



CARDIAC ATHLETIC SOCIETY EDMONTON

Heart Murmurs

February 2016

CASE Board			
President -	Burn Evans	Exercise Coordinator -	Wayne Jackson
Vice President -	Ron Kirschner	News and Communications -	Barry Clark
Secretary -	Gary Duguay	Education and	Wendy Schneider
Treasurer -	Ron Kirschner	Special Events	
Past President -	Ron Torgerson	Social Events-	Shirley Evans
Membership -	Stuart Embleton		with Elaine Kirschner and Marilynn Prusko
Burn Evans, President Phone: 780-435-1285 Email: gbevans@telus.net		Stuart Embleton, Membership Phone: 780-435-2602 Email: membership@edmontoncase.org	

NOTES FROM THE PREZ

David Ingledeu As most of you know, we lost long-time member and former Board Director, David Ingledeu, in December.

Dave exercised with us since we were at Kinsmen, and always came in good spirits with a big smile. His list of life's accomplishments was large, and includes regular reunions of friends, family and business associates. He was always a willing helper for CASE functions; his truck was volunteered to pick up and deliver the grill for our barbeque.

He dealt with his final illness with his usual equanimity and acceptance. We will miss him greatly, and offer our love and compassion to Lesslie and family.

November Board Meeting The November Board meeting discussed the need for better marketing of CASE. The Treasurer (Ron K) has placed financial records on an Excel system, which will result in easily prepared year-end documents for submission to government authorities. As well, a 'guestimate' budget has been prepared for each portfolio, so that each Director has a target for expenses. This will be adjusted each year through experience.

SEESA has agreed to be the permanent mailing address for CASE. A SEESA membership has been obtained, in the name of the President, to maintain closer ties.

A schedule for approval of the draft by-laws was set. A new, cost-free location at Bonnie Doon Shopping Centre has been found for Board meetings.

The January meeting reviewed a draft of proposed new by-laws for CASE. The draft will be circulated to all members, for possible input, prior to the next AGM. When they are sent out, you are encouraged to review the changes and provide any suggestions, as soon as possible, to Burn Evans (gbevans@telus.net). Again, remember that the AGM will be held at SEESA on March 14, 7:00 pm. We encourage a big turnout in order to examine and approve the by-laws.

The Board also spent some time looking at ways of ‘marketing’ the message of CASE, to possibly attract new and younger members. This will be a continuing discussion.

PAY UP

You are reminded to contact Stuart Embleton as soon as possible to purchase your 2016 CASE membership; it is \$30 this year. Also please contact him as well if you need to modify your contact information or wish to be taken off the CASE mailing list.

EDUCATION EVENING

Please join us on Monday, February 8, 2016 at 7:00 pm for our first Education Event of the year. Mr. Wei Woo will be presenting the *Fundamental Principles of Retirement Living* and will focus on how to achieve a stable, steady income and will include ways to access low income seniors' benefits. The session will be held in Multipurpose Room (MPR) 5 at the Terwillegar Recreation Centre. Please note, this is not the room where we usually meet. It is located immediately behind Second Cup on the main floor.

FIRST NIGHT SUPPER

Over 35 CASE members and their guests came out for the First Supper event held at Boston Pizza on Thursday, January 14th after the exercise class. Judging by the smiles and non-stop conversation we all survived the 2015 Christmas season and are off to a great start for 2016!

HAVE YOU HEARD OF CARDIAC SYNDROME X?

Cardiac Syndrome X is thought to be a type of angina. Angina is a pain that comes from the heart. The common type of angina is usually caused by narrowing of the heart (coronary) arteries. This causes a reduced blood supply to a part, or parts, of your heart muscle. The blood supply may be good enough when you are resting. When your heart works harder (when you walk fast or climb stairs and your heart rate increases) your heart muscle needs more blood and oxygen. If the extra blood that your heart needs cannot get past the narrowed coronary arteries, the heart responds with pain.

In Cardiac Syndrome X you feel chest pain when your heart works harder, but the heart arteries appear to be normal. Cardiac Syndrome X was first described in 1973. Since then researchers have had trouble deciding exactly what it is and what causes it. There have been many different theories, but the following are currently thought to explain why it might occur:

- The larger blood vessels in the heart (that show up in investigations) are normal. However, much smaller vessels (the microvasculature) are thought to be where there is narrowing. It is also thought that the lining of the heart's blood vessels (the endothelium) does not work as well in repairing itself.
- In Cardiac Syndrome X patients, the heart muscle is very sensitive to pain. This sensitivity for these patients may be greater than in others who don't have this condition.

A better name for Cardiac Syndrome X would perhaps be 'microvascular angina'.

Because doctors have not been able to decide exactly what Cardiac Syndrome X is, there are no precise numbers of how many people have the condition. Each year about 20,000 people in the UK develop angina for the first time. Of these people, about 1 woman in 5 and 1 man in 10 will experience Cardiac Syndrome X. Unlike the more common type of angina, Cardiac Syndrome X is more common in women than in men. It also tends to affect younger people (between the ages of 40 and 50 years). Certain factors make Cardiac Syndrome X more likely to develop including:

- Having a high cholesterol level;
- Smoking;
- Being overweight and unfit;
- Having high blood pressure;
- Having diabetes or problems with your sugar levels;
- Having mild arthritis.

The common symptom is a pain, ache, discomfort or tightness that you feel across the front of the chest when you exert yourself - for example, when you walk up a hill or against a strong, cold wind. You may also, or just, feel the pain in your arms, jaw, neck or stomach.

An angina pain does not usually last long. It will usually ease within 10 minutes when you rest. Angina pain may also be triggered by other causes of a faster heart rate. Cardiac Syndrome X pain can be quite severe and disabling. When you see your doctor, they will want to know all about the pain and when it happens. Typical angina can be confirmed by an angiogram test. However, the angiogram is usually normal in people with Cardiac Syndrome X.

For most people, pain is the body's warning sign that there's a problem. However, for people with Cardiac Syndrome X, pain can be a deceptive signal. These patients

experience severe chest pain and other symptoms that would normally indicate a heart condition – yet they have no visible signs of coronary artery disease.

“It’s a very elusive condition,” says Dr. Michael McGillion, of McMaster University in Hamilton. “And sometimes complex conditions don’t fall within one niche specialty cleanly.” Cardiac syndrome X isn’t the only condition where cardiology and pain science mysteriously intersect. Patients with refractory angina have visibly advanced coronary artery disease, with debilitating pain that conventional treatments can’t relieve. Addressing pain management more effectively is the focus of a recent project called **CardiacPain.Net**. This interactive, online resource, supported by the Heart and Stroke Foundation, provides patients with the latest information on persistent cardiac pain conditions and treatment options, as well as an opportunity to hear from others living with persistent forms of cardiac pain. It also has a section for healthcare professionals.

Traditionally, the fields of cardiology and pain management have coordinated formally on these clinical problems. It was important to develop a resource that would benefit both patients and healthcare practitioners. The resource centre offers accreditation through the Canadian Cardiovascular Society, as an incentive for professionals to learn about new developments in the field. The hope is that inviting patients and healthcare professionals to the same table could shed light on why some people are more prone to developing chronic pain.

From his other research, Dr. McGillion has found that incorrect information on pain management can be a contributing factor to post-surgical chronic pain. More than 80 per cent of patients who undergo major cardiac surgery rarely ask for pain medication, often waiting until the pain is unbearable. But fighting through severe pain can have significant consequences. His conclusion is that “If we bombard the nervous system with moderate to severe post-operative pain that isn’t managed well, the likelihood of developing chronic pain is going to be a possibility. And that’s the opposite of what we want to do when we’re delivering cardiac surgery.”

Unlike the sharp sting of a cut, chronic pain serves no functional purpose. The body continues sending distress signals long after the normal period of healing is over. CardiacPain.Net was launched in March 2014, with people from over 38 countries accessing this resource already.

Source:

http://www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.9031365/k.622C/Research_chair_on_a_quest_to_conquer_persistent_forms_of_cardiac_pain.htm?utm_medium=email&utm_source=News_and_Updates_EN_March_2014_Non_Donor&utm_campaign=curriculum_email

CASE Events Calendar - February, 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	3	4 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	5	6
7	8 Fundamentals of Retirement Living 7:00 PM Terwillegar MPR 5	9 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	10	11 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	12	13
14	15 Family Day	16 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	17	18 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	19	20
21	22 Board Meeting SEESA 9 a.m.	23 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	24 Social Breakfast SEESA 9 am	25 Exercise Program Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	26	27
28	29					