

LIFE IN HEARTS

ISSUE 02
2024



CANADIAN WOMEN WITH MEDICAL HEART ISSUES

LIVING BRAVELY. LOVING BOLDLY.

LIFE IN HEARTS

www.LifeInHearts.com · 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
Nicole Zinn, ON



FB ADMIN & MODERATORS

Jeanette Smith, ON
Charlotte Girard, QC
Lorraine Stratkotter, AB

2024 ISSUE 02 CONTRIBUTING WRITERS



Julie Bard, BC



Christine Montgomery, ON



Rachel Charron, ON



Dr. Colleen Norris, AB



Annie Smith, ON



Cheryl Strachan, AB



Jill B. Morton, BC

PROUDLY AFFILIATED WITH:



HeartLife Foundation
of Canada
heartlife.ca



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



Global Heart Hub
globalhearthub.org

Cover Photo Credit: Deb Hurley, ON - Congenital Heart Disease, before birth

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Here we are ... the second issue of our LIFE IN HEARTS digital magazine. I am so inspired and in awe of the vulnerability each of our WWLE (woman with lived experience) contributors have given to this effort. The E-magazine is nothing without your involvement. Sending much love to you all.

Originally I planned on this being a quarterly effort ... well ... LOL ... we are going to attempt to do it bi-monthly. The ideas and support sent to me gives me energy to dedicate more time to making these happen! Each will be slightly different but will have regular features and special guest writers who offer expertise in an area. This issue we have Dr. Colleen Norris writing about the [Canadian Womens Heart Health Atlas](#) - 9 chapters on women's heart health that has been published and distributed out to the clinical world. There are important learnings for all of us in this document.

This issue represents April and May - spring flowers for much of the country. Deb Hurley was gracious to let me use her tulip photo for the cover - she caught it at just the right time for the heart. Every issue will have a cover photo from a WWLE. Please feel free to submit a photo for consideration by email.

Whether you are at the beginning of your diagnosis or have been living for years with heart disease or heart failure, this digital magazine is for you. I would love to hear what you think and how we can make it better. Please email me: Jackie@Heartlife.ca



Jarmila Palicka - my mom.


EDITOR-IN-CHIEF

This issue is dedicated to all the moms. Not just the moms who gave birth, but to all women who have chosen to love, raise and celebrate our kids. Life is often difficult but when we hold our children in a warm safe embrace, life is sweeter.

Happy Mothers Day!

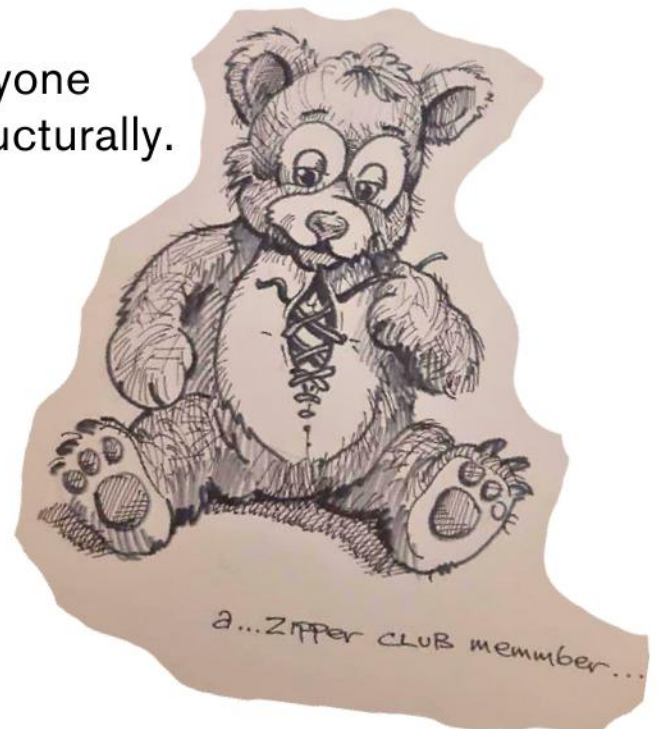


WHEN YOU ARE BORN WITH HEART DISEASE

BY CHRISTINE MONTGOMERY, ONTARIO
CONGENITAL HEART DISEASE - AGE 5, 1970

I have an amazing heart - just ask anyone who knows me ... it's just flawed structurally.

I was born in 1965 to a family who was struggling with financial stability, inconsistent job placements, and substance abuse issues. My brother was 14 months older than me and he was medically fragile. He was in Toronto Sick kids for the first three years of his life. This impacted our family on so many levels as my parents were not emotionally available to me or my siblings. Survival was the goal for our family then. During this difficult time I was diagnosed with a hole in my heart (ASD) I was monitored closely to see if this condition would resolve on its own.



WWLE HEART JOURNEY SHARING

At the age of five, it was obvious that I was experiencing some health issues. I was seen as “failure to thrive” as I was small in stature, lacked energy, and could not keep up with the children at school. Further exploration was required to investigate how my heart condition was impacting my development.

An angiogram was required so my aunt and uncle travelled with me to Toronto from our home in Windsor for a series of tests. My parents were consumed with my brothers care. The doctors discovered that my ASD (Atrial Septic Defect) was severe enough for surgery.

At the age of seven I had open heart surgery. I recall being very frightened, overwhelmed and sad. One morning , my mother was later coming to see me and I was distraught. When she did appear, she had a bagful of toys and books that I had shared with my roommate Debbie. This helped me feel cared for by my mom who was not often available to me. Back in 1973, this type of surgery was very new, high risk and complications were a good possibility. Debbie was in for the same surgery and we quickly became friends. Sadly, when Debbie died from complications and I was left with so much fear and impending doom of my future.

As I look back I recognize that my first seven years of childhood created a sense of resilience and resolve.

I went on to finish high school, continued my education by becoming a hairstylist, got married and had four wonderful children. I worked full time and did all the things that a mom of four needs to accomplish in a day.

While I enjoyed being a hairstylist, an opportunity came up for me to work for Chrysler automotive, which I jumped at! I knew the pay and benefits could be real game changer for our family.



My grandma and me (1966)



New York! New York! (2023)



With the love of my life in St Maarten (2024)



Finally! Something to eat! (OHS Jan 2, 2020)

At age thirty two, it became apparent that I was experiencing physical symptoms of heart issues. With testing it was discovered that I had valve disease and the ASD had returned. This was monitored closely and medication was prescribed to try to keep surgery at bay.

In 2020, at the age of fifty four I had open heart surgery to repair both valves and the ASD. They were unable to rectify the Afib. I feel the surgery was a success since I did not leave with mechanical valves as mine were repairable. I was not



Welcome to the zipper club! (Jan 14, 2020)

frightened and went into this surgery with a positive attitude. I believe this was in part because I had felt so sick before the surgery and I knew, if successful, I could carry on with my life stronger and healthier. I knew I was in good hands in the London, Ontario hospital that had some of the best surgeons in Canada.

Presently at the age of fifty eight, I am waiting for surgery to repair a fractured sternum wire. I have made a commitment to live each day to the fullest with gratitude. My husband and I are travelling at every opportunity, going out with friends, spending time with family and as the saying goes taking each day one at a time (maybe even one moment at a time). Living with heart disease is a challenge that we

(and all who love me) have to cope with everyday. What this has left me with is an attitude of living each moment to the fullest and being grateful each and every day. Oh did I repeat myself? ...Yes, it's that important. I wish you a heart-full life. Who could ask for more?



Family is everything...



especially my grandkids!



Canadian Women's Heart Health Alliance (CWHHA)

WOMEN'S HEART HEALTH ATLAS



The CWHHA ATLAS is a living document on the current state of heart disease in women in Canada. Here is what you should know...



By DR. COLLEEN NORRIS, PHD - ALBERTA

Researcher in Women's Heart Health - University of Alberta,
Cavarzan Chair in Mature Women's Health Research,
Canadian Women's Heart Health Alliance.

It is such an honour to be able to share the genesis, process, and outcome of our labor of love that we called the Canadian Women's Heart Health Alliance ATLAS. In etymology the Greek name 'ATLAS' is translated in part as referring to the adjective *durus* meaning 'to endure'. This is fitting given our original goal

was to create an enduring living document to inform everyone including scientists, clinicians, and most importantly women with lived experience about the sex and gender specific risks, presentations, evidence-based treatments and outcomes of navigating the world of women's heart health. It has also been

suggested that the name ATLAS might be taken from the word *adras* meaning mountain. In no uncertain terms, bringing the ATLAS to fruition has been marked by a 'mountain' of collaborative work done by the pan-Canadian members of the Canadian Women's Heart Health Alliance (CWHHA).

“89% of women cannot name more than 1 risk factor for heart disease.”

The CWHHA was established in 2018 in Ottawa. As a volunteer network of experts and advocates, we formed to ‘develop and disseminate evidence-informed strategies to transform clinical practice and enhance collaborative action on women’s cardiovascular health in Canada’. The CWHHA membership identified as a high priority, the need for an environmental scan of heart diseases in women in Canada. A scientific statement could then be developed to summarize the ‘need to know’ sex- and gender-specific issues in heart disease diagnosis, treatment, and outcomes.

Dr. Sharon Mulvagh and I, as chairs of the Knowledge Translation and Mobilization and Health Systems and Policy Working Groups, put out the call for help to do a comprehensive review of the scientific evidence on sex and gender specific

differences in risk factors, disease awareness, presentation, diagnosis, and treatment across the entire spectrum of women’s hearts. We were absolutely overwhelmed by the generous participation of scientists, clinicians and women with heart health experiences, that resulted in an incredibly comprehensive 15,000 word document. As we began to cut the review to just 3,000 words, I was struck by the need to preserve all the evidence (practice and science-based) our team had gathered on all aspects of women’s hearts. We came up with the idea of an ATLAS or ‘road map’ of the journey through diagnosis to treatment.

In 2018 with our “hats in our hands,” Sharon and I went to our friend and colleague Dr. Michelle Graham, who was the newly minted editor of CJC Open, an open access journal (a journal



that does not require the reader to pay to read the journal contents), to pitch her on the concept of publishing our proposed 9 chapters of the Canadian Women’s Heart Health Atlas. Michelle was incredibly supportive and as another “can do” person launched the ATLAS.

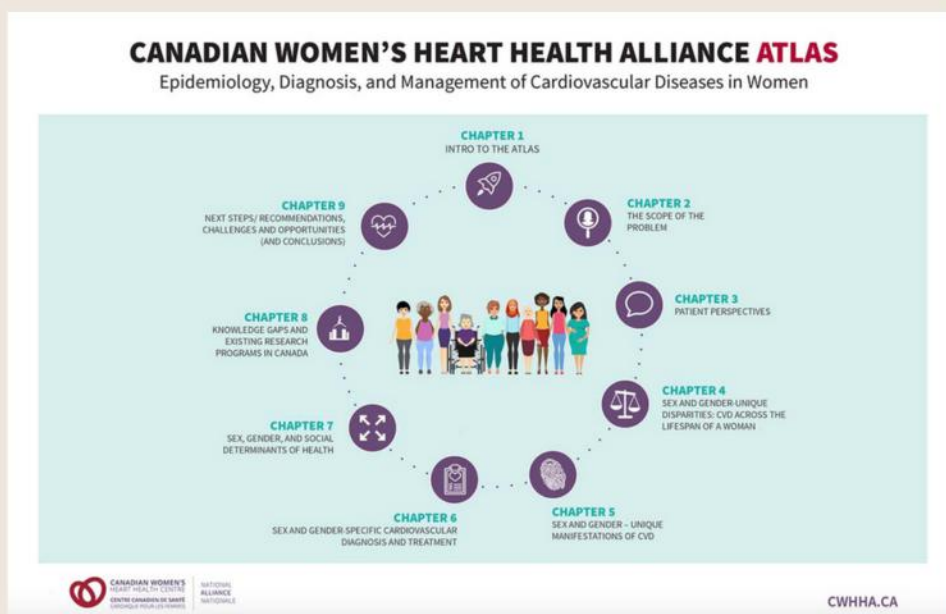
The goal of the ATLAS is to help clinicians recognize the unique aspects of women’s heart health care and provide policy-makers with the information they need to ensure equitable care for women with cardiovascular disease.

LEARNING & INFORMATION SHARING

Publication commenced online in February 2020. It is fitting that the final three chapters of the ATLAS were published this year, during February (heart month), as a CJCO Special Issue: Why Her Heart Matters: Evidence-Based Practice and Practice-Based Evidence also written by members of the CWHHA. As of Feb 2024, the entire ATLAS became a reality and acts as a living document available to anyone and everyone trying to understand and improve women's heart health. We are referring to the ATLAS as a 'living document' as we have already established trainees who are

in the process of completing graduate degrees in nursing, medicine, epidemiology, public health and policy who are the future of the women's heart health landscape in Canada and will be updating the ATLAS as we collectively "move the dial forward" to improve CV outcomes for women. The ATLAS, and its nine chapters provide deep dives into each of the gaps identified in the CWHHA original scientific statement, specifically the knowledge and awareness gaps among the public and healthcare providers. Each chapter is accompanied by detailed

infographics, that report on the current state of cardiovascular diseases in women. In Chapter 9 we provide a summary looking at the current status and challenges in diagnosing and treating women's heart health issues in 2024 in Canada. We also provide 'recommended solutions' to address the continued knowledge gaps and disparities in CV care for women. Our recommended actions fall under the original 4 domains identified as working group mandates at our original CWHHA meeting (education, clinical care, research and advocacy). At that meeting we also set out to identify where we wanted to be in 1, 3 and 5 years and while at the time we didn't appreciate there would be a global pandemic, we cannot help but reflect on the success of our 'little engine that could' conviction that made the ATLAS a reality. We have moved from 'we think we can' to 'we know we can' to improve the diagnosis, treatment and outcomes of women's heart health, not only in Canada, but around the world.



"Female bodies are different from male bodies, right down to the cellular level. And the longer we ignore that fact – the longer we continue to under-research, under-diagnose and under-treated women's heart health – the longer heart-related events will continue to be the leading cause of death in Canadian women."

[Edmonton Journal, "It's Time To Rethink Womens Heart Health, By Dr. Colleen Norris, Feb 8, 2024](#)

It has truly ‘taken a village’ to bring this labour of love to fruition. The CWHHA has now grown to nearly 300 volunteer stakeholders, including clinicians, scientists, trainees, and persons living with cardiovascular disease who continue to work together on multiple strategic initiatives focused on policy; knowledge translation; training and education; research and knowledge generation; and advocacy. The

ATLAS would not exist without the support of the Canadian Women’s Heart Health Centre at the University of Ottawa Heart Institute. Lisa Comber, who was solely responsible for ‘coordinating’ the effort was indispensable. As mentioned, we are a pan-Canadian network of volunteers. Lisa, whose role could be likened to herding cats, kept us on track, on time, and on task to get the ATLAS completed.

Dr. Keri-Anne Mullen, the recently appointed director of the Canadian Women’s Heart Health Centre, edited, reviewed, formatted, submitted, responded to reviews, revised and re-submitted - all incredibly difficult/tedious tasks required to make any publication a reality. Both Sharon and I will be forever grateful.

Table 7. Recommended actions to address remaining gaps in cardiovascular care for women in Canada

- Recognize and understand that there are sex-specific, and sex-“more common” cardiovascular risk factors and manifestations of CVD
- Include multidisciplinary, collaborative didactic, and clinical practice training specifically addressing sex and gender within core curricula at the undergraduate and postgraduate levels, and continuous medical education, for all health care providers
- Implement CVD risk prediction tools that include sex-, gender-, race-, and ethnicity-specific components
- Develop a national health systems strategy for incorporating postpartum cardiovascular care into existing prevention care models
- Continue advocacy campaigns to increase awareness of CVD in women, but ensure that they use inclusive and culturally sensitive materials to reach marginalized individuals in vulnerable communities
- Use sex-specific algorithms, including sex-specific thresholds for high-sensitivity troponin analysis to diagnose ACS in women who present with acute chest pain symptoms
- Refer automatically, and encourage enrollment and participation in CR by women who have experienced ACS or HF; establish and utilize women-focused CR programs; provide peer support opportunities
- Perform mental health screening during hospitalization for an acute cardiac event and provide appropriate treatment and resources
- Utilize resources of specialized heart centres for women for higher-level acuity cases, where available, and broaden their availability
- Require the inclusion of sex, gender, and racialization considerations in research protocol methodology, results analysis, and discussion, for all levels of research, including registries
- Increase the representation of female patients and female investigators in CVD clinical trials
- Develop Canadian CVD guidelines with sex- and gender-specific recommendations, whenever possible

ACS, acute coronary syndromes; CR, cardiac rehabilitation; CVD, cardiovascular disease; HF, heart failure.

Chapter 9: The Canadian Women’s Heart Health Alliance ATLAS on the Epidemiology, Diagnosis, and Management of Cardiovascular Disease in Women d Chapter 9: Summary of Current Status, Challenges, Opportunities, and Recommendations

Canadian women’s heart health care is truly better because of these women, and the host of volunteers who want to see improvements in women’s heart health care in Canada. We truly believe that the ATLAS arms

women with the knowledge and current state of the science they need to be equal partners in their heart health care. Combining the evidence with their unique life experiences, allows women and their partners the power to

advocate not only for themselves but for all women.

In the immortal words of Ruth Bader Ginsburg, Supreme Court justice, “As women achieve power, the barriers will fall”.

To end the article, Dr. Norris was asked to respond to this question:
As women patients, not clinicians, why should we read or at least get familiar with the ATLAS?

“Women face risks and causes of heart disease that men don’t – and knowing the differences is important to help them protect and advocate for their health.”

“5 Things Women Should Know About Their Hearts” By Dr. Colleen Norris, Folio Magazine, University of Alberta, Feb 2022 issue



Our team that ran our first Gala here in Edmonton. 'The Edmonton Wear Red Galantines Team' next to me is Jenna Simmens BScN students, Nicole Tegg PhD Student, and Jac Kitzan from AbSPOR.



The ATLAS is available to everyone as a free download or for online reading at CWHHA.CA



Tips & Strategies

IF I GET HIT BY A BUS ...



By RACHEL CHARRON, ONTARIO
Coronary Artery Disease &
Small Vessel Disease, 2020

Who knows what needs to be done,
what your wishes are, and why it matters?

I recently purchased the book "If I Get Hit by a Bus: My Estate Planner" by Barbara Moore (RIP 2024), after it was mentioned on the Canadian Women with Medical Heart Issues Facebook group.

There are some subjects in Barbara's step-by-step book I hadn't considered, such as organ donation, safety deposit box and subscriptions.

The book is easy to fill in and a great idea for all ages. Be sure to print out all pages (for electronic versions) and keep them in a safe, secure spot for family to find.

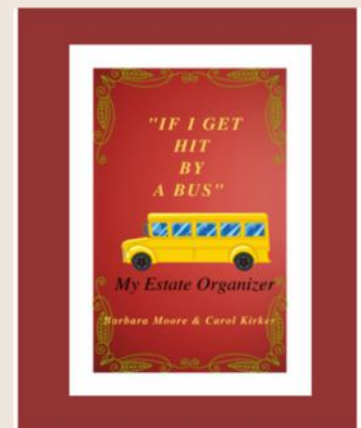
Flipping through the book, I realized no one else knows the nitty-gritty of my graphic/web design business. So, if I were "hit by a bus" tomorrow, no one would know how to serve my clients.

I decided to write out exactly where to find everything. I made a folder on my laptop called "IF I GET HIT BY A BUS."

It took hours! As I typed out my instructions, I realized someone trustworthy should be on ALL bank accounts and credit cards. Two names ensures easy access to accounts if I'm incapacitated.

I am in charge of all of our bank accounts and bills. Since hubby is disabled, he would struggle to figure how anything is paid, or how much. I have added my husband to the credit card so it would keep paying bills. His name is on the house and rental agreement, and bank accounts, but all of the utilities, vehicle, and RVs are in my name.

My husband isn't able to do many of the things needed, both physically



Available on Amazon.ca

and emotionally, so I chose my daughter to take care of things. My first instruction to her is to take my laptop and secure my email address. Everything goes through there.

Someone needs to change everything if I die. Also, I have a small life insurance policy in a drawer so I had to tell someone about that as well.

In the end, I found the process put my mind at ease. Given all I learned, I highly recommend "If I Get Hit by a Bus" as a blueprint for clarifying estate details.





NAVIGATING MEDICAL HEART ISSUES WITH KIDS

BY JULIE BARD, BRITISH COLUMBIA

CONGENITAL HEART FAILURE, DIAGNOSED AT 2 DAYS OLD IN 1981



"Why did you cut my
mommy?"

He didn't understand
that they were trying
to help me.

1 in 100 babies are born every year in Canada and across the globe with Congenital Heart Disease (CHD).

I am 1 in 100! It affects not only the patient but the entire family. While I have had the opportunity to meet a lot of wonderful and supportive people along the way, as well as having some amazing opportunities, this is not a lottery that anyone would want to win.

Living with complex CHD from infancy into adulthood has been quite the rollercoaster ride. My first major cardiac surgery was at two days old, and it didn't stop there.

I have now undergone eight cardiac surgeries as well as countless procedures and tests. I am essentially held together by artificial/bovine (cow) parts, machines, and pills while trying to find a balance in living with heart failure. Walking a path that ultimately leads to transplant or the inevitable absolutely affects your mental health. I have struggled with anxiety and medical PTSD for which I undergo therapy. I am not ashamed to be open about my and my family's struggles because you can't go through what we've gone through and not be scared by it. While it is not an easy journey to walk, we don't live every day in a constant state of distress. Most days, it's quite the opposite.

When you have stared death straight in the face on more than one occasion, and fought



My 6th emergency cardioversion in two and half months, 2023

to come out the other side, you also develop a real appreciation and zest for life. It is this strength, resiliency, and zest for life that I hope my son sees most in me. Pregnancy was something we didn't know how I would tolerate 15 years ago, but after lots of discussions with my medical team on a plan, my husband and I decided to go ahead and try.

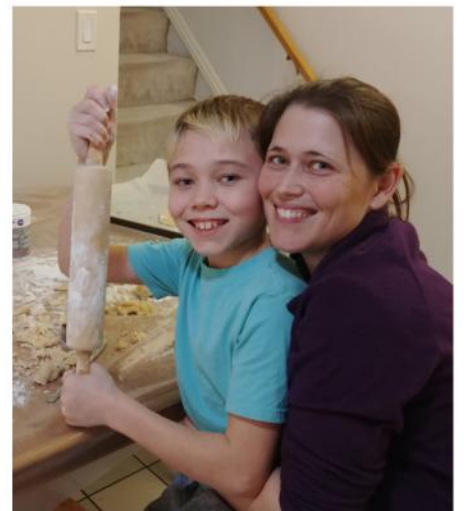
I did end up having some complications, and our son was born premature at just over 4 lbs - though you wouldn't know it now. He has grown into quite a healthy, determined, and loving teenager, who he says is quite protective of me.

After having our son, my health deteriorated, requiring me to have more surgeries, staying weeks in hospital. It was then I really realized just how much my condition affected our son.

He was three years old, and when coming to spend time with me at the hospital, he angrily marched up to my surgeon's assistant in the hallway and said, "Why did you cut my mommy?" He didn't understand that they were trying to help me. In this moment, it hit me that he was now on this lifelong rollercoaster with me.



Leaving the NICU to go home with our son, 2008



Baking Christmas Cookies, 2019



Mommy Date Day at White Rock Beach, 2018

My son says, “Day to day, I try not to think about it too much and just live life.”



Family Dinner Summer 2023

It was after these particular surgeries that my entire world flipped upside down. Due to complications and changes in my status, I was no longer able to work, take my son for longer walks, fun adventures, or play with him like I once did. Not only was I physically and emotionally trying to cope myself, but our son was grieving the mother he once knew.

He started to act out a bit at daycare and just wasn't himself. Searching for therapy options for him was quite the challenge with minimal extended benefits; we had to go through the public system with months of assessments and waitlists before obtaining a regular child psychologist. We started with play therapy together so that he could reconnect with me while also processing his feelings through role play and art.

Over time, we began to find a new “normal”. We have never hidden anything from our son and communicate openly, but we do choose when and how much to tell him. He continued talk therapy on and off until middle school, where he felt he could manage with the techniques he had learned and through his

hobbies of mountain biking, exercising, and sports. He has become pretty health-conscious and resilient. I am really proud of him and the success he has made in adapting and continuing to move forward in a positive way.

When in stable periods, our family has some balance, and we don't let it consume or define us. My son says, “Day to day, I try not to think about it too much and just live life. Even though I am older now, when my mom does have complications and surgeries, it is still really hard on me. Seeing my mom in ICU last year after having a code blue and barely surviving hit me hard. Knowing my mom has a heart condition, doesn't make it any easier. I think it makes it worse sometimes because you worry more. My mom has always had my back, even when she's been in the hospital and is a huge part of my life. I would be devastated if I lost her.”

Parenting while at the same time managing my own medical treatments and trauma is one of the hardest things I've had to navigate. Having an amazing spouse and family support system is something I am very fortunate to have. Without them, I am not sure if my son and I would be where we are today.

I have learned that there are definitely not enough available supports out there for not only patients but their children, spouses, and family. However, despite everything, and as hard as parenting with heart disease is, I wouldn't trade it for anything. For me, having a child is my biggest joy and best miracle in my life.

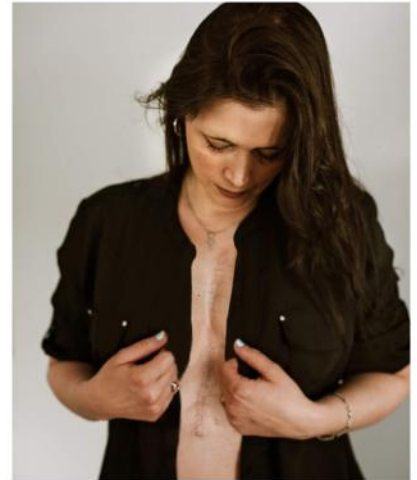


Photo taken by my sister for heart month, February 2023, Kari Lynn Photography



Here are some BC mental health resources if you or someone you love is having difficulty with a family members diagnosis...

CANADA WIDE Kids Help Phone

Call **1-800-668-6868** (toll-free) or text CONNECT to 686868. Available 24 hours a day, 7 days a week to Canadians aged 5 to 29 who want confidential and anonymous care from trained responders. Visit the Kids Help Phone website for online chat support or to access online resources for children and youth.

Childrens Mental Health Resources in BC:

* Ministry of Children and Family Development in Child and Youth Mental health
<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health>

* BC Children's Hospital Anxiety and Mental Health Clinic
<http://www.bcchildrens.ca/our-services/mental-health-services/assessment-treatment/clinic-appointments>

* The Foundry located throughout BC
<https://foundrybc.ca/location/vancouver-granville/>

Adult Mental Health Resources in BC:

* St. Pauls Hospital Heart Centre for patients.

* Archway Community Services
<https://archway.ca/program/short-term-counselling-program/>

* Pathways - <https://pathwayssmi.org/>

Speak to your paediatrician or family physician for supports near you.





EACH NEW DAY



By JILL B. MORTON, BRITISH COLUMBIA (Now Scotland)
Atrial Septal Defect & Aneurysm, Eisenmeingers Syndrome
and Pulmonary Hypertension, 1991

"I think that depression is something people with serious illnesses struggle with. I like to face it, with help. This poem shows a journey I think alot of us are taking."

EACH NEW DAY.

The black dog follows me still,
But I have more tricks to make him sit, and stay.
He cannot follow me when I am drawn into the sunshine.
The warmth reaches inside my protective armor,
Forged from many moments of trauma and loss.
Behind it is the frozen face
That I present to the world of "I'm fine".
But with each day of mini milestones,
I catch glimpses of my former self.
Small victories widen chinks in the metal,
And pieces begin to fall away.
I will break free and marvel at the rebirth,
Of a wiser, more resilient woman.
I survived.

INK FOR HEALING...

Many choose to commemorate, remind themselves or to acknowledge the heart journey they have been on by getting a tattoo ... here are some that the women in 'Canadian Women with Medical Heart Issues' FB community wear proudly. Maybe it inspires you to get inked!



Lee Thompson, Alberta
Congenital Heart Failure
& Stroke, 2008/2018



Lory Centis, Ontario
Hypertrophic Cardiomyopathy,
Heart Failure, 2020



Bonnie Antoniuk, New Brunswick
Dilated Cardiomyopathy (inherited), 2003



Wilma Frandsen, Manitoba
Spontaneous Coronary Artery
Dissection (SCAD), 2017



Nicole Nickerson,
Nova Scotia
Coronary Artery Disease
(CAD), 2014



Nadine Maynard Favell, Alberta
CV Disease / Bypass after Heart Attack,
2020



Kelli McGee Garcia, Ontario
Cardiomyopathy, 2017



Nancy Houston Bradley,
British Columbia
Heart Attack, 2017



Vicky Botting, Manitoba
Heart Attack, 2013



Susan Benoit, Ontario
Myxoma removed from left atrium,
2020



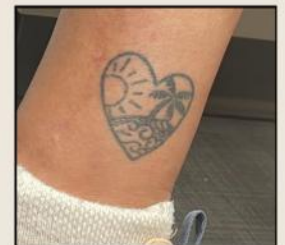
Magoo Chick, British Columbia
Stemi Heart Attack, 2016



Michelle Logeot, Manitoba
Stemi Heart Attack & Cardiac Arrest, 2017



Cathy Farmer, British Columbia
Open Heart Surgery, 2021



Denise Richard, New Brunswick
Coronary Artery Disease (CAD), 1992



Teresa Goodrick, Alberta
Heart Attack, 2020

WHAT'S IN A LABEL?

Learning to read labels can lead you to make heart health(ier) choices.



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




What Are We Looking For?

We choose foods for a variety of good reasons, from taste to convenience, from tradition to cost. We'll talk here about label reading with a heart health focus, but that doesn't mean cardiac nutrition is the only – or even most important – consideration.

But with that goal in mind, what we're looking for is more plant foods — vegetables, fruit, whole

grains, legumes, nuts, and seeds — as well as fish and other lean animal protein foods if you like. It also means healthier fats and fewer refined grains, sodium, added sugars, processed meat, and alcohol.

How can label reading help us with all of that? Read on to find out.

 **TIP:** Start with choosing no salt options in canned or frozen vegetables, tomato paste or beans.



“A little research can easily result in better heart health choices for many regular grocery items we buy.”

Serving Size

Not all similar products use the same serving size. Pay attention as the serving size on the package may be vastly different from what you eat. Different serving sizes can also make comparing two products tricky.

Saturated Fat (per serving)

Look for products with 5% or lower saturated fat. Cheese and yogurt appear to be more beneficial than other saturated fat rich foods.

Sugars (per serving)

Often when salt is reduced, sugar or fats are used in products to improve flavour. Look for foods with less sugar unless the sugar comes from fruit (not fruit juice), milk, or yogurt.

Sodium (per serving)

A single teaspoon of table salt has about 2,400 milligrams (mg) of sodium. According to federal guidelines, most healthy adults should consume less than 2,300 mg daily. Heart patients are advised to aim for 2000mg or less a day. Look for foods with less than 5% to 10% of daily value for sodium.

Nutrition Facts	
Valeur nutritive	
Per 1 cup (250 mL) pour 1 tasse (250 mL)	
Calories 110	% Daily Value*
	% valeur quotidienne*
Fat / Lipides 0 g	0 %
Saturated / saturés 0 g + Trans / trans 0 g	0 %
Carbohydrate / Glucides 26 g	
Fibre / Fibres 0 g	0 %
Sugars / Sucres 22 g	22 %
Protein / Protéines 2 g	
Cholesterol / Cholestérol 0 mg	
Sodium 0 mg	0 %
Potassium 450 mg	10 %
Calcium 30 mg	2 %
Iron / Fer 0 mg	0 %
*5% or less is a little, 15% or more is a lot	
*5% ou moins c'est peu, 15% ou plus c'est beaucoup	

Potassium

Potassium can help keep blood pressure low, but some people need to limit their intake (ask your doctor) due to some heart medications. Salt substitutes are often made from potassium chloride, so read the label.



TIP: Focus on 3: Saturated Fat, Sodium and Sugar unless otherwise advised by your doctor or dietitian.

REDUCING SODIUM AT THE GROCERY STORE

Some examples of choices we can all make:

Chicken, Beef or Vegetable Stocks

The best is homemade, but for most of us that is not realistic. Depending on your use and choice you can reduce your salt uptake by 870mg per 1 cup for Campbells if you opt for the no salt vs the full octane choice.



Vegetables - Canned


Canned vegetables are convenient, affordable and a nutritious option. Various tomato products as well as corn, peas, and green beans are frequently available without added salt.



Ketchup

This can be a major contributor to salt uptake as we often consume more than the serving size. Many brands are now making various options from no salt (watch the increased potassium in these), to low sugar. We have choices.



 **TIP:** Pay particular attention to condiments, including salad dressings, for servings sizes vs label values.



HOT TIPS FROM JACKIE

 SHARE

There are more reduced salt or no salt choices on the market than ever before. It really is worthwhile to compare products before making a choice.

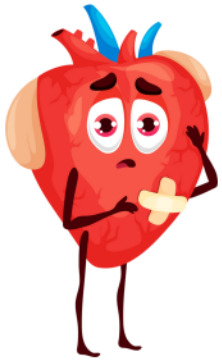
Some store brands have tasty lower sodium offerings and many are also economical. The Blue Menu products at Superstore/Loblaws have many choices; Co-op Grocery brand too; and those lucky to have a Farmboy grocery store, jackpot.

On-line options continue to build as small producers are shipping door to door. I personally love Hot Mamas, a Canadian source for no salt BBQ sauces and rubs/spices.

One great site (although it is US based) is Healthy Heart Mart. I often use them to see what is available and then seek out Canadian options.

What lower sodium foods have you found? Send me an email!

THE WORST FOODS CHOICES FOR OUR HEARTS



“Over time, high amounts of salt, sugar, saturated fat, and refined carbs raise your risk for a heart attack or stroke. If you’re worried about your heart, you’ll want to keep these out of regular rotation.

But rather than fixate on any one bad food, it’s wise to focus on your overall diet. You can still have these things if you mostly eat heart-healthy fruits and vegetables, whole grains, lean protein, and low-fat dairy.”

- Web MD ‘Foods That Are Bad for Your Heart.’*

- BACON
- RED MEAT
- SODA
- BAKED GOODS
- PROCESSED MEATS
- WHITE RICE, BREAD, AND PASTA
- PIZZA
- ALCOHOL
- BUTTER
- FLAVOURED, FULL-FAT YOGURT
- FRIED FOODS
- CANNED SOUP
- ICE CREAM
- POTATO CHIPS

* See WebMD for full article - ‘Foods That Are Bad for Your Heart’ - Medically reviewed by [Jabeen Begum, MD](#) on August 28, 2023 - Written by Daphne Sashin

For educational purposes only and is not intended to replace the advice of your doctor or other health care provider. We encourage you to discuss any questions or concerns you may have with your provider.





Heart Friendly Condiments

BBQ SAUCE

BY ELIZABETH SHAH

@HealthyMidwesternGirl

This surprisingly simple, crowd-pleasing BBQ Sauce can be used in so many ways. This 10 ingredient recipe will easily become a go to favourite. And it is vegan too!

INGREDIENTS:

- 6 ounces no salt tomato paste
- ¼ cup maple syrup (or sub 1-2 Medjool dates - see notes)
- ⅓ cup apple cider vinegar
- ½ cup water
- 2 teaspoons smoked paprika
- 1 teaspoon onion powder
- 1 teaspoon garlic powder
- 1 teaspoon garlic powder
- ½ teaspoon ancho chili powder
- ½ teaspoon cumin
- sea salt to taste (or sub 1 teaspoon white miso paste)
- Optional: pinch or two of cayenne for heat
- Optional: ½ teaspoon liquid smoke

INSTRUCTIONS:

Combine all ingredients in a medium bowl and whisk together.

NOTES:

Yields about 1 ⅓ cups of sauce.

If using dates rather than maple syrup, process in a food processor or blender.

Nutrition: (Approximate)

Serving: 2 Tbs

Calories: 40kcal | Carbohydrates: 9g | Sodium: 254mg | Potassium: 209mg |

Sugar: 6g | Vitamin A: 485IU | Vitamin C: 3.7mg | Calcium: 15mg | Iron: 0.7mg



Heart Friendly Condiments

SOYA SAUCE SUBSTITUTE

BY ELIZABETH SHAH

@HealthyMidwesternGirl

Just 118 mg of sodium per serving in this healthy, low sodium soy sauce substitute! It's vegan, gluten-free and oil free, and you can whip it up in 15 minutes.

Ingredients:

- 1 cup hot water
- ¼ cup mellow white miso paste
- 2 tablespoon molasses
- 2 tablespoon balsamic vinegar thick and syrupy. Gluten free if needed.
- 2 tablespoon +2 teaspoon apple cider vinegar
- ¾ teaspoon garlic powder
- ¼ teaspoon ginger powder
- ¼ teaspoon finely ground fresh black pepper

Instructions:

1. Whisk all ingredients together, making sure that the miso paste dissolves completely. Enjoy as is, or for a more intense, concentrated flavour, reduce the sauce.
2. To reduce the sauce. Pour the mixture into a small sauce pan and simmer on low heat (don't boil) for 10 minutes.

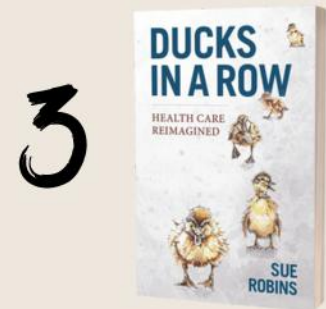
Notes:

1. Yields about 1 cup of sauce, after reducing. Serving size is 1 tablespoon.
2. Whisk thoroughly to dissolve the miso paste. Miso paste can be a little difficult to dissolve. Place the ingredients in a bowl large enough to handle vigorous whisking without splashing the contents onto the counter. Or you can add to a glass jar or plastic food container with a tight lid and shake. Break up any remaining chunks with the back of a spoon if necessary.
3. Simmer to reduce. Don't boil, as it may reduce too much or give the sauce a burnt taste.
4. Modify recipe if needed. The sauce is a bit thicker and sweeter than normal soy sauce or alternatives. To compensate, you may want to reduce any sweeteners or thickeners in your recipe.

Nutrition: (Approximate)

Serving: 1 Tbs | Calories: 18kcal | Carbohydrates: 3g | Protein: 0.4g | Fat: 0.01g | Saturated Fat: 0.003g | Polyunsaturated Fat: 0.001g | Monounsaturated Fat: 0.001g | Sodium: 118mg | Potassium: 52mg | Fiber: 0.4g | Sugar: 3g | Vitamin A: 0.2IU | Vitamin C: 0.002mg | Calcium: 6mg | Iron: 0.2mg





1. Support - #It's About Life! HeartLife has launched an on-line shop - so nice! - www.HeartLife.shop
2. Cookbook(s) - Dick Logue Cookbooks are easy, delicious & heart friendly - www.Amazon.ca
3. Knowledge - [Ducks In a Row Healthcare Reimagined](#) by Sue Robins - www.Amazon.ca
4. Stress Reduction - [Happy Heart](#) Paint by number kit - www.canvasbynumbers.com
5. Fun - Shop the pretty HEART SISTERS Collection - www.LifeInHearts.ca



HEART RETAIL & THERAPY PRODUCTS

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.

ANNIE SMITH WALKS THE WALK FOR HEART RESEARCH



A passion initiative born out of the shock of a diagnosis of Heart Disease. Read on to be inspired how one person is making a difference!



By ANNIE SMITH, PTS, FIS, RAB II, ONTARIO
CARDIAC SARCOIDOSIS, 2015
'All the Right Moves' Personal Training & Fitness



Once 'stable' after my diagnosis of Cardiac Sarcoidosis, it became another passion of mine to bring awareness to heart disease. Especially since it surprised so many people, including myself, that I had a serious issue with my heart. After all, I'm a personal trainer, I'm supposed to have a healthy, 'fit' heart. Right? I needed to show that heart disease can affect anyone!

So, in 2019 I created Annie's Pace. My mission was to walk 120km kilometres on a treadmill in 4 days to raise awareness for heart disease. With perseverance, determination and sheer willpower, I walked 161km, raised awareness and \$5500.

I wanted it to grow after that. I changed the name from Annie's Pace to Annie's Pace Global Adventure aka APGA and with an amazing support system, social platforms and 'word of mouth', it became global in less than a year!

“I want the world to unite for four days ever year for heart health awareness,” says Annie.”

SO, WHAT IS APGA?

1

It is a 4-day, all-abilities physical adventure every May, where the world unites for heart health awareness. People participate from around the world, exercising for a minimum of 1 hour each day (doing any activity for their heart health) OR, 'Test Your Limits' like myself and exercise as much as you can, every day of the 4 days!

Participants that I'm aware of are from Hong Kong, Scotland, Greece, United Kingdom, Spain and many locations in both the U.S. and Canada! I've seen family and friends 'team up' every year for an amazingly FUN and social 1-4 days while exercising their body, mind and spirits!



2

It encourages organ donation. Eight lives can be saved when you sign up for organ donation, so please sign up today if you have not already.

3

For more information on the fundraising portion of APGA: <http://support.uhnfoundation.ca/goto/anniespace2024> or watch a VIMEO Video @ vimeo.com/707059617

APGA has raised \$21,000 in 5 years for the Test Your Limits (TYL) Initiative at UHN in Toronto.

*Can you help
it grow further and
participate for your heart
health this year?
I know you can!*

**The 6th Annual
Annie's Pace Global
Adventure,
May 24-27, 2024**



Join 'Annie's Pace Global Adventure'
FACEBOOK group page for APGA updates.



STRENGTH MOVEMENTS TO ADD TO YOUR ROUTINE

We started in issue 01, now let's continue by building up your strength.



March Fit

Stationary walking workouts add variety to your routine. Did you know that walking is highly under-rated? So put some music on. Have Fun. SMILE. And let's get moving!!

Join Annie on YouTube



**NEW INSTRUCTIONAL
VIDEOS ADDED!**

- **March Fit &**
- **Seated Hips**

Open the camera on your phone and hold on the QR code - click the link that appears.

Bicep Curls

Put some music on. SMILE!

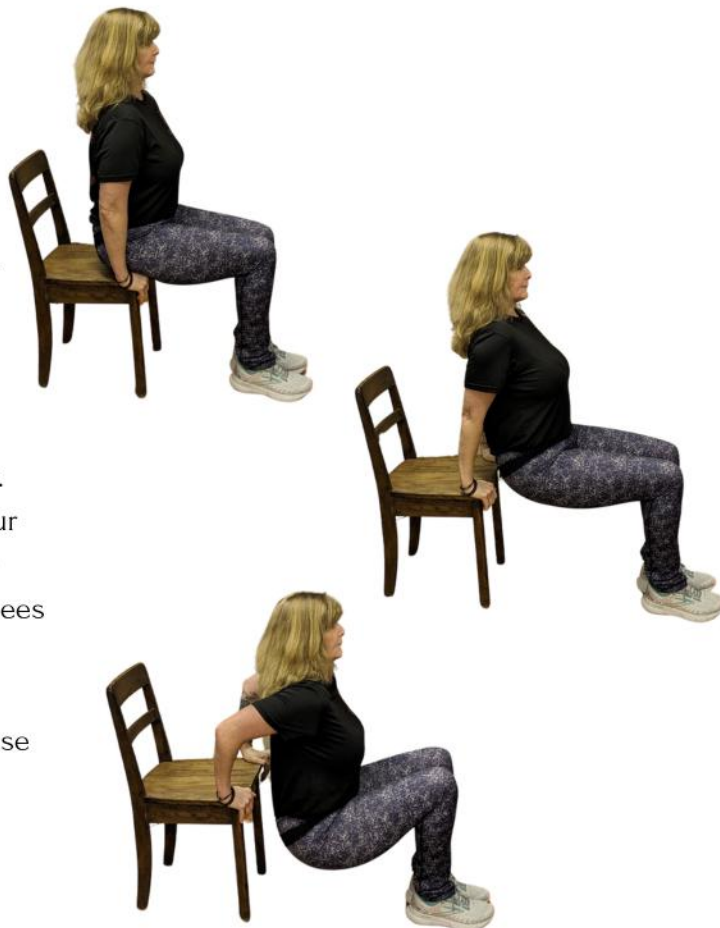
- Stand with your feet shoulder-width apart, knees slightly bent, pelvic tilt so that your tailbone is tucked in, hands at your sides with a soup can (or 3-8lbs) in each hand and shoulders back and chest open (preventing rounded shoulders).
- Bend your elbows bringing the can/weight towards your shoulders and then control the move downwards, straightening your arms.
- Goal: 12 times.



Tricep Dips

Put some music on. SMILE!

- Sit on the edge of a chair (or bench/couch/bed), place your hands, palms down directly beneath your shoulders, fingertips facing forward, feet walked out slightly in front of you.
- Press into your hands and lift and hold your bodyweight up and slightly forward of the chair.
- Keep your body close to the chair and bend your elbows (to a 45-90 degree angle), dropping your buttocks towards the floor and bending your knees at a 45-90 degree angle.
- Press back up straightening your arms.
- Goal: 8-12 times (modify as you need and increase your repetitions as you gain strength).



Squat with Overhead Press

Put some music on. SMILE!

- Stand with your feet shoulder-width apart, arms bent at your elbows, with a soup can/weight (3-8 lbs) in each hand.
- Bend your knees into a squat, buttocks back, knees in line with your ankles. Think of sitting back into an imaginary chair (weight in heels, but toes stay grounded).
- Stand tall with slight bend in knees (don't lock them), slight pelvic tilt to prevent back from arching and press your hands up to the sky, knuckles going to the ceiling.
- Pull cans/weights back down.
- Goal: 10-15 times (work up to the goal as you are able).



Side Lunge with Reach

Put some music on. SMILE!

- Stand with your legs wide (as shown in picture), arms at your sides, with a soup can/weight (3-8lbs) in each hand.
- As you lunge to your left, bend your left knee, keeping it in line with your ankle, buttocks back and keep your right leg straight.
- Reach your hands towards your left ankle.
- Stand back up centre and repeat to your right side.
- Goal: 10 times each leg work up to the goal as you are able).



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.

TIPS FROM ANNIE



With the weather getting nice across Canada it is time to get outside, but first let's have a quick chat about movement preparation... a few minutes can go a long way to helping you enjoy the start of spring without injury...



Spring is in the air and there is a sense of joy to get outside and get active. Either with new sports or spring chores. Before you start, be mindful that your body isn't used to the activities you're about to start. If you go hard too fast, there is a high chance you will get injured. Unfortunately, I see this happen too often.

So, take 10 minutes to prepare your body safely with movements that will prevent injury, increase your range of motion, lubricate all your joints that you will be using, and guarantee you will perform better and recover faster!

Jackie Note: Annie has created an excellent 10 minute routine for us, send an email to LifelInHearts@Heartlife.ca to receive the written routine!

To recover quickly, I highly suggest stretching your body after your activities. See my STATIC STRETCH video at OurHeartHub.ca/heartfit-with-annie-smith/

Now don't you feel terrific?! With your proper warm-ups and after-activity stretches, you're able to continue being active without injury! Way to go beautiful YOU!

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



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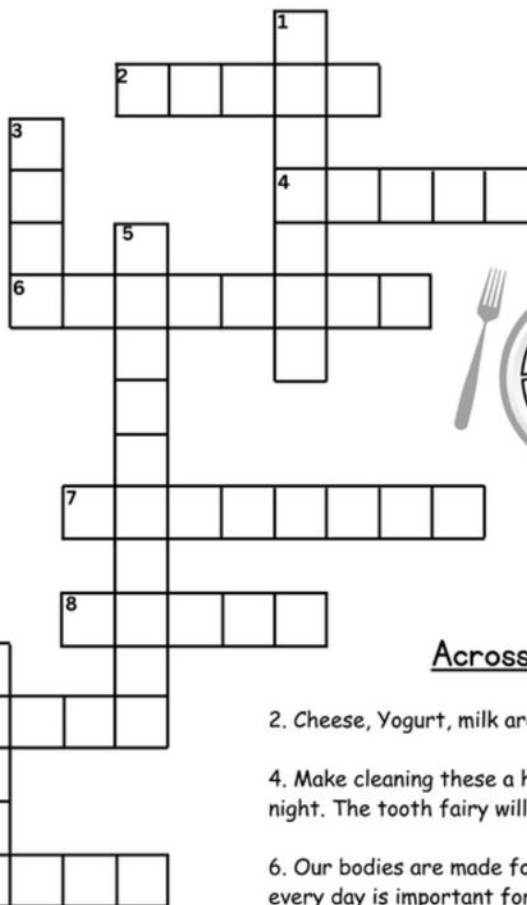
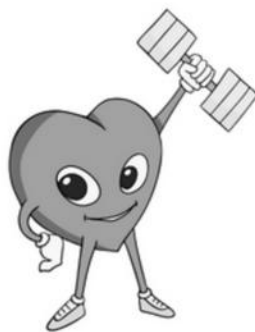
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Keeping Your Heart Healthy!



Down

1. MOOO!!! OINK OINK! CLUCK CLUCK!!
TOOT TOOT! Sources of this nutrient.
3. The heart shape is used for what emotion?
5. Fun to grow in gardens ... carrots, beans,
peas etc
9. Our Bodies are 60% this?

Across

2. Cheese, Yogurt, milk are all sources.
4. Make cleaning these a habit morning and
night. The tooth fairy will be happy!
6. Our bodies are made for moving so doing this
every day is important for your heart health.
7. Getting tickles or hearing a joke makes this
happen!
8. YAWN! Bedtime.
10. Bread, cereal or oatmeal are all sources of
this and farmers grow in fields.
11. Tomatoes (surprise), apples & bananas are
tasty & make great snacks.



If you belong to Canadian Women With
Medical Heart Issues FB Support Community
- don't forget to come share!
www.nytimes.com/games/wordle



A DAILY WORD GAME



ALL ABOUT YOU!



COMMENTS...

We want to hear what you think, want, enjoy or what we messed up! Share how you choose to live, quotes you love, tips or life lessons...

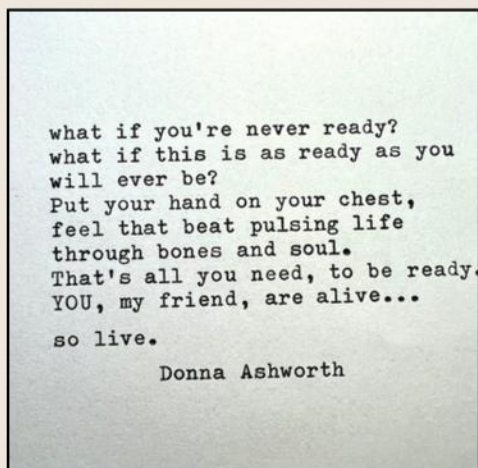
"When I hit a wall and I am drained, I find a shift in perspective helps. Maybe this wall isn't here to stop me, it's just for me to lean on and rest."

Sharon Gilroy-Dreher, Ontario
Stroke & Heart Disease,

*"Throughout my journey, I have learned the importance of keeping an open communication with my health care providers. Most importantly to keep calm, remain **curious but not furious**, and that I know my body best."*

Laura MC Avelar, Ontario

BE INSPIRED...



Have feedback for us? Or an editorial? Or a quote to share?
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