



The newsletter of the Cardiac Athletic Society Edmonton (CASE)

HAPPENINGS AND HIGHLIGHTS.

Social Breakfast

- Thursday, March 7, 2024, Pure Casino 9:30 AM

CASE ANNUAL GENERAL MEETING

- **Monday March 11, 2024 SEESA 7:00PM**

Healthy at Heart

- Tuesdays and Thursdays at TFRC 11:30 to 12:45

Essentrics Online with Lynn

- Sundays, Mondays, Wednesdays, Fridays, and Saturdays.

ANNUAL GENERAL MEETING

The Annual General Meeting for CASE will be held at 7:00 PM Monday March 11, 2024, at the South East Edmonton Seniors Association (SEESA) 9350 82 Street NW, Edmonton.

2023 was another year of change for CASE. We emerged from COVID (sort of) and members resumed programs of heart supportive exercise. Walks, Golfing, Essentrics, Healthy at Heart, Virtual Golf all drew out our members as did the social and educational activity programs. That said, it was clear that not everyone was as active in these activities as they were some years ago.

We created a new program to support members initiative in finding exercise programs that will meet their specific heart health needs. This has been initiated for 2024 under the name the *Exercise Incentive Program*.

We look forward to discussing the last year and how CASE will develop over the next twelve months!

Please take the opportunity to come out for this important meeting and to get together with your friends from CASE.

DEMENTIA – A MESSAGE FROM MEDICALERT

When it comes to developing dementia, there are several pre-existing health conditions that put people at higher risk for developing various forms of dementia - heart disease, diabetes and Parkinson's disease are three such examples. But did you know that up to 40% of dementias could be prevented or delayed by modifying your lifestyle?

McMaster University, with the support of the Public Health Agency of Canada, has developed dementiarisk.ca, a free web-based resource available on the McMaster Optimal Aging Portal. It includes:

Cardiac Athletic Society Edmonton - Contacts

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CASE Website <https://edmontoncase.ca>

CASE Payments CASE.Deposits@gmail.com

- A 35-minute multimedia e-learning lesson about how to promote brain health
- Articles about each of the modifiable dementia risk factors
- An interactive quiz
- An email-based ‘micro-learning’ campaign that people can subscribe to

Discover how physical activity, weight management, hearing loss, blood vessel health, social and cognitive activity, smoking and alcohol consumption, and other conditions, such as traumatic brain injury and medication side effects, can affect cognition.

MedicAlert supports families and caregivers when it comes to wandering and disorientation that can be a part of a dementia diagnosis through their ***‘Safe & Found Program’***.

Source: The MedicAlert Team

FEW HEART ATTACK SURVIVORS GET THEIR RECOMMENDED PHYSICAL ACTIVITY

Only 16 percent of heart attack survivors get the recommended amount of physical activity in the weeks after hospitalization, according to a study by researchers at Columbia University Medical Center (CUMC) and New York-Presbyterian. The study was published in the Journal of the American College of Cardiology and is titled “Objectively Measured Adherence to Physical Activity Guidelines after Acute Coronary Syndrome.”

Exercise has been proven to lower the risk of having another heart attack in patients with acute coronary syndrome (ACS), which includes heart attack and unstable angina (chest pain). Current guidelines strongly recommend that ACS patients get at least 30 minutes of moderate aerobic activity, such as brisk walking, at least five days per week in the first two weeks after hospital discharge. Previous studies, which relied on self-reporting, have been unable to provide a reliable estimate of how many patients achieve this goal.

In this study, the researchers measured the amount and intensity of physical activity with a wearable activity monitor in 620 heart attack survivors. Participants were instructed to wear the device for 10 hours, or more, at least three days per week during the first month after hospitalization. “In prior decades, heart attack survivors were counseled to remain in bed for many weeks,” said Ian M. Kronish, MD, MPH, Florence Irving Assistant Professor of Medicine at Columbia, cardiologist at New York-Presbyterian/Columbia, and lead author of the paper. “Despite current evidence to the contrary, many ACS patients fear that straining their heart through exertion will cause chest pain or another heart attack.”

Clinician-supervised exercise programs for heart attack survivors have been shown to counteract patients’ fears and encourage more physical activity. However, participation in these programs remains poor. “Researchers and clinicians need to find ways of getting more people to participate in such supervised exercise programs,” Dr. Kronish said.

“Nowadays, there are several consumer products that can be used to track physical activity at home. Perhaps the future holds ways to remotely monitor patients and to provide positive feedback and counseling outside of a hospital setting.”

Source: March 1, 2017 Cardiology / Medicine
<http://newsroom.cumc.columbia.edu/blog/2017/03/01/few-heart-attack-survivors-get-recommended-physical-activity/>

BLOOD THINNERS

Blood thinners are among the most misunderstood drugs. Despite their name, they don't "thin" blood, rather, they discourage blood from clotting. "Anti-clotting drugs prevent potentially dangerous blood clots from developing in people at high risk," says Dr. Gregory Piazza, a cardiologist with Harvard-affiliated Brigham and Women's Hospital.

Candidates for anti-clotting medications include people who have atrial fibrillation or who recently received a stent. Others who can benefit from anti-clotting drugs are people who are immobile after surgery and people who have suffered from deep-vein thrombosis, or DVT (clots in the veins of the legs or arms), or pulmonary embolism (clots in the lungs).

How anti-clotting drugs work: Why are blood clots so dangerous? And how do anti-clotting drugs help? A clot has two main components: fibrin and platelets. Fibrin is a protein that forms a mesh to trap red blood cells, while platelets are tiny cells that clump together. They work together to keep the clot intact and stop or slow blood flow.

Blood clots are usually a good thing. When you get a cut, a clot forms to stop excessive bleeding. However, when clots form in the wrong places, they can cause harm and even death. Where a dangerous clot develops is often linked to how much of each type of material they contain. For instance, clots causing DVTs and those inside the heart are made mostly of fibrin. Clots in the arteries that feed blood to the heart and brain are more often triggered by platelet action.

Typically, a clot on a cut will dissolve after the injury has healed. But a blood clot that forms inside an artery or vein might not spontaneously dissolve, and it can grow even larger. As a result, it can block blood flow, which may lead to a heart attack or stroke. Many factors contribute to these types of clots, such as inflammation, infection, immobility, cancer, and surgery. "In these cases, you need anti-clotting drugs to help the body dissolve the existing unwanted clots and stop new ones from forming, while still allowing the blood to clot when needed, like after an injury," says Dr. Piazza.

Two categories: Anti-clotting drugs fall into two categories: anticoagulants and antiplatelet drugs. Which one you need depends on your clot risk. Anticoagulants interfere with fibrin. Besides treating and preventing DVT and other vein clots, they are commonly prescribed for people with afib. Antiplatelet drugs prevent platelets from sticking together. They are used to prevent heart attacks and strokes in people who have cardiovascular disease or are otherwise at high risk. The main side effect of anti-clotting

medications is excessive bleeding. Contact your doctor if you notice any of these symptoms:

- recurrent bleeding in your gums after you brush or floss
- nosebleeds or minor cuts that take longer than usual to stop bleeding
- frequent bruising, especially around the torso.

In some cases, the fear of bleeding can prevent people who need anti-clotting drugs from taking them. This is especially true for those with afib who already take regular aspirin (which also can affect clotting) and are concerned about a higher bleeding risk from adding an anticoagulant. "But many times, these individuals don't need to take aspirin and can just take the anticoagulant," says Dr. Piazza. (Check with your doctor if you are on aspirin therapy.)

People ages 75 and older also have a higher risk of bleeding from anti-clotting drugs than younger folks. Still, Dr. Piazza adds that most people can tolerate the medication, and if they are concerned about bleeding, they should discuss it with their doctor. "You and your doctor will weigh the risk of heart attack or stroke versus the chance of major bleeding," he says.

Dosage and needs How long you need an anti-clotting drug and how much you should take depend on your situation. For example, people typically take two antiplatelet drugs for six months to a year after getting a stent. Then they stay on just one antiplatelet drug, usually low-dose aspirin, indefinitely.

"People with afib may take anticoagulants for the rest of their life," says Dr. Piazza. "But they should review this with their doctor every year to see if they need to make changes to their dose or even whether they need to continue taking it."

Other situations require short-term drug therapy, such as for 14 days to six weeks after a knee or hip replacement to prevent DVT. "Sometimes people need to take both an anticoagulant and an antiplatelet at the same time if they are being treated for separate issues, like afib and a stent," says Dr. Piazza.

Also, certain underlying medical conditions influence the choice and dose of an anti-clotting drug. For instance, people with impaired kidney function may not be able to take newer anticoagulants. Those who have had intestinal bleeding need to balance the risk of a clot versus the risk of severe blood loss.

Some over-the-counter pain relievers like ibuprofen (Advil, Motrin) and naproxen (Aleve) can interact with anti-clotting drugs, so check with your doctor before taking them.

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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.

Heart Murmurs is the newsletter of CASE published each year in February, March, April, May, September, October, November, and December. Suggested articles can be submitted to Barry Clark at kbclark1@telus.net

If you wish to unsubscribe from this newsletter, please e-mail kbclark1@telus.net with a subject line 'unsubscribe'.

CASE Events Calendar - March 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Essentrics Online with Lynn 9:30AM	2 Essentrics Online with Lynn 10:00 AM
3 Essentrics Online with Lynn 10:00 AM	4 Essentrics Online with Lynn 1:00 PM	5 Healthy at Heart TFRC 11:30 to 12:45	6 Essentrics Online with Lynn 9:30AM	7 Healthy at Heart TFRC 11:30 to 12:45 Social Breakfast 9:30 AM	8 Essentrics Online with Lynn 9:30AM	9 Essentrics Online with Lynn 10:00 AM
10 Essentrics Online with Lynn 10:00AM	11 Essentrics Online 1:00 PM CASE AGM 7 pm SEESA	12 Healthy at Heart TFRC 11:30 to 12:45	13 Essentrics Online with Lynn 9:30AM	14 Healthy at Heart TFRC 11:30 to 12:45	15 Essentrics Online with Lynn 9:30AM	16 Essentrics Online with Lynn 10:00 AM
17 Essentrics Online with Lynn 10:00 AM	18 Essentrics Online with Lynn 1:00 PM	19 Healthy at Heart TFRC 11:30 to 12:45	20 Essentrics Online with Lynn 9:30AM	21 Healthy at Heart TFRC 11:30 to 12:45	22 Essentrics Online with Lynn 9:30AM	23 Essentrics Online with Lynn 10:00 AM
24 Essentrics Online with Lynn 10:00 AM	25 Essentrics Online with Lynn 1:00 PM	26 Healthy at Heart TFRC 11:30 to 12:45	27 Essentrics Online with Lynn 9:30AM	28 Healthy at Heart TFRC 11:30 to 12:45	29 GOOD FRIDAY	30 Essentrics Online with Lynn 10:00 AM
31 EASTER SUNDAY						