



May 2014

# On The Beat

Incorporated  
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 [www.hearttoheartsupportsociety.ca](http://www.hearttoheartsupportsociety.ca) 

*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: 902 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

*Guest Speaker Agenda for the 2014 / 2015 meetings to include:*

- Police Officer - Safety tips for the internet, fraud, etc.
- Cardiologist - New advances in heart issues
- Dentist - Relationship between oral & dental health and heart disease
- Exercise Specialist - Exercises for heart health
- Dietician - New research for the best diet practices for heart health

# Heart to Heart

## Officers, Directors & Appointees

2014

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
Phone Committee _____	Doreen Farnum -----	403-249-5770
Guest Speakers _____	Herb Brietkreutz	403-202-1417
Woman to Woman _____	Janet Brindle -----	403-282-4411
Phoenix Club _____	Tony Schlee	403-241-5119
Social Convenor _____	Mary Figley -----	403-243-1882
Newsletter Editor _____	(vacant)	xxx-xxx-xxxx
Visitations _____	Glen Clark -----	403-226-4027
*TCRRR Liaison _____	Amanda McBride	403-781-2728
Joys & Concerns _____	(vacant) -----	xxx-xxx-xxxx

\* Total Cardiology Rehabilitation and Risk Reduction

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***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 –

Hopefully by the time you read this, spring has finally come and gone, and we are entering into summer. With the long winter we had this year, perhaps we will be lucky and it will lead into a wonderful summer.

We lost two more of our prominent members with the passing of Clarence (C J) Callaway and Nancy Hasick. C J was a past president and then later, looked after the hospital visitation volunteers. Nancy was our past Newsletter Editor, with both CJ and Nancy holding those positions for a number of years . They will be greatly missed. Our deepest sympathy and condolences go out to both the Gallaway and Hasick families, and we wish them well.

We are winding up our month meetings, before we take the summer break, to hold our May meeting at the new South Calgary Campus Hospital. We will also be doing a tour of the facility on June the fourth, for those that would like to attend. I know a lot of our members, including myself, are very much looking forward to that!

Our regular monthly meetings will reconvene again, on the third Wednesday in September, at the Centennial Legion. We have some great speakers lined up to speak on various topics for the coming sessions, so hope you can join us.

Have a great **summer** and I hope we will see you in September.

Elvin Dorscher

# 10 Heart Health Myths

Know the truth to protect yourself - Serenity Aberdour, ND

Cardiovascular disease (heart disease and stroke) is the number one cause of death for adults in Canada. About every seven minutes, someone in Canada loses their life to it. Cardiovascular disease (CVD) is also the leading cause of hospitalization for Canadians. It is no surprise then, that CVD receives a lot of attention, whether it is encouragement to have risk factors screened or education about how to reduce your risk factors.

## *Myth 1* **Cardiovascular disease is more of a man's problem**

**FACT:** Many women still find themselves worrying more about the heart health of the men in their lives than about their own. But the statistics show that many women in Canada have at least one heart disease or stroke risk factor. Women who are menopausal or have diabetes are at an increased risk. In a 2008 survey, cardiovascular disease account for 28% of all male deaths in this country and 29.7% of all female deaths.

## *Myth 2* **People with high blood pressure or cholesterol have symptoms**

**FACT:** In most cases, these conditions have no symptoms. They are discovered only when checked. A new study has estimated that more than half of people with high blood pressure are unaware of their condition. Many with high cholesterol also go undiagnosed because they have not been screened. Both high blood pressure and high cholesterol are important risk factors for cardiovascular disease.

Blood pressure should be checked, in health adults, every two years.

if you have a family history of either of these risk factors, or are a man over the age of 40 or a woman over the age of 50 (or postmenopausal), you should have your cholesterol levels checked. While you are at it, have your blood sugar levels tested as well. Type 2 diabetes is another important risk factor for CVD and is another condition that often has few symptoms early on.

Continued throughout newsletter...

# Winter's end chowder

*Almost any vegetable that inspires you can be transformed into hearty chowder.*

Canola or olive oil, for cooking	2 stalks celery, chopped (include the leaves)
1 large onion, finely chopped	2-3 thin-skinned potatoes, washed and diced
1 large carrot, diced	1 cup (250ml) milk or ½ cup (125ml) half & half (or to taste)
1 red bell pepper, seeded and diced	1/4 cup (60ml) chopped fresh Italian parsley
4 cups (1L) low-sodium chicken or vegetable stock	2 tbsp. (30ml) flour
1 cup (250ml) corn kernels	2 tsp. (10ml) fresh thyme leaves

Directions: ( serves 6 )

In a medium pot, heat oil over medium-high heat. Add the onion and cook for 3 to 4 minutes until soft.

Add the celery, carrot and red pepper and cook for 3 to 4 minutes. Shake in the flour and stir to coat the vegetables. Add the stock, potatoes, corn and thyme, and bring to a simmer. Reduce the heat and cook until the potatoes are tender.

Add the milk and cook just until heated through. Serve hot with chopped fresh parsley.

*Per serving - 1/6 of recipe (using 1% milk)*

- 150 calories
- 3.5 g total fat
  - 1 g saturated fat
  - 0 g trans fat
- 5 mg cholesterol
- 140 mg sodium
- 27 g carbohydrate
- 8 g protein
- 3 g fiber
- 7 g sugars

A senior citizen was driving down the freeway, when his car phone rang.

Answering, he heard his wife's voice urgently warning him, "Herman, I just heard on the news that there's a car going the wrong way on 280 Interstate. Please be careful!"

"It's not just one car" said Herman, "It's hundreds of them" 😊

### **Myth 3** Everyone should take an Aspirin a day to support heart health

**FACT:** It may surprise you to know that the common routine of taking a baby Aspirin each day to support heart health might do more harm than good for some people.

The main issue here is primary prevention versus secondary prevention. Primary prevention means preventing a first event (the first heart attack or stroke), whereas secondary prevention means preventing those who have already experienced an event from having another. In the case of Aspirin, there is a good track record for using a daily low dose in secondary prevention; here it does appear to make a meaningful and measureable difference in reducing secondary events.

However, when it comes to primary prevention, the evidence is less consistent. For women, Aspirin probably has little effect on heart attack prevention but may produce small decreases in risk of ischemic stroke. For men, there is no benefit for ischemic stroke, but there may be a small decrease in chance for heart attacks. On the other hand, there is a well-known increase in risk of serious gastrointestinal (GI) bleeding with long-term Aspirin use in both men and women.

Because of this, the decision to use Aspirin for primary prevention remains controversial and needs to be carefully evaluated for each individual to see if small potential benefits outweigh the known risks. Factors that increase GI bleeding risk include gender (men are twice as likely to suffer a GI bleed than women), increasing age, use of other NSAIDs, and history of gastric ulcer or GI bleeding. Aspirin also carries an increased risk for hemorrhagic stroke in men (about 1.7 times the risk of those not using Aspirin).

Overall, the decision to use Aspirin in primary prevention needs to be based on individual risk factors and fully discussed with your qualified health care practitioner.

### **Myth 4** Heart attacks always start with severe chest pain

**FACT:** Although the most common symptom of a heart attack (for both men and women) is chest pain, it is not always present. Even for those who do experience chest pain, it can be mild and feel more like pressure or discomfort.

In the real world, a heart attack may not look or feel like you expect it to, but there are some common symptoms (other than chest pain) to watch out for, including

- ❖ nausea
- ❖ sweating
- ❖ dizziness
- ❖ shortness of breath
- ❖ jaw, arm, back, neck, or shoulder pain

The sudden and unusual occurrence of any of these symptoms should prompt concern and a call for help.

# Alberta: A **Hotbed** of Health-care Innovation

## Heart attack care in Calgary gets top marks

If you're having a heart attack, your best bet for the best treatment is: get to the hospital within one hour, and go to a hospital equipped with the technology to open blocked blood vessels. Those two factors combine in Calgary and as a result the city has the lowest heart attack death rate in Canada. Calgarians have access to the Foothills Medical Centre, which offers the blood-vessel-opening procedure 24/7.

## Every second counts in a heart attack

Research at the University of Alberta and the University of Alberta Hospital revolutionized treatment for heart attack patients in Alberta and around the world. The research team trained paramedics to do electrocardiograms in ambulances and then send the result to a cardiologist, allowing treatment to begin even before arrival at the emergency room. This innovative approach shortens treatment time by about one hour and spares some patients permanent damage to their heart.

## Heart rhythm specialist helps hearts keep a steady beat

Cardiologist Dr. Anne Gillis is an international leader in the use of devices like pacemakers to treat heart rhythm disorders. Under her leadership, Calgary's Cardiac Arrhythmia Service became the first centre outside the U.S. to evaluate remote monitoring of patients with implantable defibrillators. Her research has led to refinements in pacemakers and implantable defibrillators, improving the quality of life for countless heart patients.

- Apple Magazine

### *Myth 5* **If heart disease runs in my family, I'll also get it**

**FACT:** Genetics play an important role in the risk of many diseases, including heart disease, but they are not the whole story. There is a complex relationship between our genes, lifestyle, and nutrition that is still far from being fully understood. What seems clear so far is that our diet, lifestyle, and environment have a big impact of how our genes are expressed.

So, just having a family history of heart disease does not mean you are absolutely destined to suffer from heart disease. But it may mean that you need to be all the more vigilant when it comes to other modifiable lifestyle and nutritional risk factors.

### *Myth 7* **Younger women are not at risk of cardiovascular disease**

**FACT:** Women over 50 are generally at higher risk for heart disease, but younger women can also be at risk depending on their situation. Here are some risk factors to consider.

- ❖ **Use of birth control pills** may increase the risk of blood clots or high blood pressure for women with high blood pressure, or who smoke.
- ❖ **Pregnancy** can significantly increase the risk of dangerously high blood pressure for some women. The risks are more prevalent in women who already have high blood pressure, are obese before pregnancy, have diabetes, or who have a history of certain autoimmune conditions such as rheumatoid arthritis.

Lifestyle and dietary choices made earlier in life can also have a major impact on heart health later on, so younger women (and men!) who are not at risk now still need to be conscious of how their choices will affect their heart health down the road.

### *Myth 6* **Eggs are high in cholesterol and are therefore bad for heart health**

**FACT:** A 2013 review of 16 separate studies on the issue of eggs and cardiovascular disease found that there was no increased risk of heart disease in healthy people eating an egg a day compared to those who rarely or never ate eggs.

However, the review also found that high egg consumption was associated with an increased risk of coronary heart disease in type 2 diabetics. Of course, type 2 diabetics are already at increased risk of heart disease.

This shows that the case for eggs is not as black and white as some may believe and may have as much to do with the person eating the egg as the egg itself. Overall, a moderate intake of free-range eggs is likely fine for most healthy people.

# Barley Crêpes

*Crêpes, a traditional thin French pancake, are perfect for fresh or frozen fruit.*

2 large eggs	1 ¼ cups (310ml) milk
½ cup (125ml) all-purpose flour	¼ cup (60ml) barley flour (or equal amount all-purpose flour)
1 tbsp. (15ml) canola oil	Fruit filling, such as fresh, frozen (thaw before serving) or canned berries, peaches, pineapple, mango or melons
Pinch of salt	
Cocoa, for dusting	

Preparation: ( Serves 4 - 6 )

Combine the crepe ingredients in a bowl and whisk until well blended and smooth. Let the batter sit for half an hour - until it has the consistency of heavy cream.

To cook, set a medium skillet over medium-high heat and brush with butter or oil. Pour about a ¼ cup (60ml) of batter onto the skillet and quickly tilt it in a clockwise motion so the batter evenly coats the pan. Cook for 1 or 2 minutes, until the top loses its gloss, flip and cook for a minute on the other side until golden. Keep warm in a 250°F (120°C) oven while you cook the rest of the batter.

Fill with fruit, roll crêpe closed and dust with cocoa powder before serving.

*Per serving - 1/6 of recipe (using 1% milk & fresh strawberries)*

- 140 calories
- 4.5 g total fat
  - 1 g saturated fat
  - 0 g trans fat
- 4 g sugar
- 75 mg cholesterol
- 200 mg sodium
- 18 g carbohydrate
- 6 g protein
- 2 g fibre

## Notes left for the Milkman

*For those of us who remember Milk Deliveries in Bottles. Here's a good example of a collection of notes left in milk bottles...*

- Milkman, please close the gate behind you, the birds keep pecking the tops off the milk.
  - Please don't leave any more milk. All they do is drink it.
- When you leave my milk please knock on my bedroom window and wake me because I want you to give me a hand to turn the mattress.
- Please knock. My TV's broken down and I missed last night's Coronation Street. If you saw it, will you tell me what happened over a cup of tea?

## **Myth 8** I eat a low-fat diet, so I'm safe from heart disease

**FACT:** A decrease in overall fat intake is not associated with meaningful decreases in cardiovascular disease. What is more important is the type of fat consumed as well as what other nutrients are being used in place of fat. There are three main types of fats to consider: saturated, unsaturated, and trans fats.

Saturated fats have long been tagged as "bad" and reducing their intake has been promoted for weight loss, CVD prevention, and other health benefits. The truth is, saturated fats are an important part of the diet and we need them. The problem is that many consume too much, too often, and at the expense of other important nutrients. One of the problems that has arisen in labeling saturated fat as universally bad for us is that food manufacturers have replaced them with other, often less healthy, substitutes such as trans fats and refined carbohydrates.

Trans fats are not naturally found in large amounts in foods, but certain processing and cooking methods can dramatically increase them. There is a strong link between trans fats and CVD, and trans fats are known to raise unhealthy cholesterol (LDL) while also reducing healthy cholesterol (HDL). Efforts are therefore being made by several countries to remove industrially produced trans fats from the food supply.

The real stars in the fat debate are the polyunsaturated and mono-unsaturated fats, an *increase* of which has been associated with positive heart health outcomes.

## **Myth 9** People with heart disease should avoid exercise

**FACT:** Exercise is health promoting for pretty much everyone. We are designed to move, and the list of exercise's health benefits is long. In the case of cardiovascular disease, a recently published review of more than 300 studies found that exercise is as good as, if not better than, current drug treatments for preventing second episodes of heart attack, recovering after stroke, and preventing diabetes.

## **Myth 10** I am not overweight, so I won't develop heart disease

**FACT:** People of any shape or size can be at risk of heart disease. Although obesity is a major risk factor for heart disease, there are several other key risk factors that have nothing to do with weight. For example, stress, smoking, and lack of exercise can increase the risk for heart disease regardless of body weight.

- Consent provided by: Ellen Niemer (editor Alive Magazine) issue #376

## ***Two Special Support Groups***

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### ***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](http://www.womenscardiacsupport.org)

for more information contact:  
**Janet: (403) 282-4411**

### ***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 every 2<sup>nd</sup> Tuesday between 6 & 8 pm 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 three hospitals.**

Please call Glen Clark at (403) 226-4027

Thank-you to all visitors in all three 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: \_\_\_\_\_

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## **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:**

District Health Services: (403) 823-6500  
Cliff Dietz: (403) 823-2175

## **- 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.