



# Heart Murmurs

November 2022

## **Cardiac Athletic Society Edmonton - Contacts**

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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](mailto: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 [gbevans@telus.net](mailto:gbevans@telus.net) with a subject line "unsubscribe".

## **Cardiac Athletic Society Edmonton Board**

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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.

## **CHRISTMAS PARTY IS RETURNING!**

CASE's famous annual Christmas Party is set to return for this year! Turkey dinner, beverages, desserts, and door prizes as we expect each year. However, lots of changes will be experienced: a new location; a mid week date; new ways to make your reservation...

- **Date:** December 9
- **Location:** Westend Seniors Activity Centre 9629-176 Street NW
- **Tickets:** Tickets are still \$30 per person. If you are interested in attending the Christmas Party contact Gary Duguay by phone at 780-993-0281 or by email at [garywmduguay@gmail.com](mailto:garywmduguay@gmail.com) Gary will speak to you about how to pay for the party.

## **UPCOMING EDUCATION EVENING**

Our November evening will continue the topic of **The Art of Downsizing**. The speaker is Jody Lambertus from Century Masters 21 Realty. There will be the opportunity to receive the information and a workbook via email. The November session focusses on *'The act of downsizing.'*

We will summarize part 1 of the downsizing presentation: how to start before you think you need to move and develop a plan including the financial, emotional, and health-proven benefits of downsizing, as well as the concerns to address BEFORE you decide to downsize.

The November session informs you what to do next, after you have decided to downsize; how to get your home ready for sale, how to find your next home and who should be involved. Enjoy this interactive learning experience through worksheets, and checklists and navigate your decision to downsize with more confidence and clarity!

This Education evenings is at the **Terwillegar Recreation Centre in Multi-Purpose Room A**, second floor over the arenas, **on Mon. Nov. 14 at 7:00 pm.**

Mae Hadley  
Education Coordinator

#### ***ANNUAL DUES PAYABLE BY YEAR END***

CASE members should be aware that their current membership ends on December 31.

In 2023 the heart focussed exercise programs supported by CASE are expected to be running as normal along with our popular seasonal walking and golf activities. The education evenings are well underway along with our social breakfasts, barbeque, and Christmas parties. Heart Murmurs will continue to be put out.

Membership fees for 2023 still are \$30, continuing to be a real bargain. You can pay via an e-transfer to (john@sieffert.com) by December 31, 2022. Please note on the e-transfer the purpose of the payment (i.e., for CASE 2023 Membership). Alternatively, you can mail a cheque for the \$30 membership fee to Grace Werner at 4135 41 Ave. SW. Edmonton, AB T6X2T6.

Stuart Embleton needs to know when you pay for membership to make your membership card as promptly as possible. If you notify him when you make your payment you can speed the process of getting your card. Contact him at Ph. 780-435-2602 or email stuart\_e@telus.net

#### ***ANOTHER 'case' FOR CASE...***

In the Edmonton region, we have observed a changed approach to Cardiac Rehabilitation. Most, if not all the cardiac rehab programs have moved to virtual presentation rather than 'in hospital' group delivery. Presumably, this has related to the problems in delivering programs during the covid pandemic. We have no information on whether this is a permanent change in program delivery or if 'in hospital' rehab programs will be returning.

The following article discusses virtual cardiac rehab and some potential benefits. However, the author notes that the perceived benefits do come at a cost of loss of social and emotional contact with others having similar health issues.

This issue can be addressed by being active in CASE and all its programs.

CASE offers opportunities for social interactions on its walking and golfing activities, educational evenings, monthly breakfasts, and annual barbeque and Christmas Party events in addition to group and online exercise programs provided through 'Healthy at Heart' at Terwillegar and online Essentrics with Lynn.

Being together is good for your heart and thus can provide a complementary benefit to local online cardiac rehab programs!

### ***VIRTUAL HEART REHAB***

Cardiac rehabilitation delivered via a computer or smartphone can enable you to get targeted support from the comfort of your home. If you have had a heart attack or other serious cardiovascular issue, cardiac rehabilitation is the best way to prevent future heart problems. This program which teaches the fundamentals of heart-healthy habits, coupled with supervised exercise, normally takes place in person during hourlong sessions, several times a week over the course of several months. Cardiac rehab is recommended for many heart conditions and can reduce your risk of dying of heart disease by nearly 25%.

Unfortunately, only about 20% of people who qualify for cardiac rehab participate in these programs. One of the main reasons is the hassle of traveling to the sessions, even in urban areas. For people who live in rural areas, where rehab centers are rare, attending multiple weekly sessions simply is not feasible.

But a trend to move some (or even most) of cardiac rehab to a virtual delivery system has been ramping up over the past few years, says cardiologist Dr. Ami Bhatt, associate professor of medicine at Harvard Medical School and chief innovation officer for the American College of Cardiology. "The original concept of cardiac rehab: bringing people together to learn in a group setting has many benefits," she says. Yes, it is an efficient way to teach people about nutrition and medication management.

Groups also help people with shared experiences process the emotional aspects of coping with heart disease.

Enabling people to connect remotely to the teaching and support sessions from home using a computer, tablet, or smartphone may also offer other advantages. Virtual cardiac

rehab lets people avoid not only time and travel costs, but also the potential anxiety of having to return to the hospital or facility where they were treated for their heart problem, which upsets some people.

After a heart-related health scare, people often worry they will have another heart problem, and these automatic negative thoughts can be quite debilitating. But stress and resiliency training delivered via videoconference can be incredibly helpful, says Dr. Bhatt, who recently co-authored a study showing the benefits of such training in adults who were born with heart disease.

Source: Heart Health Julie Corliss, Executive Editor, Harvard Heart Letter October 1, 2022

### ***THE HEART DISEASE GENDER GAP***

Social and cultural factors may help explain why women do not fare as well as men when it comes to treating coronary artery disease. For at least three decades, heart disease has been the No. 1 cause of death for both women and men in America. So why are heart problems still often underrecognized and undertreated among women?

Sex-specific differences, grounded in biology, may play a role. The overall prevalence of coronary artery disease is lower in women, and they tend to develop heart problems at older ages (the average age for a first heart attack in men is 65, compared with 72 in women).

However, gender (which refers to the social and cultural characteristics associated with being male or female) has contributed to disparities in cardiovascular care, according to an editorial in the April 12, 2022, issue of the Journal of the American College of Cardiology.

"There is gender-based gaps at every possible level, from women's awareness of symptoms to how they're treated in the emergency department and doctor's offices," says cardiologist Dr. Michelle O'Donoghue, associate professor of medicine at Harvard Medical School.

While many factors are at play, one major underlying issue is that historically, women simply have not been well represented in clinical trials of heart-related conditions, she says. Culture is slowly changing, and some of the gaps are starting to close.

***The recognition problem:*** Starting in the early 2000s, campaigns to boost awareness of heart disease in women made some headway. In less than a decade, the percentage of women who recognize heart disease as the leading killer of women has nearly doubled. Unfortunately, more recent data have been discouraging.

A 2019 survey by the American Heart Association found that only 44% of women correctly identified heart disease as their most lethal health threat, compared with 65% in 2009.

During a heart attack, chest discomfort (often described as pressure, tightness, or a squeezing sensation) is by far the most common symptom in both men and women.

Women are slightly more likely than men to also report other symptoms, including nausea, fatigue, and breathlessness.

While these symptoms were long referred to as "atypical," a better term may be "understudied," according to some cardiologists. In addition, three uncommon and poorly understood types of heart attacks are far more prevalent in women (see "Unusual heart attacks: The female factor?").

**Treatment delays** Research suggests that women tend to downplay their symptoms and delay seeking treatment. But health care providers may be contributing to this problem, too. One 2022 study found that women who came to the emergency department with chest pain had to wait an average of 11 minutes longer to see a doctor or nurse than men who described similar symptoms. The findings, gleaned from data on millions of emergency department visits, also found that women were less likely to receive an electrocardiogram (a standard test to check for a heart attack) and less likely to be hospitalized.

Earlier studies have shown that women are also less likely to be referred for diagnostic tests to check for coronary artery disease, the underlying cause of most heart attacks, or to be referred to a specialist. Finally, women who receive treatment, either medication or surgical procedures, for this common condition tend to have worse outcomes than men do.

These trends underscore the need for additional research that includes more women, says Dr. O'Donoghue. In a 2020 review of cardiovascular trials from 2010 to 2017, women made up only about 27% of participants in studies of coronary artery disease, although that figure is improving.

Source: Julie Corliss, Executive Editor, Harvard Heart Letter September 1, 2022

#### **Unusual heart attacks: The female factor?**

Most heart attacks happen when a blood clot obstructs a narrowed artery supplying the heart. However, several less-common scenarios can also disrupt coronary blood flow, causing similar symptoms.

- Myocardial infarction with nonobstructive arteries (MINOCA) refers to heart attacks in which the coronary arteries do not have significant narrowing. There are several potential causes; among them are temporary tightening of the heart's arteries (coronary spasm) or blockages in very tiny arteries. MINOCA is five times more common in women than in men.
- Spontaneous coronary artery dissection (SCAD) results from a tear in the inner wall of one of the heart's arteries, which creates a flap or swelling. About 90% of people with SCAD are women.
- Stress cardiomyopathy (broken heart syndrome) typically occurs after severe emotional or physical stress, triggering a surge of hormones that alters the heart's shape. More than 80% of cases are in women, but outcomes are worse in men

# CASE Events Calendar - November 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Healthy at Heart TCRC 11:30 to 12:45	2 CASE Essentrics Online 11:00	3 Healthy at Heart TCRC Social Breakfast Millwoods Golf	4	5
6	7 CASE Essentrics Online 1:00 PM	8 Healthy at Heart TCRC 11:30 to 12:45	9 CASE Essentrics Online 11:00	10 Healthy at Heart TCRC 11:30 to 12:45	11 Remembrance Day	12
13	14 CASE Essentrics Online 1:00 PM CASE Education Art of Downsizing 7:00 PM TCRC	15 Healthy at Heart TCRC 11:30 to 12:45	16 CASE Essentrics Online 11:00	17 Healthy at Heart TCRC 11:30 to 12:45	18	19
20	21 CASE Essentrics Online 1:00 PM	22 Healthy at Heart TCRC 11:30 to 12:45	23 CASE Essentrics Online 11:00	24 Healthy at Heart TCRC 11:30 to 12:45	25 Board Meeting 10 AM	26
27	28 CASE Essentrics Online 1:00 PM	29 Healthy at Heart TCRC 11:30 to 12:45	30 CASE Essentrics Online 11:00	Healthy at Heart TCRC 11:30 to 12:45		