



Heart Murmurs

December 2020

Cardiac Athletic Society Edmonton - Contacts

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Heart Murmurs is the newsletter of CASE published in February, March, April, May, September, October, November, and December each year. Suggested articles can be submitted to Barry Clark at kbclark1@telus.net. Back issues of the newsletter are posted on the CASE website at: <http://www.edmontoncase.ca>

If you wish to unsubscribe from this newsletter, please e-mail stuart_e@telus.net with a subject line 'unsubscribe'.

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Support for CASE

As a recognized charitable institution, CASE makes a significant difference to people interested in maintaining their heart health. If you make a financial gift, either as a direct contribution, or in the memory of a member who has passed, we will issue a tax receipt.

HAVE A SAFE CHRISTMAS...



Sadly, we all still have an unwanted 'Covid guest' lurking around us in the community and he is not going to leave us alone at Christmas. Do not let him in the front door, or even down the chimney!

This is the time to celebrate with those we live with and leave the parties and feasts for next year when we all will be vaccinated and able to enjoy our wider circle of friends and contacts!

The Christmas Dinner in 2021 should be a great celebration! We are hoping that all of us, and all our friends and relatives can stay safe over this season.

Best wishes from all the CASE Board Members.

THE TIME IS NOW!

Your current membership in CASE expires on Dec. 31, 2020. Stuart Embleton stands ready to issue new 2021 membership cards for only \$30. Contact him by phone (780 435 2602), email (stuart_e@telus.net), in person or by mail at 10634 63 Ave, Edmonton, AB T6H 1P6. Cheques should be made payable to CASE and sent to him at the address noted above.

ONLINE ESSENTRICS/HEALTHY HEART EXERCISE UPDATE

CASE is so fortunate that Lynn introduced our online exercise program at the end of last winter; it may be many months before a return to Terwillegar is feasible. Twenty-seven members are currently participating in our online classes.

Our current segment will wrap up at the end of December; classes are planned for Dec. 24, 29 and 31 though schedule adjustments may be made later in the month.

The program will continue with a January/February/March segment beginning on Jan. 5, 2021:

- Sessions are planned for Tuesdays and Thursdays starting at 11.30 am
- Please let Wayne Jackson know if you plan to continue, or if you would like to join the class, or if you would like further information (waynejackson66@gmail.com or 780-432-7203). We have room for several more attendees.
- The cost remains at \$30 per month per attendee. If you are participating it would be appreciated if you could send a cheque or cheques (a single \$90 cheque or 3 monthly cheques) payable to CASE by January 5, 2021 to:

CASE Treasurer Roberto Cruz,
201-1350 Windermere Way SW,
Edmonton, T6W 2J3.

NEW RESEARCH ON THE USE OF BLOOD THINNERS

Study has shown that using blood thinner Rivaroxaban plus Aspirin is better than aspirin alone in reducing major adverse events and mortality rates in patients with chronic coronary disease who have had an angioplasty. New research led by U of A cardiologist Kevin Bainey shows that a combination of the blood-thinning drug rivaroxaban and

aspirin was significantly better than either one or the other in preventing heart attacks, strokes and death in patients who had an angioplasty with a heart stent.

Pairing a blood-thinning drug with aspirin daily for patients who have an angioplasty with a stent can contribute to better health outcomes, including lower risk of death, than aspirin alone, according to a recent study by cardiologists at the University of Alberta and Mazankowski Alberta Heart Institute.

The work [builds on the COMPASS study](#) that followed 27,400 people from around the world with stable coronary or peripheral artery disease. It shows that the combination of a small dose of the blood-thinning drug rivaroxaban twice daily plus 100 mg of aspirin once daily was significantly better than either one or the other in preventing heart attacks, strokes, and death.

“There are a lot of patients with stable coronary disease who have stents in their heart arteries. Most commonly, the only blood thinner they are taking is aspirin,” Bainey said. What he wanted to know was whether those patients would benefit in the same way from the COMPASS dual-pathway approach.

Baine and colleagues from around the world focused on a subgroup of nearly 10,000 COMPASS participants who had previously had an angioplasty with a stent inserted in blood vessels in the heart, and found that the treatment did lead to better health outcomes in that group, reducing heart attacks, strokes and deaths.

The interesting twist, Bainey said, is that his study also showed that the time between a patient’s prior coronary intervention and starting dual pathway treatment made no difference in improving the health outcomes for these patients.

“It didn’t matter if a patient had a stent a year ago or 10 years ago; with this dual pathway strategy you still see an improvement in outcomes and, most importantly, an improvement in survival,” he said.

The dual-pathway treatment has been approved by Health Canada for use in patients with chronic coronary or peripheral disease. Thanks in part to COMPASS, Bainey is hoping his research will encourage more cardiologists and physicians to prescribe it to patients with or without a prior stent.

“As an interventional cardiologist, I put a lot of stents in people, and the question in my mind is always, ‘Can we improve upon their outcomes and reduce their residual risk?’” Bainey said. “We’re always trying to find ways to optimize their therapy. So, when you have a drug that has been shown to improve a patient’s survival, you really hope that it takes off as standard of care.”

Bainey’s study, “[Rivaroxaban Plus Aspirin Versus Aspirin Alone in Patients With Prior Percutaneous Coronary Intervention](#),” was published in the journal *Circulation* in March.

Source: By RYAN O'BYRNE <https://www.folio.ca/two-paths-better-than-one-for-treating-patients-with-heart-stents-study-shows/>

GENDER DIFFERENCES IN HEART DISEASE?

Thanks to campaigns to boost awareness, more people recognize that heart disease is the leading cause of death in women as well as in men.

Maybe you have heard that women are more likely to have "atypical" heart attack symptoms than men. But what does that really mean? A review article in the May 2020 Journal of the American Heart Association offers some perspective.

For the report, researchers analyzed data from 27 separate studies involving more than a million people with acute coronary syndrome. Also known as ACS, acute coronary syndrome refers to a lack of adequate blood flow to the heart. It is an umbrella term that includes heart attacks as well as unstable angina (sudden chest pain that occurs at rest).

"For the most part, the symptoms that men and women experience during a heart attack are largely the same," says Dr. Michelle O'Donoghue, cardiovascular specialist at Harvard-affiliated Brigham and Women's Hospital.

	Common and less-common heart attack symptoms	
Percentage of people reporting this symptom		
	Men	Women
Chest Pain	79%	74%
Sweating	47%	44%
Shortness of Breath	40%	48%
Pain in Left Arm/Shoulder	37%	38%
Nausea or Vomiting	28%	39%

Overall, heart attack symptoms tend to be similar among both sexes, a recent review article reports. The two most often reported symptoms (chest pain and sweating) are slightly more common in men, but women experience those symptoms nearly as often. And while other symptoms (such as nausea and vomiting and shortness of breath) tend to be more likely to occur in women, many men also have those symptoms. Other less-common symptoms that women experience somewhat more frequently than men include fatigue, pain between the shoulder blades, dizziness or light-headedness, neck or jaw pain, palpitations, and fainting. For other uncommon symptoms (stomach pain, indigestion, and right arm or shoulder pain), prevalence rates are about the same. The

review's findings confirm what experts have long observed. The location of the blocked heart artery may affect what symptoms people experience. For example, a blockage in an artery on the front of the heart may lead to chest discomfort, while a blockage in a vessel on the underside of the heart may be more likely to cause nausea and vomiting.

Chest pain... or something else: The term "chest pain" sometimes throws people off. "People rarely describe the sensation as pain, but rather as a feeling of pressure, discomfort, or even burning," says Dr. O'Donoghue. Women are less likely to recognize that symptom as being heart disease and are more inclined to think it is heartburn or some other health problem. In fact, medical personnel also may be less likely to recognize heart attacks in women. In 2018, a nationwide study of emergency responses of about 2.4 million cases of chest pain over four-year period found that women were less likely to be transported to the hospital than men. Among those who suffered a cardiac arrest, women were also less likely to be resuscitated than men. Another recent study, this one from Canada, looked at more than 25,500 people who came to the emergency room with chest pain. Research found that doctors were less likely to correctly identify heart attacks in women, even when their symptoms along with blood test results suggesting a heart attack were like those in men.

Unusual heart attacks: Heart attacks typically result from the sudden rupture of a cholesterol-filled plaque in a coronary artery, which then precipitates a blood clot. But about 5% to 10% of people have heart attacks without identifiable blocked arteries. They experience typical heart attack symptoms, but an angiogram (a special x-ray of the heart's arteries) shows no evidence of a blockage. An attack like this is known as MINOCA, which stands for myocardial infarction with nonobstructive coronary arteries. These unusual heart attacks have many possible causes, include temporary tightening of a heart artery (coronary spasm); blockages in tiny arteries not visible on an angiogram; or a tear in one of the heart's blood vessels (spontaneous coronary artery dissection). MINOCA is more common in women and younger people than in older men. But again, that does not mean men are not affected. Research suggests that women account for about 60% of the cases, but that means around 40% occur in men.

The age difference: One stark difference between men and women is the average age of a first heart attack. For men, it is 65, while in women, it is 72. Possibly higher rates of unhealthy habits among middle-aged men including smoking and stress might be at play. Some studies also suggest that women without a history of heart disease are more likely to follow prevention measures to stave off the disease, such as taking medications that lower cholesterol and blood pressure. The reasons heart disease appears later in life in women simply are not well understood, in part because women have been underrepresented in clinical trials.

Take-home advice: The key messages for men and women of all ages are to know the common and less-common symptoms of heart attack and to call 911 if you think you or someone else is experiencing one.

Source: Harvard Heart Letter, October 2020

CASE Events Calendar - December 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	2	3 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	4	5
6	7	8 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	9	10 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	11	12
13	14	15 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	16	17 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	18	19
20	21	22 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	23	24 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	25 Christmas Day	26 Boxing Day
27	28	29 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	30	31 New Years Eve Essentrics and Cardio 11:30 to 12:45		

Note: Watch email for more detail on activities and events.

CASE Events Calendar - January 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 New Years Day	2
3	4	5 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	6	7 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	8	9
10	11	12 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	13	14 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	15	16
17	18	19 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	20	21 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	22	23
24	25 Board Meeting 10:00	26 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	27	28 Essentrics and Cardio 11:30 to 12:45 Zoom with Lynn	29	30
31						

Note: Watch email for more detail on activities and events.