



# Heart Murmurs

September 2021

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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](mailto:kbclark1@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](mailto:stuart_e@telus.net) with a subject line 'unsubscribe'.

## **Cardiac Athletic Society Edmonton Board**

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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.

## ***RETURN TO CASE EXERCISE PROGRAM STILL UNDER CONSIDERATION***

The City of Edmonton considered re-opening the *Healthy at Heart Program* at the Terwillegar Community Recreation Centre to start in early September.

CASE executive expressed concerns about the potential for negative impacts on the health of members with heart issues if they return to an environment where there were no meaningful constraints to potential transmission of Covid during the rapid spread of the Delta variant.

**Edmonton agreed to postpone the re-opening of the Healthy at Heart program until after Thanksgiving.** This will give us better time and information to evaluate the risks that participation in this program might present to CASE members.

The situation continues to change rapidly. Even since the decision to delay the program was taken, City Council reinstated its 'mask mandate' requiring wearing of masks in all indoor public spaces in Edmonton.

**Lynn Bohuch, who was to instruct the Healthy at Heart program at TCRC has agreed to continue to instruct the Essentrics online program between September 14 and October 7. The fee for this four-week session will be \$30 per participant. As you did previously, please remit payment to Roberto Cruz.**

The Covid pandemic seems to be into the 'fourth wave' and still presents a threat to CASE members. This makes it necessary for the Executive to respond quickly when new information about the prevalence of Covid and management protocols comes available. We hope that members understand that although there is some uncertainty about how, and when, our exercise and other programs will proceed, we will keep members informed regularly.

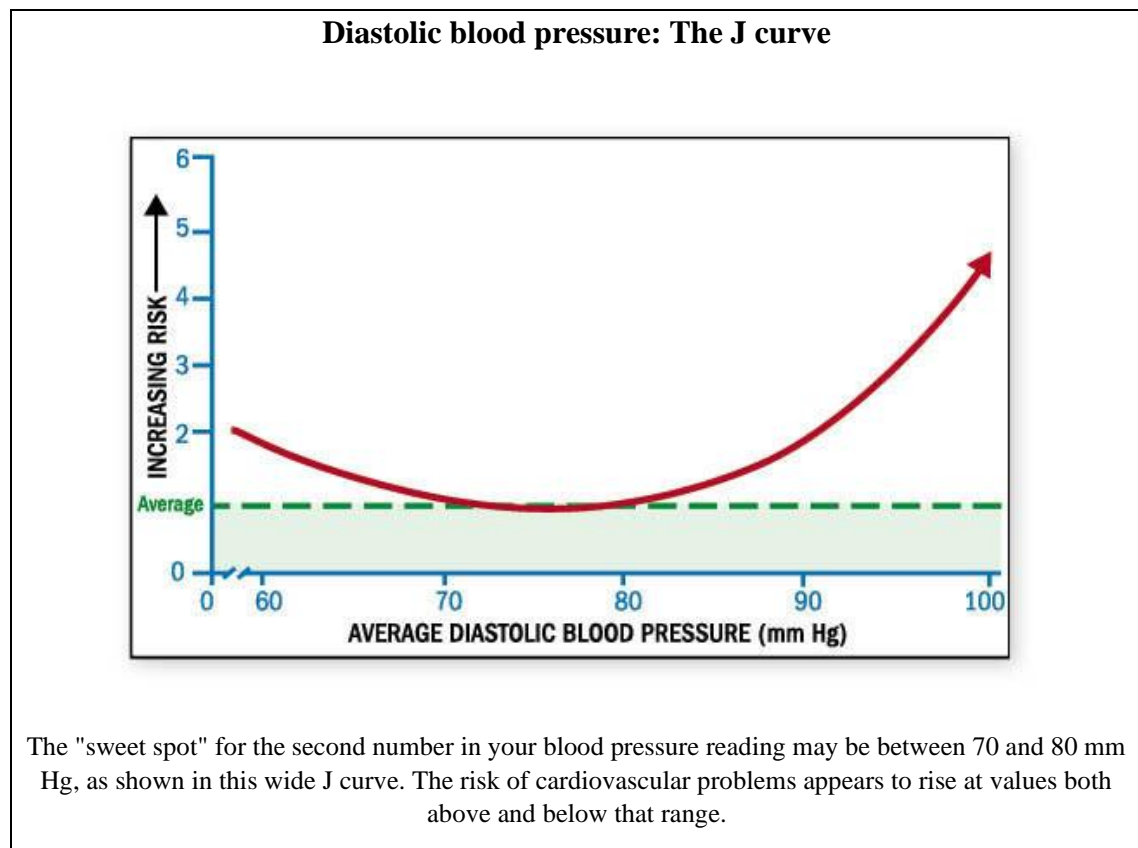
### ***DIASTOLIC BLOOD PRESSURE – WORTH A SECOND LOOK?***

Recent findings point to possible harm from very low diastolic blood pressure, the second number in a blood pressure reading. Current blood pressure guidelines define an ideal reading as less than 120/80 millimeters of mercury (mm Hg). According to some research, an even lower systolic value (the first number in the reading) may help prevent even more heart attacks and strokes. But more aggressive treatment to lower systolic blood pressure makes sense only if you don't develop symptoms such as feeling lightheaded or dizzy.

However, when it comes to diastolic pressure (the second number in the reading), lower is not necessarily better. A study published the Feb. 1, 2021, in *JAMA Network Open* found that a very low diastolic blood pressure (less than 60 mm Hg) was linked to an increased risk of heart attack and stroke in people at high cardiovascular risk. "The safety of a low diastolic blood pressure value has been debated for decades," says Dr. Randall Zusman, a cardiologist at Harvard-affiliated Massachusetts General Hospital. In general, doctors and patients alike tend to focus more on systolic blood pressure, which reflects the amount of pressure in the arteries as the heart contracts and squeezes blood out to the body. Diastolic pressure is measured as the heart relaxes. It affects the amount of blood flowing into the arteries supplying the heart, which doctors refer to as coronary perfusion, he explains.

**Not enough blood to the heart:** If your heart's arteries are clogged with fatty deposits (as happens in heart disease), blood pressure beyond the constricted areas will fall even lower as blood flows through the narrowed channel. We worry that if diastolic pressure gets too low, it may compromise the heart's function.

The JAMA Network Open study relied on data from two earlier studies that included just over 7,500 people at high risk for heart disease. All received medications to lower their systolic blood pressure to less than 130 mm Hg. Researchers found that people with diastolic values below 60 had higher rates of heart attack, stroke, and death from any cause.



Those with diastolic values from 70 to 80 had the lowest risk for those outcomes. The findings jibe with earlier studies showing similar results. The possible dangers of very low diastolic blood pressure merit further study. However, testing that hypothesis in a clinical trial isn't feasible because it's very difficult to intentionally and selectively lower diastolic pressure. All currently available blood pressure drugs lower both systolic and diastolic blood pressure.

**Individualized treatment:** Everyone is different, so when choosing your blood pressure medications and setting your target, your doctor should consider any other health conditions, sensitivities to drugs, and likelihood of developing dizziness or other side

effects. The goal is to lower your systolic reading below 130 to reduce your risk of heart attack and stroke without triggering dizziness, light-headedness, or fainting.

In general, systolic pressure tends to rise with age, while diastolic pressure tends to fall. Sometimes, when diastolic pressure dips below 60, the systolic reading is around 90 or 95. If that's the case, easing up on blood pressure treatment makes sense. But if your systolic pressure is well controlled (around 115 to 125) and your diastolic reading is below 60, it's worth asking your doctor to listen very carefully to your heart to be sure your aortic valve isn't leaking. This problem, known as aortic regurgitation, interferes with normal blood circulation throughout the heart, causing diastolic pressure to fall. But if your aortic valve is in good shape and you can be physically active without any symptoms such as chest pressure, shortness of breath, or light-headedness, a low diastolic blood pressure should not pose a problem.

Source: Harvard Heart Health June 01, 2021 By: [Julie Corliss](#), Executive Editor, [Harvard Heart Letter](#) <https://www.health.harvard.edu/heart-health/diastolic-blood-pressure-worth-a-second-look>

### ***APPROVAL OF DRUG FOR HEART FAILURE RESEARCHED AT U OF A***

The U.S. Food and Drug Administration has approved the drug ***Vericiguat*** for use in patients with heart failure. The drug, a first-of-its-kind, once-daily oral treatment for patients with worsening chronic heart failure, was approved in part thanks to the VICTORIA Clinical study run by researchers at the University of Alberta.

***Vericiguat*** works by stimulating an enzyme in the body called soluble guanylate cyclase (sGC), which is important for enhancing heart function and helping blood vessels relax to provide better blood flow. In patients with heart failure, sGC is reduced and unable to adequately stimulate cyclic guanosine monophosphate (cGMP), which is necessary for transmitting chemical signals to blood vessels, resulting in vascular and coronary dysfunction.

***Vericiguat***, was shown to reduce risk of cardiovascular death and heart failure, passed final regulatory hurdle in the United States with FDA approval. Regulatory approvals in other countries and regions, including Canada, are actively underway,

“We are very pleased to see FDA approval of vericiguat and proud of the collaborative global effort within the VICTORIA study that played in that,” said Canadian VIGOUR Centre founding director and U of A distinguished professor of medicine Paul Armstrong. “This is a safe, well tolerated, once-a-day medicine, and we feel it provides a new and attractive option for a heart failure population at high risk with unmet needs,” he added.

The VICTORIA study, done in collaboration with a team at Duke Clinical Research Institute in Durham, N.C., compared *Vericiguat* (called Verquvo commercially) with a placebo in adult patients with symptomatic chronic heart failure who had a recent worsening heart failure event. The research team found that rates of death or hospitalization due to heart failure among the patients who received vericiguat were 10 per cent lower than the rates among the placebo group, with an absolute reduction in negative health events in 4.2 per cent of patients who were already receiving optimal heart failure care. Over the course of the study, 5,050 patients from 600 medical centres across 42 countries were enrolled, including 145 patients from Canada.

Source: U of A Folio January 25, 2021, By Ryan O'Byrne

# CASE Events Calendar - September 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 <b>Golf</b> Weather Permitting Twin Willows Golf Club Noon Tee-Off	2	3	4
5	6 Labour Day	7 No Essentrics today	8 <b>Golf</b> Weather Permitting Twin Willows Golf Club Noon Tee-Off	9 No Essentrics today	10	11
12	13	14 <b>Essentrics and Cardio 11:30 to 12:45</b> Zoom with Lynn	15 <b>Golf</b> Weather Permitting Twin Willows Golf Club Noon Tee-Off	16 <b>Essentrics and Cardio 11:30 to 12:45</b> Zoom with Lynn	17	18
19	20	21 <b>Essentrics and Cardio 11:30 to 12:45</b> Zoom with Lynn	22 <b>Social Breakfast Golf</b> Twin Willows Golf Club Noon Tee-Off	23 <b>Essentrics and Cardio 11:30 to 12:45</b> Zoom with Lynn	24	25
26	27 <b>Board Meeting Bonnie Doon 9 a.m.</b>	28 <b>Essentrics and Cardio 11:30 to 12:45</b> Zoom with Lynn	29 <b>Golf</b> Weather Permitting Twin Willows Golf Club Noon Tee-Off	30 <b>Essentrics and Cardio 11:30 to 12:45</b> Zoom with Lynn		

Note: Watch email for more detail on activities and events.