

OLDER MEN UNLIMITED HERVEY BAY



OMU LOCAL

INCORPORATING
MARYBOROUGH

AUGUST 2024

Patron: George Seymour (FCRC Mayor)



Members Morning Tea 23rd August 2024

MANAGEMENT COMMITTEE AND CONTACT NUMBERS

<u>Position</u>	<u>Name</u>	<u>Phone</u>	<u>Mobile</u>
Acting President	Des Langford	4124 5887	0458 087 992
Acting Vice-President	Peter Scanlon		0431 613 942
Secretary	Chris O'Brien		0490 188 571
Treasurer	Ian Paxton		0437 247 816
Committee	Ray DeLisen		0447 466 256
	Russell Pool		0499 504 597
	Andy Peverill		0432 882 825
Manager	David Hoodless	4128 9011	0438 129 153

Meetings: *Hervey Bay* 10.00 am on the 4th Friday of each month
Where: Seagulls Rugby League Ground, 187 Bideford Street, Torquay

Meetings: *Maryborough* 10.00 am on the 1st Tuesday of each month
Where: Frank Lawrence Circuit, Maryborough Airport (last shed on the right)

Correspondence to: P.O. Box 3031, Hervey Bay, Queensland 4655

Enquiries: Phone 4128 9011

Email: manager@omu.org.au

Web Site: www.omu.org.au



OMU GROUP CONVENERERS

ART and BUS TRIPS	IAN PAXTON	0437 247 816
CLUB ROOMS	CHRIS O'BRIEN	0490 188 571
MARYBOROUGH	PETER COOPER	0488 240 649
OUTREACH	DAVID HOODLESS	4128 9011
RAFFLES	DAVID HOODLESS	4128 9011
SAUSAGE SIZZLES	DES LANGFORD	0458 087 992
SOCIAL ACTIVITIES	JOHN LAWRENCE	4128 3630
WALKING GROUP	PETER SCANLON	0431 613 942

REPORTS

PRESIDENT:

No report from this guy this month – he has decided to go to Norfolk Island. If you are visiting the island they are not difficult to find. The boss – his wife is all wrapped up in beautiful pink bubble wrap to keep her safe. Keep safe you two.

MARYBOROUGH

Outreach: – Outreach tomorrow is to Yaralla and then Fairhaven (possibly a barbeque again) on this Thursday. The Chelsea visit for July was cancelled because part of the home was in lockdown so the next visit to Chelsea is schedule for Thursday the 29th. August. Other Outreach dates are on the notice board.

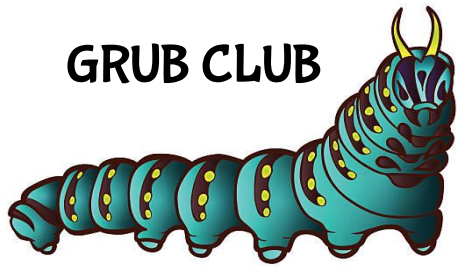
Sausage Sizzles: – The next sausage sizzle is schedule for Sat. August the 24th. and volunteers will be called for at this month's morning tea. The next two sausage sizzles following this will be held on Sunday the 29th. Sep. and the Sunday the 20th. Oct.

Workshop: The last lot of bat boxes have been completed and will be picked up on Friday. Two new saw blades have been purchased ready to be fitted. The Hervey Bay shop that is selling the lathe items from the workshop has sold \$40 worth in the last couple of weeks. Frank reported that the group have had a Macadamia tree donated by a property at Kin Kin and is asking for volunteers to go and assist with cutting them up and carting them back to the workshop. Les Ison and Darryl England have volunteered to take their trailers down to help cart it back. Any other volunteers to assist would be most appreciated. Frank also reported that \$206 worth of tins from the centre had been recycled recently as well as another \$139 worth that Henry Jackson has collected so many thanks to Henry.

Walking Group: Tomorrow's walk commences at 7:00 a.m. and will be the town walk which takes in a steady stroll around Queen's Park and surrounds followed by a breakfast at the Parkside café on completion about 8:00 for a 9:00 finish.

Fishing Group: Ian Goodall reported that the fishing trip out of Burnett Heads early in July was very successful with plenty of fish being caught by the six members who went on the trip. It was a little rough at times, but all survived. There are no further trips planned for the near future.

GRUB CLUB



Due to a senior’s moment, something that seems to be happening more often than I am prepared to admit, I forgot to put in a report last month. Unfortunately, not too many noticed this. So this month I will try to make amends. Here goes.

Hello Grub Clubbers, here is the news for June, July and August. The Grub Club is on the move. This month – two new venues in the last 3 weeks. First was Pearl Bay Indian Café – What a great addition, great food but only eight Grub Clubbers. But looking forward to the next time. This week 6 of us, including a recent recruit “Tall” Paul ventured all the way to Toogoom to dine at Goodies, not real cheap but great value for money. So as Gen. McArthur said “We will return”. Let us hope it won’t take 3 years. Next week will be at Picnic in the Park. After that who knows. Perhaps “The Restaurant at the end of the Universe”.

JBL

“Just for You”

Never marry a tennis player, to them love means nothing.

THE BUS TRIP:

List of Bus Trips 2024 following input from members

September	Bundaberg Botanical Gardens
October	Pomona Pub: Botanic Gardens
November	Cooloola Country Club
December	Gympie

OUTREACH

What is outreach?

OMU Outreach is the activity of providing visitations to senior men on the Fraser Coast that might not otherwise have access to this service. A key component of outreach is that OMU is not stationary, but mobile; in other words, we involve meeting someone in need of an outreach service at the location where they are (home, aged care, or hospital). Compared with traditional service providers, outreach services are provided closer to where people may reside, efforts are voluntary, and have fewer, if any, enforceable obligations. In addition to delivering visitations, outreach has an educational role, raising the awareness of other services (Meals on Wheels, 60 and Better for example) Outreach is often meant to fill in the gap where families / friends live away



and are not available to visit. OMU was originally created to assist these socially isolated senior men. Unfortunately, when COVID19 reared its ugly head OMU had to cancel this very important service that we provided. Now things are more settle and it is about time that OMU and its members got back on track and commenced the very valuable support to the community. As I said earlier the real reason why OMU was set up in the beginning. **PLEASE** talk to others who are doing this already and find out about what they are getting from this – I know you will be pleasantly surprised. All we ask is that you think about helping others because one day you may require a visit from a friendly face to enhance your life.

Please talk to David or email – manager@omu.org.au or Phone 0741 289001. THANK YOU

OUTREACH DAYS

LOOKING FOR MORE VOLUNTEERS TO HELP OUT WITH WHAT WE ARE ALL ABOUT – THANKS

KIRAMI	Last Wednesday in the month
MASTERS LODGE	1 st Tuesday in the month
OZCARE	3 rd Thursday in the month
PARKLANDS	1 st & 3 rd Monday of the month
TORBAY	Every Tuesday morning
ESTIA	1 st Friday in the month



WALKING GROUP



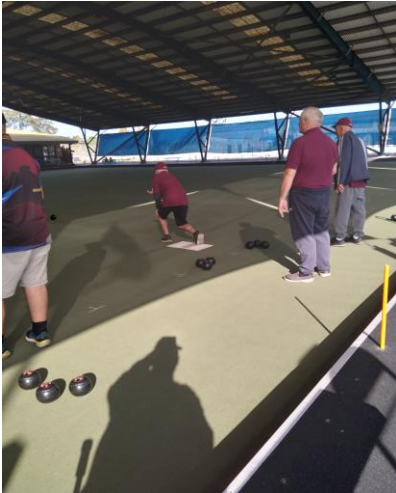
8th August, 2024

A hardy group of 12 walkers set off from the Wellness Centre, Botanical Gardens at 8.00 am and headed off towards the Urangan Bowling Club. The walkers split into two groups with the Hares heading off and the Tortoises following at a slower, more leisurely pace, who took a short cut to catch up with the leaders just before the bowling club. Nine walkers proceeded to bowl and the remainder (citing medical conditions / complaints) choose to be observers. We split into 3 teams, 3 to a team and 2 teams decided to keep score. It was nearest to the jack stuff, and though only the second try out for most, there was a noticeable improvement amongst all players. Most were now able to keep their bowls in the right lane and a lot less landed in the gutter. Most times the correct bias was observed much to the relief of our instructor Patrick. All too soon it was time to put away the bowls and continue the walk. We met up again at Pie & Pastry Paradise for coffee and drinks and compared notes. Some of the stories would put fishing yarns to shame, luckily no video evidence was on hand to dispel said untruths!



15th August, 2024

On a fresh and foggy morning, 12 walkers met to challenge the wilds of Dundowran, leaving from the Garden's Café. As usual the hares set off to do the longer walk down to the Dundowran Beach and the tortoises the shorter (less scenic) route.



15th August, 2024 (Cont)

After exciting the neighbouring dogs to give us a rousing welcome, we took off in great spirits and enjoyed comparing various properties along the route as we made our way along wooded paths and muddied lane ways. All too soon we headed back to the Café and enjoyed the welcome “hot” refreshments provided by the friendly café staff. No native flora or fauna were injured in this joint undertaking. A very enjoyable talk fest then took place amongst all the walkers who have bonded into a really good team. New walkers are encouraged to come and join us.

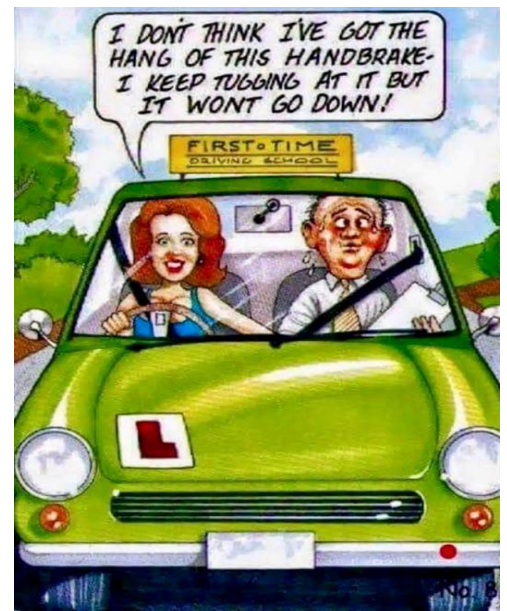
September 5th – 8.00 am Nikenbah Rail Trail (Meet at Depot Café Nikenbah)
12th – 8.00 am Truro Walk (Meet at Mini Golf Course Truro Street Torquay)
19th – 8.00 am Arkara Gardens (Meet at Arkara Gardens Café Dundowran)
26th – 8.00 am Urangan Pier (Meet at Boy Statue, Pier Urangan)

NEW MEMBERS: AUGUST 2024

Terry Keane Malcolm Howard John Cheesman

BIRTHDAY BOYS: JULY 2024

Gerald Wyatt Bob Elgar Peter Worland
David Walladge Tony Van Eynde Rod Scherwin
Ian Goodall Dazza Kent David Simpson
Paul Gray George Franklin David Delahaye
Rex van Heythuysen Doug Wellard
Geoff Hoare



MEN'S HEALTH

Urinary incontinence

Overview

Urinary incontinence – the loss of bladder control – is a common and often embarrassing problem. The severity ranges from occasionally leaking urine when you cough or sneeze to having an urge to urinate that is so sudden and strong you do not get to a toilet in time.

Though it occurs more often as people get older, urinary incontinence is not an inevitable consequence of aging. If urinary incontinence affects your daily activities, do not hesitate to see your doctor. For most people, simple lifestyle and dietary changes or medical care can treat symptoms of urinary incontinence.

Symptoms

Many people experience occasional, minor leaks of urine. Others may lose small to moderate amounts of urine more frequently.

Types of urinary incontinence include:

- **Stress incontinence.** Urine leaks when you exert pressure on your bladder by coughing, sneezing, laughing, exercising, or lifting something heavy.
- **Urge incontinence.** You have a sudden, intense urge to urinate followed by an involuntary loss of urine. You may need to urinate often, including throughout the night. Urge incontinence may be caused by a minor condition, such as infection, or a more severe condition such as a neurological disorder or diabetes.
- **Overflow incontinence.** You experience frequent or constant dribbling of urine due to a bladder that does not empty completely.
- **Functional incontinence.** A physical or mental impairment keeps you from making it to the toilet in time. For example, if you have severe arthritis, you may not be able to unbutton your pants quickly enough.
- **Mixed incontinence.** You experience more than one type of urinary incontinence — most often this refers to a combination of stress incontinence and urge incontinence.

When to see a doctor

You may feel uncomfortable discussing incontinence with your doctor. But if incontinence is frequent or is affecting your quality of life, it is important to seek medical advice because urinary incontinence may:

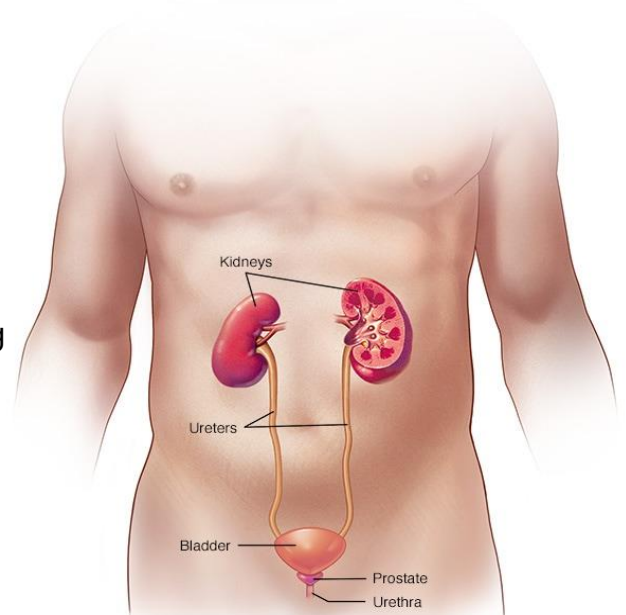
- Cause you to restrict your activities and limit your social interactions
- Negatively impact your quality of life
- Increase the risk of falls in older adults as they rush to the toilet
- Indicate a more serious underlying condition

Urinary incontinence can be caused by everyday habits, underlying medical conditions or physical problems. A thorough evaluation by your doctor can help determine what is behind your incontinence.

Temporary urinary incontinence

Certain drinks, foods and medications may act as diuretics — stimulating your bladder and increasing your volume of urine. They include:

- Alcohol
- Caffeine
- Carbonated drinks and sparkling water
- Artificial sweeteners
- Chocolate
- Chili peppers
- Foods that are high in spice, sugar or acid, especially citrus fruits
- Heart and blood pressure medications, sedatives, and muscle relaxants
- Large doses of vitamin C



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Urinary incontinence may also be caused by an easily treatable medical condition, such as:

- **Urinary tract infection.** Infections can irritate your bladder, causing you to have strong urges to urinate and, sometimes, incontinence.
- **Constipation.** The rectum is located near the bladder and shares many of the same nerves. Hard, compacted stool in your rectum causes these nerves to be overactive and increase urinary frequency.

Persistent urinary incontinence

Urinary incontinence can also be a persistent condition caused by underlying physical problems or changes, including:

- **Changes with age.** Aging of the bladder muscle can decrease the bladder's capacity to store urine. Also, involuntary bladder contractions become more frequent as you get older.
- **Menopause.** After menopause, women produce less estrogen, a hormone that helps keep the lining of the bladder and urethra healthy. Deterioration of these tissues can aggravate incontinence.
- **Enlarged prostate.** Especially in older men, incontinence often stems from enlargement of the prostate gland, a condition known as benign prostatic hyperplasia.
- **Prostate cancer.** In men, stress incontinence or urge incontinence can be associated with untreated prostate cancer. But more often, incontinence is a side effect of treatments for prostate cancer.
- **Obstruction.** A tumour anywhere along your urinary tract can block the normal flow of urine, leading to overflow incontinence. Urinary stones — hard, stonelike masses that form in the bladder — sometimes cause urine leakage.
- **Neurological disorders.** Multiple sclerosis, Parkinson's disease, a stroke, a brain tumour or a spinal injury can interfere with nerve signals involved in bladder control, causing urinary incontinence.

Risk factors

Factors that increase your risk of developing urinary incontinence include:

- **Gender.** Women are more likely to have stress incontinence. Pregnancy, childbirth, menopause and normal female anatomy account for this difference. However, men who have prostate gland problems are at increased risk of urge and overflow incontinence.
- **Age.** As you get older, the muscles in your bladder and urethra lose some of their strength. Changes with age reduce how much your bladder can hold and increase the chances of involuntary urine release.
- **Being overweight.** Extra weight increases pressure on your bladder and surrounding muscles, which weakens them and allows urine to leak out when you cough or sneeze.
- **Smoking.** Tobacco use may increase your risk of urinary incontinence.
- **Family history.** If a close family member has urinary incontinence, especially urge incontinence, your risk of developing the condition is higher.
- **Some diseases.** Neurological disease or diabetes may increase your risk of incontinence.

Complications

Complications of chronic urinary incontinence include:

- **Skin problems.** Rashes, skin infections and sores can develop from constantly wet skin.
- **Urinary tract infections.** Incontinence increases your risk of repeated urinary tract infections.
- **Impacts on your personal life.** Urinary incontinence can affect your social, work and personal relationships.

Prevention

Urinary incontinence isn't always preventable. However, to help decrease your risk:

- Maintain a healthy weight
- Practice pelvic floor exercises
- Avoid bladder irritants, such as caffeine, alcohol and acidic foods
- Eat more fiber, which can prevent constipation, a cause of urinary incontinence
- Don't smoke, or seek help to quit if you're a smoker

Treatment options for men with urinary leakage

Urinary incontinence is a common and often embarrassing condition that results in the unintentional loss of urine. While women are more likely than men to experience symptoms of urinary incontinence, it can be particularly troublesome for men.

About 3% to 10% of men will experience symptoms in their lifetimes and report a high level of associated stress due to the condition. Some men say they would rather be impotent than incontinent.

Gender differences

Both genders can have urinary incontinence, but their experiences may differ. Often, people have similar symptoms, such as increased frequency and urgency. However, waking up in the night to urinate — called nocturia — is more common in men.

Men are more likely to have urge incontinence than stress incontinence. This occurs when there is a compelling and sudden urge to void that cannot be delayed or postponed and results in urine leakage. About 80% of men with urinary incontinence experience urge incontinence, compared to 31% of women.

Stress incontinence is more common in women, with about 48% of all instances. It accounts for only about 10% of instances in men. It is possible to have urge and stress incontinence simultaneously.

Urge incontinence imposes restrictions on a person's lifestyle, with many people practicing toilet mapping strategies and limiting social gatherings because they are afraid of being embarrassed in public.

Structural changes in the pelvic floor area can cause urinary incontinence. For men, the most common change is an enlarged prostate — called benign prostatic hyperplasia. As the prostate grows, it can cause frequent or urgent need to urinate, nocturia and many other symptoms. Furthermore, surgery on the prostate can lead to damage of the sphincter muscle, which can lead to stress urinary incontinence.

Finally, urinary incontinence symptoms are more likely to be overlooked in men. This could be because it's less common because of embarrassment to discuss it or other factors.

Treatment options for men

The good news is that urge and stress urinary incontinence can be treated. A combination of treatments may be needed. Usually, the health care team recommends less-invasive treatments to start with and move on to other options if these techniques fail to help the person.

Treatment options include:

- **Behavioural techniques**

Lifestyle changes can improve in urinary incontinence symptoms in some people. This could include bladder training, double voiding and scheduled toilet trips. The health care team may recommend reducing or avoiding alcohol, caffeine or acidic foods that stimulate the bladder.

- **Pelvic floor muscle exercises**

These exercises are not just for women. These exercises strengthen the muscles that control urination and support the bladder and penis.

- **Medications**

Alpha blocker medications can relax bladder neck muscles and muscle fibers in the prostate and make it easier to empty the bladder. Mirabegron is another medication used to relax the bladder muscle and increase the amount of urine the bladder can hold.

- **Benign prostatic hyperplasia treatments**

Several effective treatments for prostate gland enlargement are available, including medications, minimally invasive therapies and surgery. The health care team will recommend the best approach based on a person's symptoms, size of the prostate, preferences and other health conditions.

- **Slings or artificial urinary sphincter**

Men with stress urinary incontinence may benefit from a surgery to prevent unintentional urinary leakage. Your health care team will determine if you are a good candidate for this type of surgery based on history and physical exam.

Some men feel embarrassed about their bladder control problems. They may try to cope on their own by wearing absorbent pads, carrying extra clothes or not going out. But effective treatments are available for urinary incontinence. It's important to talk with your health care team about treatment to regain an active and confident life.

Fraser Coast Hospice

OMU donated \$20,000.00 to the Fraser Coast Hospice. Several of the committee members visited the Hospice for a tour and morning tea in recent weeks. Opened in October 2021, Fraser Coast Hospice has cared for more than 500 terminally ill people in just under 3 years of operation. The facility has 6 inpatient palliative care beds available and supports people and their families within the last days and weeks of their life.

At a cost of over \$2 million each year, the facility needs to raise over \$725,000 through community and business donations. "The funds will contribute to our operational costs, providing fee-free palliative care for terminally ill people in our community"



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**VOLUNTEERS TO ASSIST MEALS ON WHEELS
MORE INFORMATION PLEASE CONTACT:**

MARIA – 4128 1334

OR EMAIL manager@mowfc.org.au

KEEP THESE HANDY NUMBERS

- ADA Australia 1800 700 600
- Aged Care Quality and Safety Commission 1800 951 822
- My Aged Care 1800 200 422
- National Dementia Helpline 1800 100 500
- National Seniors Australia 1300 765 050
- Seniors Enquiry Line 1300 135 500
- QLD Health 13432584

**IS IT TIME TO CALL A MATE?
DON'T FORGET YOUR MATES!
ARE THEY GOING, OKAY?
IT DOESN'T TAKE MUCH!**

DID YOU KNOW THAT THERE ARE 168 HOURS IN A WEEK AND IF YOU GAVE 1 HOUR A WEEK TO TALKING TO YOUR MATES THEN YOU WOULD STILL HAVE 167 HOURS TO DO WHAT YOU WANT TO DO.

It could save a life?

THANK YOU – Local businesses that support OMU. Without this support OMU would not be able to provide the level of support that we now do. This is a way that communities survive and prosper by all of us supporting each other. OMU sincerely appreciates your enthusiasm and commitment with the support you provide.



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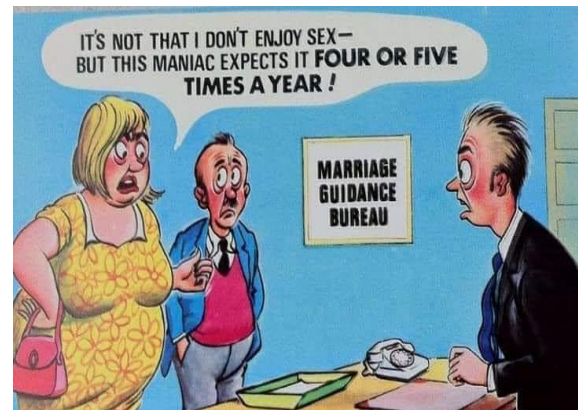


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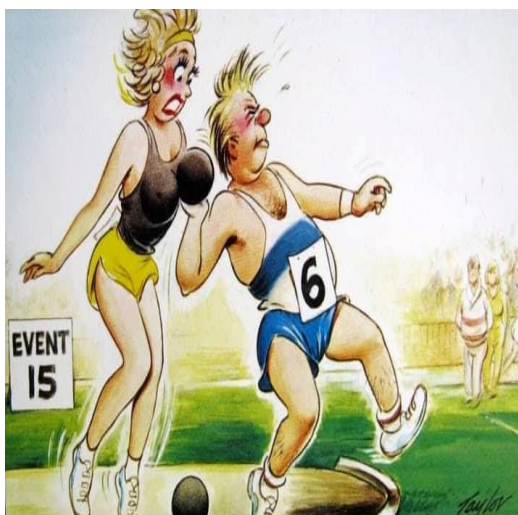
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THINGS YOU'LL NEVER HEAR A MAN SAY.....

1. Does this fishing outfit make my bum look big?
2. Do you think he is prettier than me?
3. My wife never listens to me
4. I'll have the light vinaigrette salad and a diet soft drink
5. Why don't we go to the men's room and freshen up?
6. No, I didn't see the game last night. I was watching Home and Away.
7. Looks like it is time to buy new underwear.
8. Okay, who left the toilet seat up?
9. I HAVE MY FATHER'S THIGHS!
10. The dog???? No, that was ME



IF WE WATCHED COOKING SHOWS THE WAY GUYS WATCH SPORTS



Want to read this Newsletter in brilliant colour? You can you know – receive it by email or go to our web site www.omu.org.au, if you want it emailed, please let David know what your email is and you will receive it in glorious colour. “Too easy”.
David’s email: manager@omu.org.au

FIND A WORD

Gas up your BBQ – (24 words to find)

All words are some type of meat

Also there is a fruit in amongst them all



R	E	D	L	U	O	H	S	E	G	A	S	U	A	S
R	E	D	I	S	P	O	T	I	N	H	C	S	B	A
V	E	A	S	L	L	A	B	T	A	E	M	M	L	E
T	A	E	T	T	K	S	T	I	E	L	A	L	I	F
R	T	A	E	M	I	E	B	A	L	L	G	U	I	K
I	L	A	M	R	E	I	B	A	L	E	L	B	C	I
K	B	R	L	T	K	C		A	N	L	O	I	I	S
S	K	O	N	S	E	C	N	I	B	A	T	L	F	N
P	I	I	L	L	A	L	M	I	B	S	N	R	S	E
N	O	A	I	K	A	E	T	S	M	H	E	A	T	L
J	E	R	R	E	N	T	E	U	I	H	C	S	B	O
V	A	O	K	I	O	E	R	L	C	T	I	O	K	S
G	H	K	O	A	R	D	A	T	H	K	N	A	H	S
E	C	U	A	S	P	Y	U	E	O	U	I	A	D	I
E	A	N	O	C	A	B	M	T	P	E	T	I	M	R

24 Words – all to do with meat

- | | | | | | |
|----------|---------|---------|----------|-----------|-----------|
| APRON | BACON | BUTCHER | CHOP | CUTLET | DRUMSTICK |
| FILLET | JOINT | KEBABS | LAMB | MEATBALLS | MINCE |
| PORK | RISSOLE | SAUCE | SAUSAGES | SCHNITZEL | SHANK |
| SHOULDER | SIRLOIN | SKIRT | STEAK | TOPSIDE | VEAL |

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