



February 2017

On The Beat

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 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

March 15: General Luncheon Meeting
Guest Speaker: Pam Murray from the AMA
Topic: Travel Health Insurance for Home and Aboard



Alberta Health Link new number: 811

Did you know?
Average wait time is: 1min 39sec

If you need health advice or information call
Health Link 24/7

Heart to Heart

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Social Convenor _____	Mary Figley	403-243-1882
Newsletter Editor _____	Tony Schlee -----	403-241-5119

Visitations @ Calgary Hospitals

Rocky View _____	Jean-Paul Maillot -----	403-278-6087
South Health _____	Jean-Paul Maillot	403-278-6087
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Foothills _____	Jean-Paul Maillot	403-278-6087
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* 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 –

Well folks, here we are, another new year. I hope that the last year was good to you and you all had a wonderful Christmas and New Year's Holiday Season! We never know what the new year will bring but hopefully it will bring us good health and happiness and a little more peace throughout this turbulent world. Our winter has been quite pleasant so far and hopefully the rest of it won't be overly severe! Hoping for just enough snow to make the skiers, snow boarders and farmers happy.

We had an enjoyable December Christmas luncheon again this year, which included a great turkey dinner served by the Centennial Legion. Singing and dancing music by the Timeless Reflections band, and of course what would Christmas be without a visit from Santa Claus (Glen). It was a very enjoyable afternoon thanks to our Social Convenor, Mary Figley, for organizing it.

Now that we are into February we can start thinking about spring, the green grass and flowers again! With those thoughts in mind it helps to shorten up the winter.

Elvin Dorscher
(403)239 4850



Blood tests for heart disease

Introduction

Your blood offers many clues about your heart health. For example, high levels of "bad" cholesterol in your blood can be a sign that you're at increased risk of having a heart attack. And other substances in your blood can help your doctor determine if you have heart failure or are at risk of developing plaque deposits in your arteries (atherosclerosis).

It's important to remember that one blood test alone doesn't determine your risk of heart disease. The most important risk factors for heart disease are smoking, high blood pressure, high cholesterol and diabetes.

Here's a look at some blood tests you may have to diagnosis and manage heart disease.

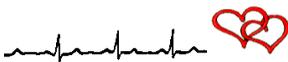
Cholesterol test

A cholesterol test, also called a lipid panel or lipid profile, measures the fats (lipids) in your blood. The measurements can indicate your risk of having a heart attack or other heart disease. The test typically includes measurements of:

- **Total cholesterol.** This is a sum of your blood's cholesterol content. A high level can put you at increased risk of heart disease. Ideally, your total cholesterol should be below 200 milligrams per deciliter (mg/dL) or 5.2 millimoles per liter (mmol/L).
- **Low-density lipoprotein (LDL) cholesterol.** This is sometimes called the "bad" cholesterol. Too much of it in your blood causes the accumulation of fatty deposits (plaques) in your arteries (atherosclerosis), which reduces blood flow. These plaque deposits sometimes rupture and lead to major heart and vascular problems.

Your LDL cholesterol level should be less than 130 mg/dL (3.4 mmol/L). Desirable levels are under 100 mg/dL (2.6 mmol/L), especially if you have diabetes or a history of heart attacks, heart stents, heart bypass surgery, or other heart or vascular conditions.

- **High-density lipoprotein (HDL) cholesterol.** This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, keeping arteries open and your blood flowing more freely. Ideally, your HDL cholesterol level should be over 40 mg/dL (1.0 mmol/L) for a man, and over 50 mg/dL (1.3 mmol/L) for a woman.



- **Triglycerides.** Triglycerides are another type of fat in the blood. High triglyceride levels usually mean you regularly eat more calories than you burn. High levels can increase your risk of heart disease. Ideally, your triglyceride level should be less than 150 mg/dL (1.7 mmol/L). The American Heart Association (AHA) states that a triglyceride level of 100 mg/dL (1.1 mmol/L) or lower is considered "optimal."
- **Non-HDL cholesterol.** Non-high density lipoprotein cholesterol is the difference between total cholesterol and high-density lipoprotein cholesterol (HDL-C). Non-HDL-C includes cholesterol in lipoprotein particles that are involved in hardening of the arteries (atherosclerosis). This includes low-density lipoprotein (LDL), lipoprotein (a), intermediate-density lipoprotein and very-low-density lipoprotein.
Non-HDL-C fraction may be a better marker of risk than LDL cholesterol.

High-sensitivity C-reactive protein

C-reactive protein (CRP) is a protein your liver produces as part of your body's response to injury or infection (inflammatory response).

CRP is a sign of inflammation somewhere in the body. However, high-sensitivity CRP (hs-CRP) tests can't pinpoint where in the body this may be happening or why it's happening. Inflammation plays a central role in the process of atherosclerosis, in which fatty deposits clog your arteries.

Measuring CRP alone won't tell your doctor your risk of heart disease. But factoring in hs-CRP test results with other blood test results and risk factors for heart disease helps create an overall picture of your heart health.

Because there's variability in CRP levels, the test should be done twice, two weeks apart. An hs-CRP level above 2.0 milligrams per liter indicates a higher risk of heart disease.

This test screening isn't currently recommended for people without symptoms or a known risk of heart disease.

Cholesterol-lowering statin medications may reduce CRP levels and decrease your heart disease risk.

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References available on request

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Blood tests for heart disease

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Lipoprotein (a)

Lipoprotein (a), or Lp(a), is a type of LDL cholesterol. Your Lp(a) level is determined by your genes and isn't generally affected by lifestyle.

High levels of Lp(a) may be a sign of increased risk of heart disease, though it's not clear how much risk. Your doctor might order an Lp(a) test if you already have atherosclerosis or heart disease but appear to have otherwise normal cholesterol levels.

Lp(a) is often tested if you have a family history of early-onset heart disease or sudden death.

Drugs are in development to lower Lp(a), but it isn't yet clear what effect lowering Lp(a) will have on heart disease risk. People with high Lp(a) are generally advised to keep a low LDL cholesterol level.

Plasma ceramides

This new test measures levels of ceramides in the blood. Ceramides are produced by all cells and play a significant role in the growth, function and ultimately death of many types of tissue. Ceramides are transported through the blood by lipoproteins and are associated with atherosclerosis.

Three specific ceramides have been linked to plaque buildup in the arteries and insulin resistance. Elevated levels of these ceramides in the blood indicates a higher risk of cardiovascular disease within one to five years.

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Baked Morning Oatmeal

1 cup skim milk	3 cups uncooked rolled oats
1/2 cup unsweetened applesauce	Egg substitute equal to 2 eggs, or 4 egg whites
1/3 cup brown sugar	2 teaspoons baking powder
1 tablespoon canola oil	1 teaspoon cinnamon

Directions (serves 8)

In a good-sized bowl, stir together oil, applesauce, sugar and eggs. Add dry ingredients and milk. Mix well.

Spray a 9-by-13 baking pan generously with cooking spray. Spoon oatmeal mixture into pan. Bake uncovered at 350 F for 30 minutes.

Per serving (~3/4 cup): 196 calories, 4g total fat (0.5g sat. fat, 0g trans fat, 2g mono-unsat. fat), 105mg sodium, 33g carbohydrate, 3g Dietary fibre, 7g protein, 0.5mg Cholesterol



Roasted tomato and cauliflower pasta bake



Pop the vegetables in the oven to roast while you cook the pasta, then stir it all together with zippy Asiago cheese and you've got a pasta dish that's sure to become a new favourite. Serve a leafy green salad on the side.

TIP: For more protein, serve with seared shrimp or scallops, broiled fish or chicken

8oz (250 g) whole wheat rotini / fusilli pasta	3 cups (750 mL) grape tomatoes
2 tbsp (25 mL) olive oil	2 tbsp (25 mL) red or white wine vinegar
1/2 tsp (2 mL) dried rosemary or basil	2 cloves garlic, minced
1/2 tsp (2 mL) pepper	1/4 tsp (1 mL) smoked paprika (optional)
4 cups (1 L) cauliflower florets (about 2/3 medium head)	1 cup (250 mL) shredded lower fat Asiago or Provolone cheese or 3/4 cup (175 mL) shredded regular Asiago or Provolone cheese

Directions: (Prep 20min / Cook 35min || serves 6)

- 1) Preheat oven to 425°F (220°C)
- 2) Place oil in a 13- by 9-inch (33 by 23 cm) glass baking dish. Heat in oven for 3 minutes or until oil is heated.
- 3) Add cauliflower, tomatoes, garlic, rosemary, salt, pepper, smoked paprika (if using) and vinegar to baking dish and toss to evenly coat. Roast in oven for about 25 minutes or until cauliflower is tender and browned and tomatoes have split, stirring once.
- 4) Meanwhile, cook pasta according to package directions, until a dente (tender but firm). Drain well, reserving 1/4 cup (50 mL) of the cooking water.
- 5) Stir pasta into vegetables in baking dish, mashing tomatoes slightly to release juice. Add reserved cooking water, a little at a time, to moisten pasta as desired. Stir in half of the cheese. Sprinkle remaining cheese on top and bake for about 5 minutes or until cheese is melted.

Per serving (1 of 6): 281 calories, 10g total fat (3g sat. fat, 12mg Cholesterol), 163mg sodium, 38g carbohydrate, 6g fibre, 13g protein, 5g sugars, 0g added sugars, 609mg potassium

www.heartandstroke.ca/get-healthy/recipes/meatless-main-dishes/roasted-tomato-and-cauliflower-pasta-bake

Natriuretic peptides

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Brain natriuretic peptide, also called B-type natriuretic peptide (BNP), is a protein that your heart and blood vessels produce. BNP helps your body eliminate fluids, relaxes blood vessels and funnels sodium into your urine.

When your heart is damaged, your body secretes high levels of BNP into your bloodstream to try to ease the strain on your heart. BNP levels may also rise if you have new or increasing chest pain (unstable angina) or after a heart attack.

Your BNP level can help in the diagnosis and evaluation of heart failure and other heart conditions. Normal levels vary according to age and gender and whether you are overweight. One of the most important uses of BNP is to try to sort out whether shortness of breath is due to heart failure.

For people who have heart failure, establishing a baseline BNP can be helpful and future tests can be used to help gauge how well your treatment works. A variation of BNP called N-terminal BNP also is useful in diagnosing heart failure and in some laboratories is used instead of BNP. N-terminal BNP may also be useful in evaluating your risk of a heart attack and other problems if you already have heart disease.

A high level of BNP alone isn't enough to diagnose a heart problem. Your doctor will also consider your risk factors and other blood test results.

- By Mayo Clinic Staff

<http://www.mayoclinic.org/diseases-conditions/heart-disease/in-depth/heart-disease/art-20049357>

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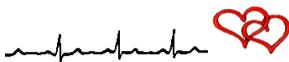
Call Damian, H2H member & supporter 403-617-2561

References available on request

Did you know ...

The same quantity of milk always contains the same vitamins and minerals?

Whether skim, 1, 2 or 3.25% fat, milk provides essentially the same amount of vitamins and minerals.



'Stress Ball' in Your Brain May Be Key to Heart Risks

New brain-scan study helps pinpoint a neurological link between anxiety, cardiovascular disease

By Robert Preidt

WEDNESDAY, Jan. 11, 2017 (HealthDay News) -- Doctors have long known that a stressed life does no favors for the heart, and new research may help unravel why that's so.

A Harvard team says heightened activity in a key part of the brain may explain why stress boosts people's odds for heart disease and stroke.

The finding "raises the possibility that reducing stress could produce benefits that extend beyond an improved sense of psychological well-being," said study lead author Dr. Ahmed Tawakol, who co-directs the cardiac imaging program at Massachusetts General Hospital in Boston.

One neurologist agreed that the research could have real value for patients.

"This study provides information that can help us better understand the mechanisms in which the body and the brain affect each other," said Dr. Jeffrey Borenstein. He is president of the Brain & Behavior Foundation in New York City.

"A better understanding of this link can help us develop methods of prevention" of heart disease, Borenstein said.

According to Tawakol's team, smoking, high blood pressure and diabetes are well-known risk factors for heart disease and stroke, as is chronic mental stress.

But what exactly is the link between stress and the heart? To find out, the researchers tracked the health of nearly 300 people for an average of about four years. During that time, 22 were diagnosed with a heart attack, angina (chest pain), heart failure, stroke or peripheral artery disease (poor circulation in the legs).

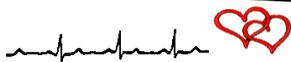
Using PET and CT scans, the investigators found that people with elevated levels of activity in the amygdala -- a small region of the brain closely tied to stress -- were at higher risk for heart disease and stroke.

These people also developed heart problems sooner than people with lower levels of activity in the amygdala, the findings showed.

"Our results provide a unique insight into how stress may lead to cardiovascular disease," Tawakol said in a news release from the journal *The Lancet*. His team published its findings in the Jan. 11 issue of the journal.

"Eventually, chronic stress could be treated as an important risk factor for cardiovascular disease, which is routinely screened for and effectively managed like other major cardiovascular disease risk factors," Tawakol believes.

Dr. Salman Azhar, who directs stroke services at Lenox Hill Hospital in New York City, applauded the new research. - continued on next page



Azhar described the amygdala as "a football-shaped collection of nerve cells in the brain that influences how we respond to stress."

Using brain scans, Tawakol's group highlighted "a 'street map' that started the amygdala lighting up. That led to the blood vessels lighting up, and that led to more chest pain, heart attacks and strokes," Azhar explained.

And while stress is unavoidable in life, there are steps to take to minimize it -- and shield hearts in the process, he said.

"What matters is how we react to stress," Azhar said. "If we manage stress well with strategies like 'don't sweat the small stuff' and meditation, we might be able to change how this 'stress ball' in our brain responds, and actually decrease our chances of having a heart attack."

Azhar said that in his own practice, he has "been using mindfulness as a tool to help patients who are at risk for stroke reduce the intensity of their stress reactions for some time now."

SOURCES: Jeffrey Borenstein, M.D., president, Brain & Behavior Research Foundation, New York City; Salman Azhar, M.D., director of stroke services, Lenox Hill Hospital, New York City; *The Lancet*, news release, Jan. 11, 2017

https://medlineplus.gov/news/fullstory_162991.html

- HealthDay

A sweet grandmother telephoned St. Joseph 's Hospital.

She timidly asked, "Is it possible to speak to someone who can tell me how a patient is doing?"

The operator said, "I'll be glad to help, dear. What's the name and room number of the patient?"

The grandmother in her weak, tremulous voice said, "Norma Findlay, Room 302."

The operator replied, "Let me put you on hold while I check with the nurse's station for that room."

After a few minutes, the operator returned to the phone and said, "I have good news. Her nurse just told me that Norma is doing well. Her blood pressure is fine; her blood work just came back normal, and her physician, Dr. Cohen, has scheduled her to be discharged tomorrow."

The grandmother said, "Thank you. That's wonderful. I was so worried. God bless you for the good news."

The operator replied, "You're more than welcome. Is Norma your daughter?"

The grandmother said, "No, I'm Norma Findlay in Room 302. No one tells me shit."



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 or text:
Tony at (403) 615-2662

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 hospital – Please contact Jean-Paul Maillot at (403) 278-6087

South Health hospital - Please contact Jean-Paul Maillot at (403) 278-6087

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

Foothills hospital - Please contact Jean-Paul Maillot at (403) 278-6087

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

(or make a charitable donation)

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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

Not a heart to heart in your city?
Contact Elvin to help open a chapter.

- 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 isn't 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.

