



## CARDIAC ATHLETIC SOCIETY EDMONTON

# Heart Murmurs

April 2017

<b>CASE Board</b>		
<b>President -</b> Gary Duguay <b>Vice President</b> Ron Kirschner <b>Secretary -</b> Gary Duguay <b>Treasurer</b> Ron Kirschner <b>Past President -</b> Burn Evans <b>Membership</b> Stuart Embleton	<b>Exercise Coordinator -</b> Wayne Jackson <b>News and Communications</b> – Barry Clark <i>with Stuart Embleton</i>  <b>Education and Special Events</b> <b>Social Events-</b> Shirley Evans <i>with Elaine Kirschner and Marilynn Prusko</i>	<b>Hearts and Flowers</b> Gerri & Cavan Devlin <b>Director at Large -</b> Elaine Kirschner <b>Director at Large -</b> Al Pape <b>Director at Large -</b> Mae Hadley <b>Director at Large</b> Wayne Saunders
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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 <a href="mailto:kbclark1@telus.net">kbclark1@telus.net</a> Back issues of the newsletter are posted on the CASE website at: <a href="http://www.edmontoncase.ca">http://www.edmontoncase.ca</a>		

### **CASE ANNUAL GENERAL MEETING**

The AGM was held on March 13 at the South East Edmonton Seniors Association and was attended by 19 members. The Directors presented their reports with the following highlights.

The Treasurer indicated that we were maintaining a balanced budget and indicated that a new financial tracking system has been put in place. The Membership Coordinator reported that our membership now stands at 64 which is a slight increase over last year. The Social Coordinator reported that all our events continue to be well attended by members. The Exercise Coordinator reported that the number of exercisers remains stable at between 20 to 30 on average but the number of walkers fell off slightly in 2016. The golf program was particularly successful thanks to the generosity of Greg Abel who sponsors the annual summer golf tournament. The Communications Director was not available but he was recognized for the excellent work being done on the Newsletter. Burn Evans indicated Wendy Schneider and Elaine Kirschner were stepping down from

the Board and he thanked them for their service. He then presented a slate of nominees to the board indicating that he would now be the Past President and the nominee for President was Gary Duguay. Other nominees listed as Directors-at-Large and returning for another term were Ron Kirschner, Stuart Embleton, Barry Clark, Wayne Jackson, Shirley Evans, Al Pape, Gerri Devlin and Cavan Devlin. Two new nominees listed were Wayne Saunders and Mae Hadley. There were no nominations from the floor and the slate of nominees for President and Directors-at-large was approved unanimously.

### ***APRIL EDUCATION EVENING***

On the evening of April 10<sup>th</sup> we will have a two part presentation from the Edmonton Region Heart and Stroke Assn. The first part will be an overview, with a slide presentation, of conditions and causes of heart problems and some of the related harm-reduction strategies. This will be followed by a demonstration of CPR methods, including the recent changes in CPR techniques.

This entire session is aimed at providing information, not certification, in CPR. Individuals may arrange to take the certification course, if they wish, at another time. It is about 15 years since CASE had a similar Education speaker. Let's have a big turn-out in Room B, 2<sup>nd</sup> floor Terwillegar Center to refresh us all. The life you save may be sitting beside you.

### ***LOOK FOR OUTDOOR ACTIVITIES***

Spring has arrived and if April is here then our walking and golf programs will soon be underway. Time to think about club polishing, ball finding and walking route plans and ideas...

### ***MEASURING RISK OF HEART ATTACKS***

The following article discusses reducing the risk of having a heart attack by the increased use of statins. This raises the question "how do I measure my risk of having a heart attack within the next 10 years? A questionnaire used to determine a percentage risk can be found online at:

<https://www.cardiosmart.org/Tools/Heart-Disease-Risk-Assessment>. (Cntrl/click to open article)

To complete the questionnaire, you will need your cholesterol data from your doctor's tests. A second article is one by the Mayo clinic which discusses cholesterol test results. This information can be found at:

<http://www.mayoclinic.org/tests-procedures/cholesterol-test/details/results/rsc-20169555>.  
(Cntrl/click to open article)

## ***STUDIES SUPPORT WIDER USE OF CHOLESTEROL LOWERING STATINS.***

The latest guidelines used to determine who should take a cholesterol-lowering statin to prevent heart disease appear to be more accurate and cost-efficient than the previous guidelines. That's according to two studies published in the *Journal of the American Medical Association*.

For many years, the main deciding factor in who needed to take a statin was the level of an individual's harmful low-density lipoprotein cholesterol (LDL). Updated cholesterol guidelines published in 2013 moved away from LDL and now recommend a statin for men and women between the ages of 40 and 75 who have a 7.5% or higher risk of having a heart attack or stroke over the next 10 years.

Soon after the new guidelines were released, two Harvard experts argued that they went too far, citing concerns that the calculator often overestimated the risk of having a heart attack or stroke. They made the case that by following the new guidelines, many healthy adults would end up taking a statin but get little benefit from the drug while running the risk of developing side effects such as muscle pain and diabetes.

Both *JAMA* studies sought to address those concerns by comparing the new guidelines with the older ones. While the older guidelines focused mainly on lowering a person's harmful LDL cholesterol, the new guidelines take a broader view, accounting for a person's age, gender, weight, blood pressure, and smoking status in addition to his or her cholesterol levels.

One of the *JAMA* studies looked at 2,435 people from the long-running Framingham Heart study who were not taking a statin. It determined that 39% of the study participants would have been eligible to take a statin under the new guidelines, versus 14% under the older guidelines. The study then looked at the numbers of heart attacks, strokes, and deaths from cardiovascular disease in both groups over a nearly 10-year period. The rates in both groups were nearly the same (just over 6%), suggesting that the new guidelines wouldn't put too many people on the drugs unnecessarily. When they looked at the people who weren't eligible for a statin under the new guidelines, just 1% had a heart attack or stroke. Under the old ones, 2.4% did. That suggests that the new guidelines provide a more accurate assessment of who would benefit from a statin and who wouldn't.

The other *JAMA* study relied on a computer model to calculate the cost-effectiveness of the new guidelines. The model projected the costs for a hypothetical group of Americans between the ages of 40 and 75 who would take a statin based on the new guidelines. These costs include the expense of cholesterol testing, medications, lab and doctor visits, as well as the cost of treating heart attacks and strokes. The downsides of taking a statin, including the inconvenience of taking a daily pill and a slightly higher risk of diabetes related to statin use were also considered. Another key factor in the model was a

measure known as the quality-adjusted life-year, which measures the burden of a disease in terms of both the quality and quantity of life lived.

The model showed that the new guidelines which would put almost half of adults aged 40 to 75 on a statin would be cost-effective. The model predicted that lowering the threshold for prescribing statins down from a 7.5% 10-year risk to a 3% 10-year risk would save even more money. In that scenario, about two-thirds of adults between the ages of 40 and 75 would be taking a statin.

One explanation for the results: Most statins are now available as generics, so the annual cost of taking them has dropped from several thousand dollars a year to around \$100 a year.

If all this has you wondering if you should be taking a statin particularly if your risk is around 7.5% or lower here is another way to think about the decision. Statins lower the risk of a heart attack by about 20%. “If you’re in a low risk group, say 5%, taking a statin reduces your risk down to 4%.” Some people in that group might decide it’s not worth the hassle of taking a drug every day for a very small benefit. However, others might want to do everything they possibly can to lower their risk. That’s why it’s important to have a discussion with your doctor about your own situation and preferences. Do not neglect the other important ways to lower your risk of heart disease. Such as eating a healthier diet, getting regular exercise, and not smoking.

Source: July 16, 2015 [Harvard Heart Letter](#)

### ***CHOLESTEROL REDUCTION LOWERS HEART RISK FOR DIABETICS***

Current guidelines from the US National Cholesterol Education Program recommend that people with diabetes keep their LDL-cholesterol levels below 2.56 mmol/L (100 mg/dL), with the optional goal of lower than 1.79 mmol/L (70 mg/dL). These levels are below those of the general population because people with diabetes carry a higher risk of dying from cardiovascular disease. But a study suggests lowering cholesterol levels below the guidelines could help reduce that risk.

Researchers at the University of Glasgow Medical School in Scotland compared the effects of lowering cholesterol to the two target levels. The study involved 1,500 patients between the ages of 35 and 75 who had diabetes and heart disease and had LDL cholesterol levels below 3.34 mmol/L (130 mg/dL). All of the participants started the trial with 8 weeks of 10 mg of atorvastatin in order to bring their LDL below 3.34 mmol/L. After 8 weeks, the participants were randomly assigned to either receive 80 mg of atorvastatin per day or to continue with 10 mg of the cholesterol-lowering medication.

After an average follow-up of nearly 5 years, participants on the 80 mg dosage of atorvastatin reduced their LDL levels to about 1.97 mmol/L (77 mg/dL), while those on

the 10 mg dosage had average cholesterol levels of about 2.53 mmol/L (99 mg/dL). People in the group that saw the greater reductions in LDL cholesterol experienced 25% fewer cardiovascular events, including heart attacks, fatal or non-fatal strokes, and cardiac arrest.

*"These data are the first to demonstrate the cardiovascular benefits of lowering LDL-C beyond recommended guidelines," said Dr. James Shepherd, one of the researchers involved in the study.*

*"If you are aggressive in your intervention with a statin, you will get a significant reduction, 25% in this trial, of major cardiovascular events when compared with a more conventional statin intervention."*

Statins are a class of cholesterol-lowering drugs that also includes pravastatin, rosuvastatin, and simvastatin. These medications work by blocking an enzyme that creates cholesterol in the body.

While Shepherd's study used atorvastatin, when asked whether he would recommend any particular member of this class to reduce the risk, he said: *"Aggressive lipid-lowering with any statin would suit me fine."* The study was presented at the annual meeting of the American Diabetes Association.

[http://bodyandhealth.canada.com/channel\\_section\\_details.asp?text\\_id=3687&channel\\_id=1013&relation\\_id=105893](http://bodyandhealth.canada.com/channel_section_details.asp?text_id=3687&channel_id=1013&relation_id=105893)

# CASE Events Calendar - April 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4 <b>Exercise Program</b> Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	5	6 <b>Exercise Program</b> Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	7	8
9	10 Heart and Stroke Heart Issues and CPR Presentation TFRC 7:00 PM	11 <b>Exercise Program</b> Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	12	13 <b>Exercise Program</b> Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	14 Good Friday	15
16 Easter Sunday	17	18 <b>Exercise Program</b> Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	19	20 <b>Exercise Program</b> Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	21	22
23	24 Board Meeting 8:30 AM Community Services Room Bonnie Doon Shopping Center	25 <b>Exercise Program</b> Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	26 Social Breakfast SEESA 9 am	27 <b>Exercise Program</b> Terwillegar Rec. Ctre Volleyball 3:45 Aerobic/Stretch 4:45	28	29