



CARDIAC ATHLETIC SOCIETY EDMONTON

Heart Murmurs

October 2017

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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 | | |

UPCOMING EDUCATIONAL MEETINGS – MARK THE DATES!

On **Monday, October 16, at 7:00 p.m.**, our speaker will be Dr. Gary Goldsand, clinical ethicist and clinical professor in the Faculty of Medicine and Dentistry at the John Dosseter Health Ethics Centre at the University of Alberta. He will speak on medical ethics and ethical end of life decisions and will look at the new laws around physician assisted dying. This will be a fascinating topic and well worth attending! It will take place in Multi-Purpose Room B, Terwilliger Rec. Centre – 2nd floor, between Rinks A and B. Thank you to Burn Evans for all his work in organizing this speaker to come!

On **Monday, November 13, at 7:00 p.m.**, Dr. Lucille Lalonde will speak on Medications for Cardiac Patients. She is a cardiologist so will have plenty of enlightening information! Please mark this date on your calendar. It will be in the same location as above. Thank you to Ron Kirschner for all his work in organizing this speaker to come!

REPORT FROM SEPTEMBER EDUCATIONAL MEETING

On September 11, we had a good turnout for the presentation by Kerri Gladwin, Urban Poling Master Trainer, on Urban Poling. This is like Nordic walking which uses 2 poles. Kerri gave an excellent presentation explaining and showing what urban poling is, explaining techniques and discussing how it is so beneficial for cardiac health as well as for recovery from knee or hip surgery or if you have other knee problems. It is great for posture and improving upper body strength. You can learn more about it on www.urbanpoling.com.

We all had a great time trying out the different kinds of poles in the hallways outside our meeting room. A number of our members purchased poles from Kerri that evening as they felt it would be so beneficial. Kerri advised that she welcomes anyone contacting her at kerrigladwin@gmail.com if you want more information or to purchase poles.

Thanks to Wayne Jackson for all his work arranging for and introducing our speaker! Also, thank you to Shirley Evans for once again providing coffee and cookies to add to the enjoyment of the evening!

Report from Mae Hadley

MAKING SENSE OF STATIN GUIDELINES

For years, doctors prescribed cholesterol-lowering statins based largely on cholesterol test results. The goal was to lower total cholesterol to under 200 mg/dL, and LDL (bad) cholesterol to under 100 mg/dL. In late 2013, the American Heart Association and the American College of Cardiology proposed a major change to that strategy and issued new guidelines on statin use. The new guidelines shifted from a numbers-based approach toward a risk-driven approach.

Instead of aiming for a specific cholesterol value, doctors were urged to look at a person's entire cardiovascular risk profile when considering treatment. However, the 2013 guidelines were met with more than the usual criticism. In fact, they have generated considerable debate over their departure from the approach of earlier guidelines. The new guidelines don't specify normal and abnormal cholesterol levels as past versions have done. Perhaps the best way to look at these new guidelines is as a scientific statement reviewing what has been definitively established to date.

Who should take a statin? The 2013 guidelines recommend a daily statin for individuals who fall into the following four categories:

- anyone age 21 or older with a very high level of harmful LDL cholesterol (190 mg/dL or higher)
- anyone who has cardiovascular disease, including stable or unstable angina (chest pain with exercise or stress); has had a heart attack, stroke, or transient ischemic

attack ("ministroke"); has peripheral artery disease; or has had bypass surgery or angioplasty to treat a cholesterol-clogged artery

- anyone age 40 to 75 who has diabetes
- anyone age 40 to 75 who does not have cardiovascular disease but has a greater than 7.5% chance of having a heart attack or stroke or developing another form of cardiovascular disease in the next 10 years.

That last category represented a major shift. In principle, if doctors follow the guidelines and start treating people who don't have heart disease but are at risk for it, several million more people will take a statin every day. It's not yet clear if that has happened, as studies examining this question have offered differing results.

To determine an individual's future risk of developing cardiovascular disease, the panel created a risk calculator that takes into consideration your age, sex, race, total cholesterol, "good" HDL cholesterol, blood pressure, and whether you are being treated for high blood pressure, have diabetes, or smoke.

Source: http://www.health.harvard.edu/heart-health/making-sense-of-the-statin-guidelines?utm_source=delivra&utm_medium=email&utm_campaign=WR20161021-DOH&utm_id=282226&dlv-ga-memberid=11072240&mid=11072240&ml=282226

ELEVEN FOODS THAT CAN LOWER CHOLESTEROL

It's easy to eat your way to an alarmingly high cholesterol level. The reverse is true, too. Changing the foods you eat can lower your cholesterol and improve the armada of fats floating through your bloodstream.

Doing this requires a two-pronged strategy. Add foods that lower LDL, the harmful cholesterol-carrying particle that contributes to artery-clogging atherosclerosis. At the same time, cut back on foods that boost LDL. Without that step, you are engaging in a holding action instead of a steady and tasty victory.

Different foods lower cholesterol in various ways. Some deliver soluble fiber, which binds cholesterol and its precursors in the digestive system and drags them out of the body before they get into circulation. Some give you polyunsaturated fats, which directly lower LDL. Others contain plant sterols and stanols, which block the body from absorbing cholesterol.

- *Oats.* An easy first step to improving your cholesterol is having a bowl of oatmeal or cold oat-based cereal like Cheerios for breakfast. It gives you 1 to 2 grams of soluble fiber. Add a banana or some strawberries for another half-gram. Current nutrition guidelines recommend getting 20 to 35 grams of fiber a day, with at least 5 to 10 grams coming from soluble fiber. (The average American gets about half that amount.)
- *Barley and other whole grains.* Like oats and oat bran, barley and other whole grains can help lower the risk of heart disease, mainly via the soluble fiber they deliver.

- Beans. Beans are especially rich in soluble fiber. They also take awhile for the body to digest, meaning you feel full for longer after a meal. That's one reason beans are a useful food for folks trying to lose weight. With so many choices — from navy and kidney beans to lentils, garbanzos, black-eyed peas, and beyond — and so many ways to prepare them, beans are a very versatile food.
- Eggplant and okra. These two low-calorie vegetables are good sources of soluble fiber.
- Nuts. A bushel of studies shows that eating almonds, walnuts, peanuts, and other nuts is good for the heart. Eating 2 ounces of nuts a day can slightly lower LDL, on the order of 5%. Nuts have additional nutrients that protect the heart in other ways.
- Vegetable oils. Using liquid vegetable oils such as canola, sunflower, safflower, and others in place of butter, lard, or shortening when cooking or at the table helps lower LDL.
- Apples, grapes, strawberries, citrus fruits. These fruits are rich in pectin, a type of soluble fiber that lowers LDL.
- Foods fortified with sterols and stanols. Sterols and stanols extracted from plants gum up the body's ability to absorb cholesterol from food. Companies are adding them to foods ranging from margarine and granola bars to orange juice and chocolate. They're also available as supplements. Getting 2 grams of plant sterols or stanols a day can lower LDL cholesterol by about 10%.
- Soy. Eating soybeans and foods made from them, like tofu and soy milk, was once touted as a powerful way to lower cholesterol. Analyses show that the effect is more modest — consuming 25 grams of soy protein a day (10 ounces of tofu or 2 1/2 cups of soy milk) can lower LDL by 5% to 6%.
- Fatty fish. Eating fish two or three times a week can lower LDL in two ways: by replacing meat, which has LDL-boosting saturated fats, and by delivering LDL-lowering omega-3 fats. Omega-3s reduce triglycerides in the bloodstream and also protect the heart by helping prevent the onset of abnormal heart rhythms.
- Fiber supplements. Supplements offer the least appealing way to get soluble fiber. Two teaspoons a day of psyllium, which is found in Metamucil and other bulk-forming laxatives, provide about 4 grams of soluble fiber.

Harmful LDL creeps upward and protective HDL drifts downward largely because of diet and other lifestyle choices. Genes play a role, too. Some people are genetically programmed to respond more readily to what they eat but genes aren't something you can change. When considering your lifestyle, here are some things you do to manage cholesterol,

- Limit Saturated fats. Typical sources of saturated fat include animal products, such as red meat, whole-fat dairy products, and eggs, and also a few vegetable oils, such as palm oil, coconut oil, and cocoa butter. Saturated fat can increase your levels of "bad" LDL cholesterol but it has some benefits, too. It lowers triglycerides and nudges up levels of "good" HDL cholesterol. The role of

saturated fat in heart disease is currently under debate. For now, it's best to limit your intake of saturated-fat-rich foods.

- *Eliminate Trans fats.* The right amount of trans fats is zero! Trans fats are a by-product of the chemical reaction that turns liquid vegetable oil into solid margarine or shortening and that prevents liquid vegetable oils from turning rancid. These fats have no nutritional value and we know for certain they are bad for heart health. Trans fats increase LDL cholesterol and triglyceride levels while reducing levels of HDL cholesterol. Recently, the FDA banned trans fats from the U.S. food supply. The encouraging news is that many major food suppliers and restaurants have already substituted healthier fats for trans fats.
- *Weight and exercise.* Being overweight and not exercising affect fats circulating in the bloodstream. Excess weight boosts harmful LDL, while inactivity depresses protective HDL. Losing weight if needed and exercising more reverse these trends.

When it comes to managing cholesterol, adding several foods that lower cholesterol in different ways should work better than focusing on one or two. A largely vegetarian "dietary portfolio of cholesterol-lowering foods" substantially lowered LDL, triglycerides, and blood pressure.

The key dietary components are plenty of fruits and vegetables, whole grains instead of highly refined ones, and protein mostly from plants. Add margarine enriched with plant sterols; oats, barley, psyllium, okra, and eggplant, all rich in soluble fiber; soy protein; and whole almonds. Of course, shifting to a cholesterol-lowering diet takes more attention than popping a daily statin. It means expanding the variety of foods you usually put in your shopping cart and getting used to new textures and flavors. But it's a "natural" way to lower cholesterol, and it avoids the risk of muscle problems and other side effects that plague some people who take statins.

Just as important, a diet that is heavy on fruits, vegetables, beans, and nuts is good for the body in ways beyond lowering cholesterol. It keeps blood pressure in check. It helps arteries stay flexible and responsive. It's good for bones and digestive health, for vision and mental health.

Source: Gregory Curfman, MD, Editor in Chief, Harvard Health Publications Posted June 04, 2015. [Harvard Health Blog](#) Harvard Heart Letter

https://www.health.harvard.edu/heart-health/11-foods-that-lower-cholesterol?utm_source=delivra&utm_medium=email&utm_campaign=GB20170802-Cholesterol&utm_id=586533&dlv-ga-memberid=11072240&mid=11072240&ml=586533

CASE Events Calendar - October 2017

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|---|--|---|--|--------|----------|
| 1 | 2 | 3 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | 4 | 5 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | 6 | 7 |
| 8 | 9 Thanksgiving Day | 10 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | 11 | 12 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | 13 | 14 |
| 15 | 16 CASE Education Medical Ethics Dr. Goldman 7:00 PM TFRC | 17 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | 18 | 19 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | 20 | 21 |
| 22 | 23 Board Meeting Bonnie Doon 9 a.m. | 24 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | 25 Social Breakfast SEESA 9am | 26 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | 27 | 28 |
| 29 | 30 | 31 Exercise Program Volleyball 3:45 Aerobic/Stretch 4:45 | | | | |