



# CARDIAC ATHLETIC SOCIETY EDMONTON

## Heart Murmurs

December 2016

CASE website <a href="http://www.edmontoncase.ca">http://www.edmontoncase.ca</a>		
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### *MERRY CHRISTMAS AND HAPPY NEW YEAR*



We hope that everyone has an excellent and enjoyable Christmas Season and wish everyone a Happy New Year! The next issue of Heart Murmurs will not be published until the first of February so the monthly calendars for both December and January 2017 are attached to this issue.

#### **Message from the ‘Prez’.**

I take this opportunity to wish you all a very Merry Christmas and a hale and hearty New Year (as has Barry Clark, our Communications Co-ordinator). Please read The Social Core of CASE, as written by Barry. He raises some important points for you to consider.

In this context, I believe we may need to consider some updates and possible changes to CASE. One concern is that we are an increasingly older group, and have not done a good job of recruiting younger heart patients. As well, there are now a number of programs which may compete with the basics of CASE. A major concern of mine, and others on the Board, is to increase membership and to renew the Board.

To begin this examination, three members of your Board met with rehabilitation staff of Alberta Health Services, (who were amazingly uninformed about CASE) to outline our program and to try to find ways to work together. They pointed out that only 2400, of the annual 8000 heart patients in Edmonton, took part in the 6-week rehab program. We feel that a 'CASE-type' program, for life, can be very helpful to those who are willing to take part. Discussions may continue.

To continue exploring possibilities, four Board members met with Recreation staff of the City. They also received an up-date on CASE. As well, a number of questions/concerns were raised for working more closely with the City. We also worked toward gaining more education /promotion about CASE from the City. A report from the City is next in these continuing discussions.

If any of you have some ideas as to how we might better inform a wider number of Edmontonians about the value of CASE, please let a member of the Board know. Better yet, offer yourself to become a CASE Director at the March Annual General Meeting.

Cheers. See you at the Christmas dinner!

### **Dr. Wagg's Presentation**

On November 14<sup>th</sup>, at TCRC, we were 'educated' and entertained by Dr Adrian Wagg, Head of Gerontology (old age) at the U of A Hospital. A large group of nearly 30 members and guests were an attentive and questioning audience as he spoke of a 'Healthy Aging Brain'. The key indicators he noted were Exercise, good diet, and a positive, healthy attitude. He remarked that our commitment to a lifetime of exercise, and the 'family support' aspect of CASE were majors components of our continued success.

Note: Dr, Wagg made his Power Point presentation available. I (Burn), will forward same to any member who requests it.

### **Christmas Dinner**

Don't forget Christmas Dinner on Dec. 4. Starts at 5:00 at SEESA 9350 82 St NW, Edmonton

### **Christmas Exercise Schedule**

There will not be an actual Christmas break from our regular exercise schedule this year because Christmas and New Year's Days fall on Sundays. Our Tuesday and Thursday exercise classes at TCRC will not be interrupted.

### **2017 First Supper**

Make your plans now to attend the first CASE special event of the New Year, The First Supper. It will happen on Thursday January 19, 2017 in the Team Room at Boston Pizza at 4804 Calgary Trail. We will be welcome at Boston Pizza starting at 6 pm.

The Team Room is a separate room at BP, with space for us to mingle, away from other BP customers, providing an opportunity to get re-acquainted with fellow CASE members after the Christmas season, to discuss the season's events and how well or badly Mr. Claus treated you. We will be able to order anything from the regular BP menu. Members of our group will receive a 10% discount on the food and an automatic 15% gratuity will apply. Individual checks will be available as requested. All CASE members and their guests are urged to attend.

### **2017 Membership Fees**

Your 2016 membership ends on Dec. 31 2016. See Stuart Embleton (780-435-2602 or [stuart\\_ed@telus.net](mailto:stuart_ed@telus.net) ) for your \$30 membership for 2017.

### ***THE SOCIAL CORE OF CASE***

From its outset, CASE has existed to help heart patients, and those concerned with heart health, maintain their health through programs of appropriate exercise and the provision of opportunities to learn about ways to maintain a healthy lifestyle. However, at the core of CASE's continued existence and success for more than 40 years has been the fact that it involved and was sustained by an active group of people who share similar interests and values. The 'club' aspect of CASE has been sustained by members participating in fitness, recreational, educational and social activities together.

These social activities are wide ranging and may be 'informal' or 'formal'. Conversations in the exercise room or on the volleyball floor, monthly breakfasts at SEESA, the annual Barbeque and Christmas parties, golf games, monthly walks in the summer, serving on the Executive or committees all provide the glue for the personal relationships that have formed and sustained CASE. Wanting to be with our friends reinforces the commitment to exercising together to sustain our heart health. Our membership in CASE sustains each of us individually and this reinforces each member of the group.

Many of us will soon gather together to share our enjoyment of each other and of the group (and the season) at the annual Christmas Party. This will be great for all of us. However, at the same time, we each need to reflect upon the needs of the CASE group and how it will continue to meet the needs of all its existing and future members.

Renewal and leadership of CASE is an ongoing need. For many years CASE has played an active role in sustaining and promoting heart health for its members and even for the wider community. It is time that we each consider how we can give to the group in our time, involvement and interest since that is what will continue to make CASE successful in delivering its physical, educational and social programs to existing and future members.

The following article shows a strong relationship between loneliness and the incidence of heart disease. The final article notes that a possible defense against dementia lies in active involvement with other people.

There will be significant changes faced by CASE and its members in the next few months. Please enjoy all the programs and consider how you might build your involvement in CASE in 2017 and how to expand its role in the wider community of those with heart issues.

### ***LONELINESS CAN LEAD TO HEART DISEASE AND STROKES***

Health workers should inform patients of the importance of social interaction as part of a healthy lifestyle. Being lonely, and socially isolated, can increase a person's risk of heart disease or stroke, new research suggests. The effect loneliness has on the heart is similar to that seen in people who suffer anxiety or have stressful jobs, experts found.

Researchers from the University of York, the University of Liverpool and Newcastle University reviewed evidence on the impact loneliness has on heart disease and stroke risk. They examined 23 relevant studies, involving more than 181,000 adults, where 4,628 coronary heart disease and 3,002 stroke "events" were recorded.

After analyzing data, they found that loneliness and isolation were associated with a 29% increase in risk for coronary heart disease and a 32% increase in risk of stroke.

They found an association between poor social relationships and incident cardiovascular disease comparable in size to other recognized psychosocial risk factors, such as anxiety and job strain. Tackling loneliness and isolation may be a valuable addition to coronary heart disease and stroke prevention strategies.

Previous research has already linked loneliness and social isolation to premature death but until now the size of the associated risk to cardiovascular health was unclear. Given projected increases in levels of social isolation and loneliness in Europe and North America, medical science needs to squarely address the ramifications for physical health.

The study concluded that "Similar to how cardiologists and other healthcare professionals have taken strong public stances regarding other factors exacerbating cardiovascular disease (e.g, smoking, diets high in saturated fats), further attention to social connections is needed in research and public health surveillance, prevention and intervention efforts."

Commenting on the study, the Local Government Association's community wellbeing spokesperson said: "With more than one million people aged over 65 believed to be suffering from loneliness, councils with their responsibility for public health see this as a major concern." In the past it may have been treated as a trivial matter, loneliness is a serious condition that can severely affect a person's mental and physical wellbeing. Councils are addressing this through early intervention, with a number of local authorities leading the way in partnership with volunteer and community organizations. Loneliness is an issue that needs our urgent attention, and something that will become an increasingly important public health concern as people live longer lives."

**Source:** <http://www.independent.co.uk/life-style/health-and-families/health-news/loneliness-can-lead-to-heart-disease-and-strokes-research-suggests-a6991871.html>

### ***IS SOCIAL ENGAGEMENT GOOD FOR YOUR BRAIN?***

Most of us intuitively understand that having positive social interactions is good for us. But when we ask deeper questions, the answers become more challenging to find. Should we tell people who are isolated that they are hurting themselves? And, even if being socially engaged is enjoyable and beneficial, could it really be good for your brain? What is clear is that studies done in very different ways have found the same results: People who develop dementia are less socially engaged in the years before diagnosis than those who do not develop dementia.

To determine whether social engagement might prevent memory decline, for example, a number of studies have compared people with dementia to similarly aged individuals without dementia. Almost all find that in the years before people develop dementia they are less socially active than those who do not develop dementia.

The problem with this approach is the possibility that some other factor besides social engagement led to the risk of developing dementia. There is always the chance, for example, that many diseases causing dementia begin in the brain long before the decline can be detected and that the decline in social activity is the result, not the cause, of dementia.

Another approach used by scientists is to raise animals such as mice in two different environments, one in which contact with other animals is encouraged and one in which it is limited. Here again, animals raised in the stimulating environment do better on tests of memory when they are adults than those who were socially isolated. This certainly reinforces the idea that stimulating environments improve brain function but it's a big leap to make recommendations to people based on these studies.

The most convincing evidence of the benefits of being socially active comes from what is referred to as a randomized, controlled trial. In this approach some people get the "treatment" while others do not, and neither the researchers nor the participants know who got which treatment.

One long running study, called “Experience Corp,” did just that in relationship to social engagement. The study tested whether training older people to engage and mentor young students would be more beneficial than just encouraging the seniors to do volunteer work of their choice, such as delivering meals or providing transportation.

The results were striking. Those randomized to the student engagement program had many beneficial health outcomes, including less frailty, better cognition, and better psychological well-being. Perhaps most surprising of all, those who participated in the engagement program, particularly the men, had an increase in the volume of the hippocampus, the part of the brain that shrinks very early in Alzheimer’s disease and is necessary for the formation of new memories.

In the comparison group who had only been encouraged to volunteer, the hippocampus actually shrank! Here, then, is compelling evidence that social engagement is good for your brain—it not only resulted in better reasoning ability and health, but actually had a beneficial effect on brain structure.

And just as importantly, the children who participated in the mentoring activity did better on many measures, too. So it is a “win-win” for all of us to be socially engaged. It’s good for our brains and for bringing people and communities together.

**Source:** February 26, 2016, Dr. Peter Rabins the former Richman Family Professor of Alzheimer’s and Related Diseases in the Department of Psychiatry and Behavioral Sciences at John Hopkins University, and is currently Professor at the Erickson School, University of Maryland, Baltimore County. He is the co-author of ‘The 36-Hour Day’, a book about caring for patients with dementia, which is in its fifth printing.

