



Heart Murmurs

September 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 kclark1@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.

CASE & VIRTUAL GYM

Virtual Gym has received extraordinary support from some CASE members since the early development stage, playing a critical part in the platform's design. We appreciate that assistance. Now we are soliciting your further involvement.

Virtual Gym is a virtual reality platform designed to provide game-like exercise experiences. The next phase of development will involve another round of testing and evaluation by individuals. Participants will review game-like exercise experiences in virtual reality and provide feedback to improve the platform. Because of the excellent feedback provided initially, we want to again involve CASE members in this phase.

Virtual Gym will provide all the necessary equipment for one week to each participant who wishes to participate. Instructions for using the equipment and guidance on how we

would like your evaluation to be structured will also be provided and we will be on call should anyone need further clarification.

If you wish to know more about the platform, please visit our web page www.virtualgym.ca or check in the publication at the following link.

<https://www.centre4activeliving.ca/news/2020/07/older-adults-exercise-thru-virtual-games/>

We would be pleased if could get involved in this evaluation phase. If you can participate, please contact us at virtualgymualberta@gmail.com or Victor Fernandez (vf@ualberta.ca)

WHO WOULD HAVE THOUGHT...?

Back in March it seemed that the forecast for the pandemic was that we should have been seeing the light at the end of the tunnel by summer. Schools were closed until September and we thought that might have been extreme. We were told that older folks, particularly those with pre-existing medical conditions were at a heightened risk for catching the virus and suffering negative outcomes. Quickly, public gatherings and activities were shut down to ‘flatten the curve’ and we were told to stay at home as much as possible. It seemed that the bad news and projections would not end!

Now here we are in the fall of 2020. The light at the end of the tunnel has turned out to be a locomotive! However, we have had some good news, at least in Canada. We did flatten the curve and our health care system coped reasonably well except in long term care homes. Elsewhere, particularly in the USA, warnings were confused and not heeded until disaster struck (and sometimes not even then). We see the results on the nightly news.

The gradual easing of ‘stay at home directives’ was replaced by a growing need to build and maintain a culture of physical separation, hand washing and mask wearing. Sadly, for some people, the easing of the directives to stay at home has sometimes been taken as giving more opportunities for less responsible behaviours. We are starting to see the growth of the virus in those segments of the population and their contacts. The potential impacts of their choices ultimately will impact the more vulnerable segments of the population and the ‘curve’ and the health care system.

As CASE members we are particularly at risk to the virus due to at least one factor – our heart conditions. Additionally, for most of us, age is a risk factor as well and, for some of us, other factors such as asthma and diabetes put us at even greater ongoing risk. We clearly are facing the ‘new normal’ where we must consider our day to day activities with considerable care. Clearly, until there is a viable, proven vaccine, we all must practice more proactive risk management. The safest choices are still to stay close to home, wear masks when inside public places, avoid crowds and public transit and wash hands. With widening opportunities for community spread of the virus through opening of schools,

shopping centers and some entertainment venues it becomes our **individual responsibility** to choose who can enter our ‘bubble’ and under what conditions. For example, if our grandchildren are at school, we may want to consider how we meet with them. Outside is still generally safe if direct physical contact is avoided. Choices will become more difficult as the seasons change.

What is coming even clearer now, than it was in March, is that this virus and its impacts are a long-term problem not a short-term issue which will abate in a few months. This issue will last for years and indeed may always be with us in the same way as the common cold. The hope is that community values and expectations will change to reflect the needs for controls to manage the virus and that vulnerable individuals will find ways to adapt their lifestyle to creatively manage their personal risk.

CASE AND RISK MANAGEMENT

For the most part, CASE and its programs remain in hiatus.

- Terwillegar has not reopened for group exercise classes (except for a limited outdoor exercise program). The use of the facility is by individual reservation and numbers allowed in the building at any time are limited. There is no indication about when our regular Tuesday and Thursday exercise and volleyball programs may be able to resume.
- Our Educational evenings are cancelled indefinitely. The rooms at Terwillegar are not available and probably will be unable to accommodate groups with appropriate physical separation.
- The annual Christmas Dinner is not likely to be held this year. SEESA is closed for bookings at this time and again, the room is doubtful if appropriate physical separation is to be maintained.

On the other hand, CASE has found ways to adapt and continue some of its programs.

- Regular golf was held over the summer although the tournaments had to be cancelled.
- Several walks have been held
- Lynn has been offering twice weekly Essentrics classes over Zoom. These have proved to be popular with more than 20 participants for the Tuesday and Thursday classes.
- The ‘monthly breakfast’ has been relocated to the Millwoods Golf Course and was held twice during the summer.

The Board is looking for other opportunities for how we can exercise and socialize together safely. If you have ideas about how we can adapt to this new normal, please talk to any of the Board members noted at the top of the newsletter.

HOW DOES COVID-19 AFFECT THE HEART

The effects of COVID-19 on the lungs are well-known. As the COVID-19 pandemic continues, more information is becoming available about the role the virus, called SARS-CoV-2, has on the heart. "Individuals with known cardiovascular disease are at an increased risk of more severe complications from respiratory viral illnesses, including the flu and COVID-19," says Dr. Leslie Cooper, chair of the Department of Cardiology at Mayo Clinic.

"We know that during severe SARS-CoV-2 infection, heart function may decrease. Sometimes this decrease is a consequence of the systemic inflammatory response to infection, and occasionally, in some people, because of direct viral infection in the heart."

2 main cardiac issues: According to Dr. Cooper, there are two dominant cardiac issues related to COVID-19: heart failure, when the heart muscle doesn't pump blood as well as it should, and arrhythmias, or abnormal heart rhythms, that can be related to the infection or to the effect of medications used to treat the virus. Heart failure can develop due to a systemic inflammatory response to the infection, high lung pressures from lung damage, or occur from heart inflammation known as myocarditis.

"For many people who present with heart failure in the context of COVID-19 infection, we don't know if the heart failure is related to myocarditis or to a response to systemic inflammation from COVID-19," says Dr. Cooper.

For older patients, with existing coronary artery disease or hypertension, it is likely heart failure resulting from the increased demand placed on the heart and the body's already decreased cardiac reserve capacity, he says. In younger patients, its likely primary myocarditis caused by the virus.

Medication concerns: There has been some debate as to whether medications used to support blood pressure may increase a person's risk for heart failure. "It is unclear if medicines used to support blood pressure are actually leading to some of the deterioration in heart function," says Dr. Cooper. "But right now, there is no evidence that the commonly used medications for any cardiovascular disorders in the United States will put you at heightened risk of contracting COVID19 or the consequences of infection."

Long-term heart health issues: Since COVID-19 is new, there is little data available regarding long-term cardiovascular issues because of the virus. Research has already begun at Mayo Clinic. "We need to determine the long-term effects of COVID-19 at both a population health level and individual level,"

Staying heart-healthy: This is a stressful time for everyone because of the economic and social impact of this disease, even if you don't have it yourself and that can put people at heightened risk for all sorts of stress-related illnesses. For those with known heart issues – whether high blood pressure or other disease – stay focused on good heart health practices. Taking care of yourself, being vigilant with hand hygiene, trying to maintain an exercise regimen if you had been before, eating well, are key to maintaining

health. Dr Cooper notes that while we are also being instructed to avoid large group gatherings and maintain social distancing, we need to build in time to stay connected which will keep your heart emotionally healthy. "Maintaining social contact through the internet or through the telephone is really important so we don't lose contact and become depressed or otherwise isolated."

Be mindful of emergencies: Shortness of breath is quite common, and only a minority of people today will have COVID-19 infection who develop shortness of breath. Now, as before, if people develop chest pain or shortness of breath, they should seek medical attention by calling their health care provider or, if it is severe, call 911 for assistance.

Source: by Cynthia Weiss April 2020 https://newsnetwork.mayoclinic.org/discussion/how-does-covid-19-affect-the-heart/?utm_source=facebook&utm_medium=sm&utm_content=post&utm_campaign=mayoclinic&geo=national&placementsite=enterprise&mc_id=us&cauid=100502&LinkId=85821503&fbclid=IwAR1TBerlrvz-EfzhEVlsUpHG-fDJHLjzL05dEriNJKxv_dhRf2bOR85A

SIX TIPS TO KEEP A WALKING ROUTINE GOING

Regular walks are an incredibly popular way to exercise. Walking is easy and free (except for a good pair of shoes) and can be done just about anywhere. But it is those very qualities that can also make it very tempting to skip. If your walking routine is in danger of lapsing, try one or more of these strategies to keep going.

1. **Have a backup plan.** For example, if you sleep in and miss your morning walk, you commit to taking that walk after lunch instead
2. **Create a cue.** Many daily habits happen because something signals you to do them, like brushing your teeth in the morning and before bed. Try tying your walks to regularly scheduled activities, such as getting up in the morning or lunchtime. Over time, you will associate walking with those activities, so they will remind you to take a walk.
3. **Get a four-legged walking companion.** Studies show that people who have dogs walk more. If you are up for the responsibility, getting a dog could be the catalyst that turns you into a habitual walker.
4. **"Read" and walk.** Audiobooks can make the time pass quickly while you are walking. Make a pact with yourself that you can only listen to an audiobook during your walks, to provide motivation. If you are walking outdoors, keep the volume low and use only one earbud so you will remain alert to your surroundings in case of trouble.
5. **Get a little rhythm.** Music has been shown to inspire exercisers to go longer and harder. Remember the theme song from *Rocky*? Or *Chariots of Fire*? Just about any music that inspires you can add energy to your steps and keep you motivated. Start with songs that have a slower beat to warm up, then choose higher-energy ones for the middle of your walk, and finish with a slower, relaxing tune. You can even alternate fast and slow songs for a musical interval walk. Just remember to keep the volume low and use only one earbud if you are walking outside.

6. **Make a change.** A new walking route, even if it is just heading to the next neighborhood, can invigorate your walking routine. But if that is not possible, you can make a tried-and-true route fresh again with a few tweaks, like going earlier or later. You will see things differently if you walk your usual route in the opposite direction.

Source: Harvard Medical School healthbeat@mail.health.harvard.edu February 2, 2017

