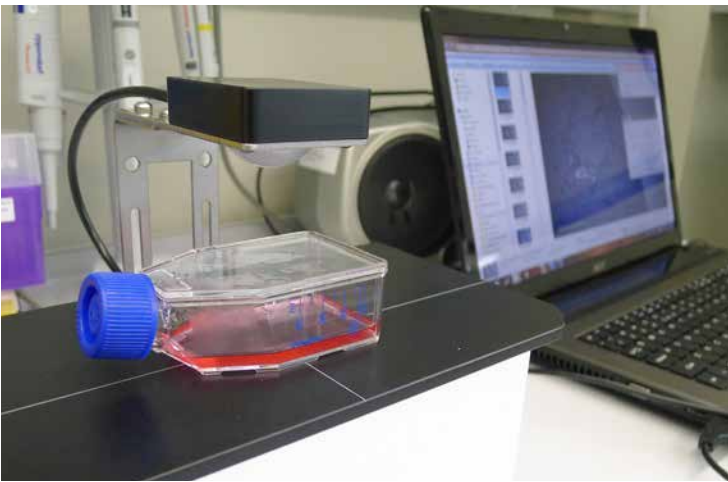


Dr Sarah Gleeson, Senior Respiratory Registrar and Sleep Fellow at SleepCare checks on masks used to treat sleep Apnoea

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Thank you to all who gave generously to our Christmas Appeal for research into melanoma. One Australian dies of melanoma every six hours, which means your continued support is critical. The team says, "It has been so exciting to see research creating life-changing outcomes for our patients." Clinical Trials Coordinator, Bronwyn Casey.



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