

The newsletter of the Cardiac Athletic Society Edmonton (CASE)

NOVEMBER HAPPENINGS AND HIGHLIGHTS.

Social Breakfast

 Thursday November 2 Argyll Casino 9:30 AM

Education session

• Ageism Monday November 13 TFRC 7:00 PM

Healthy at Heart

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

Essentrics

 Mondays at 1:00PM and Wednesdays at 10:45 AM online with Lynn

Book Tickets to Christmas Party

• Reserve for the party by November 30, 2023.

CASE GOLF REPORT

EDUCATION EVENING IN NOVEMBER

On Monday. November 13 the topic is Ageism. The speaker on is from the Age Friendly, Edmonton Seniors Coordinating Council. The session starts at 7:00 pm at Terwillegar Recreation Centre, Multi-Purpose Room A. Come for some coffee, cookies, and socialization as well!

CHRISTMAS PARTY

Our famous Christmas Party is scheduled for Friday December 8, 2023, in the West End Seniors Activity Centre 9629 – 176 St., Edmonton, Alberta T5T 6B3. A special price for this year has been set at \$10.00 for members and \$20.00 for guests.

You should book your tickets for this popular event soon! You may pay by e-transfer at <u>CASE.Deposits@gmail.com</u> noting on the transfer that the payment is for the Christmas Party 2023 and the number of tickets you are reserving.

You may also pay at the door but, if that is your plan, you need to phone Gary Duguay at 780 433 8628 before the end of the

month to reserve your tickets. All reservations must be finalized by November 30 to give the caterers adequate notice.



The CASE weekly golf program concluded on Wednesday October 18th. We enjoyed twenty-seven weekly golf dates with only one week called off due to rain. We had our annual Golf wind up dinner at Boston Pizza on October 11th and presented the trophies (engraved) for the CASE tournament held in late August.

Cardiac Athletic Society Edmonton - Contacts

Gary Duguay, President Phone: 780-433-8628, cel: 780-993-0281 Email: <u>garywmduguay@gmail.com</u> Wendy Boyd, Membership Phone 780-686-0779 Email: <u>wendyboyd49@icloud.com</u> Cardiac Athletic Society of Edmonton Mail Address PO Box 4516, Edmonton, AB T6E 4T7 CASE Website <u>https://edmontoncase.ca</u> CASE Payments CASE.Deposits@gmail.com Looking ahead, we will begin the 2024 season as soon as weather permits. The annual Ed Abel Classic golf tournament will take place on Friday June 7th, 2024. Our sponsor, Greg Abel confirmed his participation again.

Virtual Golf: Although we are finished outdoor golf for the 2023 season, we are considering a possible "Virtual Golf" date during the winter. Wayne has already secured information on a location, prices etc., and will poll the golfers to see how many are interested in trying it.

Wayne Saunders CASE golf coordinator

AN OVERLOOKED RISK FOR CARDIOVASCULAR DISEASE

Good and bad cholesterol levels do not provide the full picture of cardiovascular disease risk, according to three University of Alberta studies confirming that remnant cholesterol is also a strong risk factor. "Bad" cholesterol is not the only culprit linked with a higher risk of cardiovascular disease, according to a trio of recent University of Alberta studies including landmark global research showing that a different kind of cholesterol is also a strong risk factor for people worldwide.

Remnant cholesterol (RC) was confirmed as a strong risk factor for coronary heart disease, heart attacks and stroke, the largest of the studies showed. RC is produced from the metabolism of triglycerides that come from sources of dietary fat and from the body's own stores of cholesterol particles. Using genomic data from a combined sample of almost one million participants spanning Africa, Asia, North America, and Europe the findings are the first to show, on such a large scale, a causal link between high RC and risk of cardiovascular illness.

"This tells us that the health risk posed by high RC is of greater concern than the traditional LDL cholesterol which is our current goal of prevention and therapy," says Paolo Raggi, senior author of the study and professor of cardiology in the Faculty of Medicine & Dentistry. The researchers found that having elevated RC led to a 1.5 times higher risk for coronary heart disease, a 1.6 times higher risk of heart attack and a 1.2 times higher risk of stroke.

A fuller picture of cardiovascular risk: Two studies drawing on Alberta data are also the first to confirm the relationship and highlight the risk of heart disease and high RC for the Canadian population. High RC levels were linked with greater risk of developing heart disease, according to one of the studies, involving 14,000 middle-aged and older Albertans.

Additionally, the research showed that the levels of RC were high regardless of whether people were already on medication for or had normal or low levels of low-density lipoprotein cholesterol (LDL-C), commonly known as "bad" cholesterol.

"We've provided new evidence that RC may be key in understanding the complete picture of cardiovascular risk and why people continue to have poor heart health despite achieving appropriate levels of LDL," says Spencer Proctor, a professor in the Division of Human Nutrition within the Faculty of Agricultural, Life & Environmental Sciences and one of the senior authors on the work. "For the first time, we are showing that one of those risk factors could be RC."

Because medical screening for RC is less common than for LDL-C in Canada, it means the additional risk to people already susceptible to future heart attacks could be missed, says Proctor, who co-led the research team on the pair of Alberta studies, in collaboration with Dean Eurich, a professor in the U of A's School of Public Health.

"If LDL cholesterol is the only type measured and the level is found to be quite low, perhaps because it is being controlled by medication, which may seem like the risk of a cardiovascular event is lower. But that is an incomplete diagnostic picture, which should include assessment for RC."

Proctor, Eurich and their teams drew on data from the Alberta's Tomorrow Project, a long-term study that began tracking the health of 55,000 adults in the province in 2000, investigating why some people develop cancer and chronic diseases like heart disease and diabetes. In analyzing the information, they found that people with heart disease had 15 per cent higher levels of RC in their blood, but not LDL-C levels, which were much lower, at seven per cent. The results also showed that for every increase of one unit of RC in the blood, there was a 150 per cent higher risk of having an event such as a heart attack, versus a 73 per cent higher risk for LDL-C. "LDL-C, in this case, isn't useful to predict future risk because people are possibly on medication," says Proctor.

Similar findings for people with diabetes: A related study exploring the same questions about the benefits of RC assessment for people with diabetes had similar results. The researchers found that compared to those without the disease, people with diabetes had 22 per cent higher levels of RC, almost five per cent greater incidence of cardiovascular disease and 50 per cent more probability of having other risk factors like obesity. They were also 30 per cent more likely to be on cholesterol-lowering medication, and consequently had 23 per cent lower levels of LDL-C. The findings are crucial given that diabetes already heightens the risk of cardiovascular disease, Proctor notes.

"We know that having diabetes is equivalent to having existing heart disease, and the risk remains elevated even after reducing LDL-C with medication. We do not have a good way other than monitoring that bad cholesterol of understanding how much risk there is for people with diabetes, so using RC measurements may be even more important for monitoring heart health."

Recognizing an overlooked indicator: Collectively, the studies confirm RC as a factor that cannot be overlooked when assessing patients at risk of cardiovascular disease, says Proctor. "The findings highlight the need to consistently include RC alongside LDL-C

measurements. By taking the RC measurement, it can increase the accuracy of predicting whether someone will have a heart attack. If we can detect that early, doctors can provide the right medication, lifestyle, and diet changes." The findings should prompt a revision of current Canadian and worldwide guidelines for medical professionals to include RC as a lipid parameter that should be routinely measured, Raggi notes. "The medical community worldwide needs to recognize remnant cholesterol as a significant player in influencing the cardiovascular health of the population."

Guideline changes would also "give doctors and specialists more information about patients taking medication to lower their LDL cholesterol, who might still be at risk of having a heart attack," Proctor adds.

The research could also help determine whether and how existing medications used for LDL-C can potentially lower RC, leading to the development of new drugs, he notes. "We need to continue exploring what can help complete the diagnostic picture for everyone with, or without diabetes, at risk of heart disease."

The scientists and their Alberta research were supported by the Stollery Children's Hospital Foundation through the Women and Children's Health Research Institute, the Alberta Diabetes Institute, an Alberta Diabetes Institute Graduate Student Fellowship, the Alberta Health Services Health Outcomes Improvement Fund and the Heart and Stroke Foundation of Canada.

Source: Bev Betkowski University of Alberta Folio October 16, 2023 https://www.ualberta.ca/folio/2023/10/studies-confirm-overlooked-risk-for-cardiovasculardisease.html?utm_medium=email&utm_campaign=Daily%20News%20Oct%2027%202023&utm _content=Daily%20News%20Oct%2027%202023+CID_a949c982d5320fad94d7529e2fb605ab& utm_source=cm_marcomm&utm_term=Read%20Full%20Story

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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 <u>kbclark1@telus.net</u>

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

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| | | | 1 CASE Essentrics Online 10:45 | 2 Healthy at Heart 11:30 to 12:45 CASE Breakfast Argyll Casino 9:30 | 3 Complimentary Online Essentrics with Lynn 9:30AM | 4 |
| | 6 CASE Essentrics Online 1:00 PM | 7 Healthy at Heart TCRC 11:30 to 12:45 | 8 CASE Essentrics Online 10:45 | 9 Healthy at Heart TCRC 11:30 to 12:45 | 10 Complimentary Online Essentrics with Lynn 9:30AM | 11 Remembrance I |
| 2 | 13 CASE Essentrics Online 1:00 PM CASE Education Ageism 7:00 PM TCRC | 14 Healthy at Heart TCRC 11:30 to 12:45 | 15 CASE Essentrics Online 10:45 | 16 Healthy at Heart TCRC 11:30 to 12:45 | 17 Complimentary Online Essentrics with Lynn 9:30AM | 18 |
|) | 20 CASE Essentrics Online 1:00 PM | 21 Healthy at Heart TCRC 11:30 to 12:45 | 22 CASE Essentrics Online 10:45 | 23 Healthy at Heart TCRC 11:30 to 12:45 | 24 Complimentary Online Essentrics with Lynn 9:30AM | 25 |
|) | 27 CASE Essentrics Online 1:00 PM | 28 Healthy at Heart TCRC 11:30 to 12:45 | 29 CASE Essentrics Online 10:45 | 30 Healthy at Heart TCRC 11:30 to 12:45 | | |