

LIFE IN HEARTS

ISSUE 10
JULY /
AUGUST /
SEPTEMBER
2025



Life In Hearts

www.LifeInHearts.ca • LifeInHearts@HeartLife.ca • @LifeInHearts
Canadian Women With Medical Heart Issues Facebook Support Community



EDITOR &
FOUNDER
Jackie Ratz, MB
Heart Failure, 2017

J.R. comments:

Thank you to everyone who has participated, advised and encouraged me in this little project of an e-Magazine for us by us. It is a passion project and I enjoy putting it together - I especially love the collaboration and celebration of members - but the effort does not always come easily... it is a big endeavour to manage a bi-monthly and when I have less commitments it is doable... coming up this fall I have an opportunity to take a course, a couple of other projects so I know my time is going to be stretched ...

I have made the decision to shift to a quarterly format - this issue (Issue 10) is covering July/August/September. Our next issue will publish late September and cover October/November and December.

A huge thank you to everyone for being on this journey with me... Live Bravely. Love Boldly. Every day.

LIFE IN HEARTS TEAM



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Cover Photo Credit: see page 14



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HEART AND STROKE FOUNDATION OF CANADA



Heart & Stroke has been leading the fight to beat heart disease and stroke for more than 70 years. Over those past seven decades, there has been a 75% decrease in the death rate from heart conditions and stroke. Yet they remain the second leading cause of death in Canada and more than 3.5 million people across the country are living with these and related conditions.

A Heart & Stroke poll* found that Canadians believe earlier identification and treatment of medical risk factors has made the biggest difference to improving heart and brain health over the last 70 years and should continue to be the top priority for continued improvement.

According to our poll, Canadians identified the following as having made the biggest differences to improving heart and brain health, with medical risk factors at the top of the list:

1. Earlier identification and treatment of medical risk factors such as high blood pressure or high cholesterol.
2. Better treatment for heart disease/conditions or stroke such as surgeries or medications.
3. Improved diagnosis for heart disease/conditions or stroke.

*National, bilingual online poll of 2,005 Canadian residents 18 years and older, carried out June 25 – July 9, 2024 by Environics Research Group.

Going forward, the areas that Canadians indicated as priorities for further improving heart and brain health also ranked medical risk factors first:

1. Earlier identification and treatment of medical risk factors such as high blood pressure or high cholesterol.
2. Better access to healthcare services including emergency services, in-hospital care, and primary care/family physician.
3. Better treatment for heart disease/conditions and stroke such as surgical procedures and medications.

There has been incredible progress over the past several decades thanks to research, advocacy, systems change and public awareness. Smoking rates have decreased dramatically from 50% in the 1960s to currently about 12%. More and better medications are available to treat risk factors and conditions. Groundbreaking procedures such as open-heart surgery and endovascular thrombectomy for strokes are saving lives and improving outcomes.

But, there is still more to do. Heart & Stroke will continue to raise awareness, improve prevention, diagnosis, and treatments, and enhance recovery to support heart and brain health.

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RED WINE CAN BE GOOD FOR YOUR HEART —

BY EVELYN H. LAZARE,
Ottawa, Ontario – Pacemaker, 2018

Whether red wine is good or bad for your health is debatable. But for me, a glass of wine eight years ago certainly had health effects.

It all began when I enjoyed a glass of Malbec while in a bubble bath filled with very hot water. It's a treat I haven't had since. When I stepped out of the bath, I felt a little woozy. I wrapped myself in a towel, and the next thing I knew, I was going down onto the floor like an accordion. And when I came to, my body was dry.

I stood up, feeling fine. I dressed and made dinner, not thinking any more about the incident. I wasn't a fainter and I assumed it

was the combination of the hot water and the wine that caused me to pass out.

About two weeks later, I saw my family doctor. It had nothing to do with the bathtub event. I did, however, mention to my doctor that I had fainted. And that I had felt perfectly fine since then.

In seconds, my doctor pulled the blood pressure cuff from the wall. When she read the results, she asked her receptionist for the electronic blood pressure machine. She told me that it was more sensitive than the wall-mounted device.



When she read the new results, my doctor asked her receptionist to call 911. She wanted an ambulance at her office, stat. When I heard this, I asked what was happening. Her answer was the first time I heard the phrase: "You need a pacemaker."

I insisted that I felt fine. But my blood pressure had skyrocketed and my pulse had plummeted and my doctor kept insisting that I needed a pacemaker.

Within minutes, two ambulances arrived at her office. When the paramedics saw the results of my vital signs, they, too, agreed that I needed a pacemaker.

They wheeled a stretcher into the room, helped me lie down on it and wheeled me out to the ambulance.

"Truly, I was beginning to feel that there was a conspiracy going on."

Off we went, with sirens blaring. Still, I felt fine and spent the 10- or 12-minute ride chatting with the paramedic in the back of the ambulance with me. On arrival at the hospital emergency bay, I was seen immediately. After more tests were taken, I was told yet again that I needed a pacemaker.

Truly, I was beginning to feel that there was a conspiracy going on.

After yet more tests, including x-rays and more blood work, I was admitted. The resident reviewed all the results and told me once again that I needed a pacemaker. The staff were having trouble getting my blood pressure down. Finally, an Atavan did the trick. When my blood pressure had dropped sufficiently, I was discharged and advised that I had an appointment the next day with a cardiologist.

The entire episode was so out-of-the-blue that I asked the resident if I could have a drink when I got home. I remember his response: "I would, if I were you."

The following morning, I saw the cardiologist. Once again, he reviewed all the test results and announced that I needed a pacemaker. I truly did not understand this. I felt perfectly fine. I told him that I had several trips planned in the coming months. The cardiologist responded that I could take them after my pacemaker implant.

No matter how many times I talked about how well I felt, he came back with the same pacemaker response. I truly felt bullied.



The next day I had an appointment with the surgeon. The conversation about pacemakers was now becoming annoying. Especially because no-one could really explain what had happened. And how I had felt so healthy in the two weeks since fainting.

My pacemaker implant took place two days later.

When I saw the cardiologist for follow up and to “interrogate” my pacemaker, he pronounced that I was now able to do whatever I wanted. The electrical problem with my heart had been resolved with the small device. Once I recovered, I could get on with my life.

Easier said than done. The implant itself was a quick day surgery procedure. I was not in any pain. I was just told that I had to avoid strenuous activity for several weeks.

When I returned to my family doctor, she told me a harrowing story. The day of my visit, her husband came home and asked her why she looked so dreadful. She responded that a patient had almost died in her office. I commented on how awful that must have been. It was then that my doctor told me that patient was me.

The reality of my near-death shook me. Yet there was no-one to help me deal with the



psychological repercussions of knowing I had almost died. That's when I contacted a woman I knew who had had a pacemaker implant perhaps a year before me. She became my mentor and her support made a huge difference. So much so that a few years later, I became a mentor and offered support to another woman who had a pacemaker implant. We are still in touch.

It is only recently that I realize that my electrical problem, though corrected, classifies me as a woman with cardiac issues. It is frightening again to face this.

Evelyn H Lazare is a former healthcare executive. In retirement, she publishes a monthly healthcare column on www.rabble.ca and also writes novels.



defining what a cardiac implanted device is and does

What are they?

Cardiovascular implantable electronic devices (CIEDs) are small implanted devices (stopwatch size) with 1, 2 or 3 wires (called leads) going into the heart to provide support for heart function. The battery lasts on average 7 years and the unit will need to be replaced once the battery is depleted. It should not interfere with your day to day activities with a few exceptions.

In Canada there are 25,000 pacemaker and 7,000 implantable cardioverter defibrillator (ICD) implants yearly. Approximately 120,000 patients are currently living with a CIED. You are not alone!

What can it do?

Your device is there to support your heart to function at its best so you can have security in your quality of life...

- If your heart rate runs slow, it will be set to minimal rate and will never go below that rate - often 60 beats.
- If your lower heart chambers beat out of sync, the synchronization leads will ensure your chambers beat in rhythm.
- If your lower heart chambers beat too fast or erratic (sometimes misinterpreted as "the heart stopping") then a defibrillator can shock the heart to reset the rhythm.

Types of CIEDs

PACEMAKER DEVICES:

A pacemaker delivers electrical impulses to control the rhythm of your heart, *but it cannot deliver a therapeutic shock.*

- Single-chamber pacemaker:
Uses a single wire attached to one chamber of your heart.
- Dual-chamber pacemaker:
Uses two wires attached to two chambers of your heart.
- Biventricular pacemaker:
This is also known as cardiac resynchronization therapy (CRT) - see below.

ICD DEVICES:

Implantable Cardioverter-Defibrillator: A slightly larger device than a pacemaker which can provide a therapeutic shock to the heart. It can also detect irregular heartbeats and pace the heart (like a pacemaker). An ICD may have 1, 2 or 3 leads.

CRT DEVICES:

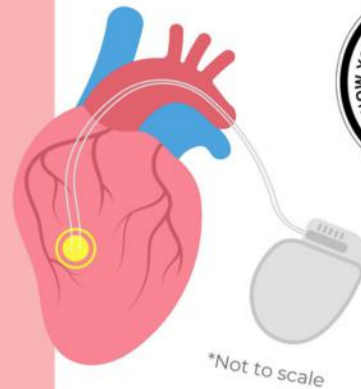
Cardiac Resynchronization Therapy come in 2 devices:

CRT-P

The device is used for resynchronization therapy with a 'P'acemaker. It has three leads that connect the pacemaker to the right upper chamber of the heart and both lower chambers.

CRT-D

Cardiac resynchronization with a Defibrillator. This device is recommended for people with Heart Failure or for those who have a risk of sudden cardiac death. It can detect dangerous heart rhythms and deliver a stronger shock of energy. The shock can reset or restart the heart rhythm.



*Not to scale

Who needs one?

Medical indications for a CIED vary, and are not just for those with Heart Failure. A Pacemaker is beneficial to those with a slow heart rhythm; a defibrillator for those who have had a cardiac arrest (dangerous fast heart rhythm in lower chambers) or for those at high risk of one; a CRT is for specific individuals with Heart Failure who qualify based on specific criteria. These are therapeutic treatments and not cures.

Procedure info

Prior to your CIED procedure in hospital, you will have an educational meeting, likely at the hospital. Many hospitals use a video and will show you the device, explain cautions, and answer questions you may have.

Depending on what device and where in Canada you are will determine the length of your hospital stay. Most are done as day surgery with localized freezing, however some devices will require an overnight stay in hospital. Please note that your driver's licence will be suspended for a time while you heal - ask your care team for further details.

This ICD information sheet was compiled as general information & is not illness specific. Information was sourced from the Mayo Clinic, Cleveland Clinic & Heart & Stroke websites. A special thank you to Dr. Khoo & Dr. Jassel for the medical overview.

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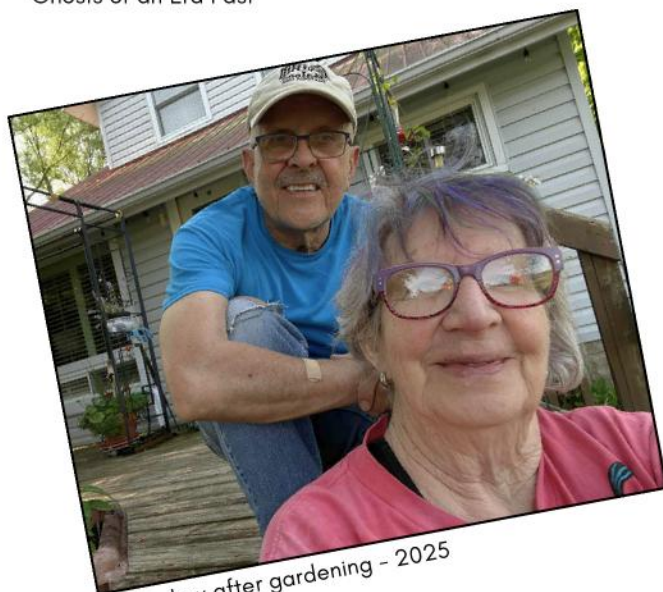


MENTAL HEALTH LIGHTHOUSE

AND SO THE SAGA CONTINUES...



"Ghosts of an Era Past"



The glow after gardening - 2025



By SHEILA TIERNAY,
Ontario
Atrial Fibrillation, 2013

It started back before I knew it started. Before I retired in 2007, I was diagnosed with hypertension and started taking medication for high blood pressure. I was short of breath for years. My husband was constantly trying to get me to workout and exercise to strengthen my breathing. I could not get over being short of breath on exertion. On May 2012, I was diagnosed with recurrent atypical chest pain. Stress test that month was normal. On May 2013, a Myocardial Perfusion Imaging (MPI) test was normal. On June 2013 a coronary angiography test was normal. I continued visiting the emergency room (ER) of our local hospital on numerous occasions. Pneumonia, chest pain, electrolyte imbalance and chest infections were among the ailments of which I was diagnosed.

“I realized my life was going to be drastically different than what I had hoped for my retirement.”

In December 2019, after many visits to ER, I was admitted to hospital and diagnosed with Heart Failure. I was filled with terror wondering how long I had left to live. During that stay I was handed a booklet which contained information from Heart and Stroke and other helpful information. Information in that booklet led me to Facebook page - Canadian Women with Medical Heart Issues; a great resource and many heart felt stories from women of all ages in Canada sharing their personal cardiac experiences. I always felt there were so many worse off than I.

I was referred to a doctor who was a poor excuse for a cardiologist. He ignored my phone messages when I called to report visits to the ER or other cardiac related symptoms. He once told me when I asked him about a procedure that I had recently read about that “he was the doctor and I needed to follow his direction...” .

After one visit to ER, the emergency doctor on that night

inquired if I had a cardiologist. After I told him of my past experience, we agreed that he would refer me to someone else. I was referred to a well educated and very knowledgeable cardiologist, who happened to be personal friends with my family doctor. He was also well thought of by his colleagues at University Hospital in London, Ontario.

The journey was just beginning. In February 2020, I had a MIBI scan. In December 2021, I had an angiogram. I have jumped through hoops for stress tests, chest x-rays, Holter, echo cardiograms and many many many admissions to emergency of the local hospital. During this time, I had many bouts of pneumonia and had been referred to wonderful young respirologist.

After numerous tests related to my lungs, I was diagnosed with pulmonary hypertension,

asthma and emphysema. Pulmonary hypertension is NOT COPD, the respirologist insists.

All of this was beginning to take its toll on my husband and our children.

In January 15, 2024 my sodium blood test came back low (126); my potassium was 3.6. Ten days later, January 26, 2024 I was feeling really tough so I went for a standing order blood test for electrolytes. The result was that my potassium levels were life-threatening low at 2.3; (normal is above 3 - 3.5). I was called by a doctor from Toronto at 6:30 in the morning to go to



“Hope Floats” - V2 (sold)

the closest ER, where he had 'opened a ticket' for me. I was admitted to the ER in Petrolia, where a potassium intravenous drip was started and I was immediately transported to the Intensive Care Unit (ICU) at Bluewater Health in Sarnia. I was admitted to ICU for 4 or 5 days and hospitalized there for 12 days (transferred to Telemetry until I was discharged Feb 8).

Most of the time while I was there, and after I was transferred from ICU, I was wearing a mini electrocardiogram (ECG) monitor 24/7. I was able to get up and sit in a chair or go to the bathroom for bathing and general hygiene. I was taken off all my medications and started on new doses and new combinations of medications.

Over that time I lost 30 pounds (mostly fluid); lost my ability to walk, was experiencing horrendous tremors in my hands, experienced a heart crash in the middle of the night, and some other uncomfortable experiences (urinary catheterization, three intravenous sites with 5 different drips into my system).



Me and 2 of my sister-in-laws: key supporters throughout my heart journey.

When I went home 12 days later I was walking with a walker, unable to make meals or to drive my car. The hand tremors were very upsetting. I work with my hands. I am an artist so I could easily lose myself and my fears in my art. My art is my therapy. I was able to master one flight of stairs so I could at least sleep in my own bed.

It was during this time that I realized my life was going to be drastically different than what I had hoped for my retirement.

I was assigned a physiotherapist who came to my home once a week and brought me a list of exercises that I needed to complete and goals to reach. By the end of eight weeks I was able to walk again without the walker - using walking sticks. I could drive my car again for

which I was extremely grateful, regaining some independence. I was still very very tired resting or sleeping much of the day but I was gaining my strength back. There seemed to be hope.

But of course it didn't end there... I was fit with a Holter device March 2024; I had an echo-cardiogram in May 2024; appointment with cardiologist in June 2024, follow up; regular 6 month appointment with respirologist in July 2024 chest X-ray, antibiotics; About this time my records from Bluewater Health were lost due to cyber breach which occurred at a number of hospitals in South Western Ontario. Neither doctor had any history of my hospitalization of February 2024.

But life goes on. I had a CT-MiBi scan July 2024; ultrasound (ECHO) August 2024; follow up appointments August 2024, From my follow up with the Cardiologist, I was referred to Cardiac Arrhythmia Clinic in London, Ontario to consult for a pacemaker.

It was a never ending list of appointments: A pacemaker

was implanted October 11, 2024. Then in November I had an otolaryngologist (ENT) specialist appointment for sinus congestion; Ablation procedure done December 2024; January 2025, 6 month follow up with respirologist; January 16, lab work for potassium deficiency becomes regular every 2 week standing order; Jan 16, call to return to ER for low potassium drip; January 23, 2025 scheduled for CT Angiography; CT Angiography cancelled because pulse needed to drop to at least 60 bpm, but my pacemaker was set to not let my heart rate drop below 80 bpm; January 28, 2025, pacemaker clinic for pacemaker review and reset min and maximum limits of pacemaker; Cardiac Perfusion test cancelled because the Angiography test was not completed.

I still managed to find time though to volunteer with our local Community Theatre group and was the lead for Set decor for the local production "Hilda's Yard." It was a highly successful production and was well received by the community with many compliments directed at the set decor.

My reality continued - I had immediate relief from exhaustion and some relief from the shortness of breath because of the pacemaker, but not enough. April 7, 2025 was a follow up appointment with my family doctor and broke down crying. I was referred to a Social Worker April 15, 2025.

At my first appointment, I shared my frustrations of feeling helpless and depressed about not having any answers. I wanted to know what I could do to help my self. The Social Worker referred me to the local Cardiac Rehab Clinic.

On April 24, 2025, CTC reschedule from January; April 28-29, Coronary Perfusion Test rescheduled from January. At this appointment, the technician

said that they would admit me to the hospital if anything life threatening showed up. I was ok.

My husband and I had been talking about going to Spain most of the winter, but I had held back as I was concerned about getting health insurance. He wouldn't go if I couldn't get any so it was time to see what I could get. After 5 attempts, I found a company that I could answer all questions honestly as long as I kept my answers to YES or NO.

The tickets were booked and we were ready to fly to Malaga Spain - we would be staying with relatives for a long overdue visit and a bit of site seeing. I still had to have a hair cut and my routine blood work for my potassium and sodium levels done. On May 2, 2024, a day before our departure, I went for my routine blood work. What could happen?

I had left it to the last minute, I know ... not two minutes after I returned home, I got called back to ER for low potassium - reading 2.6; while I was waiting, I thought I would cry; I started having irrational thoughts. The doctor repeated the test to



Best Contribution - set decor, Petrolia Community 2023; for Cinderellas Coach

confirm - I have been here before. A potassium drip can be very painful if they try to rush it. Lucky for me, it was my family doctor who was the ER doctor that night. When I told him I was going to Spain tomorrow, he increased my potassium intake by another capsule and asked me to make an appointment to see him as soon as I returned.

We are on our way to Spain!

In the car to the airport and I received a phone call from my cardiologist. The nurse provides a mini update and will update the cardiologist and get back to me if needed. I told her I was on my way to Spain so she would email me instead.

The flight over was great and uneventful. The atmosphere in Spain was conducive to easy breathing and I could walk farther than I have been able to for a long long time. I went to see Flamincoe Dancers with my sister-in-laws. The food everywhere was so good. Chocolate and churros for breakfast near the market. Eating fish freshly caught and barbequed at a little open air

place on the shores of the Mediterranean. The architecture was amazing. Best of all, I went to see the Gianni Versace Collection, a wildly famous clothing designer of the 1970's to 1990. An Exhibit of Pablo Picasso works including work from his sketchbook and some drawings of his son.



Churros and chocolate in Spain (2024)

We returned home May 13 and my reality set in once again. May 15 routine blood work for potassium/sodium levels; May 16 follow up with Dr. who increased my potassium again; May 22 appointment with Cardiac Rehab for diet and exercise; May 26 Cardiac Catheterization. June 3 Consultation with doctor at the Cardiac Rehab Clinic. The accumulative results were that

although my Cholesterol/HDL ratio is 2.5, my Cardiac Catheterization indicates 60% plaque buildup but no blockages. The doctor responsible for the catheterization procedure told me I did not have Congestive Heart Failure.

The results from my blood work for Cardiac Rehab indicates my sodium is 137, and my Potassium is 3.2 - still low. The doctor at Cardiac Rehab Clinic changed my diuretic to include one that is potassium sparing to be checked in two weeks and repeatedly for awhile. Through out this entire time my EF has held between 60% to 69%.

I will be seeing my cardiologist soon and I am hoping for some positive information. I will be starting an exercise program and reviewing my diet through the Cardic Rehab Clinic. I have my regular follow up appointment with the respirologist in August. In the meantime, I continue to play with my art and I get outside as the air quality allows.

And so the saga continues.



COVER PHOTO

BEAUTY IN CHAOS

By SHEILA TIERNAY,
Ontario
Atrial Fibrillation 2013

When I agreed to create this cover, I knew immediately how I wanted it to come together. The result is a background that I had created some time ago and

knew I would use when the opportunity arose. The images are some of my favourite pieces from the assortment in my cache of collage soup ingredients.

My hope was to reflect the positive image of Heart Warrior Queens- heart sisters, survivors, and those less fortunate, experiencing cardiac issues and living in the shadow of the disease.

This comes through in the many layers of collage as each day/layer is a different experience. The text shows that heart disease has no limits on nationality. The sombre atmosphere to the atmosphere to the right is the shadow of the unforgiving nature of life and living with heart disease.

“Heart problem” is a disease easily overlooked and often minimized. It is difficult to describe as the situation frequently changes. The cracks that are visible in the background of the cover, reflect the fragility of women surviving the reality of a heart condition. The transparency seen through the layers is another reflection of the fragility as our lives go on. The bright colourful images relate to the positive energy that surround us as we continue on our paths.

My art is a sample of what my soul reflects to and my intuition directs the outcome. To me a reflection of women bold and brave, living with heart disease.

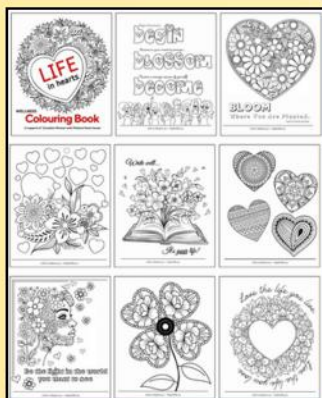




HEART RETAIL & THERAPY PRODUCTS

There are so many great products available to help us live better and products that make us feel good or support a cause that is close to our hearts...

1



LIFE IN HEARTS
LifeInHearts.ca



Wellness Colouring Book

A fundraiser for Canadian Women with Medical Heart Issues FB Community. 20 page booklet of heart inspired graphics for you to colour at your leisure. Created by Jackie Ratz with support from HeartLife Canada.

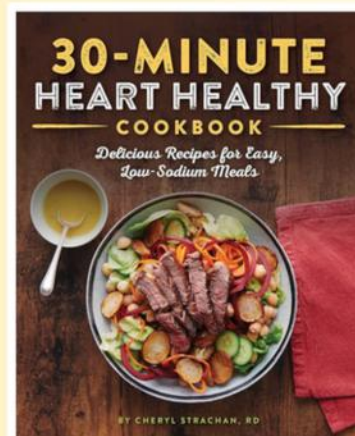
2

30-MINUTE HEART HEALTHY COOKBOOK: DELICIOUS RECIPES FOR EASY, LOW-SODIUM MEALS

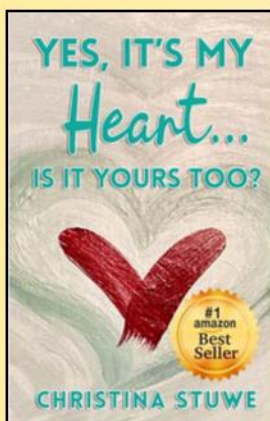
By: Cheryl Strachan | [Amazon Link](#)

Cheryl Strachan is a registered dietitian, speaker, and writer who specializes in cardiac health and is on a mission to help people with heart concerns relax about food and enjoy cooking, eating, health, and happiness.

She has provided nutrition counselling and education to thousands of people, between the Total Cardiology Rehabilitation program and her private practice, Sweet Spot Nutrition, in Calgary, Canada. You can follow her mostly weekly blog for cardiac nutrition demystification, inspiration, and perspective at sweetspotnutrition.ca.



3



“YES, IT’S MY HEART... IS IT YOURS TOO?”

By: Christina Stuwe
[Amazon Link](#)



In this book, you will read the story of one woman’s journey with heart disease. Her story is not just full of heart, but it will guide yours as well. Impactful yet informative, sincere yet serious, it provides a candid and intimate look at heart health in women, what to expect, and what needs to change.





TIPS & STRATEGIES

THE BIGGER PICTURE



By ANN-MARIE JULIEN, Ontario
Atrial Fibrillation, 2007

Patient engagement is a buzz-y expression these days. And there are many complex ways to define it. For me, it's simple. It's about bringing my lived experience as a heart patient into the discussion about what we want to learn, what we want to do and how we want to do it. It's about the bigger picture.

There is no magic here. There are no special requirements. There is no entry fee. People who have lived, or supported someone through, the reality of a heart condition bring a very important kind of knowing to these tables. Knowing that doesn't come from books, studies or education. Knowing that is grounded in day-to-day experience.

A few concepts (like definitions but in my own words):

Engaged patient: Someone who lives with a heart condition (or any other medical condition) who takes full part in shared decision making around their treatment and management of their condition.

Patient participant: Someone who lives with a heart condition who participates in a research study or clinical improvement project as a part of the community of those being studied to further our understanding of how a particular treatment would impact patients.

Patient Partner: This expression is used for simplicity and includes all patients, caregivers or family members who have travelled the heart journey together. Also referred to as a Person with Lived (and Living) Experience.

“... I think of being a patient partner as a second career.”

More of all of these are needed. As women on this journey, we have learned that we need to advocate for ourselves. That involves learning about our heart condition, being involved in the decision making about treatments and next steps and working with our health care teams to allow us to live our best lives.

Because women have historically been understudied, participating in research is an important element to building treatment and management approaches that work for women. Women are not just smaller men. We now know that women face additional risk factors for cardiovascular disease related to pregnancy, for example. Also, women are more likely to suffer from microvascular disease that has, until recently, been difficult to identify through the traditional screening approaches used. If you can, sign up for a study. You can help us learn something new and important for the care of women.

Patient partners get involved with project teams. They are at the table with other experts – clinicians, statisticians, epidemiologists, researchers, nurses and other allied health professionals – and bring their expertise to bear on the project. The projects can be big or small. They can last a few months or several years. At their heart is to improve outcomes for patients and their families.

I started down the patient partner path almost 10 years ago now. I was still working full time elsewhere, so started small. Participating in focus groups. Providing my feedback on educational material being developed for patients. My involvement has grown – I think of being a patient partner as a second career.



I enjoy all the times I've had an opportunity to contribute as a patient partner. Some of them stand out for me. Here are a couple of examples:

- I've been a Women@Heart Peer Support Group leader for 5 years. This 10-session program is offered over 4 months virtually so women from across the country can participate. We share stories, learn about heart health and create a safe space for talking about the ups and downs living with our heart conditions. I have been lucky to meet so many wonderful and inspiring women through these groups. I start group 10 in the Fall of 2025.

- I have also had the opportunity to share my heart story with other groups of people, inviting them in to experience the reality of being a heart patient. For women learning they have heart disease, I hope that sharing my story helps them see how we can live life fully with a heart condition.

TIPS & STRATEGIES

For health care practitioners, I hope that sharing my story can provide insight into how it feels to live with my heart condition, beyond the technicalities of a diagnosis or treatment. I've done this online, at Town Halls, and have met with smaller groups of people.

How can you get involved? Many health centres will have a "patient engagement lead". At the UOHI, where I am most involved, we have two leads – one for the clinical side and one on the research side. They will meet with anyone interested in getting involved to understand the time they have available, the kinds of projects that would be of interest to them, and a bit about their background (as this can help with the matching process). If there is no such role where you are, you can find opportunities to get involved online. ([Click here for more resources.](#))



When I was diagnosed with my heart condition almost 20 years ago, it was difficult for me to find trusted information that was relevant to my situation. I sometimes felt that the clinicians I spoke to had the next step for me determined, without really exploring the options and impacts of those choices with me. I've worked hard to inform myself and build my confidence in managing my condition, working with my health care team. Part of building that confidence, for me, was getting involved as a patient partner.

Being a patient partner helps me improve things for future generations of women:

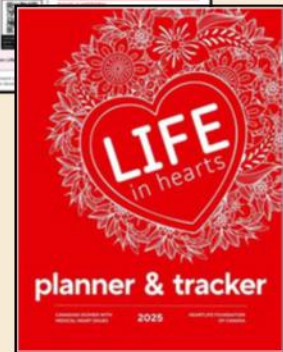
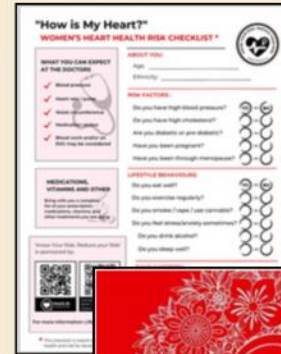
- those who have not yet developed heart disease (how can we identify risks and prevent heart disease),
- those who are just starting to understand their diagnosis (what do they need to know, what decisions are before them, what should they consider when making those decisions),
- those who are interacting with health care centres (by being involved in quality improvement projects), and
- those who have been living with a heart condition (what are we learning about managing these conditions through research).

Start small. See how it feels. Then grow. As your experience grows, so will your confidence contributing to these teams. It feels good to be able to turn my experience into action.





A website for information, E-magazine, awareness, and shopping aimed at women living with medical heart conditions or those at risk and need support and guidance. Curated by patients for patients.



LifeInHearts.ca



HeartLife Academy

A learning platform designed for those living with and caring for people with heart disease and heart failure. Delivered in collaboration with researchers and care providers - backed by science.

Sample of available free courses:



HeartLife.Academy.ca



By
JACKIE RATZ, Manitoba
Heart Failure, 2017

King Charles Coronation Medals abound in Canada ...

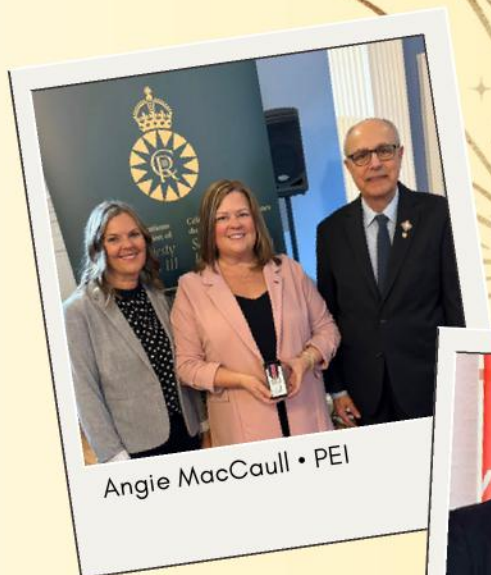
What is the King Charles III Coronation Medal?

The King Charles III Coronation Medal is a commemorative medal issued by the Government of Canada to mark the coronation of His Majesty King Charles III on May 6, 2023. It continues Canada's tradition of recognizing major royal milestones with national honours.

- Design: While Canada did not issue a separate design from the UK, those Canadians who received the medal were awarded the official version produced for the Commonwealth.
- Obverse: Features a crowned effigy of King Charles III.
- Reverse: Bears the royal cypher "CIIIR" and the coronation date: 6 May 2023.
- Ribbon: Red, white, and blue stripes—symbolic of the Union Flag and Commonwealth unity.

As part of the tradition of the medals, various non-profit organizations are selected to hand out medals to recognize and acknowledge outstanding members within their volunteer ranks, **Heart & Stroke** received a number of medals to recognize patient partners, clinicians, researchers and funding supporters. I am so happy to be able to acknowledge women with lived experience who have shared receiving this special honour ...

KING CHARLES MEDALS ACROSS CANADA



**CONGRATULATIONS
to everyone across Canada!**

and Thank You Heart & Stroke for recognizing
so many amazing patient partners!





FITNESS FOR EVERY 'BODY'

REFLECTIONS FROM THE ROAD



By ANNIE SMITH, PTS, FIS, RAB II

- Ontario
- Cardiac Sarcoidosis, 2015
- All the Right Moves Personal Training & Fitness



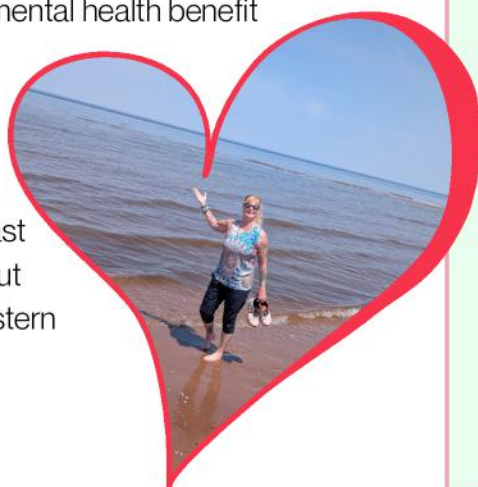
Happy Canada Day!

I hope that the first 6 months of this year have been good to you and that you can find love, peace, and calmness in your heart and soul, today and every day. I know and understand that it's not easy to experience such softness all the time when being a heart warrior. Especially when you may not be feeling the greatest, or have multiple appointments to attend or are experiencing side effects of new medication(s) and of course, living with the unpredictability of heart disease. With some necessary, intentional choices to help your mental health, it can be done. It's finding what works for you.

Do you immerse yourself in a storyline that takes you far away? Do you have a favourite garden that you tend to and create your Secret Garden? Do you have a favourite place to walk (and possibly with a loving fur baby)? Do you have a favourite musician that you listen to when you need to rest your body and soul? Do you meditate to quieten your entire body, mind and spirit? Do you have a medical team that follows you closely and has offered a medical psychologist?

In my case, I move my body the best way I can, every day, when possible (and every day looks different), to increase my endorphins (natural pain relievers – they are 'feel-good' chemicals because they can make you feel better and put you in a positive state of mind). My physical routine is much different and very modified from pre-heart disease diagnosis. No matter what, I keep moving the best that I can. I also meditate when rest is necessary and incorporate flexibility, mobility and stretching daily and immerse myself in easy reading.

For an extra mental health benefit this year, my husband and I road-tripped all over; the last one throughout Canada's eastern provinces...



ANNIE'S TIPS

S

SOLITUDE

Sit (or lie down) comfortably for 5 minutes with eyes closed and focus on your breath. One hand on your heart and one hand on your lower abdomen. Just breathe.

E

ENERGY

Move your body every day to create some.

L

LOVE

Yourself!

F

FUN

Laugh and be silly! Enjoy your life the best that you can.

C

CALL

A friend and set up a movie/tea/book club etc. date.

A

ACHIEVE

Anything you set your mind to! To have the best success, create goals that are achievable and sustainable. I know you can do it!

R

REST

Try to get 6-8 hours of sleep a night. And nap in the day when you need to. Listen to your body.

E

EAT

the most nourishing food you can. Educate yourself on how and what to fill your body and soul with.

FITNESS FOR EVERY 'BODY'

I'm sitting outside, writing, with a gorgeous view of green and red pastures, forests, white church steeple tops, and the Gulf of St. Lawrence. I'm in Prince Edward Island. I feel like I've stepped back over 100 years (visiting Lucy Maud Montgomery's homestead and the Heritage house of Anne of Green Gables does that to you), and I love it. The vibe on the Island is one of absolute peace, calm and serenity. The flow is slow, and the people are genuinely happy and friendly. A feeling that takes over your soul as soon as you arrive on the Island. A surrendering to sea level. I don't want to leave. I believe I've found my solution! Stay. Be healthy here. My body is thriving here.

And then, it began....

The phone calls reminders for upcoming cardiology, rheumatology, hepatology and sarcoidosis appointments upon my return. Those are just the appointments. There are also calls for the tests for those appointments. I understand my assignment – this is my new normal for over 10 years now. Can I get away from it? Not if I want to exist. So, I recognize and acknowledge my feelings and do what always works for me when times of stress and PTSD surround me, especially now that I've found myself in this remarkable state of contentment.

I walked red sand beaches, climbed lighthouses, stretched, read and remained at sea-level contentment as long as I could!

My wish for you is that if you ever find yourself at a place of overwhelming sadness, heartache, or fatigue, please know there are doctors to talk to who can help. And if you're able to move your body, try putting on those running shoes (no, we're not going for a run, wink) and try moving at any pace for 5 minutes outside (or inside). Chances are, you'll enjoy it so much you'll continue walking and create a 15-20 minute walking goal. You can do it! I believe in you!

I see you. I understand you. I hope the best for all of us. Never Ever Give Up!

Namaste,
Annie xo



ALL ABOUT Y♥U!



ROBIN POHL, ON

On May 14th, 2025, I had the opportunity to present at Halton Healthcare's "Rehab Allied Health Education Day" Expo. My focus was on women's heart health - -#HerHeartMatters. I highlighted types of heart disease that are more common in women.

I also showcased our amazing Cardiac Rehab program and the importance of women participating in cardiac rehab. The event was attended by over 150 allied health colleagues.

I was grateful to include resources from Life In Hearts as well as the CWHHA.

May was a busy month for me. On May 1st, I attended the Canadian Heart Function Alliance annual meeting in Toronto, where I was introduced as one of the recipients of a seed grant for a patient-led research project, and said a few words from the floor. This was followed by HF Update on the 2nd and 3rd, where there were more patient partners in attendance than ever, and I knew most of them. I was invited, along with one of the researchers that I have worked with over the last 3 or 4 years, to be on a panel at TRANSFORM-HF's spring network event. The panel was about patient partners in research.

The day after that is when I got notification that a paper in which I was listed as an author was published.



JEANETTE SMITH, ON



JACKIE RATZ, MB

Speaking at the Heart & Stroke Manitoba MLA luncheon during Heart Failure Week June 2025 regarding more supports and more action on women's heart health, the Manitoba Health Minister Uzuma Asagwara surprised us with an announcement for a financial commitment to women's heart health - starting with a province wide roll out of the H&S new risk assessment tool. We can impact change.

Have an event/presentation you did? Or an inspiring quote to share?
Share to receive a \$25.00 GC for LifeInHearts.ca - Email Jackie@Heartlife.ca



Navigating Seven Summer Salt Swaps

(Say That Ten Times Fast)



By CHERYL STRACHAN, RD - Alberta
Author of 'The 30 Minute Heart
Healthy Cookbook'
SweetSpotNutrition.ca



Over the years, many clients have told me that summer is a tough time to keep sodium in check. Road trip meals, backyard barbecues, and picnic sandwiches can add up faster than ice cream melts on a hot day.

But you don't need to deprive yourself to hit recommended levels. A few strategic swaps can make a big difference.

But first, a few sodium FAQ's:



What's the difference between salt and sodium?

Salt is sodium chloride, so sodium is part of salt. Sodium is also in ingredients like baking soda (sodium bicarbonate) and MSG (monosodium glutamate). Whatever the source, too much sodium can affect your health.

I don't have hypertension - do I really need to worry about sodium?

Even if your blood pressure is normal now, too much sodium can increase it (and your risk of heart disease) over time. So while you definitely don't need to cut it out completely, keeping an eye on sodium is still an important prevention strategy.



How do I know if I get too much?

- Estimating your sodium intake is easier than you might think — a rough estimate is all you need. Check package labels or Google foods without them.

sodium in chicken thighs

- Just make sure to adjust the portion size to match what you eat, as below:

Chicken Thighs / Sodium Amount

87 mg

Sodium

Type

Chicken Thighs

Sources include: USDA

Quantity

☒ 100 grams

1 thigh without skin (116 g)

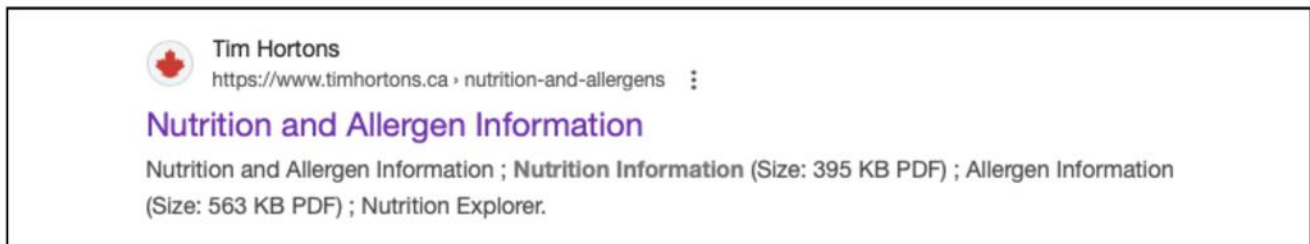
1 thigh with skin (yield from 1 lb ready-to-cook chicken) (135 g)

What about restaurant food?

- Many chains publish nutrition information online, although you might have to hunt a bit.



- The company's website should have the most up-to-date information.



- These tables can be tricky to read, but they sure are enlightening!

Menu Item	Calories (kcal)	Fat (g)	Saturated Fat (g)	Trans Fat (g)	Cholesterol (mg)	Sodium (mg)	Carbohydrates (g)	Fibre (g)	Total Sugars (g)	Protein (g)
12-Grain Bagel	320	7	1	0	0	460	57	8	9	11
Cinnamon Raisin Bagel	290	1	0.3	0	0	360	64	3	14	9
Blueberry Bagel	310	3.5	0.5	0	0	510	60	2	7	9

How much is too much?

Hypertension Canada recommends staying under 2,000 mg a day for adults, to help prevent and manage high blood pressure. Other guidelines range from 1,500 to 2,300 mg.

The exact number isn't critical, as long as you're in the ballpark. The sample menus on pages 32 and 33 show how easy it is to hit over 4,000 mg of sodium in a summer day.



Can you get too little sodium?

Yes, we actually need sodium! Health Canada's sets the "adequate intake" at 1,500 mg per day. Consistently getting much less than that doesn't help and can be problematic. The food won't win any flavour awards either!

Am I supposed to calculate this every day?

Definitely not! But doing it once or twice will probably reassure you that you're doing fine. If not, you'll get a good sense of which foods are harbouring excess sodium.

After that, just aim for about 500 mg per meal. A quick glance at the information on food packages and restaurant websites will help you with that.



SODIUM IN CONDIMENTS: WHAT'S HIDING IN YOUR FRIDGE?

By JACKIE RATZ, MB

Most of us don't think twice about ketchup, soy sauce, or salad dressing—but many everyday condiments are packed with sodium, which can quietly add up and raise your risk of high blood pressure, heart disease, and stroke. You don't have to give up your favorites, choose lower sodium options when available....

	Regular* (1 tbsp)	Lower Sodium* (1 tbsp)
Soy Sauce	900 - 1200mg	500 - 800mg
Ketchup	150 - 200 mg	15 - 60 mg
Barbeque Sauce	200 - 300 mg	20 - 150 mg
Italian Dressing	135 - 300 mg	30 - 200 mg

*Averages used - strictly as a general comparison for potential sodium savings.

OTHER CONDIMENT OPTIONS TO CONSIDER:

Vinegar Based Hot Sauce	(1 tbsp) 50 - 100mg
Mustard	55 - 120 mg
Homemade Greek Yogurt Dip	15 - 50 mg

TIPS FOR CUTTING BACK:

- Read the label: Watch for "low sodium" or "reduced salt."
- Use smaller amounts: A little goes a long way.
- DIY: Make homemade dressings or sauces with herbs, lemon juice, vinegar, or garlic.
- Taste before you add: Many foods are already seasoned.

7 SUMMER SALT SWAPS

With that as our foundation, here are seven easy ways to cut back on sodium, not summer fun:

1



Sandwich → Grain Salad

Surprisingly, the #1 sodium source in Canadian diets is bakery products! Think bread, muffins, bagels, tortillas, etc. A typical slice of bread has 150–200 mg of sodium. It can add up fast!

Instead, try a salad with quinoa, barley, farro, or pasta, cooked without salt. Toss in good extra virgin olive oil, lemon juice, arugula, roasted peppers, crunchy nuts, or whatever you love.

Turkey → Tuna

When you do go for a sandwich, turkey probably sounds like a healthy choice, until you see the sodium content. (Assuming it's deli turkey meat. If you roasted the bird yourself, go for it!)

There are plenty of alternatives to processed meat, which has been linked to high blood pressure, diabetes, heart disease, and cancer. Try tuna, salmon, egg salad, or even leftover roast or rotisserie chicken instead.

2



3



BBQ Smokies → Chicken Thighs

Smokies are popular, but yikes, the sodium! Even with a bit of BBQ sauce, chicken thighs, drumsticks, or breasts will have less than half the sodium.

4



Breton Crackers → Low-Sodium Triscuits

With toppings like cheese or hummus, you'll barely notice that Triscuits have less than a third of the sodium—and double the fibre—thanks to whole grain wheat. (Breton crackers use white flour; if it doesn't say "whole," it isn't.)

Footlong Sub → 6-Inch Sub

Road trips are part of summer, and you can't always pack all your food. Ordering smaller entrées is one strategy for cutting sodium. Pair with heart-friendly packable snacks like yogurt, cheese, fruit, veggies, and nuts to keep you satisfied on the go.

5



6



Store-Bought → Homemade Salad Dressing

Most homemade dressing is lower in sodium—even if you add a little salt. Use a tangy vinegar, Dijon mustard, garlic, and other seasonings to make it flavourful and fresh.

Eat Out → Eat In

I saved the biggest sodium swap for last. Restaurant food is especially high. For example, a plate of spaghetti and meatballs at East Side Mario's packs 1,900 mg – almost a full day's worth!

Make it at home, even with frozen store-bought meatballs and bottled sauce, and it'll be less than half that. Even semi-homemade wins big.

7



The goal isn't to avoid salty foods entirely – sometimes that's nearly impossible! Just do your best to balance them out. Grabbed a ham sandwich at a meeting? Consider a simple homemade dinner like roasted cherry tomato chicken pasta instead of ordering in.

A LOWER-SODIUM

This summer sodium makeover will give you a sense of the impact you can make with just a few substitutions.

In the lower sodium version you'll still see some not-so-salt-free foods, to give you a sense of the flexibility you have. It doesn't have to be all or nothing.

If you cut back on the big ones: Bakery products, processed and restaurant food, you'll have room for a bit of cheese, salt, or chocolate chip cookies.

Note: Italicized menu items are the sodium-reducing swaps.

SATURDAY

Breakfast

From higher --->

<i>Dempsters Ancient Grains & Quinoa, 2 slices</i>	300
Peanut butter, Jif, 2 tbsp	140
Nectarine, sliced	0

to lower sodium

<i>Quick oats (not instant), 1 cup</i>	0
Peanut butter, Jif, 2 tbsp	140
Nectarine, sliced	0

Lunch

<i>Oven Roasted Turkey Breast (100g)</i>	760
<i>Dempsters Ancient Grains & Quinoa, 2 slices</i>	300
Cheddar cheese (30g slice)	193
Yellow mustard, 1 tbsp	174

<i>Tuna canned in water (100g)</i>	247
<i>Dempsters Ancient Grains & Quinoa, 2 slices</i>	300
Cheddar cheese (30g cubed)	193
Yellow mustard, 1 tbsp	174

Snack

<i>Tim Hortons Wild Blueberry Muffin</i>	590
--	-----

<i>Tim Hortons Yogurt Parfait</i>	115
-----------------------------------	-----

Dinner

<i>Pesto Chicken Penne Asiago, Milestones</i>	2120
---	------

<i>Pasta, unsalted (1.5 cups)</i>	2
<i>Rotisserie chicken (100g)</i>	170
<i>Classico Fire-Roasted Tomato & Garlic sauce (1/2 cup)</i>	510
<i>Mushrooms, cooked in 1 tbsp butter</i>	93

Totals

4577

1944

4577 vs 1944

A drop of 2633 mg of sodium!

SUMMER WEEKEND MENU —

SUNDAY

Breakfast

From higher --->

1 cup Raisin Bran	170
1 cup milk	113
Blueberries, 1/2 cup	1

to lower sodium

1 cup Shredded Wheat	0
1 cup milk	113
Blueberries, 1/2 cup	1

Lunch

Subway Rotisserie-Style Chicken sandwich with habanero jack cheese and house sandwich sauce (12 inch) 2100

Subway Rotisserie-Style Chicken sandwich with habanero jack cheese and house sandwich sauce (6 inch) 845
Apple (medium) 2
Oikos Greek yogurt (100 g) 30

Snack

Breton crackers (6, 27 g) 225
Cheddar cheese (30g slice) 193

Triscuits low-sodium crackers (6, 28 g) 53
Cheddar cheese (30g slice) 193

Dinner

Grimm's Original Smokie (2, 150 g) 1320
Sausage buns (2, 140 g) 600

Ketchup, 1 tbsp 138
Garden salad 15
Salad Dressing, Presidents Choice, Mediterranean, 2 tbsp 250

Chicken thigh, grilled (149g) 115
Corn on the cob (1 cob) 6
Butter or soft margarine (1 tbsp) 93
BBQ sauce, 1 tbsp 163
Garden salad 15
Red wine vinaigrette from 30-Minute Heart Healthy Cookbook, 2 tbsp 153
Chocolate chip cookie (homemade) 67

Totals

5125

1849

5125 vs 1849

A drop of 3276 mg of sodium!

Isn't that neat? The differences from just a few key substitutions are huge. You could go lower on the right, but you don't have to. You deserve to eat in a way that satisfies you, so keep what you enjoy and swap out the rest.



BE INSPIRED...

Decode the message.

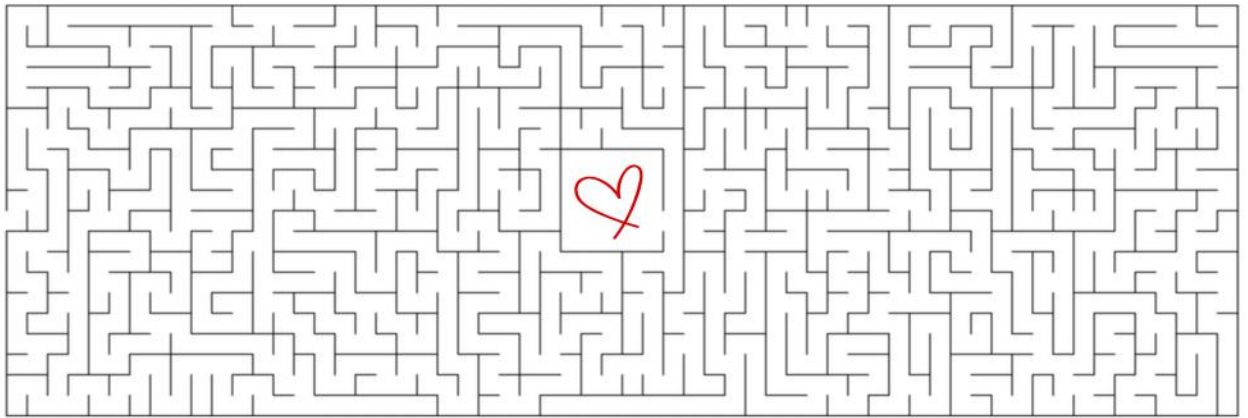
Each letter in the phrase has been replaced with a random number. Try to decode the phrase.

Hint: "Heart Warrior Queen Strong..."

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
6							13				16								25						

H 13 18 5 10 26 12 5 6 19 18 A 22 6 1 H 13 18 5 10 5 26 22 24 A 6 24 4
 H 1 13 18 22 26 5 18 T 3 25 L 16 3 9 18 A 6 2 12 18 18 24 !
 L 16 3 17 18 11 5 6 17 18 L 16 21 L 16 26 17 18 11 26 16 4 L 16 21 L

BE CURIOUS...



BE CREATIVE...

		2			17
					19
			1		14
	4				18
				4	18
17	18	16	13	23	19

Fill in the missing numbers

The missing numbers are integers between 1 and 5.

The numbers in each row add up to totals to the right.

The numbers in each column add up to the totals along the bottom.

The diagonal lines also add up the totals to the right.

 CLICK
HERE

Answer Key

LIFE IN HEARTS

Living Bravely. Loving Boldly.

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