

LIFE IN HEARTS

ISSUE 03
2024



CANADIAN WOMEN WITH MEDICAL
HEART ISSUES

LIVING BRAVELY. LOVING BOLDLY.

LIFE IN HEARTS

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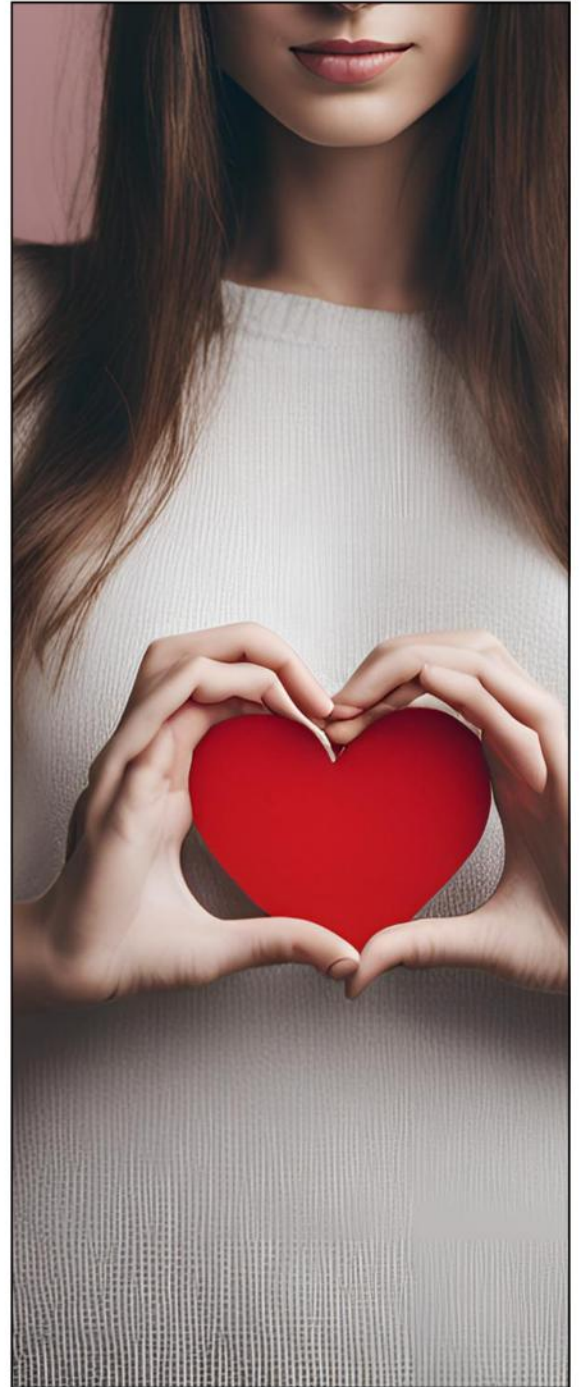
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globalhearhub.org

Cover Photo Credit: CHRISTINE FRASER, ON - Congenital Aortic Stenosis.

Issue 03 · June/July

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A FEW J.R. NOTES



I recently was privileged to go to Spain (along with fellow Canadians Risa Mallory, WWLE and Ellen Ross, Heart Valve Canada & WWLE) to represent Canada in a global roundtable discussion on Womens Heart Health. This was sponsored by Global Heart Hub who's mission is to bring together organizations and individuals who are all attempting to improve cardiac care and supports globally. You can find more information on them at GlobalHeartHub.com

The roundtable brought together 27 women from 15 countries to discuss & openly share practices occurring globally in diagnosis protocols, care management & supports for women. It allowed us to consider ways to reach women to understand the importance of their heart health in some sort of awareness campaign.

The roundtable discussion was framed around 2 larger themes: the late, missed and misdiagnosis of women & the need for more women in research. In the morning we spent our time in collaborative smaller groups in 4 categories from which we choose 2 (The Healthcare System & Medical Education, Research, Patient & Public Engagement Awareness, & Policy Change & Public Health).

The afternoon was a moderated discussion with all of us on the top idea (as voted on by the participants) in each of the 4 categories - it was not easy to choose only one idea in each to focus on! The impact though is a focussed effort on 4 objectives that will move the needle for womens heart health knowledge & care from 4 key directions. I will share the complete paper in the next issue.



Karol Palicka - my dad/dedo

Jackie Fets
EDITOR-IN-CHIEF

This issue is dedicated to dads in all it's many forms ... To any man who has chosen to love, raise and celebrate the kids in their world, we raise a glass to you in "Cheers" with a heartfelt Thank You! Happy Fathers Day!



WHAT THE # \$ & * HAPPENED???

MY JOURNEY WITH SCAD

By RISA MALLORY, M.Ed, Ontario
Spontaneous Coronary Artery Dissection
(SCAD), 2018

“...**stopped** all blood flow from the left side of my heart for **90 minutes**.”

When I was 20 years old my mother was diagnosed with atherosclerotic heart disease and had triple bypass surgery. She did well initially, but eight years later she required a second bypass operation from which she did not survive. She was only 59 years old.

After my mother's premature death from heart disease, I became very aware of my own genetic predisposition and as a result, very mindful of my lifestyle choices. I stopped smoking, I exercised regularly, I maintained a

healthy weight and I worked at managing my stress levels. Yet despite my best efforts, I was diagnosed with high blood pressure and high cholesterol in my mid-40's, which has been controlled with medication.

So, while spending the winter in Arizona in 2018, I experienced a stabbing pain on the right side of my chest and it did not even surprise me. I had already outlived my mother and I thought that atherosclerosis had finally caught up to me.

On my 4th day of pain, self-diagnosing each episode as angina, (this is where I insert - 'do as I say, not as I do!') the pain was worse, it did not subside and it was now accompanied by nausea and a sense of 'fight, flight or flee'.

At the Emergency Department, I was triaged very quickly and was prepped for an angiogram to look for what we all suspected was plaque build-up in the arteries.

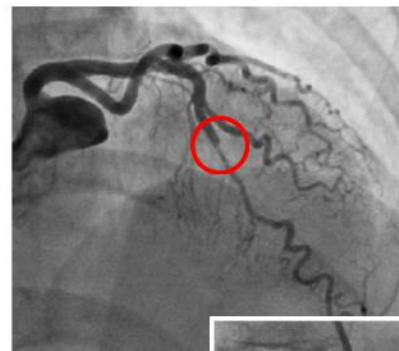
The next thing I remember is waking up 16 hours later to the sound of beeps and alarms and a nurse's hands on me urging me to stay awake and to keep breathing. As I began to regain consciousness out of the medically induced coma, I slowly realized that it was the next morning, I was on a respirator and something had gone terribly wrong.

What I learned over the next little while is that shortly after the angiogram had begun, the pain I presented with was not from angina but from a dissection in the Left Anterior Descending (LAD) artery and was diagnosed as Spontaneous Coronary Artery Dissection or SCAD.

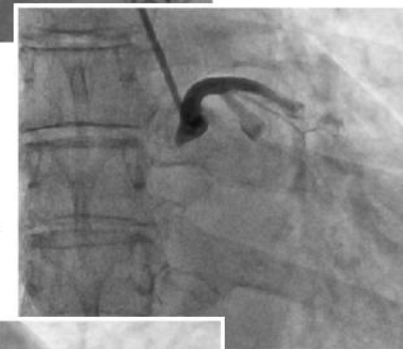
Three minutes into the angiogram, the dissection spread up LAD into the Left Main and over to the Circumflex artery, and was so large that all of these three main arteries were totally blocked. This stopped all blood flow from the left side of my heart for 90 minutes .

What should have been a routine 45 minute routine procedure turned into a 5 hour Code Blue situation during which I experienced a massive heart attack, cardiac arrest and cardiogenic shock before my heart was finally revascularized with three stents.

As I began to recover, I started to research women's heart disease generally and SCAD specifically. For me ... truly ... knowledge is power and I needed to understand what had happened to me, why it had happened to me and what I needed to do to adjust



19:57
Dissection
in Left anterior
descending
(LAD)



20:00
Heart Attack
in progress -
no blood flow



21:00
1 hour later,
blood flow is
starting to be
restored - 3
stents placed

to this new reality in a way that restored peace and confidence in my body, mind, spirit and relationships.

During my research, I stumbled upon the Canadian Women's Heart Health Centre's Women@Heart peer support program and shortly after discharge from the hospital, I joined the very first SCAD specific cohort, which was already in progress. After the Woman@Heart program wrapped up, I was invited to train as a facilitator and this started my new volunteer 'gig' as a patient advocate and patient advisor. I now actively collaborate with a number of cardiac and advocacy organizations locally, nationally and internationally. I have also participated in research projects both as a subject and as a patient advisor on the team.

Now, 5+ years out from my SCAD, I am so very grateful for my family and to have the opportunity to watch my daughters embrace their 30's and beyond! My first grandchild is two and a second one is due early June, which makes my heart sing.

I am an obsessed golfer! I golf 18 holes, 4-5 days a week....82 rounds a summer!! Yes, I have to use a golf cart, but I love the game and I am so, so grateful to be outside in the fresh air, surrounded by beautiful scenery and good people all the while moving my body and still getting some steps in!



Golf is my exercise passion.



Facilitating the Women@Heart Peer Support Program

And we travel!! Every winter we travel somewhere warm and different. This past winter started in Barcelona, then Phoenix, Australia, Bali and finally Madrid. Phewph!



Family is everything...

What has also helped me tremendously in my recovery and with managing a scary heart condition at this stage of my life is for me, about being proactive in my journey.



My Heart.

By this I mean:


- *Developing an attitude of gratitude
- *Practicing stress management strategies which resonate with me
- *Educating myself about women's heart health by accessing credible sources
- *Advocating for my health, not only with my doctors but with my family, friends and if I was working, my place of employment
- *Making healthy food and drink choices to support my physical and mental health
- *Finding support with family, professionals and peers who understand my journey
- *Prioritizing my health
- *Giving myself grace with patience and self-love

For me, volunteering as a patient advocate and advisor has given my life such meaning because of its opportunity to give back to the institutions who have served me and to pay it forward to my daughters, friends and my community. So powerful!





Special Guest Writer Feature



REAL TALK:
THE TRUTH
 ABOUT OUR
HEALTH SYSTEM



By SUE ROBINS, Alberta

Patient Engagement Advocate, Speaker

Author 'A Birds Eye View and "Ducks in a Row"

The Canadian health system is built on the myth of Medicare. The notion that health care is free in our country is, to be blunt, a lie. There are many costs to health care here, including financial, physical and emotional tolls.

Medicare, Tommy Douglas' legacy to Canada, is rooted in the Canada Health Care Act.¹ The Act promises Canadians five principles: public administration, comprehensiveness, universality,

portability and accessibility. Since the provinces and territories administer health care, our country actually has 13 different health systems. The federal government lightly regulates the Canada Health Act, and this is where the great Canadian lie of a strong, sustainable and universal public health system comes in.

You will have noticed when you go to a lab or x-ray that some health care is actually privately

administered. This private administration is creeping into previously publicly administered sectors like surgical and medical offices too. Medicare is comprehensive and free only for hospitals and (most) physician offices. Everything else we pay for: mental health services, dental care, medication, rehab therapists, and even some physicians like podiatrists. Our government promises publicly funded services in areas like Pharmacare but this

“The whole Canadian health system is as hostile to patients as the airline industry. We climb on board, our heads down in the long queues, enduring the misery until it is done.”

coverage is spotty and slow to be implemented.²

The only thing truly universal is the fact that you will have to wait. Waiting is our universal truth. Now we even have to wait to get on a wait list. Waiting is baked into the Canadian system.

As for portability and accessibility? If you live in a rural area, you know that most specialized health care is delivered in urban settings. And each province offers inconsistent services, so care is hardly portable from region to region.

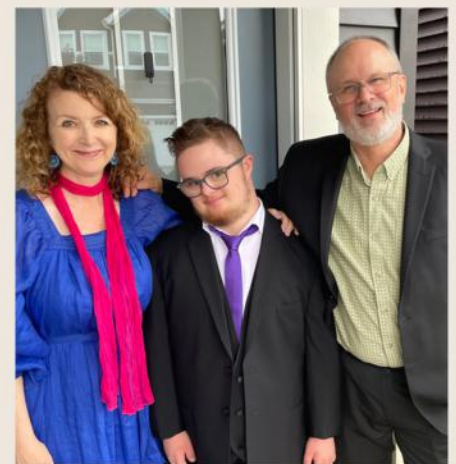
My own travels in health care began 21 years ago when my youngest son Aaron was born. He was diagnosed with Down syndrome, which involved many appointments and screenings

when he was a wee boy. As his caregiver, I became involuntarily immersed into the world of health care. Thirteen years later, I became a patient myself when I was diagnosed and treated for breast cancer.

As Aaron’s mom, I quickly discovered there are many rules to successfully navigating the health care system. The first one was to be thankful for any scrap of care and be unfailingly well-behaved and polite. This is the Canadian way. Whenever I spoke up to advocate for my son, or had suggestions for change, I was quickly labelled as difficult. My gender played into this stereotype, as the ‘hysterical mother’ often gets minimized and dismissed. This ‘hysterical’ trope resurfaced when I was diagnosed with breast cancer, for I often felt

as insignificant as a little mouse in my oncologist’s office.

As an introvert, the notion that patients have to advocate is an uncomfortable one for me.³ It was easier to put on the persona of a Mama Bear for my son, but I didn’t have this role to hide behind when I became sick with cancer. As the perennial caregiver, I was used to caring for others, not caring for



So proud of Aaron.

myself. Asking for help from health professionals or even my own friends or family was difficult for me, and I took any rejection hard.

Alas, advocacy is mandatory. If you are a patient or caregiver in Canada's health care system, you cannot assume all is well. Your physician faxes a referral to a specialist or for a test and you don't hear back? Follow up. Call the office. Speak to booking clerk. Don't assume that your referral is moving along. As brilliantly depicted in the short film *Falling Through the Cracks*: Greg's



Grandma role is my favourite.

Stories⁴, referrals can fall into black holes with devastating results.

The lack of patient-facing technology to ease our lives is shocking. I can book an appointment with my hair stylist much easier than I can get an appointment with my doctor. In health care, I have to fax referrals to get a mammogram, call clinics and be stuck in impossible phone trees that don't offer a human to speak to, be told to show up to appointments without consideration of my own schedule,

and be told that I'd be charged if I'm a few minutes late.

I found myself at the mercy of receptionists when I had cancer. I kept my phone by me at all times in case they called from their unknown numbers. As a freelance writer, it was nearly impossible to work during treatment, not just because of my physical and mental state, but because I had to be on-call at all times to travel into the city for an



The mammogram ... unpleasant but critical follow up.

appointment. The cancer hospital I attended was stuck in the 1970's and physically mailed my radiation appointment times on little handwritten cards that showed up randomly in my mailbox.

The burden on patients is a real thing, as outlined in Victor Montori's book *The Patient Revolution*⁵. Although the book is American, we have more in common with the American system than you think. Just because we aren't as 'bad' as the American system, doesn't mean we can't be better.

The whole Canadian health system is as hostile to patients as the airline industry. We climb on board, our heads down in the long queues, enduring the misery until it is done.

The distinct lack of joy in health care is obvious to patients, as we see our health professionals sink further into burn-out and moral distress. Staff well-being and patient well-being are intertwined, but this correlation is rarely talked about. There is a competition of suffering about who has it worse in health care – staff or patients. If only we worked together to infuse more humanity into the system we'd start on a path that would help heal us all.

This article must end on hope! Many of us have no choice but to be involved in the health care system. We want to quit health care, but we can't. I wrote a book



called Ducks in a Row: Health Care Reimagining⁶, which is a call for a shift from the corporate model in health care back to the foundation of caring for each other as human beings. It centres on what us as individuals can do to make health care a more human space.

The good news is that we have each other. Do not add to the siloes yourself – consider all patients who are invested in health care for whatever reason or diagnosis as your people. I might have had breast cancer, and you have a heart condition, but our experiences in the system are likely eerily similar. We are so much stronger if we speak up together.

I recently wrote a final chapter for a book called Breaking Canadians⁷, which is about the COVID-19 pandemic. I offered cautious hope, and I want to gift hope to you too.

As a patient, my hope lies at the nuggets of humanity that I receive



Author Profile

**SUE
ROBINS**

A Bird's Eye View
Ducks in a Row

Sue Robins is a health care activist, speaker and author. Her latest book, Ducks in a Row: Health Care Reimagined, is a scrappy challenge to the established health care world.

Her first book, Bird's Eye View: Stories of a life lived in health care is a poignant memoir of her experience as a caregiver and cancer patient.

Sue has also written for The New York Times, Canadian Medical Association Journal and The Globe and Mail. She consults with health organizations about best practice in patient engagement and is a frequent plenary speaker at health conferences.

She lives with her husband and youngest son on the west coast of Canada. She can be found at www.suerobins.com and on Instagram at [@suerobinswork](https://www.instagram.com/suerobinswork).

at the point of care and being involved in organizations to educate about the patient experience. If a health care professional – and anybody who works in health care is a professional – shows me compassion, I say thank you. I make the time to write thank you notes and send them to the person involved and their manager. When I give feedback, it is constructive feedback; I say what went wrong and the ways I wish it could be better. I welcome teaching of students, whether it is at the bedside or in front of a

class, because much of my hope lies in future generations. I tell my story, as you are doing in this magazine, to help foster an understanding of my patient experience.

I might not be able to talk to the health minister or set health policy, but I can encourage folks to put the care back into health care. You can do that too, by supporting other patients, giving space to share stories and gifting the health system both kind words and constructive feedback.

As a patient, I often feel powerless, but I believe in my heart that we gain back our power by working together.



Advocating from behind a podium.



Footnotes:

1 <https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act.html>

2 <https://www.canada.ca/en/health-canada/news/2024/02/government-of-canada-introduces-legislation-for-first-phase-of-national-universal-pharmacar.html>

3 <https://www.suerobins.com/post/the-dark-side-to-advocacy>

4 <https://gregswings.ca/fttc-gregsstory/>

5 <https://www.patientrevolution.org/>

6 <https://www.suerobins.com/ducks-in-a-row>

7 <https://utorontopress.com/9781487548124/breaking-canadians/>

Tips & Strategies

HOW DO I GET HEARD ...

Textbook Learnings Through a Lived Experience Lens.



By RISA MALLORY, M.Ed, Ontario
Spontaneous Coronary Artery Dissection (SCAD), 2018

How do we make ourselves heard when we've been silenced, ignored, or had our concerns diminished? Experts say it's about learning how to speak so our health care professionals (HCPs) can really hear us and are willing to form a health care roadmap in partnership with us. Unfortunately, it's not as simple as just speaking up. According to a 2018 study, <https://www.springer.com/gp/about-springer/media/research-news/all-english-research-news/wait--just-a-second--is-your-doctor-listening-/15963052>, patients have just 11 seconds to explain the reasons for our visit before we are interrupted by the HCP.

I have shared textbook strategies for communicating with our HCPs with many audiences and dozens of women in peer group sessions over the years. There are however 'lived experience' strategies which many of us have had to learn over time. Can we consider this short article a jumping off point for the collection of other creative and helpful ways to bridge the communication gaps between us and our HCP's?

1. Prepare for your visit.

Textbook version:

This means doing some research on our condition, symptoms, medications, and treatment options. It also means writing



down our symptoms, medications, questions, goals, and expectations for the visit.

Lived experience lens:

Sometimes if we are dealing with a lessor known diagnosis, have concurrent conditions or are feeling ignored, we might want to share copies of research papers and links to reputable online sources that support our perspectives of our cardiovascular health.

“Patients have just **11 seconds** to explain the reasons for our visit...”



2. Be respectful and assertive.

Textbook version:

Respect means acknowledging our doctor's expertise, time, and perspective, and avoiding interruptions, accusations, or hostility. Assertiveness means expressing our needs, concerns, and preferences clearly, firmly, and politely, and asking for clarification, explanation, or alternatives when needed.

Lived experience lens:

Replace ‘doctor’ with ‘patient’ and read that first sentence again! I remember my inpatient cardiologist always seemed rushed and half-way out the door minutes after he arrived. When I asked him to sit because I had some questions to ask him, he replied that he was very busy and had other patients to attend to. I told him that I appreciated his commitment to all his patients but that we only have one opportunity per day to discuss our medical situation. He sat down every visit after that.

3. Use active listening skills.

Textbook version:

Active listening means paying attention to what our doctor is saying, showing interest and engagement, and giving feedback. We can use active listening skills by nodding, making eye contact, paraphrasing, summarizing, or asking follow-up questions.

Lived experience lens:

Again, read the above once more, this time inserting ‘patient’ for ‘doctor’. The onus should be on the HCP to ensure that the patient’s preferences, needs and values are guiding clinical decisions, and that they are providing care that is respectful of and responsive to the patient.

4. Bring a support person.

Textbook version:

A support person can be a family member, friend, or professional who can help us communicate with our HCP, remember information, or provide emotional support.

Lived experience lens:

This person should only participate in a clinical appointment if we ask them to. They should also not speak for us when the HCP asks us a question. My spouse, who is an enthusiastic helpmate and always well-intentioned, would inadvertently derail my appointments with comments or questions he thought were relevant and important. It used up valuable time and made me feel disempowered.





Read Risa's SCAD story, page 5

5. Follow up after your visit.

Textbook version:

This means reviewing our notes, prescriptions, referrals, or test results, and contacting your HCP if we have any questions, concerns, or feedback.

Lived experience lens:

Many facilities provide an After Visit Summary at discharge or visit checkout that lists prescribed drugs/dosages, discontinued medications, and the next appointment date. We may also have access to a “My Chart” account for lab results, clinic notes, appointments, and direct communication with our clinic.

6. Seek a second opinion.

Textbook version:

Sometimes, despite our best efforts, we may feel like our HCP is not listening to our needs, respecting our choices, or providing adequate care. In that case, we have the right to seek an opinion from another provider who may have a different perspective, approach, or solution.

Lived experience lens:

I ‘divorced’ my first outpatient cardiologist. He rarely looked at me while transcribing my answers to his questions. I was finally able to ask him a question about a possible correlation between my recent

weight gain and my new beta blocker prescription. He answered with an abrupt and condescending “Just eat less”. I was gobsmacked! At the end of that appointment I suggested that a colleague of his, who I had already researched as a SCAD expert, might be a better fit for me and she was!

I believe that there is so much power in knowledge and that this theme should run through each and every aspect of our health care journey. We are our best advocates because we are the experts on our bodies and its symptoms and it is only while working in tandem with our HCP team that we can strive and thrive toward our mutual goals of improved health and longevity.

“We are our **best advocates** because we are the **experts on our bodies...**”



‘How to Be Heard’ Patient Information Sheet available as a printable download, scan here...





LIFE AFTER AND WITH SCAD ...

A conversation between
PATTI LE BLANC, Manitoba, Spontaneous Coronary Artery Dissection (SCAD), 2015
and JACKIE RATZ, Manitoba, Heart Failure, 2017

JR: Patti, I am so thankful you are willing to chat today... I realize it can be difficult to talk about our heart journeys ... can you please introduce yourself...

PL: My name is Patti LeBlanc but you might know me as Patti Mersereau-Dennis LeBlanc on Facebook or other social media. First and foremost I am a Wife, a Mom, a NANA, a Sister, a daughter, a friend, AND then a SCAD survivor.

I had my Spontaneous Coronary Artery Dissection a little over 8 years ago, just before my 50th birthday. SCAD means my artery tore (dissected) created a flap and caused a blockage in two of the arteries of my heart.

JR: We certainly do wear many hats, dont we Patti? And wear them proudly. You forgot one important hat though, that of MARATHON RUNNER! ... your SCAD derailed big running plans for you, didn't it?

PL: Talk about having the carpet ripped from underneath me! I had been running for over 20 years, I was in the midst of training for my first Ultra Marathon: 50K for my 50th birthday.

Three days before Christmas I was just picking up my crockpot to go to a Christmas Novena Mass, as I was picking it up, I had a weird sort of feeling, ... my husband asked if I wanted a hand... I said no, shook it off and went on my merry way.

PL continued: Fast forward 90 minutes and I was on a table in the Cath Lab at St. Boniface hospital and Dr. Toleva was placing a 3 cm stent, saving my life. I was told the force of picking up my crockpot caused two of my arteries to rip inside.

JR: Yikes and Wow! You received care quickly - THANK GOODNESS - but picking up a crockpot did this to you? What was in that crockpot Patti!!! LOL ... That is kinda crazy and mentally hard to process I'm sure that something so simple as picking up a pot ...

PL: Physically, I am fine. I have never had another symptom. I follow the Dr.'s rules to the letter. I take my medications on time (to the minute) everyday. I still run pretty much everyday. I did eventually run that Ultra Marathon -, 3 years later. It took me 11.5 hours to run 50K, but I did it S-L-O-W-L-Y and with the support of my cardiologist,

Mental health wise.... It has been a roller coaster. That night after I was back in the recovery room, my husband was holding me and I felt like such a failure. I eat well, I exercise, I practice my faith, I have zero risk factors for cardiac disease and I still had a heart attack. WTF! I felt like I had let everyone down.

And then the questions started: What was life going to be like if lifting my crockpot caused a heart attack.. What about carrying laundry?? What about gardening? What about vacuuming or changing the bedding?? I was petrified, I did not want to leave the hospital.. EVER.

JR: Oh Patti, certainly not surprising you were terrified ... add in that SCAD is still relatively unknown today by the public and when you had yours, many cardiologists were still learning too!

JR: So Patti, I know supporting other women and research are areas you are passionate about...

PL: Yes, in the past 8 years, I have volunteered a lot for local and national Women's Heart Health initiatives, and especially trying to support "Newbie" SCAD Survivors. I do everything and anything I can for SCAD research to share with others and to learn.

JR: Thank you for all you do to help SCAD warriors, research and education for the general public... I know you have been quite active - including attending the SCAD Conference in Vancouver. Now that you know so much more about SCAD and seeing others around you, how are you feeling about the future?



WEAR RED CANADA - Running in -32c, February 13, 2022

“I am still scared of having another SCAD, however its not the first thing on my mind when I wake up anymore.”



The love of Family - June 13, 2023



Different hearts and yet in many ways the same. - HWQ_strong!
Jackie and Patti - January 13, 2020

PL: The thing I struggle most with is, the more time that goes by, the further I get from my SCAD (time wise), the more afraid I am that I might have another... I don't know if that is because the older I get the more valuable life becomes??? Or is it because I am a Nana now???

JR: It really is a roller coaster, isn't it? I too am finding that as I stare down 10 years with heart failure, I am anxious about where the next dip will take me... but I do feel better prepared mentally as I have more tools and people in my kit now ... do you?

PL: In the beginning I really tried to find something good about my SCAD... I was pretty bitter about the whole thing, I really had to dig deep in my faith to find the blessing.

I am still scared of having another SCAD, however, it is not the first thing on my mind when I wake up anymore. And the blessing? I have met some of the most AMAZING, STRONG, INSPIRING WOMEN ever! So, If I am feeling down, or worried, I know I can reach out and there will be a Heart Warrior Queen (HWQ) there for me.

JR: Absolutely there will be!

AND PS: I know our heart journeys (our petals) are very different but we still connect on a level few can understand unless they live with a medical heart issue. You are one of those amazing, strong, inspiring women!

Patti, thank you for being so open and honest about your heart story, BIG HUGS!





Excerpt from The University of Ottawa Heart Institute: "Spontaneous Coronary Artery Dissection (SCAD) - A Guide for Patients and Families."

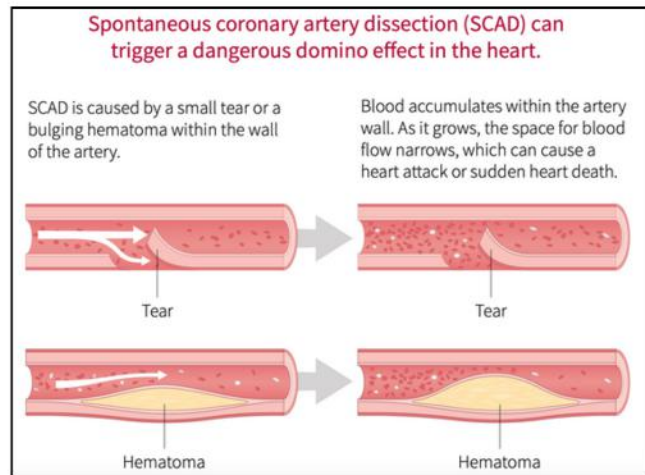
PURPOSE:

A brief introduction to the heart condition being featured in the current issue of Life In Hearts E-Magazine.

SCAD

What is Spontaneous Coronary Artery Dissection (SCAD)?

Spontaneous coronary artery dissection (SCAD) is a type of heart attack caused by a separation (dissection) in one or more arteries of the heart. This separation may be between the layers of the arterial wall, causing a build-up of blood (hematoma), or it may be a tear in the innermost layer. Either type of dissection can block blood flow, causing a heart attack and sometimes death. SCAD may also cause heart damage or heart rhythm abnormalities. Prompt diagnosis and treatment are crucial to decrease the risk of irreversible damage.



SCAD occurs most often in women aged 30 to 55, but it can occur in women and men of any age. People who develop SCAD often have no coronary artery disease risk factors or symptoms before their SCAD event.

SCAD is still a relatively new diagnosis, and ongoing research continues to help us learn more about it. It is believed that 25 to 40% of heart attacks in women under 50 may be attributed to SCAD.

Potential Causes and Risk Factors

It is unclear what causes SCAD, but several risk factors have been identified.

- Being female
- Hormonal changes, such as in pregnancy
- Fibromuscular dysplasia (FMD)
- Extreme emotional stress
- Extreme physical stress
- Inflammatory conditions
- Genetic conditions
- Very high blood pressure
- Recreational drug use
- Genetics/family history

For a copy of the SCAD patient guide www.OttawaHeart.ca or email Jackie@HeartLife.ca

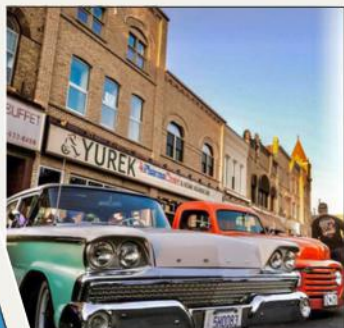


THE BEAUTY, STRENGTH &

Research says it is good for our brains, our hearts & our souls...



Erin Thomas, MB
Heart Failure, 2017
Crochet



Debbie Underwood, ON
Heart Attack, 2023
Painting



Lori Windover Kennedy, ON
Heart Failure, 2018
Pottery



Dima Dupéré, ON
Microvascular Dysfunction, 2023
Crochet



Donna Hart, ON
Heart Transplant, 2015
Sewing & Stuffing Making



Dianne Galbraith, BC
Heart Failure, 2011
Embroidery



Christine Montgomery, ON
Congenital Heart, 1970 (age 5)
Knitting



Cheryl Hayden, BC
Heart Failure, 2022
Quilting



Sandra Naufal, ON
Hypertrophic Cardiomyopathy, 2021
Textile Artist



Judy Preston, MB
Congenital Heart Block, 1950
Scrapbooking



Tammy Tenler-Unsworth, ON
Heart Failure, 2020
Knitting



Sharon Gilroy-Dreher, ON
Stroke, 2015
Card Making

HEALING IN CREATING!

So many creative, inspiring, and talented WWLE!



Janet Parr, ON
Heart Transplant, 2012
Felting



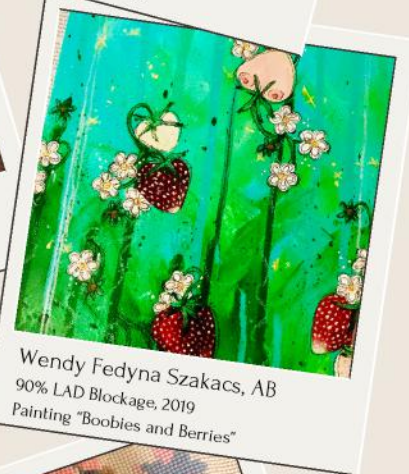
Miriam Marchuk, BC
Heart Failure, 2023
Quilting



Natasha Landry, ON
SCAD Heart Attack, 2021
Furniture making



Ingrid van Musschenbroek, ON
Takotsubo, 2020
Wreath from yarn scraps



Wendy Fedyna Szakacs, AB
90% LAD Blockage, 2019
Painting "Boobies and Berries"



Magoo Chick, BC
Stemi Heart Attack, 2016
Scrapbooking



Lise Burgess, BC
Pending Heart Transplant, 2023
Jewelry Making



Élyse Martel, ON
Sudden Cardiac Arrest, 2022
Mixed Media/Art Journal



Diane Shipclark, BC
Triple Bypass, 2007
Diamond Art



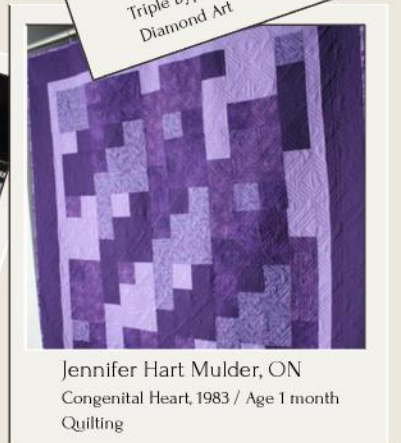
Debbie Mohess, ON
Quadruple Bypass, 2019
Crochet



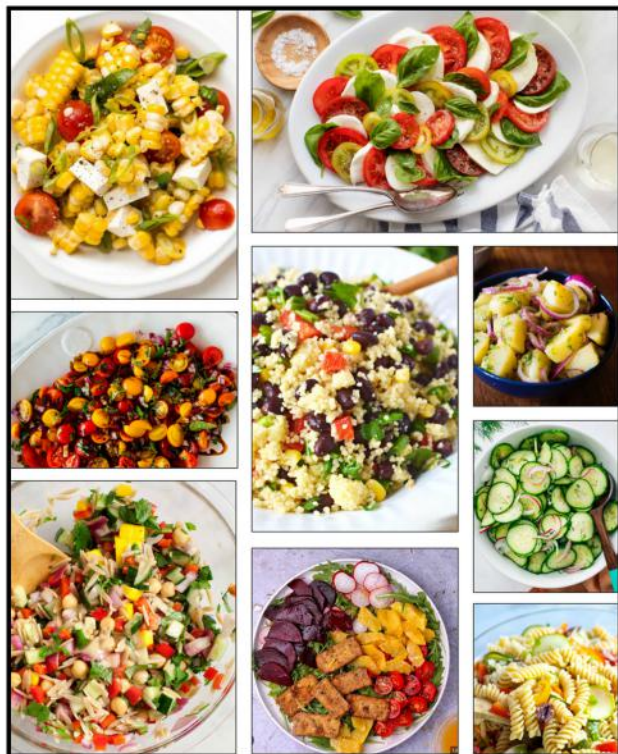
Natalie Perrier, BC
Stroke, 2021
Watercolour Painting



Lily Fjeldsted, MB
Heart Failure, 2014
Rock Painting



Jennifer Hart Mulder, ON
Congenital Heart, 1983 / Age 1 month
Quilting



NOT ALL SALADS ARE LEAFY...

Summer is when salads shine! Keep the kitchen cool and take advantage of fresh seasonal produce.



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




If I say “salad” and your brain immediately says “lettuce, tomatoes, and boring,” you’re in for a pleasant surprise! Salads can be so much more than leafy green boredom.



VEGETABLE BASED

Vegetable-based salads don't have to include leafy greens! Think of caprese for example: tomato, fresh mozzarella, and basil. Try chopping and tossing together a few of your favourite vegetables with a zesty vinaigrette. Finish it with a handful of crumbled goat cheese or roasted pumpkin seeds.



 **TIP:** Grilled chicken, hard-boiled eggs, and canned tuna are excellent add-ons for a protein boost.

Canada's Food Guide recommends filling ½ of our plates with fruit and vegetables, and salads make it a cinch.

www.food-guide.canada.ca



GRAIN BASED

Whole grains like farro, barley, quinoa, or brown rice make a salad more filling, with slow-burning energy to hold you over until your next meal. Toss cooked grain with ingredients like chopped bell pepper, tomato, spinach, feta, extra virgin olive oil, and red wine vinegar.

✓ TIP: Heart-healthy dressings are often based on extra virgin olive oil, but for a change, try walnut oil, flaxseed oil, or even mayonnaise, which is surprisingly mostly heart-healthy fat!



PASTA BASED

Pasta salad can be heart-healthy! When it's cooked and cooled, the structure of the starch changes, so it digests and raises blood sugar more slowly. Aim for more vegetables than pasta: Roasted red pepper and spicy arugula work well, elevated with toasted sunflower seeds and grated Parmesan

✓ TIP: Save time by freezing a big batch of cooked grains in meal-sized portions.



POTATO BASED

Like pasta, potatoes are gentler on blood sugar when they've been cooked and cooled! Potatoes help you get vitamin C, potassium, and fibre. (More if you eat the skin.) Freshen them up with vegetables like minced red onion and blanched green beans, as well as fresh herbs. For a change, try a sweet potato salad. (Search online for a good selection of recipes.)



BEAN BASED

Pulses, which are lentils, dried beans and peas, are incredibly nutrient dense: fibre, potassium, magnesium, and more. If a typical four-bean salad isn't for you, how about black beans, corn, ripe tomato, and avocado? Or lentils with crunchy apples, almonds, and thin ribbons of kale? Combine with a whole grain and the salad can be your meal.



FRUIT BASED

Not a vegetable lover? Fruit offers many of the same nutrients in a sweeter package that is also associated with improved heart health. For a classic fruit salad, simply toss your favourites in lime or lemon juice whisked with honey. For a fresh twist, try watermelon, feta cheese, and mint. Or add fruit to a leafy green salad: Oranges, mango, and pomegranate are delightful.



NOVELTY - BOWLS

Bowls are kind of like salads served over whole grains. You've probably seen them on menus with names like "Ninja Bowl," "Buddha Bowl," or "Burrito Bowl." Make your own with your favourite vegetables - cooked or raw. There are no rules. Bowls are usually topped with rich, creamy dressings based on ingredients like tahini, peanuts, or miso.

TO DRESS OR NOT TO DRESS

By Jackie Ratz



I LOVE an undressed garden salad... when produce is ripe and fresh I rarely need to put anything on it... garden tomatoes, peppers, green onion, and cilantro (yup I'm one of those that loves it) ... a little fresh ground pepper and maybe some goat cheese or little slice of feta and I am one happy woman!

But I do also love a well dressed pasta, grain, potato or Cole slaw ... I prefer these however with a vinegar based dressing, as opposed to mayo. (Only my mom's potato salad is acceptable to me with mayo).

My mom taught me and my sister to make a cucumber salad with water, vinegar, sugar, and fresh garlic ... it is a staple in our home... email me for the recipe.

What is your favourite salad or dressing?

Send me an email as I would love to share in our group!

Sweet Spot Nutrition

BLUEBERRY SUMMER SALAD

By CHERYL STRACHAN, RD

Flavourful greens tossed with fresh blueberries, crunchy nuts and seeds, and tart goat cheese, balanced with a hint of sweetness.

If you think of lettuce as a canvas upon which you can add pile your favourite fresh, colourful, nutritious toppings, it's hard not to be a salad lover. You can even let the lettuce go and make salads out of beans, grains, or just crunchy chopped fresh vegetables.

Just pile up your favourite stuff and enjoy. Voila... salad!

Feel free to substitute in this recipe with what you have on hand. Last time I made this I had more raspberries than blueberries, so we did that. It's all good.



Ingredients - 2 servings

- 4 cups mixed greens
- 1/2 cup fresh blueberries
- 2 tbsp dried cranberries
- 1/4 cup chopped walnuts
- 1/4 cup unsalted sunflower seeds
- 1/4 cup goat cheese
- 1 tbsp red wine vinegar
- 1 tbsp extra-virgin olive oil
- 1 tbsp maple syrup

Instructions:

1. Clean and tear your mixed greens.
2. Wash the berries, pat dry.
3. In a jar with a lid, shake the red wine vinegar, olive oil and maple syrup.
4. On 2 plates divide the mixed greens, then half the blueberries, dried cranberries, walnuts, sunflower seeds, goat cheese.
5. Pour the mixed dressing equally on each salad. Add fresh ground pepper if you like.
6. Enjoy!

SPECIAL SEASONAL ARTICLE

FOR THE OF BARBEQUE...

By CHERYL STRACHAN, RD
Sweet Spot Nutrition

Many people love the easy meals summer barbequing brings, but do you know how to keep grilled food healthy and safe?

Unfortunately, frequent meals from the barbeque can raise your risk of heart disease and cancer. The good news is that you can enjoy grilled food and avoid that risk by taking a few simple precautions.



HOW TO BARBEQUE WITH HEALTH IN MIND

1. Plan It: Start With A Healthy Menu

If you plan to eat meat or poultry, make it lean. When fat drips onto the flames, it produces a chemical linked to cancer.

Consider fish. It cooks quickly and the fat is heart healthy. Wrap in foil to keep fat from dripping into the grill. (You can also do this with meat if you like.)

If you're up for a plant-based alternative, try grilling firm tofu. Or make your main protein a

bean salad and grill vegetables instead. Fruits and vegetables don't produce harmful chemicals when grilled, and their antioxidants can counteract cancer-causing chemicals in grilled meats.

Smoky, charred bell peppers, portobello mushrooms, asparagus, and thick sweet potato slices are sure to be crowd pleasers. You can even grill fruit! Experiment with pineapple, nectarines, or pears.

Round out the menu with a salad and you'll be sure to hit the recommended half a plate of vegetables and fruit.



2. Prep It: Limit Harmful Chemicals

Trim away visible fat (except on fish). Cut big pieces of meat into smaller ones, which cook faster, minimising formation of harmful compounds. Alternatively, pre-cook larger cuts to reduce the time meat is on the grill.

Marinate meat before grilling to add flavour and help prevent the formation of cancer-promoting chemicals. About two hours is ideal – longer and any beneficial antioxidants in the marinade start to break down.

Make your own marinade by mixing equal amounts of olive oil and vinegar, lemon, lime, or orange juice with your favourite herbs, spices, or aromatics like garlic. It will undoubtedly be lower in sugar and salt than store bought.

No time to marinate? (We've all been there!) Rub the meat with olive oil, black pepper, and other spices to keep it safe and delicious. On vegetables opt for a squeeze of fresh lemon or lime, or a drizzle of good extra virgin olive oil and balsamic vinegar.



TIP: Commercial barbeque sauce is convenient, but often high in sugar and sodium. Make a heart-healthier homemade version using the recipe in Issue 2 of the Life in Hearts e-magazine.

3. Cook It: Avoid Charring

Since frequently eating charred meat can increase the risk of cancer over time, avoid charring. Cook it below 300°F (but at least 200°F for that good barbeque flavour.)

Place the meat away from the burner, not directly over the flame, and close the lid. Alternatively, flip often to avoid the char marks that indicate the development of harmful chemicals.



TIP: Safety first! Use an instant read thermometer to ensure meats are done (but not overdone). Keep dishes and utensils that have touched raw meats or marinades separate from food that is ready to eat.

If the meat has any charred edges, trim them off or avoid them. Enjoy!



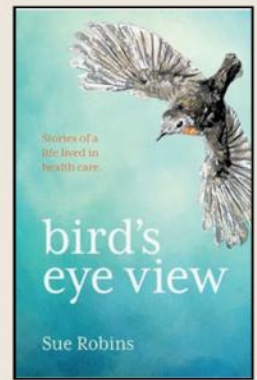
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1. Support Tool - KardiaMobile Devices - <https://alivecor.com>

2. Cookbook - *Mediterranean Air Fryer Cookbook for Two: 75 Perfectly Portioned Healthy Recipes in Just 30 Minutes*. Author Ravina M Chandra (2024) 🇨🇦 - www.Amazon.ca

3. Knowledge - *Bird's Eye View: Stories of a life lived in health care*. Author Sue Robins (2019) 🇨🇦 - www.Amazon.ca

4. Stress Reduction - *The Beat Goes On: Sudoku And Wordsearch Puzzles | Get Well Soon Activity & Puzzle Book | 100 Fun & Entertaining Activities While Recovering From Surgery or a Health Event* - www.Amazon.ca

5. BEAT THE HEAT - Shop stainless steel water bottles & bucket hats - www.LifeInHearts.ca

There are great products available to help us live better, to be safer or help us advocate for ourselves. There are also products that are just pretty or make us feel good or support a cause close to our hearts... let's share them all so everyone can benefit.



HEART RETAIL & THERAPY PRODUCTS



SUMMER TIME

FUN THROUGH PLAY

By ANNIE SMITH, PTS, FIS, RAB II, Ontario
Cardiac Sarcoidosis, 2015
All the Right Moves Personal Training
& Fitness

Model the best fitness behaviour as
our kids are always watching

Last issue we talked about Annie's Pace Global Adventure and how it's important that 'your life is worth 1 hour a day' for your heart health. I hope that you've been inspired to incorporate regular exercise into your daily living. Maybe now you make the time to go for a daily walk, have started strength training or are using the videos provided here or on the HeartHub website. Or perhaps you're a seasoned fitness fiend and you love moving your body as much as I do! Keep moving your body and doing the best that you can.

For those with children at home, school will be out in a few weeks for 2 months. What does this mean in your life? Will this change your schedule? What about your personal workouts? What will your children do when you want (and let's be honest, need) to have your daily exercise time? Do your children know that mom &/or dad 'work out', 'exercise', but they don't see you do it, so they don't really understand what that means?



Think about that for a moment. Pause.... Read it again. Do you work out at a gym or go for a run – anywhere on your own, away from home? If you like to work out alone and want to de-stress from your day, this is most likely the case.

Children learn by example. Nowadays children aren't exercising how they did 30+ years ago – outside running around the neighbourhood with the other local children. Instead, a high majority are watching tv, playing on hand-held devices, staying indoors and not engaging with others for their heart health, etc. And if you're going to a local gym, they have no idea what you actually do to 'exercise'.

But it's not too late to change that! To lead by example and get your children active and having Fun, with YOU! This doesn't mean that you have to stop your personal workouts. Those are incredibly important for you and should remain your time. So let's learn some ways that you can exercise with your children which will be very beneficial for their heart health and also be lots of fun. The key with fitness for anyone, is **ALWAYS MAKE IT FUN!**

So go get some kids, and absolutely some adults and let's go!

TIPS FROM ANNIE:



P **PERFORM** with the intention of no expectations but **FUN!**



L **LAUGH OUT LOUD!**



A **AMUSE** yourselves together!



Y **YOUNG & YOUTHFUL!**
Be entertained by your kids... be creative & youthful with them!

Exercising with your kids will bond your family & make your family unit stronger.

Enjoy the summer with your kids & their reactions to you 'getting down' with them & plan on creating this lifestyle forever!



FAMILY FUN FITNESS

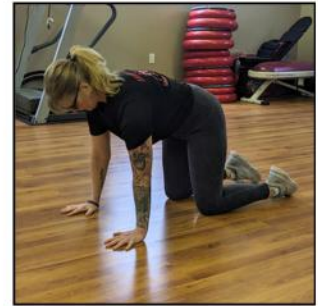
These can be done in any order, indoors or out!

BEAR CRAWL

Get on the ground 'on all fours' (on your hands and knees), lined up side-by-side with all players. Hands under your shoulders and knees under your hips. Curl your toes under and lift your knees off the floor 1-2 inches (the closer the knees are to the ground, the more challenging it is. Start where it feels comfortable enough for you to begin with as it's a challenging move holding up your body weight). Feel like you're pushing the floor away from you with your arms so that you don't collapse in the shoulders. This is called bear stance. Leading with your opposite hand and your opposite foot (*not hand and foot of the same side), crawl forward. Now, travel backwards, the same way – opposite hand and foot moving you. Determine together how many times you will go forward and backwards. Create a goal together. Now go sideways! To move right, step your right foot first and then your hand. Go 4 crawls (or more) to the right and then move left. Left foot first and then your left hand. Be patient with it and have FUN with your children. They will be so happy to have you on the floor 'crawling' with them!



ADD ON: Get a soccer ball or any ball of that size. Everyone gets into bear stance in a line. The person on one end of the line will lift a hand off the floor to roll the ball to their neighbour. Keep rolling the ball down the line until it reaches the end. Then put your knees down and have a rest before you roll it back to the first person. This can be done with 2 people or even just one by passing it back and forth between hands.



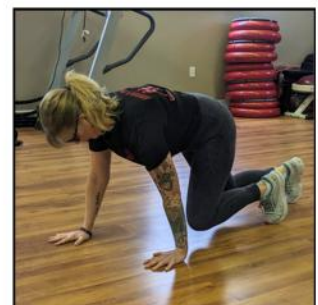
1) Hands and knees on ground



2) Hands & feet on ground with knees just hovering floor



3) One movement forward



4) Next movement forward



PASS THE SHOE

Sit on the ground, creating a circle facing your friends/family.

Everyone takes off their right shoe. Sitting up tall, bend your knees with your feet flat on the floor, holding your shoe in your right hand, lean back until you feel your abdominals working. Focus on engaging your core by pulling your belly button towards your spine, chest open and shoulders back. Lift your right knee and pass your shoe under your right knee. Put your right foot down and now lift your left knee and pass your shoe under your left knee. Put your left foot back down. Pass your shoe to the neighbour on your left. Keep doing this until you get your shoe back. Sit up and release your abdominals. (If you need to sit up before you get your own shoe back, that is okay!) Put your shoe back on. Take off your left shoe and repeat it all going to your right now. Laugh lots and have FUN with it!

MUSICAL CHAIRS

You betcha! Back to the basics! Each time you play, take turns who chooses their favourite song. Now TURN THE MUSIC ON, SMILE, AND LET'S GO!

Create a circle with chairs, turning them outwards. One chair short of how many people are participating. Someone takes charge of the music not playing this round. Music is on and start walking/jogging around the chairs. Once the music stops, move quickly to sit on a chair. The person not sitting down, leaves the game. Take a chair away. Continue on until 1 person is left sitting! Be creative and change it up and do what works together as a family. If you have stability balls, use them instead of chairs to have an absolutely hilarious game! To make it more challenging, use mats on the floor instead of chairs which uses more mobility and flexibility to get up and down off the floor!



TREE/FENCE OUTDOOR 'SITS'

While outside in your yard, at a park, while camping; literally anywhere, place your back against a tree/fence/wall and walk your feet out (just like in the wall sit in Issue 01). Using your hands, bring your body down the item at a 45-90degree angle (hips in line with knees or just above). Pressing your back into what you're up against, engage your core by pulling your belly button towards your spine, relax your shoulders and breathe. Everyone counts together and makes a goal – eg, 30-60 seconds. Work on a goal together for the length of time held.



45 degree angle

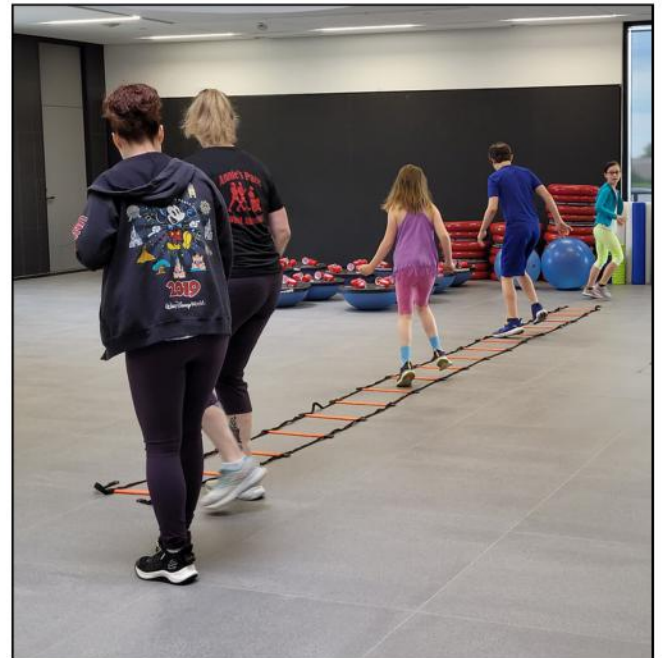


90 degree angle

LADDER DRILLS WITH STICKS

Go outside and have your children find sticks, branches, pine cones, etc to use as 'lines'. Have them create a 'ladder' on the ground. Now let them be creative. Ask them to show you what ideas they come up with to use the ladder. Have them lead and you follow along. Once they get to the end of the ladder, have them either walk fast, jog or run to the other end and do it again. Follow along and do the same pattern 3 times through and then change it up.

IDEAS: Single leg hops; double leg hops; jumping jacks; sideways steps; grapevine step. Be creative and have FUN!



Congratulations on showing up for you and choosing to start creating a healthy lifestyle of physical fitness and mindfulness. I am so proud of you! See you next time! Namaste.

Annie is a regular contributor to the Ted Rogers Patient information website.
Her "HEARTFIT" videos can be found at OurHeartHub.ca



Living Bravely.
Loving Boldly.

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ALL ABOUT YOU!

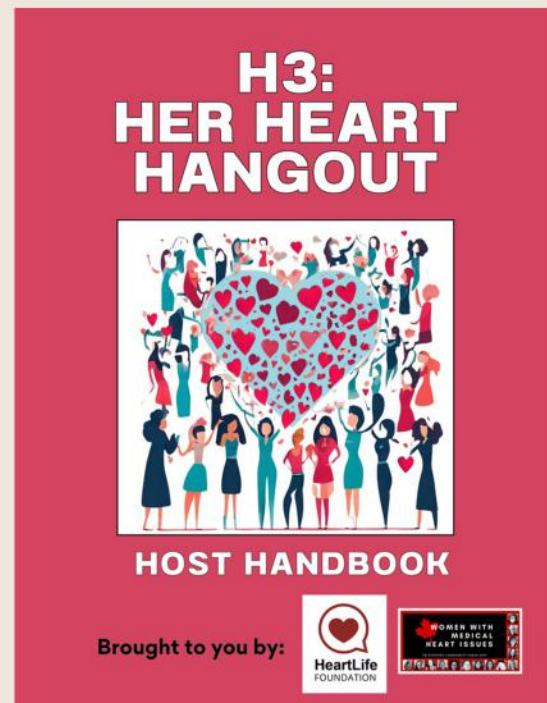
ANNOUNCEMENT!

‘HER HEART HANGOUTS’ ARE HERE!


We have been working to complete a self guided, but fully supported, host handbook so anyone can host a casual social get-togethers in their community!

This is an initiative between HeartLife Canada and Canadian Women With Medical Heart Issues.



We are looking for hosts allover Canada! Reach Out!
More Information at LifeInHearts.ca or HeartLife.ca



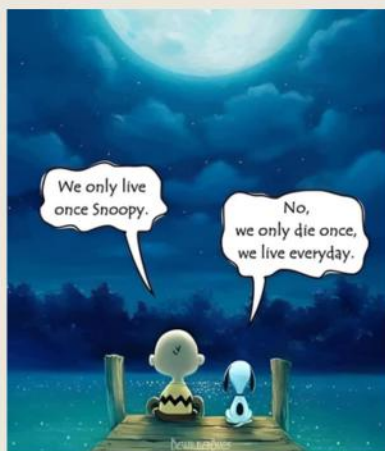
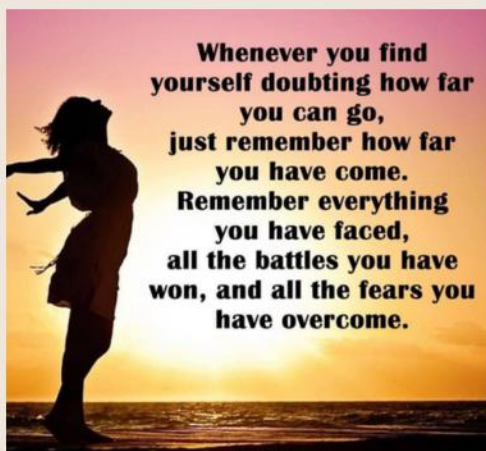
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