



Heart Murmurs

March 2023

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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".

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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.

ANNUAL GENERAL MEETING

The Annual General Meeting for CASE will be held at 7:00 PM Monday March 13, 2023, at the South East Edmonton Seniors Association (SEESA) 9350 82 Street NW, Edmonton.

The last year has been challenging for all of us. However, now all of CASE's activities now are up and running again, although in some cases somewhat changed or added to! That said, the Board is looking for members input on what we have done over the last year, and what we should be aiming for over the next 12 months.

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

WATCH OUT FOR FRAUD

Fraud against seniors is a worrying and growing trend. Our recent Education Evening speaker referred us to a website where recent frauds are explained and indicates what to look out for if you are being solicited to provide information or assistance.

Look at: Seniorfraudalert.ca

SOCIAL BREAKFAST THIS WEEK

One of our monthly social activities is a get together for breakfast on the first Thursday of the month. The March breakfast will be held Thursday March 2 at 9:30 in the Pure Casino at 7059 Argyll Rd NW.

They have a breakfast special that is noted here, as well as other menu items.



WOMEN: RECOGNIZE YOUR SIGNS OF A HEART ATTACK

Most healthy women don't recognize sudden exhaustion, nausea, or abdominal pain as signs of heart attack—and, tragically, neither do their doctors. University of Alberta researcher and women's healthcare expert and advocate **Dr. Colleen Norris** says it is what women *don't* know about being female that is debilitating and killing themselves faster.

Norris is raising the alarm about the need to educate women and healthcare professionals about women's heart health. Importantly, about how the signs of heart attack and heart disease in women differ from men and are often overlooked.

If you are an active woman of healthy weight, a non-smoker, and you would say that you live a generally healthy lifestyle, would it cross your mind that your exhaustion or nausea are signs of a heart attack? Would you ignore these symptoms and chalk them up to stress, flu or even over exercising?

If you said yes, you're not alone. Some types of heart attacks, including spontaneous tearing of the coronary artery (SCAD), which rarely happen in men, are happening all too frequently to healthy women with no known risk factors. Most women are unaware that signs of heart attack can include sudden or unusual exhaustion, nausea or stomach pain, symptoms experienced more often in women than men. But a sudden change in how you feel, breaking out in a cold sweat, upper body pain in neck, back or limbs, sharp chest pain or discomfort and light-headedness or shortness of breath are also signs.

If you'd ignore the signs, Norris says you're excused. What she says is shocking and inexcusable are her research findings, which revealed that women are showing up in emergency rooms experiencing signs of heart attack and are often sent home without being properly diagnosed.

She found that between 2010 and 2020, an average of 300 women per year were misdiagnosed and left Alberta hospitals, only to return within 30 days experiencing a heart attack. While these findings are from Alberta, the misdiagnosing of heart attack in women is happening everywhere.

So, what's the answer? Education.

The Canadian Women's Heart Health Alliance, along with Norris, are hosting outreach programs and using social media platforms to reach women and share their messages, inviting everyone to get informed and reshare life-saving facts within their social circles. But knowing the signs is only part of the battle.

Norris says that educating the medical profession is critical and challenging. A lack of research and education about women's health leads, all too often, to misdiagnosis. Materials and courses are dated, and getting the medical community to revamp curricula takes time. In the meantime, she has tips for women about talking to their healthcare provider.

Speak up! Make it clear that your symptoms do not seem normal for you. Have your blood pressure, cholesterol and blood sugar tested. It's helpful to know your blood pressure, heart rate averages and what's normal for you. [Sport watches](#) and apps can be useful to track and monitor your health.

Consider questions before your visit and take notes. Insist on an electrocardiogram and blood tests that can diagnose a heart attack, ask for definitions of medical jargon, next steps and what to do if you don't get better or symptoms recur. Seek follow-up tests, and don't be afraid to ask to see a doctor who specializes in heart health.

Heart attack and heart disease are killing six times more women than breast cancer with a woman in Canada dying every 20 minutes from a heart-related event.

Source: [Sharon Gingara and Dr. Colleen Norris](#) Edmonton Journal January 13, 2023

Sharon Gingrich is a 58-year-old Edmonton runner who, at 56, experienced a SCAD heart attack and now volunteers with Wear Red Canada, alongside University of Alberta researcher and Cavarzan Chair in Mature Women's Health Research Dr. Colleen Norris, to help promote women's heart health.

CAUSES OF BREATHLESSNESS AND FATIGUE

Cardiopulmonary exercise testing can help reveal unusual reasons for these common symptoms and shed light on long COVID. One of the vexing things about certain common health complaints is the range of possible underlying causes. For example, feeling short of breath is perfectly normal after a burst of vigorous exercise. But for some people, even mild exertion can trigger a sensation of breathlessness, or what doctors call dyspnea. It's often accompanied by symptoms such as fatigue and light-headedness.

Most of the time, heart or lung issues are to blame. In many cases, routine tests including a chest x-ray, echocardiogram (heart ultrasound), lung function tests, and blood tests can uncover the underlying reason for a person's breathlessness. "But sometimes, all the results are perfectly normal, or the findings don't fully explain the nature or severity of the person's symptoms," says Dr. David Systrom, who directs the Dyspnea Clinic at Harvard-affiliated Brigham and Women's Hospital. That's where cardiopulmonary exercise testing (CPET) can play a role.

Unusual causes At one time, about half of the people referred to the Dyspnea Clinic who underwent CPET were found to have pulmonary hypertension (an uncommon condition in which the arteries to the lungs become thick and stiff) or heart failure with

What is cardiopulmonary exercise testing?

A cardiopulmonary exercise test (CPET) collects information about both your heart and lung function to assess how your body responds to exercise.

During a CPET, you also wear a small sensor called a pulse oximeter on your finger that measures your blood oxygen level. You're also fitted with a mouthpiece or mask attached to a device that monitors your breathing to see how efficiently you take in oxygen and exhale carbon dioxide.

In an advanced version of the test, doctors use catheters to insert two temporary pressure-monitoring devices. Together, these devices show how well blood and oxygen is delivered to and used by your muscles as you exercise. The exercise portion includes a short warm-up followed by just five to eight minutes pedaling on an exercise bike with gradual increases in intensity.

Although the test is invasive, topical painkillers keep the discomfort from the catheters to a minimum.

preserved ejection fraction (a form of heart failure resulting from stiffness in the heart's lower left chamber).

"But about five years ago, we also started seeing more patients with chronic fatigue syndrome," says Dr. Systrom. Officially known as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), this complex disease involves abnormalities in many organ systems, most notably the nervous and vascular systems.

The COVID connection Many people with ME/CFS have unusual circulation problems that happen because the peripheral nervous system fails to signal the large veins in the legs, pelvis, and abdomen to constrict and deliver blood back up to the heart. This leads to what doctors call pre-load insufficiency, which means the heart's upper right chamber (atrium) doesn't fill up and reach a normal pressure before each beat. This problem is not only ubiquitous in people with ME/CFS but also extremely common in people with a condition known as long COVID, says Dr. Systrom.

Most people who get COVID-19 recover within weeks or a few months. But some experience lingering fatigue, light-headedness, palpitations, brain fog, and breathlessness, which is often described as long COVID. Experts now refer to this long-lasting illness as PASC, which stands for post-acute sequelae SARS-CoV-2 infection (SARS CoV-2 is the virus that causes COVID-19). PASC, which is most common in young women, typically affects those with only mild infections.

Infectious disease expert Anthony Fauci has speculated that PASC is the same as or very similar to ME/CSF, which can be triggered by infections, including mononucleosis and Lyme disease. Dr. Systrom and colleagues (along with other research teams across the country) are using CPET to better understand PASC, in hopes of paving the way for effective treatments.

Source: Julie Corliss, Executive Editor, Harvard Heart LetterHeart Health April 1, 2022
<https://www.health.harvard.edu/heart-health/unmasking-the-varied-causes-of-breathlessness-and-fatigue>

CASE Events Calendar - March 2023

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