

# LIFE IN HEARTS

ISSUE 05  
2024



## CANADIAN WOMEN WITH MEDICAL HEART ISSUES

LIVING BRAVELY. LOVING BOLDLY.

# LIFE IN HEARTS

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



EDITOR-IN-CHIEF  
& FB ADMIN  
Jackie Ratz, MB



EDITORS & PROOFREADERS  
Rachel Charron, ON  
Louise Koch, AB



FB ADMIN & MODERATORS  
Jeanette Smith, ON  
Charlotte Girard, QC  
Lorraine Stratkotter, AB

## 2024 ISSUE 05 CONTRIBUTING WRITERS



Stevie Goller, MB



Carolyn Thomas, BC



Jeackie Ratz, MB



Cheryl Strachan, AB



Annie Smith, ON

## PROUDLY AFFILIATED WITH:



HeartLife Foundation  
of Canada  
heartlife.ca



Canadian Women's Heart  
Health Alliance  
cwhha.ca / wearredcanada.ca



Global Heart Hub  
globalhearhub.org

Cover Photo Credit: Alex Miller, MB, Caregiver & sister to Jackie Ratz

Issue 05 · October/November

# CONTENTS

- 05 Mental Health Lighthouse  
· Stevie Goller
- 08 Tips & Strategies  
· Cognitive Defusion
- 10 Editorial Feature  
· Carolyn Thomas
- 14 Learning & Information  
· Global Heart Hub  
Roundtable Report
- 18 WWLE Reflections
- 20 Eating For Heart Health
- 25 Retail Therapy & Heart Tools
- 26 Fitness For Every 'Body'
- 30 Brain-Heart Hopscotch
- 31 All About You! Reader Page



# J.R. NOTES



Wow! Here we are already... the October/November issue!  
I am sad to see the summer months are done for this year but I admit October is one of my favorite months... or it can be. The weather with its crisp clean air, the slow down before the ramp up of the holidays... and of course pumpkin spice everything! It is also a time to give thanks as we celebrate thanksgiving. So with that in mind, I say thank you to YOU and the support you have given this e-magazine project.

Of course November follows Pumpkin spice month... and we acknowledge Remembrance day... even more so this year in a world with too much war and unrest. While many of us who read 'Life In Hearts' face our personal health journeys with various struggles, I cannot help but think how much harder it would be in a country with less freedoms or stability. Even with all the system challenges, I am grateful to live in Canada.

This issue is a bit different layout - we open with our Lighthouse feature where Stevie Goller bravely shares her unexpected miracle journey to motherhood while living with Heart Failure.

Next, Carolyn Thomas of Heart Sisters blog fame and author of "A Womans Guide to Living with Heart Disease" is our editorial feature writer this issue and discusses how women generally delay treatment. So grateful to Carolyn for her contribution to our E-Magazine.

This is followed up with a Canadian perspective on the Global Heart Hub Roundtable and the resulting report that was published in September. As Canadians we can know we are making good inroads in women's heart health care and awareness... even though it may not always feel this way.

In Reflections, I share the speech I gave in September for the Rose Soiree Gala. A St Boniface Hospital Foundation annual fundraising dinner - with this year's focus for Women's Heart Health Research in Manitoba.

I would love to hear how you are finding our e-magazine. What would you like to see? Any and all suggestions are welcome! Please reach out by email: [LifeInHearts@HeartLife.ca](mailto:LifeInHearts@HeartLife.ca)

  
EDITOR-IN-CHIEF



# ONE IN A MILLION.



By STEVIE GOLLER, Manitoba  
Heart Failure, 2020

***“Heart Failure can affect any person, at any age, at any moment.”***

I have been considered an athlete my entire life. I started to skate when I was 2 years old, started playing hockey when I was 5 years old all the way until the day I couldn't anymore. That day was July 18, 2020.

On that day, at the age of 28 and during a global pandemic, without warning, I collapsed on the street while getting out of my vehicle in Northern Manitoba. I was urgently taken to hospital by ambulance to the local hospital then was put on a life flight to the Intensive Care Unit at Health Science Centre, in Winnipeg, Manitoba. I ended up having nine cardiac arrests that day, and without oxygen to my brain for ninety minutes.



Fast forward to September 2020, I was alive, I was out of hospital, I was a lucky, “one in a million” the doctors said. I was advised to attend Cardiac Rehab, but I couldn’t go due to the pandemic shutting everything down. I was advised to see a psychologist related to the recent medical trauma I just endured. But guess what, I couldn’t go due to the pandemic shutting everything down. That’s when I got scared. All I could think is now what? Why me? ***I was alive, but never felt so life-less.***

I taught myself how to, I say this lightly, “cope” with what I was going through by ignoring it. Trying to keep myself busy, with anything and everything else. I believe this is called avoidance. But I didn’t care, if I didn’t think about it, it couldn’t hurt me. Right?

My medical team (Isn’t that a funny thing to say? I had a damn medical team, I had five to seven doctors always following me) advised me that the chances of my body being able to conceive children or being able to birth a child was low to none. I remember that moment like it was yesterday, that was my rock bottom. You know when you already feel low and you don’t think you can go any lower, well you can. I felt as my life suddenly did not matter, what is my purpose anymore? All I ever wanted to be was a Mother.



Wear Red Canada 2024

Then one day, my life changed forever.

Before you keep reading, I have a question for you, do you believe in miracles? Some will say yes, others will say no. I would have been someone who said no before, I always believed you must work hard for your “miracles”. During one of my deepest, darkest days, I started believing in miracles because I was pregnant.

My medical team was shocked, I can confidently say I have never seen so many jaws drop at once. Once they picked their jaws up off the ground, it was time to work. If this baby, my baby, was going to survive we had a lot of things that needed to change. First and foremost was my medication; every single medication I was on for my heart failure was not

recommended to be on during pregnancy. This was scary for me to think about, the medications that have been essentially keeping me alive for the last year, had to change, with no trial-and-error period, we were simply hoping for the best at that point. What was going to happen to me? What was going to happen to my miracle that was growing inside of me? The unknowns were my biggest mental hurdle to overcome.

With a lot of educated and talented medical professionals and a little hope. We successfully gave birth to our little miracle, James Richard. He may look like his Dada, but he is like his Mama, he is ***one in a million.***

To the outside world, everything seemed great. I survived a near death experience, I was able to get pregnant and give birth to a perfect little boy after all of the false hopes. Great, right? No. Of course, I was filled with joy to have our miracle baby. But I was drowning in darkness, sadness and being absolutely terrified to live my life as I feared anything bad happening to James. I was hit hard with what I thought was post-partum anxiety and depression. My thoughts were always around being fearful of losing my baby or something happening to me, then my baby doesn’t have me. I went from over the moon happy and grateful to being scared to leave the house.

**“I was alive,  
but never felt  
so life-less.”**

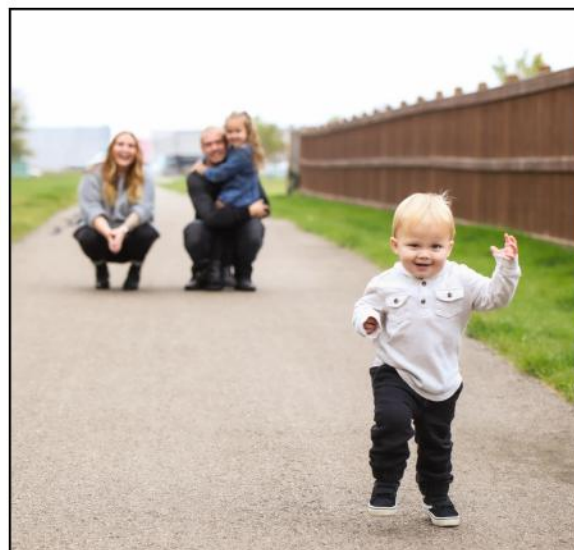


I reached out for professional help; I got referrals for post-partum anxiety and depression specialists and peer-to-peer groups. I was told waitlists were very long due to the pandemic shutting everything down for so long and they were all finally re-opening. But I never got a call. (Fun fact: Still to this day, I have never received a call.)

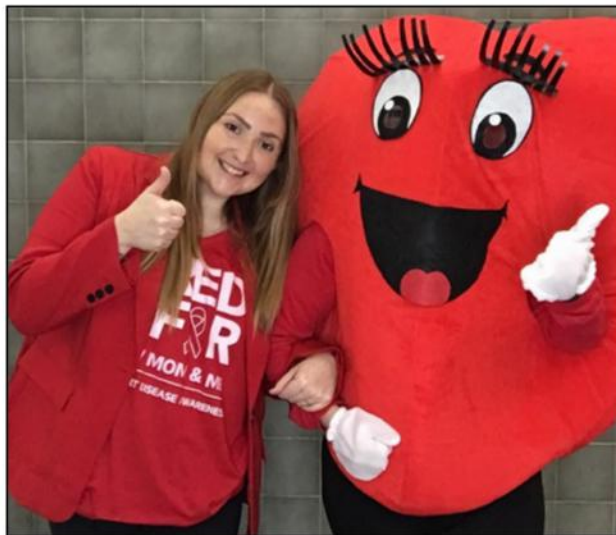
How did I cope? Ongoing avoidance. If I continued to not think about it, it couldn't hurt me. Right?

Wrong. I started having severe panic attacks, which led to multiple emergency hospital visits including a visit to the crisis centre in Winnipeg. I was in such fear that I couldn't overcome my thoughts about something happening to my baby. Once I visited the crisis center, I felt as if my mental health was starting to finally being taken seriously. I was connected immediately to psychologists and psychiatrists, which was what I have been trying to advocate for myself for the last three and a half years.

It's sickening to me that I had to hit rock bottom in a crisis facility to get anywhere. The mental health system is broken, there is no prevention before this happens, there is only help once it is too late. This needs to change. Fast forward to today, I have been diagnosed with anxiety, depression and post traumatic stress disorder (PTSD). I am medicated accordingly, based on the chemical imbalance in my brain. I currently see a psychologist weekly to help me understand what happened to me and how to detangle thoughts and feelings using the defusion method.



In the last four years, I have learned a lot about myself, my mental health and the broken medical system. I have learned even on the happiest day of your life; you can still suffer in silence. I have learned the high importance of a support system, medical and personal. Shout out to my supports, I wouldn't be where I am today without any of you. I have learned even though the medical system is broken, we still have the most amazing medical professionals who do the best they can possibly do. I have learned the importance of advocacy, for yourself and for others. I have learned that **heart failure can affect any person, at any age, at any moment.** I have learned that I am in fact not one in a million, the others just have not been seen or heard yet. Or sadly, they are still stuck on those waitlists.



Wear Red Canada/St Boniface Hospital Event 2024

For that, I am sorry - no one should have to wait indefinitely for help. I am going to continue to advocate for you to be seen and heard. From the inspirational words of a talking fish, "When life gets you down, you know what you got to do? Just keep swimming".



TIPS & STRATEGIES

## How "Cognitive Defusion" Can Help With Anxiety

Learn how recognizing and getting distance from thoughts helps soften anxiety.

Psychology Today On-Line  
Michael Stein Psy.D.  
Posted: June 23, 2023



### Key Points:

- With anxiety, we often get so caught up in our thoughts that we don't even recognize they are just thoughts.
- "Cognitive defusion" means recognizing and gaining some distance from thoughts.
- Using this strategy tends to make thoughts less scary.

One of the root causes of anxiety problems is how we treat our thoughts. I've written in previous articles about how treating thoughts as if they are dangerous is a major pitfall that can lead to anxiety.

But in order to treat your thoughts differently, you first have to recognize that they are thoughts in the first place. This may sound obvious, but often when we feel anxious, we get so caught up in our thinking that we don't even recognize the process of our thinking.

Let me show you what I mean by having you try a short experiment:

Think of your most anxiety-provoking thought and put it in the form of a short sentence. To use an example, let's say you are afraid that a coworker doesn't like you. So a good sentence for this would be "Katie doesn't like me."



I want you to close your eyes and think your thought repeatedly. I also want you to say it out loud repeatedly every few seconds. So every few seconds you would say your version of "Katie doesn't like me...Katie doesn't like me...Katie doesn't like me." Do that for about a minute, then read on.

Okay, now I want you to do the exact same thing but we are going to change the phrasing of the sentence a little bit. Now I want you to think and say "I'm having the thought that Katie doesn't like me...I'm having the thought that Katie doesn't like me," etc. Do that for about a minute, too.

Finally, we are going to do it one more time and change the phrasing a little further: this time I want you to think and say "I notice I'm having the thought that Katie doesn't like me...I notice I'm having the thought that Katie doesn't like me," etc. Try that for a minute as well.

What did you notice as the exercise went on? In what way did it feel different to say "Katie doesn't like me" versus "I notice I'm having the thought that Katie doesn't like me"?

Most people during this exercise have the experience of gaining some distance from the thought. At first, when you are just repeating the thought itself, it feels the same way as it does when you are anxious: you're so caught up in the thought that you don't even realize it's a thought. You're just doing your usual worry or rumination about it and are so deep in that rumination that you're not even aware you're doing it.

This is what we call "cognitive fusion": you take the thought so seriously and are so caught up in it, that it feels like a part of you.

You are, in other words, "fused" with the thought rather than recognizing that it is just a thought.

But the changes in phrasing force you to become aware of the process that's going on. They force you to recognize the fact that "Katie doesn't like me" is just a thought. The thought may or may not be true, but whether it is or not is beside the point. The point is that what you are afraid of and reacting to so strongly is simply some words flowing through your head, that's all.

Having the distance to recognize that a thought is just a thought is what we call "cognitive defusion." You become "de-fused" from the thought by simply recognizing that it is a thought you are having.

That is step one to reacting to the thought differently.

When I have clients do that exercise and use this strategy in anxious moments, they often experience not just some distancing from the thought but also a softening of the experience of having the thought.

If it's just a thought and you can treat it as just a thought rather than as a real, tangible danger to you, anxiety tends to lessen.

You also have an easier time not allowing the thought to impact your behavior and what you are able to do.

This is a common strategy that is core to a type of therapy called Acceptance and Commitment Therapy, which has shown to be effective for anxiety in research studies. Try it and I think you'll find that thoughts start to lose a little bit of their power when you gain a little distance from them.





# The 6 Steps in Women's Bizarre Treatment-Seeking Delay Behaviour



By CAROLYN THOMAS, British Columbia

Heart Attack and Coronary Microvascular Disease, 2008

- Award winning Heart Sisters Blog,
- Book - 'A Woman's Guide to Living With Heart Disease' (2017),
- and active Public Speaker/Advocate

It turns out that female heart patients like me are far more likely than men to delay seeking urgent medical treatment - yes, even when we're experiencing severe cardiac symptoms - and worse, even among women who are already diagnosed heart patients. This delay can worsen mortality rates in women.

In fact, there is an entire field of medical researchers out there whose focus is on **treatment-seeking delay behaviours in female heart patients**.

Men are not immune to these behaviours, of course. I met a man at cardiac rehab who told me that his own severe symptoms started

while he was at work, but he was too embarrassed to call 911, he said because "I didn't want my colleagues to watch paramedics loading me onto a stretcher."

Women, however, are even more likely than our embarrassed male counterparts to delay seeking timely help. And as our cardiologists like

to say: *“Time is Muscle”* The longer our heart muscle is deprived of blood flow during a cardiac event, the more of that muscle is permanently damaged.

I first learned about this specific cardiac research in 2008 after surviving a misdiagnosed *“widow-maker”* heart attack. Despite my textbook cardiac symptoms (central chest pain, nausea, sweating and pain down my left arm), an Emergency Department doctor had confidently pronounced: *“You’re in the right demographic for acid reflux!”* before sending me away.

Then came two weeks of increasingly extreme symptoms. But a man with the letters M.D. after his name had reassured me: *“It is NOT your heart!”* No way I was returning to Emergency - until symptoms became unbearable.

The first research study I found to help explain that bizarre reluctance to seek help was oddly reassuring to me. A 2005 Oregon study on this specific delay behaviour was published in *The American Journal of Critical Care*. (1)



Carolyn Thomas at one of the many presentations she gives - sharing wisdom on Womens Heart Health



Watch Carolyn be interviewed by Lindsay Dixon BSP RPh - a Canadian Registered Pharmacist (2023)

## SIX MOST COMMON PATTERNS

*Emerging cardiac research has identified the six most common patterns of delayed treatment-seeking behaviour among heart patients.*

*Which of these feel familiar to you?*

1

### **Knowing and Going**

Women acknowledged something was very wrong, made a decision to seek care, and acted on their decision within a relatively short time - typically 5-15 minutes

2

### **Knowing and Letting Someone Else Take Over**

Women told someone about their troubling symptoms and were willing to go along with recommendations to seek immediate medical care

3

### Knowing and Going on the Patient's Own Terms

Women wanted to remain in control, were not willing to let others make decisions for them, and openly acknowledged that they did not like to ask others for help – these are the women who drive themselves to Emergency; one woman I met took the city bus to the hospital in mid-heart attack. Just don't! Call 911!



4

### Knowing and Waiting

Women decided that they needed help, but delayed seeking treatment because they did not want to disturb other people



5

### Managing an Alternative Hypothesis

Women decided symptoms were due to a non-cardiac cause, and were reluctant to call 911 “in case there's nothing wrong and I'd feel like a fool” – until their severe symptoms became unbearable



6

### Minimizing

Women tried to ignore their symptoms or hoped the symptoms would go away, and did not recognize that their symptoms were heart-related

Treatment-seeking delay is basically the period of time between the onset of symptoms and actively getting appropriate help, and it can be divided into these three phases:

- **Decision Time** – the period from the onset of acute symptoms to the decision to seek care (for example, calling 911)
- **Transport Time** – the period from the decision to seek care to arrival at the Emergency Department
- **Therapy Time** – the period from arrival at the Emergency Department to the start of medical treatment



Only the first phase is the one you have complete control over.

**Don't blow it.**

**You know your own body.**

**You know when something is just not right.**

I remind my readers and audiences to ask yourself - and please remind all the people you care about, too - this one question next time you're deciding to seek urgent help or not:

**“What would I do if these symptoms were happening to my daughter, or my Mum, or my sister or any other person I love?”**

Then do for you exactly what you know you'd do for them.



(1) Anne Rosenfeld et al. "Understanding Treatment Seeking Delay in Women with Acute Myocardial Infarction: Descriptions of Decision-Making Patterns." *American Journal of Critical Care*. 2005;14(4):285-293.

(2) Nancy Schoenberg et al. "Unraveling the mysteries of timing: women's perceptions about time to treatment for cardiac symptoms." *Social Science & Medicine* 56 (2003) 271-284



A Canadian perspective ...



Global Heart Hub International Roundtable Discussion  
Madrid April 2024 / Report: September 2024

# LATE, MISSED AND MISDIAGNOSIS OF HEART DISEASE IN WOMEN



By Jackie Ratz, Manitoba  
Heart Failure, 2016

The opportunity to attend the roundtable organized by Global Heart Hub on Women and Heart Disease in Madrid was such a privilege. It truly was an incredible experience with fellow Heart Warrior Queens Risa Mallory, Ellen Ross and Patricia Tiramani!

This initiative began as an on-line working group where challenges and opportunities for greater global impact were discussed. It was wonderful to share the great work that is being done in Canada

to improve the health system for women on an international stage. It was also fantastic to learn what other countries are doing and think about how we could consider adopting those initiatives here in Canada.

The roundtable in Madrid centred on creating priorities in 4 predefined key areas. These areas were flushed out through the on-line working group meetings and a survey prior to the roundtable meetings. The priorities were broadly defined as Healthcare

System and Medical Education; Research, Patient and Public Engagement and Awareness; Policy Change and Public Health.

Once in Madrid, the roundtable was well organized and inclusive, everyone was fully engaged. After a morning of review and learning, we joined one of 4 groups (each focused on one of the priorities) to brainstorm the opportunities, challenges and existing solutions that each of us saw from our individual vantage point. We did this twice. So much sharing.

Why is this global effort important?

Women continue to be under-researched, under-diagnosed, under-treated and under-supported, which directly impacts our health and longevity, but cardiovascular Disease (CVD) is not only the leading cause of death for Canadian women, it is a worldwide issue. In 2019 over a third (35%) of all deaths in women were due to CVD.

This is the first time a global effort was undertaken that brought together stakeholders such as clinical experts, researchers, patients, patient group representatives, industry representatives and policy advisors to address the inequalities for women. There were 27 patient organizations from 15 countries represented. Canada was represented with HeartLife Foundation, Canadian Women with Medical Heart Issues, Canadian Women’s Heart Health Alliance, and Heart Valve Canada.

The priorities outlined in the Global Heart Hub report are not new for many of us in Canada. At the Canadian Women’s Heart Health Alliance, similar priorities have been identified, implemented and published or are being actively being worked on. Many of you are

hopefully familiar with ‘Wear Red Canada’ and the ‘Jump-In’ campaigns. We also have the bi-annual Women’s Heart Health Summit (a unique summit in the global landscape). Less known are the education pilot programs the alliance has undertaken to educate Health Care Professionals, trainees, high schoolers and communities on Women and Heart Health. In many ways Canada is a strong partner to collaborate closely with Global Heart Hub.

HeartLife Canada currently has a Private Members Bill in front of Parliament (not women specific) but would result in significant progress on Heart Failure national

protocols for Canadians and equality of care. HeartLife is also working with Canadian Women with Medical Heart Issues to support Canadian women for in-person hangouts.

Heart & Stroke has implemented two initiatives to mandate all research grant applications include women in meaningful ways. Not only is women’s participation as subjects important, but patient partners collaborating in planning councils and working groups on all aspects of the research project from design and implementation to dissemination, is imperative in order to supply our unique perspective.

**Priorities for improving CVD screening, diagnosis and treatment in women**

The four areas below are priority action items. They represent a consensus among the participants of this international roundtable discussion on late, missed and misdiagnosis of heart disease in women. These priority areas provide a roadmap for Global Heart Hub (GHH) as it embarks on a journey to engage with relevant stakeholders, with the aim to improve the screening, diagnosis and treatment journey for women with cardiovascular disease (CVD).

|   |  |
|---|--|
| <p><b>HEALTHCARE SYSTEM AND MEDICAL EDUCATION</b></p> <p>Embedding women’s cardiovascular (CV) health in the Medical Education Curriculum</p> | <p><b>RESEARCH</b></p> <p>Calling for mandatory gender equity and sex-specific data analysis in CVD research</p>                                 |
| <p><b>PATIENT AND PUBLIC ENGAGEMENT AND AWARENESS</b></p> <p>Launching a global awareness campaign on women’s cardiovascular health</p>       | <p><b>POLICY CHANGE AND PUBLIC HEALTH</b></p> <p>Prioritise cardiovascular health screenings for women in primary or community care settings</p> |

Page 1 - Global Heart Hub Report (Published: September 2024)

LEARNING AND INFORMATION

Another recent initiative is the Canadian Women’s Research Network for Clinicians. This initiative brings together some of the best researchers and clinicians through the Heart Failure Alliance co-lead by HeartLife.

We are so fortunate in Canada to have so many strong patient partners that are willing to give their time, share their heart stories and add in their expertise to many great projects. I wish I could individually name them all!

I encourage you to take a few minutes

and read the report at [GlobalHeartHub.com](http://GlobalHeartHub.com). It is an excellent roadmap for how we should move forward toward creating health care systems that give women equity in diagnosis, treatment and support for all women everywhere, regardless of location. location, ethnicity,

socioeconomic status and gender identity.

To review Canadian initiatives:

- Canadian Womens Heart Health Alliance - CWHHA.ca
- HeartLife.ca
- Heart&Stroke.ca
- LifeInHearts.ca



Canadian Contingent: L to R: Patricia Tiramani, Risa Mallory, Jackie Ratz, Ellen Ross

Report on International Roundtable Discussion on Late, Missed and Misdiagnosis of Heart Disease in Women

Read now!

Global Heart Hub





**Our Vision:**

To improve women's cardiovascular health across the lifespan.

**Our Mission:**

To support clinicians, scientists, patients, and decision-makers to implement evidence, transform clinical practices and impact public policy related to women's cardiovascular health.

**CLICK HERE**

**to learn more about becoming a member.**



**Heart Valve Voice  
Canada**

**What we do...**

Heart Valve Voice Canada connects you to the information and resources you need on your journey with heart valve disease, from pre-diagnosis through treatment and recovery. As Canada's only not-for-profit heart valve organization led by patients, we raise awareness of heart valve disease, advocate for people with these conditions.

**What is heart valve disease?**

The heart has four valves that open and close to control blood flow to your body. If one or more of those valves don't open or close properly, that means you have heart valve disease. It may be something you were born with, or that develops during your life.

Heart valve disease is common and serious, but treatable. Knowing the symptoms to look out for and when you should see a healthcare provider are the best ways to detect and treat possible heart valve disease.

**To learn more ...**

**CLICK HERE**



# REFLECTIONS

## I Wear A Crown ...

By JACKIE RATZ, Manitoba - Heart Failure, 2016



*I wear a crown...  
not because I am bragging*

*I wear a crown ...  
not because I have royal blood*

*nor do I wear a crown because  
I like to dress up*

*I wear THE crown as a SYMBOL that I am a  
Heart Warrior Queen!*

*I am wearing the crown not only for me  
today ... I wear it for all the other Canadian  
Heart Warrior Queens too ...*

*I wear the crown for women who have  
unexpectedly, like me, heard the term  
Chemotherapy Induced Cardiomyopathy.  
LIFE SAVING chemo left us a LEGACY...*

*I wear the crown for women who had the  
INCREDIBLE JOY of birthing a CHILD, only  
to be told hours or days or months later,  
you have HEART FAILURE.*



*and I also wear it for those who are BORN with wonky HEARTS and need the care of specialists from DAY ONE.*

*I wear the crown for women who have had the MISDIAGNOSIS of DEPRESSION ANXIETY or HEARTBURN ... only to find out, often after damage has been done, that it is their HEART*

*and also wear it for those whose hearts may BEAT BEAUTIFULLY but their vessels and arteries have a MIND of their OWN*

*I wear the crown to SUPPORT women who have gone through a personal TRAUMA that caused their heart to BREAK*

*I wear the crown for women whose arteries without ANY rational SHRED open and SPILL their BLOOD inside their BODIES*

*and also wear it for those whose arteries face BLOCKS that STEM the FLOW into their hearts.*

*I wear the crown to ACKNOWLEDGE the hard path of women who had to say GOODBYE & THANK YOU to their OWN BORN hearts and accept the GIFT of another.*

*I wear the crown for women whose HEARTS GAVE ALL THEY COULD and their OWNERS who are no longer here.*

*The crowns we wear may all be different but we stand united as Heart Warrior Queens...*

*As Heart Warrior Queens - we represent having  
HEART - as WE strive to LOVE BOLDLY  
being a WARRIOR - as WE try to LIVE BRAVELY everyday  
and QUEEN - because WE MUST LEAD in our own journey.*





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



Healthy. What a loaded word it is.  
What does a “healthy” Thanksgiving  
meal look like to you?

If you’re eating to support better heart health,  
you might look for more veggies and watch the  
refined grains (stuffing, buns, crackers). You  
might look for healthy fats (hello spiced nuts)  
and limit saturated fats (buttery mashed  
potatoes).

But what if we zoom out beyond the narrow  
focus on what you eat. How we eat and other  
aspects of Thanksgiving impact heart health too!

Let me explain...



## *Eat what you love...*

If it's not Thanksgiving without making mom's pumpkin pie, then go for it. Food means so much more than nutrients and calories. Family and cultural traditions bring us together and that matters to health too!

## *Skip what you don't love...*

Do you nibble on potato chips just because they're there? Take a scoop of jello salad just to be polite? Be selective. Quietly pass on the foods you don't truly look forward to.

## *Own your food choices...*

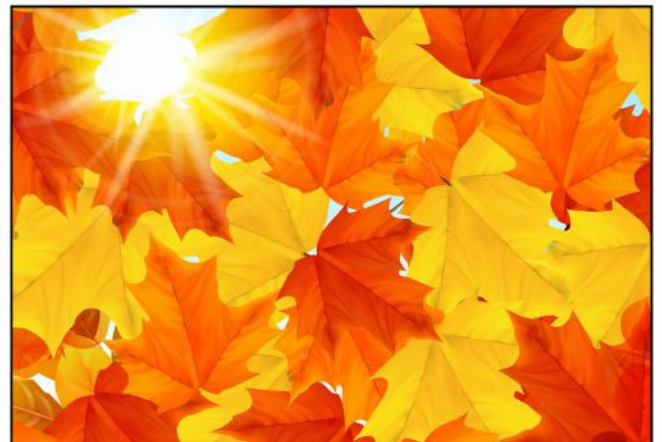
Whatever you decide to eat, enjoy it without guilt. Rather than berating yourself for "cheating" or "being bad," say "The pie was lovely" and relax. You'll be back to your regular eating habits tomorrow.

## *A simple "No Thanks"...*

If you don't want it, a simple "No thank you" will suffice. No one wants to hear that the potatoes have too many carbs. Simply say "No thank you" and then do a quick subject change: "Where did you get this gorgeous centerpiece?"

## *Ignore the critics ...*

Ignore anyone who critiques what you eat. Do you have family members who say "Should you eat all of that?" or a similarly rude comment? If you're expecting this, practice a comeback you're comfortable with. "Thanks for your concern Brenda, but I'm good."



## *Offer to contribute...*

If you prefer heart-healthier fare, offer to bring some. Most hosts won't mind you offering to bring a salad or dessert. The apple crisp recipe that follows is always a hit, or you could do a colourful fruit plate.

## *Skip the wine...*

Or plan to only have one small glass. Recent reports suggest that three or more drinks a week raise our risk of cancer (!), while seven or more boost heart disease risk. (The increased risk starts out small and grows the more you drink.)



## *Make a plan to get outside....*

If you can start the day with a mood-boosting workout, you'll probably feel energized and ready to take on the day. Or rally the troops for a walk after the meal. Here's to fresh air!

## *Navigating the stress...*

If Thanksgiving is usually stressful for you, think about how you can change it. Scale back the menu? Don't invite a problem person? Don't go? (!) Stress is hard on the heart and we often respond by overeating and drinking.

## *Focus on being thankful!*

Focus on the being thankful part! People who regularly practice gratitude experience a host of benefits, including fewer aches and pains, lower blood pressure, and more refreshing sleep! What better time to start?

With the right mindset and a good plan, you can have a happy (and healthy) Thanksgiving, pie and all!



## Heart Friendly Dessert

# APPLE CRISP

BY CHERYL STRACHAN, RD

Don't you love apple crisp? It's easy to make, sweet, and crunchy. And you feel good about eating apples and oats, right?

However, the traditional recipe uses butter and a generous amount of sugar. If you're keen to eat for better heart health, this variation will do the trick, and it still tastes great!

## How It Is Different?

I wanted to use common ingredients and keep it simple. Here is what I changed, to keep with the evidence for heart-healthier eating:

- More vegetables and fruits – This variation has more (unpeeled) apples, less crisp, giving you fibre and compounds called polyphenols that benefit heart health. Regularly eating apples has been shown to lower cholesterol, blood pressure, and inflammation!
- More whole vs refined grains – Rolled oats are fantastic too, for a cholesterol-friendly soluble fibre called beta-glucan. Plus I swapped regular flour for whole wheat.
- More nuts and seeds – I added lots of chopped walnuts. Lots. Or you could use pecans, pumpkin seeds, or almonds. Whatever you have is good.
- More unsaturated vs saturated fats – the nuts help, plus I switched from butter to canola oil, which has been shown to improve cholesterol levels. If you miss the taste, you could make a 50/50 swap instead.
- Less added sugar – I cut back as far as I could. If your apples are sweet, you don't need much.

## Heart Friendly Dessert

# APPLE CRISP

BY CHERYL STRACHAN, RD



*Our favourite fall classic with more nuts, whole grains, and fibre, healthier fats, less sugar and refined grains.*

Prep Time: 15 minutes · Cook Time: 45 minutes · Total Time: 1 hour · Servings: 6

## INGREDIENTS:

### APPLES:

- 4 cups apples\* - unpeeled - chopped
- 2 tsp granulated sugar
- 2 tsp lemon juice
- ½ tsp ground cinnamon

### CRUMBLE:

- ⅔ cup walnuts, chopped
- ½ cup rolled oats
- ⅓ cup whole wheat flour
- 3 tbsp packed brown sugar
- 3 tbsp canola oil
- ½ tsp ground cinnamon
- ¼ tsp ground nutmeg
- ⅛ tsp salt

## INSTRUCTIONS:

1. Preheat the oven to 350°F.
2. Toss the apples with the sugar, lemon juice, and cinnamon in a bowl.
3. Transfer the apples to an 8x8 baking dish.
4. Toss all of the crumble ingredients well in the same bowl.
5. Top the apples with the crumble, distributing evenly so all of the apples are covered.
6. Cover with tin foil\*\* and bake for 40 minutes.
7. Remove the tin foil and turn the heat up to 400°F. Bake for 5 more minutes, or until crispy and brown on top.

## NOTES:

\* Use sweet-tasting apples like fuji, ambrosia, gala, or honeycrisp so you can cut back on the added sugars.

\*\* The tin foil is key. Without the butter, the apples can get dry while baking. The tin foil helps keep moisture in.

## NUTRITION: (Approximate)

Serving: 1/6 of the recipe

Calories: 270

Fat: 16g | Saturated Fat: 1.4g | Cholesterol: 0mg

Carbohydrates: 31g | Fibre: 4.5g | Protein: 4g

Sodium: 53mg | Potassium: 208mg

Sugar: 17g (8g added/free sugar)

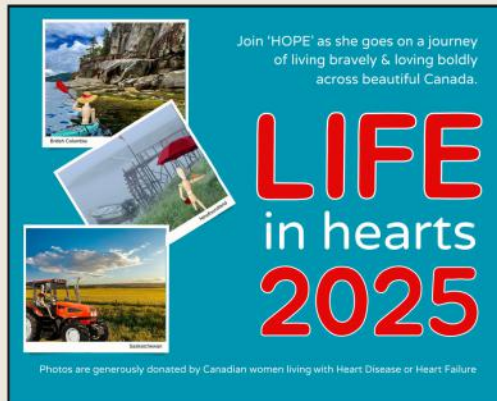


# HEART RETAIL & THERAPY PRODUCTS



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... here are a few:

1



**NOW AVAILABLE!!**

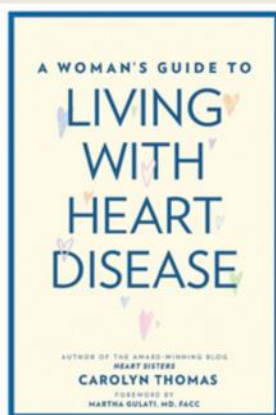
**2025 LIFE IN HEARTS CALENDAR**

This is the 4th year we have our fundraising calendar. Get yours at [LifeInHearts.ca](http://LifeInHearts.ca)

\$22.99 + \$4.00 shipping

All proceeds go to various Canadian Women with Medical Heart Issues initiative.

2

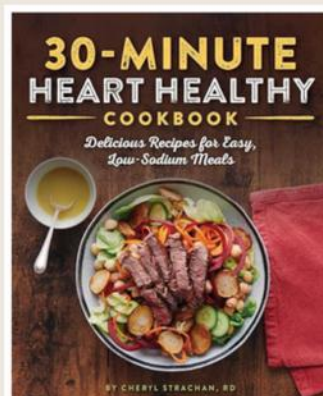


**A WOMAN'S GUIDE TO LIVING WITH HEART DISEASE**

By Carolyn Thomas

Heart disease is the leading cause of death for women worldwide. Yet most people are still unaware that heart disease is not just a man's problem. Carolyn Thomas, a heart attack survivor herself, is on a mission to educate women about their heart health. Based on her popular Heart Sisters blog, which has attracted more than 10 million views from readers in 190 countries, A Woman's Guide to Living with Heart Disease combines personal experience and medical knowledge to help women learn how to understand and manage a catastrophic diagnosis.

3



**30 MINUTE HEART HEALTHY COOKBOOK**

By Cheryl Strachan RD

Food is a critical driver of heart health, and this heart healthy cookbook helps you take the wheel. The 30-Minute Heart Healthy Cookbook is full of simple, quick, and satisfying meals the whole family will love.

Meal planning tips, a grocery shopping guide, and at-a-glance food charts make it easy to prepare nutritious, low-sodium meals. Many recipes call for just five ingredients, and all are designed for efficiency, perfect for when you're short on time or energy.



# SELF-CARE LOVE & PROMISES

Attitude of Gratitude  
for the ability to move your  
amazing machine – your body!



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



## Hello and Happy Fall!!

I hope you had a spectacular summer full of amazing memories and pure joy! And that you were able to participate in the September 30 Day Challenge (mentioned in the last issue) which promoted movement and health! Way to go you!

As we move forward into beautiful Fall, it's a perfect time to [intentionally quieten and calm the mind](#). Read those last words again, slowly. Pause. Take a moment to feel the words. Be present. Be in the Now. Listen. Notice 5 things you hear and see, right now. Daily mindfulness and relaxation practices help to reduce anxiety and depression. It brings the body to a state of peace and calm which can lower blood pressure and improve sleep, along with many other benefits. This could mean a walk in nature (or indoors), a bike ride, reading a book, listening to a sleep story, relaxing your body or stretching your body. Mine is always a combination of a workout and then stretching and mindfulness.

If your life is over-booked and/or stressed, the consequences to your body can be immense if you don't keep it balanced. Your sympathetic nervous system will be affected and you may start to feel unwell slowly or rather quickly, depending on the level of tension/stress throughout your body. Your body is the most amazing machine and it knows how to give warning signs of an overactive nervous system, but to understand the warning signs, you need to 'listen' (feel) and 'hear' (feel) your body and know how to make it better by activating the parasympathetic nervous system. And sometimes that means do it quickly.

**'WE ARE WHAT WE THINK. ALL THAT WE ARE ARISES WITH OUR THOUGHTS. WITH OUR THOUGHTS, WE MAKE THE WORLD.' – BUDDHA**

## DO A BODY CHECK RIGHT NOW...

- How do you feel? Do you feel tension in your body? Do you know how to release it? Is your breathing gentle and easy or slightly rapid?
- How are your mood, energy, appetite, hydration, digestion (gut health), memory, pain, stress, mobility issues and sleep in general?
- How often do you sit and breathe with intention? If you had an acute onset of anxiety or stress (as mentioned above), would you know how to regulate your breathing quickly?



You may have heard about the fight-or-flight response. That's a reaction of stress on the sympathetic nervous system. You may feel anxious, have an increase in your heart rate or blood pressure, have struggles with memory or be tense or be on edge.

To control the fight-or-flight response, the parasympathetic nervous system needs to be activated to calm this response down and bring the body to a sense of calm. This can be done by practicing breathing techniques. Lets do some...



## BE ONE WITH YOURSELF.

1

Wherever you are, sit (or lie) down

comfortably with your hands on your lap, shoulders relaxed and close your eyes. Take 2 short sniffs in through your nose and then 1 long sigh out your mouth. Do this for 1 minute and notice how you feel. With 2:1 breathing your body will respond quickly to this breathing flow and begin to release any tension in your body. Do this simple breathing technique anytime you feel overwhelmed.



2

Sit or lie down, one hand on your heart centre and one hand on your abdomen. Notice the rise and fall of your hands. Now with intention, inhale through your nose for 4 seconds slowly. Belly rises. Pause for 1 second, then exhale through your mouth slowly, with pursed lips, for 4-8 seconds. Belly deflates, focusing on pulling your navel into the ground below you. Do this for 3 to 5 minutes or longer. Feeling a sensation of calm and peace overcome you.



To maintain peace and calm and have a complete sense of balance within, incorporate daily breathwork, relaxation poses, and mindfulness. Or just open the door and get outside in nature! Whatever it is, do it for you! Always live with intention!

## ANNIE'S AUDIO RECORDINGS:

- 4 minute Breath Work Mindfulness
- 18 minute Body Scan
- 39 minute Guided Meditative Journey with Body Scan



**TIPS FROM ANNIE:**

**C** Choose to make promises to yourself for longevity

**A** Attitude of Gratitude

**L** Loving Heart

**M** Mindfulness



**M** Make it Happen (anything you want)

**I** Intention (do Everything with)

**N** Notice (your body's dialogue & act upon it)

**D** Do It for You




Note: While writing this article today, on my mindfulness reminder app (yes I have reminders lol), this popped up to me: 'A loving heart is the truest wisdom'. I had already written 'Loving Heart' and most of the article. That's called being in sync with the universe.

*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](http://OurHeartHub.ca)



NEW INITIATIVE - Launched 09/2024



Wellness  
Hive!

A Safe Place to Chat for  
Accountability & Community

**Are you...**

- Wanting to take a step towards getting stronger?
- Wanting to be more consistent in your efforts?
- Struggling on how to start?

We know it can be so hard on our own ... this chat is a place for us be accountable to ourselves by being accountable to others... we share our successes and get support when we slip. You can be the queen bee in your hive ... I mean LIFE!

Come be part of the  
Wellness Hive!  
DM Simona or Jackie  
for your invite to the FB chat!

Private chat for members of CAN Women with Medical Heart Issues FB Support Community

# Happy Thanksgiving!

A \_\_\_\_\_ heart has the power to transform our lives for the better. It allows us to see the good in every situation, strengthens our relationships with others, and improves our overall well-being. By cultivating a daily practice of gratitude, we can develop a greater appreciation for life and all of its blessings.

B ↔ H  
 H  
 O  
 P  
 S  
 C  
 O  
 T  
 C  
 H

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

beauty  
 determined  
 friend home  
 laugh  
 pets  
 strength

bold  
 educate  
 genuine  
 intention  
 life  
 positive  
 support

brave  
 encourage  
 happy  
 journey  
 love  
 queen  
 thankful

build  
 family  
 heart  
 joy  
 patience  
 share  
 warrior

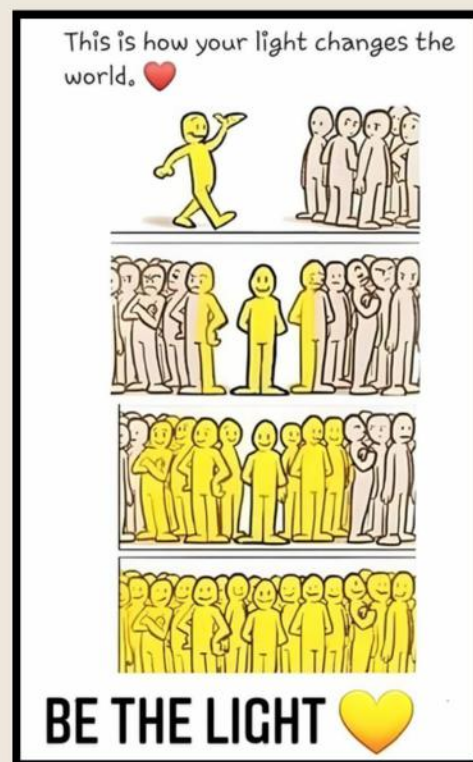
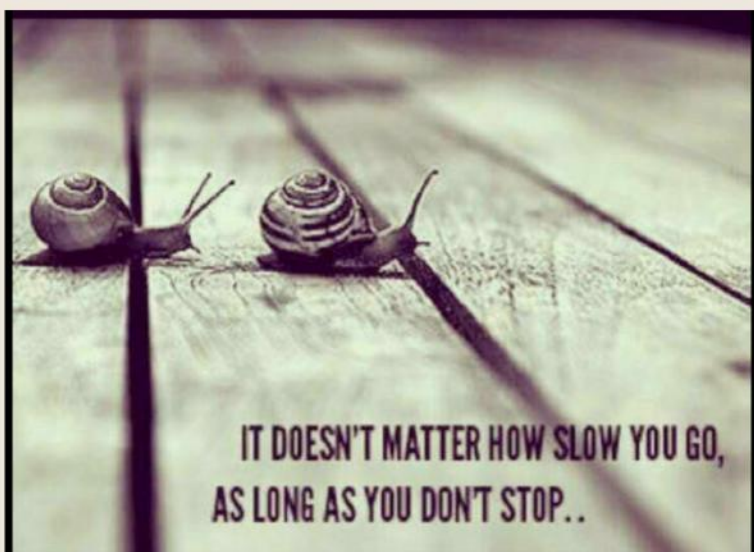
# ALL ABOUT Y♥️U!

Here are a few quotes for this issue of Life In Hearts.

**I FIGHT FOR  
MY HEALTH EVERYDAY IN WAYS  
MOST PEOPLE DON'T UNDERSTAND.  
I'M NOT LAZY...  
.....  
I'M A FIGHTER.**

She was powerful,  
not because  
she wasn't scared  
but because  
she went on  
so strongly,  
despite the fear.

-Atticus



Have feedback for us? Or a quote to share?  
Receive a \$10 GC for LifelnHearts.ca for sharing. Email Jackie@Heartlife.ca

# LIFE IN HEARTS

Living Bravely. Loving Boldly.

[www.LifeInHearts.ca](http://www.LifeInHearts.ca)

[LifeInHearts@HeartLife.ca](mailto:LifeInHearts@HeartLife.ca)

[@LifeInHearts](#)



**NEVER MISS AN ISSUE!**

Get your copy before everyone else



*Life In Hearts*

**VISIT OUR ONLINE WEBSITE.**

Catch the freshest features in  
awareness, education and shopping  
Updated regularly

Life In Hearts Magazine is the property of HeartLife Canada and Jackie Ratz