



June 2016

On The Beat

Incorporated
1985



www.hearttoheartalberta.com

This newsletter is published three times a year by the Heart to Heart Support Society and is designed to help provide support, encouragement and comradeship to individuals, their partners, family and friends. It is a non-profit organization incorporated under The Societies Act of the Province of Alberta.

Meetings are held on the third Wednesday of each month, (except for June, July & Aug), in the RCL Centennial Legion. Location: 9202 Horton RD SW. Luncheon meetings at 11:30am. Membership is open to anyone who is interested in cardiovascular disease.

Sorry we missed you! If you would like more information about our support group, contact:

Volunteer:

Phone #: ()

Announcement

June 15

Spring wind-up luncheon at the Centennial Legion 11:30am.
Great food and entertainment. Come and join us!

Sept. 21

Start of our regular 2016/2017 monthly meetings again.
Guest speakers to be announced.



Heart to Heart

Officers, Directors & Appointees 2016

President _____	Elvin Dorscher -----	403-239-4850
Vice President _____	(vacant)	xxx-xxx-xxxx
Past President _____	Tony Schlee-----	403-241-5119
Treasurer _____	Jim Dugan	403-208-8285
Secretary _____	Helen Foster -----	403-281-6595
Membership _____	Bernie Nemeth	403-289-7479
Casino Coordinator _____	Bill Andrietz -----	403-503-0888
Phone Committee _____	Doreen Farnum	403-249-5770
Guest Speakers _____	(vacant) -----	xxx-xxx-xxxx
Woman to Woman _____	Iesha Scho	403-800-8292
Phoenix Club _____	Tony Schlee-----	403-241-5119
Social Convenor _____	Mary Figley	403-243-1882
Newsletter Editor _____	(vacant) -----	xxx-xxx-xxxx
<u>Visitations at Calgary hospitals</u>		
Rocky View & South Health ___	Jean-Paul Maillot -----	403-278-6087
Peter Lougheed _____	Glen Clark	403-226-4027
Foothills _____	(vacant) -----	xxx-xxx-xxxx
TCRRR* Liaison _____	Amanda McBride	403-781-4728
Joys & Concerns _____	Colleen Dorscher -----	403-239-4850

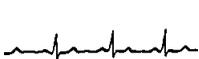
* Total Cardiology Rehabilitation and Risk Reduction

www.hearttoheartalberta.com

Serving the needs of cardiovascular patients and their families

AIMS & OBJECTIVES

- To offer encouragement and support to individuals with heart disease
 - To assist their partners, families and friends
 - To educate the public to the risks of heart disease
- To visit with patients while in hospital and after discharge to help them and their families cope with lifestyle changes



MESSAGE FROM THE PRESIDENT –

Spring has arrived, even though it, with the warm winter we had this year, was a little hard to tell when winter ended and spring began. It is great though, to see the flowers and greenery putting on such a colorful show again. This will for sure help to lift ones spirits up and give us a desire to get out and about.

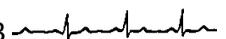
Hopefully everyone will get the opportunity to not only get out and work outside but to walk, cycle, golf or however one wishes to enjoy this beautiful weather. Maybe even have a BBQ or two while enjoying the summer!

This is our last newsletter before the fall, so I wish all of you a happy, pleasant and most of all a healthy and safe summer.

Cheers,

Elvin Dorscher

President



Shocking Results: AED's Change Outcomes

2 part series, 1st part in Feb. 2016 edition

Author: Jon Caswell - AHA - Heart Insight 2015

How AEDs work

An AED, automated external defibrillator, system consists of an AED device, battery, pad electrode, and if applicable, an adapter. They are very accurate and easy to use. With a few hours of training, anyone can learn to operate an AED safely. But training is not necessary; AEDs are intended for use by the general public. Modern AEDs use voice prompts, lights and text messages to guide the user through the process.

A built-in computer checks a victim's heart rhythm through adhesive electrodes. The computer calculates whether defibrillation (a shock) is needed. If it is, a recorded voice tells the rescuer to press the shock button on the AED. This shock momentarily stuns the heart and stops all activity. It gives the heart the chance to resume beating effectively.

Hands-Only CPR

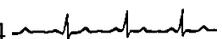
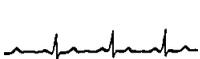
Though AEDs are becoming more readily available, there isn't always one around. Even when they're not, CPR can be lifesaving. Most people who experience cardiac arrest at home, work or in a public location die because they don't receive immediate CPR from someone on the scene. As a bystander, don't be afraid.

CPR involves two steps:

1) Activate the emergency response system by dialling 911: When calling 911, you will be asked for your location. Be specific, especially if you're calling from a mobile phone as that is not associated with a fixed address. Answering their questions will not delay the arrival of help.

2) Push hard, push fast: Compress at a rate of 100 to 120 per minute. The beat of the classic disco song "Stayin' Alive" is a good indicator of the correct compression rate you should be performing.

CPR CAN MORE THAN DOUBLE A PERSON'S CHANCES OF SURVIVAL



Recognizing and responding to sudden cardiac arrest

Symptoms of SCA can include a loss of responsiveness, irregular or absent pulse and no normal breathing when the head is tilted up. It is a leading cause of death in the United States. But when ordinary laypeople, excluding healthcare providers, are equipped with the skills to perform CPR and use AEDs, the survival rate can double - or even triple. Increasing the number of people trained in CPR and AED usage, establishing medical emergency response plans in schools and expanding access to AEDs are all critically important ways that we can increase SCA survival rates.

It is critical to apply an AED to the patient within the first three minutes of cardiac arrest. After approximately three to five minutes without a pulse, irreversible brain damage may begin to occur. For every minute that passes without CPR and defibrillation, the chances of survival decrease by 7% - 10%.

If an AED is not available, CPR should be performed while another person calls emergency services and attempts to locate an AED. AEDs are common in public places like airports, community centers, schools, government buildings and other public locations.

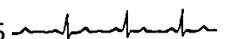
According to guidelines from the American Heart Association, all emergency personnel should be trained and allowed to use a properly maintained defibrillator. To make quick defibrillation possible, a defibrillator must be immediately available to EMTs responding to a cardiac arrest. All ambulances and other emergency vehicles that respond to or transport heart patients should have a defibrillator.

Make it a point to learn where the closest AED is in your workplace and places you frequent, such as the gym. Someday someone's life may depend on it.

Precautions for AED use

- * Before applying an AED, make sure that neither the AED user nor the patient is in or near water. If the patient's chest is wet, it should be dried off.
- * All metal, including necklaces and underwire bras, should be removed from the patient to prevent electrical burns.
- * It is important for there to be good contact between the patient's skin and pads. If the patient has chest hair that prevents the pads from adhering, it should be shaved off. Most AED kits include a razor.
- * No one should touch the patient when the AED is in use - the electrical current of another body may interrupt the machine. While the AED is delivering a shock, make sure no one is touching either the patient or the device to avoid an accidental shock to the rescuer.
- * These guidelines are outlined in the instructions on most AEDs, and by following those instructions and taking the necessary precautions, an AED can be easily and successfully used by anyone to treat patients of cardiac arrest.

- Jon Caswell



Classic Margherita Pizza with Whole Wheat Pizza Crust

This Italian simple cooking with Heart recipe is sure to become a family favorite!

Homemade Pizza Crust

2 ½ + ¼ cup all-purpose flour, divided use
1 ½ cup warm water
1 cup whole-wheat flour
1 tbsp. extra virgin olive or vegetable or canola oil
1 tbsp. fresh, finely chopped rosemary **OR**
2 tsp. dried rosemary
2 ¼ tsp. dry yeast | 4 tsp. minced garlic
¼ tsp. sugar | ¼ tsp. salt
Non-stick cooking spray



Pizza Sauce

8 oz. canned, no salt added tomato sauce
½ small fresh, chopped onion (about ¼ cup)
1 clove fresh garlic, minced **OR**
1 tsp. jarred minced garlic
2 tbsp. fresh basil, chopped, fresh **OR**
2 tsp. dried basil
1 tsp. extra virgin olive oil
1/8 – 1/4 tsp. crushed red pepper

Toppings– 12” whole wheat pizza crust

1 ½ cup diced, fresh tomatoes **OR**
8 oz. canned, no-salt-added, diced tomatoes, drained
¾ cup low-moisture, part-skim mozzarella cheese, shredded
¼ cup low-fat, part-skim ricotta cheese
2 tbsp. fresh basil, coarsely chopped **OR**
torn into pieces
1 tsp. dried basil

Preparation: (8 servings)

Pizza Sauce

- 1) In a small saucepan, over medium heat, cook garlic and onion in olive oil until soft, but not brown.
- 2) Add remaining sauce ingredients, reduce heat and simmer for about 15 minutes.

DID YOU KNOW...

The First-Ever Pizza

The modern pizza, as we know it, originated in Naples, Italy, back in the 1700's when cash-strapped peasants topped flat focaccia bread with fresh tomatoes.

In 2001, Pizza Hut delivered the first pizza to outer space. A 6” salami pizza was delivered to the International Space Station.



Homemade Pizza Crust

- 1) When measuring flour, lightly spoon flour into measuring cups and level off using a knife. Add both types of flour, oil and salt to yeast mixture. Stir with spatula or wooden spoon until all ingredients are mixed well.
- 2) On a well-floured surface (use all-purpose flour), turn dough out and knead with hands until dough is smooth and elastic, about 10 minutes. While you are kneading the dough add additional flour, 1 tablespoon, at a time, so the dough is more manageable. Dough should feel slightly sticky and tacky.
- 3) Place dough in a large bowl that is coated well with cooking spray. Sprinkle rosemary and garlic over dough and knead lightly one more time, until slightly incorporated into dough. Spray once more over dough ball and cover. Let dough rise in a warm place (85° F), like a cupboard or pantry for about 45 minutes. Dough is ready when it has doubled in size and when you place two fingers into dough, the indentation remains. When it is ready, punch dough by inserting fist into dough ball and releasing some of the air.
- 4) Cover and let rest another 5 minutes. Divide dough ball in half.
- 5) On a floured surface roll one half into a 12" circle. Top with ingredients and bake!

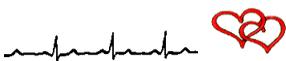
Build Pizza and Toppings

Preheat oven to 450° F.

- 1) Carefully transfer pizza dough (homemade or store bought) onto a baking sheet lined with foil and sprayed with cooking spray. Layer dough or crust with pizza sauce, cheese, tomatoes and basil.
- 2) Bake 10-20 minutes. Pizza is ready when crust is golden brown and cheese is bubbly. Cooking time will be slightly longer with raw, homemade dough. Watch closely!
- 3) Let stand 2 minutes, ENJOY!

Per Serving (store crust): 153 Calories, 5.5g total fat (2.5g sat. fat, 1.5g mono. fat), 21g carbohydrates (4g dietary fiber), 8g Protein, 9mg Cholesterol, 258mg Sodium, 4g total sugar

Per Serving (homemade crust): 170 Calories, 4.5g total fat (2g sat. fat, 1.5g mono. fat), 25g carbohydrates (2g dietary fiber), 8g Protein, 9mg Cholesterol, 123mg Sodium, 3g total sugar



All About Arugula

NOT ONLY WILL THIS LEAFY GREEN STUFF SPICE UP YOUR LOVE LIFE, BUT IT WILL IMPROVE YOUR DIET AND PREVENT DISEASE

ARUGULA FOR YOUR SALADS, HEALTH & LOVE LIFE
Arugula, also known as the aphrodisiac plant, will add enrichment and excitement to your daily routine.



Arugula Health Benefits:

Protects the Brain: It is high in most B vitamins and contains very high amounts of folate. In high-functioning older adults, low levels of folate have been shown to be a risk factor for cognitive decline.

Helps Fight Cancer: Arugula is one of the brassica family vegetables along with broccoli, cauliflower and cabbages which are rich in glucosinolates. Studies show these may reduce the risk of developing lung, prostate, breast, and pancreatic cancer.

Healthy Bones: Vitamin K is needed for bone health and is needed for the absorption of calcium into the bones and teeth. Half cup of arugula contains 10.9 micrograms of vitamin K. Three cups of arugula daily will supply you with 100% of your body's need of vitamin K.

Reduces Inflammation: It contains indole-3 carbinol and isothiocyanates which have been shown to suppress inflammation.

Supplies Hydration: Arugula is 90% water making it a great summer food.

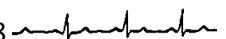
Cleanses the Body: High in fiber it helps clean out the colon promoting healthy bowel movements. The phytochemicals, antioxidants and essential minerals found in arugula help clean out toxins in the body.

Prevents Damage: prevents liver and DNA damage as it is rich in chlorophyll full of aflatoxins.

It's an Aphrodisiac: The trace minerals and antioxidants in dark, leafy green are essential for sexual health, according to research. One study found that arugula leaf extracts boosted testosterone levels and sperm activity in mice.

Please Note: Arugula is relatively lower in oxalate content than that in spinach, purslane, mustard greens, celery, etc. The greens can be safely used during pregnancy and lactation.

By: Dianna Herrington



Easy Arugula Salad

It looks very presentable for guests and takes only minutes!

4 cups young arugula leaves, rinsed and dried	2 tbsp. grape seed oil or olive oil
1 large avocado - peeled, pitted & sliced	1 tbsp. rice vinegar
1 cup cherry tomatoes, halved	1/4 grated Parmesan cheese
1/4 cup pine nuts	Freshly ground black pepper to taste
	Salt to taste

Directions: (prep time - 15 min | serves 4)

In a large plastic bowl with a lid, combine arugula, cherry tomatoes, pine nuts, oil, vinegar, and parmesan cheese. Season with salt and pepper to taste. Cover, and shake to mix. Divide salad onto plates, and top with slices of avocado.

Per Serving: 257 Calories, 23.2g total fat (3.7g sat. fat), 10g total carbs (5.9g dietary fiber), 6.2g Protein, 4mg Cholesterol, 381mg Sodium, 101mg calcium.

Questions asked by Banff Park *Tourists*

(These are all True, heard at the information kiosks by Parks Canada staff)

How do the elk know they're supposed to cross at the "Elk Crossing" signs?



Are the bears with collars tame?

Are there birds in Canada?

Do you have a map of the State of Jasper?

When we enter B.C. do we have to convert our money to British pounds?

Do they search you at the B.C. border?

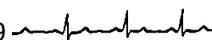
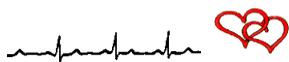
I saw an animal on the way to Banff today - could you tell me what it was?

Is that two kilometres by foot or by car?

Tourist: "How do you get your lakes so blue?"

Park Staff: "We take the water out in the winter and paint the bottom."

Tourist: "Oh!"



Goat Cheese and Arugula over Penne

This is a quick, easy, and elegant dish. Serve as a main course or as a side.

8 ounces penne pasta	2 tsp minced garlic
5 1/2 ounces goat cheese	1/2 tsp ground black pepper
2 cups coarsely chopped arugula, incld. stems	1/2 tsp salt
1 cup quartered cherry tomatoes	1/4 cup olive oil

Directions: (total time - 25 min | serves 6)

Cook pasta in a large pot of boiling salted water until al dente.

Crumble goat cheese into a large serving bowl. Add arugula, cherry tomatoes, olive oil, garlic, and salt and pepper.

Drain pasta, and toss with goat cheese mixture.

Per Serving: 317 Calories, 17.8g total fat (6.8g sat. fat), 29.7g total carbs (1.7g dietary fiber), 11g Protein, 21mg Cholesterol, 334mg Sodium, 100mg calcium.

Glorious insults from an era “before” the English language
got boiled down to 4-letter words:

*"I have never killed a man, but I have read many obituaries
with great pleasure."*

-Clarence Darrow

*"Thank you for sending me a copy of your book; I'll waste no
time reading it."*

-Moses Hadas

"I feel so miserable without you; it's almost like having you here."

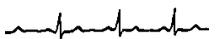
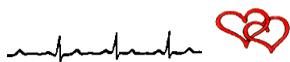
-Stephen Bishop

"I've had a perfectly wonderful evening. But I'm afraid this wasn't it."

-Groucho Marx

"He loves nature in spite of what it did to him."

-Forrest Tucker



Two Special Support Groups

Woman to Woman

This is a special interest group addressing the specific concerns of women with heart disease. An active lifestyle is also part of their emphasis. This group is organized and operates under the parent society in consort with the Canadian Council of Cardiovascular Nurses.

Meetings are held on the first Tuesday of each month, 4:00PM

www.womenscardiacsupport.org

For more information contact:
info.womantowoman@gmail.com

Phoenix Club

This is a special interest group for the younger men with heart disease who meet to discuss: career, family, exercise, lifestyle changes and contemporary issues in a supportive environment.

They meet once a month on the 2nd Wednesday at different locations

Please call:
Tony at (403) 241-5119

For location,
time and attendance confirmation,
and more information.

VISITOR VOLUNTEERS WANTED

We need volunteers to visit Cardiac patients at all of the four hospitals.

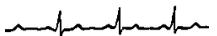
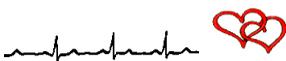
Rocky View & South Health – Please contact Jean-Paul Maillot at (403) 278-6087

Peter Lougheed hospital – Please contact Glen Clark at (403) 226-4027

Foothills hospital coordinator position is vacant.

Thank-you to all visitors in all four hospitals for your visitations.

Keep up the good work!



*Membership is open to
anyone interested in
cardiovascular disease*

BECOME A MEMBER

New Member ___ Renewal ___

Enclosed is a \$25.00 cheque payable to Heart to Heart Support Society, Box 5242, Stn. A, Calgary, AB, T2H 2K6. Please register me as a member.

Please print:

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____ - _____

Phone #: (____) _____ - _____

Email: _____

Signature: _____

www.hearttoheartalberta.com

Heart to Heart Chapters Established In Alberta Cities

To obtain more information or become a member, you may choose to contact the Regional Hospital or the Heart to Heart Contact Person in the particular city.

Drumheller:

President

Trevor Gough: (403) 820-1887

- NOTICE -

On the Beat offers information regarding the treatment therapies and help that is available to readers. We welcome and encourage your comments and suggestions.

All medical and therapeutic information contained in this newsletter is necessarily to your particular condition.

Consequently, we caution all readers that the information and advice in this newsletter (or in any publication) should be acted or relied upon only after consultation with your physician and health care professional.

