

CARDIAC ATHLETIC SOCIETY EDMONTON

Heart Murmurs

March 2018

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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 kbclark1@telus.net Back issues of the newsletter are posted on the CASE website at:

http://www.edmontoncase.ca

CASE ANNUAL GENERAL MEETING

The CASE Annual General Meeting (AGM) will held on March 12th at 7:00 PM in a meeting room at SEESA. This is your opportunity to hear reports from the Directors on the various activities held by CASE over the past year. It is also an opportunity to provide the Directors with input on things you would like to see done differently in the upcoming year. One of the most important items of business to be done at an AGM is to fill vacancies on the Board. Al Pape who has served as our Marketing Coordinator since 2013 is stepping down. His position and two other vacancies leaves us with a total of 3 positions to be filled. Your nominating committee will present a slate of candidates who have indicated an interest in coming onto the board. If you are interested and have not been approached, but would like to participate, all that is required is have any CASE member nominate you to the board. There is a requirement that at least 17 CASE members be present at the AGM in order for us to legally do any business therefore your attendance is important. All members of CASE are welcome to attend. Coffee, tea and cookies will served.

APRIL EDUCATIONAL NIGHT

Mon. April 9, 2018 - Smart Bites to Better Health - A Public Health Dietician from Alberta Health Services will speak on "Wondering how to take that first bite to a healthier you? This talk will unlock the secrets of healthy eating as you age. We'll decode some challenging nutrition information to make sure you get the greatest health bang for your effort buck." This will include heart healthy information.

On Feb. 12 "Strike Out Stroke" was presented by Gail Elton-Smith, Stroke Service Coordinator for Alberta Health Services. It was a very informative presentation where we learned that a stroke is the sudden interruption of blood flow, either through blockage (ischemic stroke) or bursting (hemorrhagic stroke). We learned how to identify an ischemic stroke by using the acronym FAST which means FACE – is there drooping?; ARMS – can both be raised?; SPEECH – is it slurred, jumbled or any difficulty?; TIME – call 911 right away as there is only a 4 ½ hour time frame to get the drug to reverse effects. The key to recognition is the sudden onset of symptoms. It is imperative that the ambulance be called immediately so EMS can start assessment.

Eighty percent of strokes can be prevented. The risk factors for strokes are the same as for heart attacks. The factors that we cannot change are age, gender, prior stroke/TIA, ethnicity, being menopausal and family history. The factors that we can change are high blood pressure and high cholesterol, sleep apnea, obesity, diabetes and atrial fibrillation. She then gave us a great deal of information and suggestions for changing these factors and answered many questions. The response to this presentation was very positive.

The education evenings are held at the Terwillegar Recreation Centre in Multi-Purpose Room B, on the second floor above the hockey rinks.

2018 BARBEQUE

This popular event will be held on June 8 at SEESA again this year. Pan to attend, details will follow.

A NOTE OF THANKS

A small number of CASE members assisted me by testing and evaluating the Virtual Gym prototype project on a number of occasions. This U of A project, which aims to promote physical and cognitive health among older adults won the Best Demo Award in an AgeWell funded project. See http://agewell-nce.ca/archives/5917 for more details. Thank you to CASE from Victor Fernandez.

GRAPE EXPECTATIONS: IS RED WINE REALLY GOOD FOR YOUR HEART?

Red wine contains compounds thought to lower heart disease risk. But the evidence that wine protects the heart is muddled. Have you ever topped off your glass of cabernet or

pinot noir while saying, "Hey, it's good for my heart, right?" This widely held impression dates back to a catchphrase coined in the late 1980s termed *the French Paradox*.

The *French Paradox* refers to the notion that drinking wine may explain the relatively low rates of heart disease among the French, despite their fondness for cheese and other rich, fatty foods. This theory helped spur the discovery of a host of beneficial plant compounds known as polyphenols. Found in red and purple grape skins (as well as many other fruits, vegetables, and nuts), polyphenols purportedly explain wine's heart-protecting properties. Another argument stems from the fact that the Mediterranean diet, an eating pattern shown to ward off heart attacks and strokes, features red wine.

However, the evidence that drinking red wine (or alcohol in general, for that matter) can help you avoid heart disease is pretty weak, according to Dr. Mukamal, a cardiologist at Harvard. All the research showing that people who drink moderate amounts of alcohol have lower rates of heart disease is observational. Such studies can't prove cause and effect, only associations.

Moderate drinking defined as one drink per day for healthy women and two drinks per day for healthy men is widely considered safe. However, the health effects of alcohol have never been tested in a long-term, randomized trial, although one began this year.

Although some studies suggest wine is better for the heart than beer or hard liquor, others do not, according to a review article about wine and cardiovascular health in the Oct. 10, 2017, issue of *Circulation*. That's not surprising, says Dr. Mukamal. "In many cases, it's difficult to tease out the effect of drinking patterns from specific types of alcoholic beverages," he explains. For example, people who drink wine are more likely do so as part of a healthy pattern, such as drinking a glass or two with a nice meal. Those habits, rather than the choice of alcohol, <u>may</u> explain better heart health.

In addition, the *French Paradox* may not be so paradoxical after all. Many experts now believe that factors other than wine may account for the observation, such as lifestyle and dietary differences, as well as earlier underreporting of heart disease deaths by French doctors. What's more, Dr. Mukamal notes, heart disease rates in Japan are lower than in France. Yet the Japanese drink a lot of beer and clear spirits, but hardly any red wine.

What about the polyphenols in red wine, which include resveratrol, a compound that's heavily advertised as a heart-protecting and anti-aging supplement? Research in mice is compelling, but there's no evidence of any benefit for people who take resveratrol supplements. Also you would have to drink a hundred to a thousand glasses of red wine daily to get an amount equivalent to the doses that improved health in mice. Also, a 2014 study of older adults living in the Chianti region of Italy, whose diets were naturally rich in resveratrol, found no link between resveratrol levels (measured by a breakdown product in urine samples) and rates of heart disease, cancer, or death.

As for the Mediterranean diet, it's impossible to know whether red wine is an important part of why that eating style helps reduce heart disease.

If you enjoy red wine, be sure to limit yourself to moderate amounts. Measure out 5 ounces (which equals one serving) in the glass you typically use. Five ounces appears smaller in a large goblet than in a standard wine glass. Also, many experts recommend that starting at age 65, men should limit their alcohol use to no more than a single drink per day. Age-related changes, including a diminished ability to metabolize alcohol, make higher amounts risky regardless of gender.

If you drink, stick to moderate limits and only in the context of other healthy lifestyle habits, such as with meals. Never drink before activities that require attention and dexterity. If you're a lifelong teetotaler, there is no health reason to start drinking.

Source: Harvard Heart Health Newsletter January 22, 2018

IF WINE DOES NOT WORK, THEN MEDITATION MAY HELP LOWER RISK OF HEART DISEASE

The ancient, mind-calming practice of meditation may have a role in reducing the risk of heart disease. So says a scientific statement from the American Heart Association in the Sept. 28, 2017, Journal of the American Heart Association.

Experts reviewed dozens of studies published over the past two decades. The results suggest that meditation may improve a host of factors linked to heart disease, including stress, anxiety, depression, poor sleep quality, and high blood pressure. It may also help people stop smoking. An added bonus is that it is low-cost and poses no apparent risk to health.

You can learn meditation by taking a class (check your local community center or yoga studios) or watching an online video. The practice typically involves quiet, focused attention, during which you close your eyes while sitting comfortably. You then direct your consciousness to your breathing, an object, or a word or phrase known as a mantra. Mindfulness meditation encourages you to focus on the present moment. Transcendental Meditation uses techniques that encourage the mind to "transcend" thoughts. About 8% of adults in the United States say they practice some form of meditation.

Source: Harvard Heart Health Letter Published: February, 2018

COULD BE BETTER THAN MEDITATION: FREE GYM PASS PRESCRIPTIONS..

If you need to get more active, there's a chance your doctor could prescribe you a free gym pass. Alberta's *Prescription To Get Active* program is in full swing, with more than 50 recreation facilities partnering with 4,000 health-care providers around the province this year to get people moving.

Launched in 2011 in Leduc as an answer to the rising epidemic of chronic disease, the program became a national not-for-profit in 2015.

The concept is simple: Get a prescription from a doctor or their team, take it to a participating facility and start moving. Facilities taking part in the program are located across Edmonton, including city recreation centres, YMCAs and private gyms.

Reams of specialist centres for sports, yoga and fitness are also involved, as well as gyms in bedroom communities and all over Northern Alberta. In a news release, exercise specialist Melanie Fuller said the program helps breaks down some of the barriers for folks trying to become more active. "A prescription for physical activity is just as important to fight diseases as any other medication," Fuller said.

"Offering free recreation access affords patients the opportunity to try types of recreation they may not have before."

For more information see their website: https://www.prescriptiontogetactive.com/

Source: Edmonton Journal January 5, 2018

CASE Events Calendar - March 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	2	3
4	5	6 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	7	8 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	9	10
11	CASE AGM 7:00 PM SEESA	Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	14	15 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	16	17
18	19	Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	21	Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	23	24
25	Board Meeting Bonny Doone 9 a.m.	Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	28 Social Breakfast SEESA 9 am	29 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	30 Good Friday	3]