



October 2016

# On The Beat

Incorporated  
1985



 [www.hearttoheartalberta.com](http://www.hearttoheartalberta.com) 

*This newsletter is published three times a year by the Heart to Heart Support Society and is designed to help provide support, encouragement and comradeship to individuals, their partners, family and friends. It is a non-profit organization incorporated under The Societies Act of the Province of Alberta.*

*Meetings are held on the third Wednesday of each month, (except for June, July & Aug), in the RCL Centennial Legion. Location: 9202 Horton RD SW. Luncheon meetings at 11:30am. Membership is open to anyone who is interested in cardiovascular disease.*

Sorry we missed you! If you would like more information about our support group, contact:

Volunteer: .....

Phone #: ( ) .....

## Announcement

November 15: Annual General Meeting

Guest Speaker: Connie on 'Stress-Free Moving for Seniors'

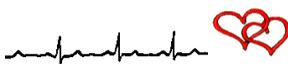
December 14: Christmas luncheon

Hosted at the Centennial Legion, 11:30am

Great food and entertainment

Special Guest: Santa Clause

Come and join us!!



# Heart to Heart

## Officers, Directors & Appointees 2016

President _____	Elvin Dorscher -----	403-239-4850
Vice President _____	(vacant)	xxx-xxx-xxxx
Past President _____	Tony Schlee-----	403-241-5119
Treasurer _____	Jim Dugan	403-208-8285
Secretary _____	Helen Foster -----	403-281-6595
Membership _____	Bernie Nemeth	403-289-7479
Casino Coordinator _____	Bill Andrietz -----	403-503-0888
Phone Committee _____	Doreen Farnum	403-249-5770
Guest Speakers _____	(vacant) -----	xxx-xxx-xxxx
Woman to Woman _____	Iesha Scho	403-800-8292
Phoenix Club _____	Tony Schlee-----	403-241-5119
Social Convenor _____	Mary Figley	403-243-1882
Newsletter Editor _____	(vacant) -----	xxx-xxx-xxxx
<u>Visitations at Calgary hospitals</u>		
Rocky View & South Health ___	Jean-Paul Maillot -----	403-278-6087
Peter Lougheed _____	Glen Clark	403-226-4027
Foothills _____	(vacant) -----	xxx-xxx-xxxx
TCRRR* Liaison _____	Amanda McBride	403-781-4728
Joys & Concerns _____	Colleen Dorscher -----	403-239-4850

\* Total Cardiology Rehabilitation and Risk Reduction

[www.hearttoheartalberta.com](http://www.hearttoheartalberta.com)

*Serving the needs of cardiovascular patients and their families*

## AIMS & OBJECTIVES

- To offer encouragement and support to individuals with heart disease
  - To assist their partners, families and friends
  - To educate the public to the risks of heart disease
- To visit with patients while in hospital and after discharge to help them and their families cope with lifestyle changes



## MESSAGE FROM THE PRESIDENT –

It is hard to believe summer is over and fall has arrived, or did we actually have a summer this year? It sure didn't seem like it. I hope you did have a chance to get out and enjoy the few days of summer we did have and take in some of the summer activities around the city.

The devastating wild fire followed by the floods in Fort McMurray sure ruined the summer for the people of that city and our deepest sympathy goes out to them. I hope they do have a successful recovery. It was great to see the individuals and organizations from across our great country step up and show support for them by making donations to the Canadian Red Cross, Fort McMurray Fire Disaster Fund.

We had our opportunity to work the casino on Sept. 19 & 20, and I would like to thank all the volunteers that came out to help make it another great success. Special thanks to the Drumheller Heart to Heart Society members that came all the way into town here to help make it successful!

We started our new season of monthly luncheon meetings in September again, after the summer break it was a good turn out and I hope to see more of you at the upcoming meetings as we have some great speakers lined up.

Looking forward to seeing and visiting with you all there.

Elvin Dorscher

President

## Coping with depression after acute coronary syndrome

It's common to experience depression following a diagnosis of certain heart conditions. For example, major depression, a mood disorder that causes a persistent feeling of sadness and loss of interest, develops in almost 20 percent of people after a heart attack.

Anytime you experience pain you might feel afraid you're having a heart problem. You also might be sad or angry that you're having health issues. Unfortunately, such depression might cause you to not follow important recommendations from your doctor, such as eating a low-fat diet, exercising and quitting smoking. In the case of a heart attack, research shows even minimal depression and emotions such as hostility, anxiety and anger can affect your ability to recover and lower your quality of life.

Despite the prevalence and impact of depression in people who've had acute coronary syndrome, symptoms often go unrecognized and untreated, and persist for months or longer. If you think you might be depressed after acute coronary syndrome, talk to your doctor. He or she might recommend a combination of treatments to alleviate your depression and improve your ability to recover from your condition.

### Antidepressants

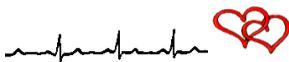
Antidepressants called selective serotonin reuptake inhibitors (SSRIs) appear to be safe and effective at treating depression in people with heart conditions. SSRIs include fluoxetine (Prozac), paroxetine (Paxil, Pexeva), sertraline (Zoloft), citalopram (Celexa) and escitalopram (Lexapro). Taking SSRIs also might help you by improving your ability to participate in recommended heart-healthy behaviors, such as exercising regularly. Tricyclic antidepressants, such as amitriptyline and nortriptyline (Pamelor), typically aren't recommended due to cardiac side effects, such as low blood pressure when you stand up from sitting or lying down (orthostatic hypotension) and a faster than normal heart rate at rest (tachycardia).

*'Old' is when ...* Your friends compliment you on your new alligator shoes ... And you're barefoot!



*'Old' is when ...* You don't care where your spouse goes ... Just as long as you don't have to go along.

*'Old' is when ...* A sexy babe or hunk catches your fancy ... And your pacemaker opens the garage door!



## Psychotherapy

This is a technique for treating depression that involves talking about your condition and related issues with a mental health provider. Treatment with cognitive behavioural therapy, a type of psychotherapy, can significantly reduce symptoms of depression and improve your quality of life after a heart attack.

## Exercise

Exercise is an effective antidepressant and can improve your heart health. Your doctor might recommend enrolling in a cardiac rehabilitation program, which provides education and counselling services to help increase your physical fitness, reduce cardiac symptoms and lower your risk of future heart problems, including a heart attack. These programs can also provide ongoing depression evaluation and social support.

However, because depression can make you less likely to exercise and attend or complete cardiac rehabilitation, you might need medication or psychotherapy first.

- Mayo Clinic June 21, 2016

## Vegetarian Chilli

*This chilli is filling and freezes well*

1 onion, chopped  
3 garlic cloves, crushed  
1 bunch cilantro  
*1 medium dark-fleshed sweet potato or butternut squash, peeled and cubed*

*2 peppers (red or yellow), seeded and chopped*  
*1 Tbsp (15ml) chilli powder*  
*2 tsp (10ml) cumin*  
Canola oil for cooking  
Crumbled feta, for serving (optional)

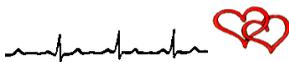
*1 jalapeno pepper, seeded and chopped*  
*1 19oz (540ml) can each of red kidney beans, chickpeas (or black beans), diced tomatoes and crushed tomatoes*

### Preparation (serves 8)

Set a pot over medium-high heat, add a drizzle of oil and sauté onion, peppers and garlic for 4 to 5 minutes until soft. Chop and add cilantro stems and half the leaves and the chilli powder and cumin. Cook for 2 to 3 minutes.

Add beans or chickpeas, tomatoes and sweet potato and bring to a simmer; reduce heat to low and cook for 30 to 45 minutes, until potatoes are tender and chilli thickens. Serve topped with crumbled feta and remaining cilantro.

**Per serving:** 230 calories, 4g total fat (0g sat. fat, 0g trans fat), 330mg sodium, 41g carbohydrate, 13g fibre, 11g protein



## Make a Change: One Meal at a Time

Dietitians in Alberta Health Services across the province are inspiring Albertans to **Make a Change: One Meal at a Time**. Are you ready to improve your health? Now is the time to make small changes at mealtimes that can have big results. To help make these changes easier, dietitians have put together nutrition tips and ideas. To get started, try one or more of these small changes:

### Boost Your Breakfast with Fibre and Protein

A nutrient-packed breakfast will help you get through the morning. How can you boost the fibre and protein in your breakfast?

- Choose whole grain cereals, breads and tortillas.
- Look for cereals and breads that have two grams or more of fibre per serving.
- Try items such as yogurt, cheese, meat, eggs, peanut butter, nuts, seeds, or cooked beans or lentils.

### Make Healthy Lunch a Habit

A healthy lunch provides much needed fuel and nutrients to help you focus during your work day.

Some easy time-saving tips for lunches are:

- pack up supper leftovers for ready-to-go lunches.
- Wash and cut up vegetables and fruit the night before. Put into small plastic containers or bags.
- Change it up. Sandwiches, wraps and pitas are quick and healthy lunch options.

### Dish up a Healthy Dinner Plate

When deciding what to have for dinner, use Health Canada's Eat Well Plate. The Eat Well Plate recommends:

- Fill half of your plate with vegetables and fruit.
- Include different whole grains such as whole grain rice, barley, couscous, quinoa at each meal.
- Choose lean meats or meat alternatives.

*'Old' is when ...*'Getting lucky'

means you find your car ...

In the parking lot.

*'Old' is when ...*You are not sure these are jokes!

*'Old' is when ...*

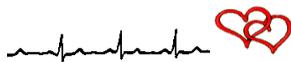
An 'all nighter' means not getting up

To use the bathroom.

*Have a good day!*

"Young at heart"

(slightly older in other places!)



## Enjoy Your Meal Experience

How you eat can be just as important as what you eat. Focus on your meal and the people you are eating with.

- Slow down to make time for meals. No matter how busy life gets, make meals a priority.
- Turn off all devices! Make meal times a screen-free zone (no television, phones, computers, tablets or toys at the table). Eat together. People eat better when they eat together. Sharing meals helps people connect with each other.

By taking some small steps, you can **Make a Change: One Meal at a Time** to improve your eating, nutrition and health. Make your healthy habits last a lifetime.

- Alberta Health Services

## Expanding Heart Failure Medication Choices

### TWO NEW DRUGS ADDED TO HEART FAILURE GUIDELINES

A pair of heart failure (HF) drugs approved last year by the Food and Drug Administration have made their way into updated treatment guidelines. The American College of Cardiology, American Heart Association and Heart Failure Society of America have updated their guidelines to include ivabradine (Corlanor) and valsartan/sacubitril (Entresto).

The two medications represent the dawning of a new chapter in heart failure treatment, said Clyde W. Yancy, M.D., chair of the U.S. guidelines writing committee and chief of cardiology at Northwestern University's Feinberg School of Medicine in Chicago.

"We deemed the importance of these two agents and, importantly, instructions for use to be top-of-mind considerations for patients with heart failure and practitioners who treat them," he said. "These new treatments are not for every patient with heart failure but, when used correctly, substantial benefits are possible."

Ivabradine and valsartan/sacubitril are very different compounds. Ivabradine works by slowing the heart rate, while valsartan/sacubitril works to relax blood vessels, allowing better blood flow, and decreased counterproductive stress on the heart.

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# Chocolate lentil granola bars

*Packed with protein and fibre, these chewy bars are perfect for breakfast or a snack.*

¾ cup (185ml) barley, whole wheat or oat flour	¼ cup (60ml) dry, split red lentils
¾ cup old-fashioned or quick-cooking oats	¼ cup milk
½ cup (125ml) peanut butter	¼ cup maple syrup
½ cup each of raisins or dried cranberries, chocolate chips and pumpkin seeds	2 Tbsp (30ml) canola or olive oil
1/3 cup (80ml) packed brown sugar	1 tsp (5ml) vanilla
	1/2 tsp (2ml) baking soda
	1/2 tsp cinnamon

## Preparation (makes 18 bars)

Preheat oven to 350°F (175°C). In a saucepan, cover lentils with water and simmer for 10 minutes or until tender. Drain and cool. In a bowl, mix wet ingredients, including lentils. Add dry ingredients and stir until well blended.

Spread into a 9 x 13-inch (22x33-cm) pan lined with parchment or sprayed with non-stick spray. Bake for 20 to 25 minutes, until golden and springy to the touch. Cool completely before cutting into bars.

Adding a quarter cup of lentils adds 4 grams of fibre to these granola bars.

**Per serving:** 200 calories, 9g total fat (2g sat. fat, 0g trans fat), 75mg sodium, 25g carbohydrate, 3g fibre, 6g protein

*My goal for 2016 was to lose just 10 pounds. Only 15 to go.*



Ate salad for dinner! Mostly croutons & tomatoes. Really just one big, roundcrouton covered with tomato sauce. And cheese.  
FINE, it was a pizza. I ate a pizza.

*I just did a week's worth of cardio after walking into a spider web.*

Kids today don't know how easy they have it. When I was young, I had to walk 9 feet through shag carpet to change the TV channel.

*A recent study has found that women who carry a little extra weight live longer than men who mention it.*



My doctor recommended that I improve my **heart** health by exercising. Where should I begin?

**Brendan Murphy**, MSc, is an exercise therapist at InspireHealth's Vancouver centre. (inspirehealth.ca)

It is much easier to begin a new exercise plan by finding an activity you enjoy. Although the chosen activity will differ for everyone, finding a starting point from which to progress slowly should be the first step.

Exercise may be considered the heart's greatest physiological challenge and the most important health-related stimulus. Exercise is responsible for the short- and long-term adaptations to the heart, depending on the nature of the stimulus.

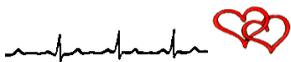
While one bout of exercise influences our heart to increase the frequency at which it beats, long-term exercise adherence results in increased circulating blood volume, increased volume of blood pumped from the heart with each beat, decreased resting heart rate, and decreased (arterial) blood pressure.

The two main types of exercise are cardiovascular and resistance. Both have very different positive influences on our body and our heart. Resistance (muscle strengthening) exercise can increase the diameter and thickness of (left) ventricle walls, while cardiovascular (aerobic) exercise can increase the size of ventricular chambers.

The American College of Sports Medicine recommends that we exercise aerobically for at least 30 minutes per day, five days per week at a moderate to vigorous intensity, while also doing muscle strengthening activity that includes eight to 10 exercises on two or more non-consecutive days per week.

A great way to initiate exercise is to consider the FITT principle. This stands for Frequency, Intensity, Time, and Type. It considers how regularly we exercise, how hard we exercise, how long we exercise, and the activity we choose for exercise. Using the FITT principle to gradually increase each of the variables, session to session, can help bring our fitness to higher levels and bring about the aforementioned adaptations.

- alive magazine



## Expanding Heart Failure Medication Choices

### TWO NEW DRUGS ADDED TO HEART FAILURE GUIDELINES

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Doctors might prescribe ivabradine to symptomatic, stable HF patients whose resting heart rates are 70 beats per minute or higher, despite being on the highest dose the patient can tolerate of traditional beta blocker therapy designed to slow the heart rate. In these patients a resting heart rate of 70 beats a minute or faster may increase the risk of hospitalization. Therefore, adding ivabradine to beta blocker therapy can better control heart rate and help prevent hospitalizations, Yancy said.

Valsartan/sacubitril represents an evolution in heart failure treatment, according to Yancy. It replaces, he said, what was formerly considered part of the foundation in treating heart disease and heart failure: the use of angiotensin-converting enzyme, or ACE, inhibitors.

“Recent compelling data demonstrate that if you treat patients in a traditional manner with therapy, which includes the ACE inhibitor, and then replace that ACE inhibitor with this new combination, remarkably, patients don’t just do a little bit better, they do substantially better,” he said.

Cardiologist Mathew Maurer, M.D., uses these new medicines when treating heart failure patients at New York-Presbyterian/Columbia University Medical Center.

“Particularly, I think, that the data is stronger — as the guidelines reflect — for valsartan/sacubitril than it is for ivabradine,” said Maurer, medical director of The HCM Center at New York-Presbyterian. Maurer was not involved in writing the updated guidelines but conducted research on valsartan/sacubitril.

An estimated 5.7 million Americans have heart failure, a progressive condition in which the heart is unable to efficiently pump blood.

“There has been a dearth of new therapies for patients with chronic systolic heart failure,” Maurer said. “With these therapies we’ve actually advanced the clinical care a tremendous amount and created hope for patients with chronic systolic heart failure that their outcomes could be improved, their quality of life better and, ideally, they can spend more time out of hospital, highly functional and alive.”

-HeartInsight Fall 2016 Source: American Heart Association News



## ***Two Special Support Groups***

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### ***Woman to Woman***

This is a special interest group addressing the specific concerns of women with heart disease. An active lifestyle is also part of their emphasis. This group is organized and operates under the parent society in consort with the Canadian Council of Cardiovascular Nurses.

Meetings are held on the first Tuesday of each month, 4:00PM

[www.womenscardiacsupport.org](http://www.womenscardiacsupport.org)

For more information contact:  
**[info.womantowoman@gmail.com](mailto:info.womantowoman@gmail.com)**

### ***Phoenix Club***

This is a special interest group for the younger men with heart disease who meet to discuss: career, family, exercise, lifestyle changes and contemporary issues in a supportive environment.

They meet once a month on the 2<sup>nd</sup> Wednesday at different locations

Please call:  
Tony at (403) 241-5119

For location,  
time and attendance confirmation,  
and more information.

## **VISITOR VOLUNTEERS WANTED**

**We need volunteers to visit Cardiac patients at all of the four hospitals.**

Rocky View & South Health – Please contact Jean-Paul Maillot at (403) 278-6087

Peter Lougheed hospital – Please contact Glen Clark at (403) 226-4027

Foothills hospital coordinator position is vacant.

**Thank-you to all visitors in all four hospitals for your visitations.**

**Keep up the good work!**



*Membership is open to  
anyone interested in  
cardiovascular disease*

## **BECOME A MEMBER**

New Member \_\_\_ Renewal \_\_\_

Enclosed is a \$25.00 cheque payable to Heart to Heart Support Society, Box 5242, Stn. A, Calgary, AB, T2H 2K6. Please register me as a member.

Please print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

[www.hearttoheartalberta.com](http://www.hearttoheartalberta.com)

## **Heart to Heart Chapters Established In Alberta Cities**

*To obtain more information or become a member, you may choose to contact the Regional Hospital or the Heart to Heart Contact Person in the particular city.*

### **Drumheller:**

#### **President**

Trevor Gough: (403) 820-1887

## **- NOTICE -**

***On the Beat*** offers information regarding the treatment therapies and help that is available to readers. We welcome and encourage your comments and suggestions.

All medical and therapeutic information contained in this newsletter isn't necessarily to your particular condition.

Consequently, we caution all readers that the information and advice in this newsletter (or in any publication) should be acted or relied upon only after consultation with your physician and health care professional.

