Life IN HEARTS

ISSUE 13 • MARCH & APRIL 2026

Life In Hearts

www.LifeInHearts.ca • LifeInHearts@HeartLife.ca
HEARTLIFE WOMEN • Canadian Women With Medical Heart Issues

EDITOR &
FOUNDER
Jackie Ratz, MB
Heart Failure, 2017

J.R. comments:

This issue is coming out later than I would have liked. No excuses … as always it is a labour of love and as such I have to give myself grace when I have to priortize my own well being first. I never want the Life In Hearts e-magazine to feel like a burden to me… so with that said … this issue may be late but it is jam packed. I hope you enjoy it!

I so enjoy working with other inspiring individuals to bring you this platform - everyone has been so supportive and encouraging. I am always open to how someone may like to contribute or if they have an idea for me to incorporate. Please don't be shy, I would love to hear from you!

And, as always, remember to Live Bravely. Love Boldly. Every day.

Cover Photo Credit:

Catherine
Milligan Boudreau, ON
Microvascular Disease,
2017

Standing Strength

Watercolour on paper

In this work, I have depicted trees as symbols of women's strength, endurance and passion. Gentle spring greens mingle with warm siennas and golds, balancing renewal with resistance. Fluid washes of colour convey both grace and power, while touches of crimson suggest the inner fire that sustains growth - a tribute to the creative spirit of women, rooted yet ever reaching toward light.

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Global Heart Hub
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It's about Life IN HEARTS

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White Cliffs of Etretat, France, Oct 2023

Note: Original article published in the first issue of Life In Hearts (February 2024). She also wrote a "Dear Heart" letter post transplant for Reflections – 08 issue (March/April 2025). Lise is back to share an update on how she has been since receiving her heart transplant December 1, 2024. (page 7)

HOW LIFE CHANGES WITH THE DIAGNOSIS

By
LISE BURGESS,
British Columbia
Heart Transplant, 2024

> *"Two other family members with HCM also died that year leaving me to feel completely alone at a time when I needed guidance, support and their lived experience."*

I was diagnosed with Hypertrophic Cardiomyopathy (HCM) at the age of 19 passed on to me by my father. Two years later, I was told I had been misdiagnosed and did not have HCM. Twenty years later, at the age of 39, I was told I did indeed have it and it was now advanced. Three months later I had my first (of 4) ICDs (implantable cardioverter-defibrillator) inserted on the same day my father (64) died while waiting on the heart transplant list. Two other family members with HCM also died that year leaving me to feel completely alone at a time when I needed guidance, support and their lived experience.

I had my first cardiac arrest at age 45 and instead of calling an ambulance, I walked to the couch, sat in silence for a few hours, then went to bed. In the morning, I got my daughter off to daycare with her lunch and drove to work to deal with numerous rushes. I knew something had happened but I didn't know what. All I knew was I didn't want to inconvenience anyone. I had to be a mom, a wife, an employee, and a daughter before taking care of me.

“I am NOT my disease.”

Two days before Christmas 2019 I went grocery shopping for a dinner at my home for 25 people. I put up the Christmas tree and wrapped some gifts, all the while I was feeling like I was constantly going to pass out and gasping for breath. I still hadn’t learned my lesson. I ended up in the hospital that night with a diagnosis of heart failure and end-stage HCM. I left that hospital so scared not knowing anything about heart failure. Thankfully, I found ‘HeartLife’ and the Facebook group ‘Canadian Women with Medical Heart Issues.’ For the first time in 13 years, I didn’t feel alone. I was able to converse with people who could relate and who had similar experiences.
I could learn from them and vent to them. It was such a warm, supportive feeling.

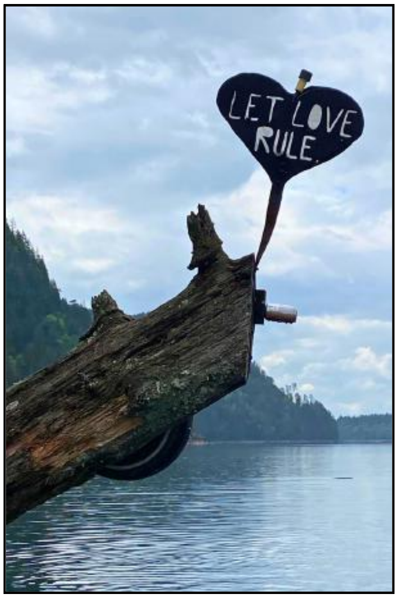
Ten months after the diagnosis I went to Ireland but by this time I had accepted that I was sick and had limitations. I brought a box of power bars in my luggage so I wouldn’t be tempted to eat whatever junk food was around me when I got hungry. I had my own healthy breakfast cereal and made sure our accommodations were always on the ground floor.

I learned to compromise. I had to give up hiking but took up kayaking. I bought a lift system to get the kayak on and off my car. I paid the extra money to have a lightweight kayak so paddling would be easier. I told my friends when I wasn’t feeling 100% and they were more than happy to carry my kayak to and from the water, even holding it so I could get in with ease. When I was on the water I wasn’t in pain, I wasn’t sick, and all my worries and fears left me. I challenged myself to kayak at least once a month, even in winter. I’ve accomplished this for 43 consecutive months even through 5 surgeries, a punctured lung, a broken foot, 6 right heart caths, half a dozen hospital stays, and numerous debilitating episodes of gout in both feet.

On the water for my 54th Birthday
My happy place.

Kayaking also began my obsession with environmental photography. Seeing the beauty with a different mindset has made photography my self-care, my meditation, my stress reliever, and my time spent connecting with my family in nature.

I make inspirational sterling silver jewelry but recently became very frustrated when my hands started to shake, making it difficult to work with tweezers and tiny pieces of metal. What took me 20 minutes was



Even in the middle of nowhere
love prevails

Working on my bucket list
(Mont St. Michel, France - Oct 2023)

Work with your limitations,
not against them

now taking me an hour. I was devastated but quickly realized that the shaking started when I was tired. Now when I noticed the signs of fatigue creeping in, I accepted that my day is done and it is nap time.

In October 2023, I went to Europe for two weeks and did a tremendous amount of walking (a lot of it uphill), but I made sure I went slow, stopped often, had several naps during the day, and ate healthy. I was hesitant to go up the White Cliffs of Etretat (with an elevation of 51 metres) but I was so extremely grateful I did because the views were amazing!

Every 6 months for the past 5 years I've had tests and a follow-up visit with the pretransplant clinic to determine if I was ready to be listed. I would always fall into a depression two weeks previous wondering if my whole life would suddenly change. During a regular visit two days after I got back from Europe I was advised it was finally time. I was flooded with a sea of relief but it quickly turned into disbelief. Two months later, after 27 appointments, evaluations, bloodwork, tests and vaccinations I was listed for a heart transplant on January 23, 2024 at the age of 56. I'm in shock and I'm sure once it does hit me I will have a hard time controlling my fears, tears and emotions. But I also know that its ok to have those reactions and eventually I will also get to excitement, gratitude and relief.

Because of my heart journey, I learned to put myself first, to do what makes me happy, to ask for help, to take that nap without feeling guilt, and realize having a breakdown doesn't mean I'm weak. I have learned that my disease doesn't define me, it isn't who I am. It's not about limiting my life, it's about accepting and working with my limitations so I can get the most out of my life.

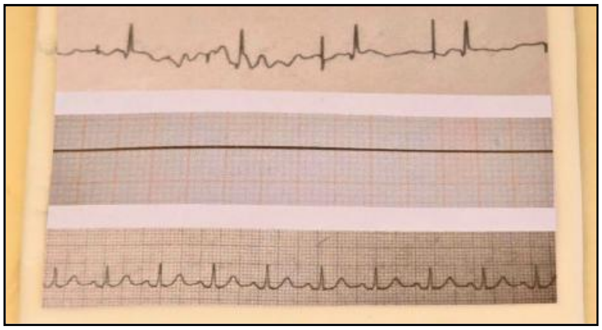
UPDATE

Since the age of 39 when I was diagnosed with HCM, I had to live with the thought of death every day. I was told that my disease would progressively worsen and I would eventually need a heart transplant in order to continue living. Seventeen years of knowing that still didn't prepare me to hear the words "it's time".

After being officially listed for a heart transplant on January 23, 2024, I thought I had plenty of time to ready myself but 71 days later I received a call that there was a donor heart for me. After waiting at the hospital for several hours I was advised the heart was not viable and I was sent home. Anxiety, panic, worry and fear crept in.

I got a second call on November 14th and we thought it was a definite but an hour before surgery they once again decided the donor heart wasn't viable and I was sent home.

I got a third call on November 30th at 10am to be at St.Paul's Hospital by 4pm and my heart transplant was started at 11am on December 1, 2024. It took 4 hours and I was in the hospital for 12 days. I was the 23rd person in BC to receive a new heart in 2024.



Heartbeat: Pre (top), during (middle) and post (bottom)

Being stubborn and wanting to get on with my new life as quickly as possible, I started doing laundry and cleaning the kitchen within minutes of me being home from the hospital. I felt great and wasn't even in pain. However five weeks after transplant I found myself back in the ER barely able to breathe and with not enough energy to walk.

I was told there had been a slow internal bleed and the blood had pooled around my heart (pericardial effusion), squeezing it tightly. A chest tube was inserted between my ribs to drain a litre of blood. My sister said when she showed up she heard me down the hallway screaming in my drug induced sleep.

Everything changed for me after that, fear invaded every minute of my day. I had insomnia, my hair started to fall out in handfuls, I gained weight, my body constantly ached and tremors shook my entire body making most actions difficult. There were a lot of days I didn't make it out of the house.

Thankfully friends I had made at HeartLife (who had heart transplants) were always happy to calm my fears and answer my unending questions. They reassured me that what I was going through was normal and they gave me hope that it would get better.

On December 1, 2025, I celebrated one year extra of being alive for longer than my body originally planned for me to live. I threw myself a birthday party with champagne, a custom cake that had my pre, during and post transplant heartbeat and some of my closest friends and family who have been through this incredible journey with me.

In the past 14 months I've held my original heart in my hands, thanked it and said goodbye to it. I started checking items off my bucket list starting with driving through the Canadian Rockies and spending a weekend watching storms in Tofino BC. I attend the gym 5x a week doing weights and/or going on the treadmill, I started back to yoga and I even managed to get in some kayaking. I'm still not able to do some of my passions but I'm not giving up on those, I just need to find new ways to do them. Travel is back in my sight starting with an amazing trip to Japan with my sister to celebrate my second heartiversary.

2024 Donation and Transplant Highlights

BC TRANSPLANT

481 people received organ transplants in 2024

Thanks to the gifts from:

118 deceased donors

90 living kidney donors

309 kidney transplants

92 liver Transplants

47 lung transplants

25 heart transplants

13 pancreas and islet transplants

BC Transplant received 1,119 referrals for potential donors

6,318 transplant recipients receiving care in B.C.

Thank you to our healthcare teams across B.C. who make organ donation and transplant possible.

Register as an organ donor at registeryourdecision.ca

#23

December 1, 2024

Heart Warrior Queens: Jennny, Niomi, Lise, and Julie

As my brother said at my 1 year party " To everyone who is registered as an organ donor — thank you. You may never know whose life you saved, but for families like ours, it means everything. Please take a moment today to be thankful for your health, your family and your friends. Life can change in an instant — be present, be grateful, and hug the people you love. Here's to Lise's new heartbeat and to many more years ahead."

CHEERS LISE!

ORGAN DONATION

WHAT YOU SHOULD KNOW

- **Registration rules vary by province.** Canada does not have one national system. Each province or territory manages its own registry and rules. Because of this, the sign-up process and consent system can differ depending on where you live.
- **Most provinces use an "opt-in" system.** In most of Canada you must actively register to become a donor. If you don't register, doctors will usually ask your family for consent at the time of death. Exception: Nova Scotia uses presumed consent (opt-out), meaning adults are considered donors unless they register that they don't want to donate.
- **One donor can save multiple lives.** A single donor can help up to 8 people through organ donation and over 75 people through tissue donation (corneas, skin, bone, etc.).
- **Doctors always try to save your life first.** Medical teams treating you in an emergency are completely separate from the transplant team. Their only priority is saving your life. Organ donation is only considered after death is declared.
- **There is still a major shortage.** Thousands of Canadians wait for transplants each year. Unfortunately, people die while waiting because there are not enough donors. Increasing registration is a major public health goal.

For more information, click here

QUICK FACTS:

- Approximately 4,000+ Canadians are waiting for transplants each year.
- About 250+ people die annually while waiting.
- Only about 1-2% of deaths occur in circumstances where organ donation is possible.

WHO CAN BECOME AN DONOR

Many people think they aren't eligible, but most people actually can register.

- **Age is usually not a limit.** There is no strict age cutoff in most provinces. Doctors decide at the time of death whether organs or tissues are suitable.
- **Having a medical condition doesn't automatically disqualify you.** You can often still register even if you have: Diabetes, High blood pressure, Cancer history (some types still allow donation), a Chronic illness. Medical specialists evaluate organs case-by-case.
- **Lifestyle history may still allow donation.** Even if someone has smoked, been overweight, had previous health issues. Some organs or tissues may still be usable.
- **Living donation is also possible.** You can donate certain organs while alive, most commonly: one kidney or part of the liver. Living donors are often family members or friends.

TIP

Even if you register, it's very important to tell your family your wishes, because doctors often consult them before proceeding.

Patient-Centred Versus Patient-Led Healthcare

The Differences Are Easy To Miss!

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

When you live with heart disease, healthcare stops being abstract very quickly. It becomes personal, constant, and at times overwhelming. Appointments, medications, test results, lifestyle changes—these are not theoretical concepts, they shape how we live each day. Over time, I have learned that how care is delivered matters just as much as what care is delivered. That is where the distinction between *patient-centred* and *patient-led* healthcare becomes meaningful.

Patient-centred care is a term we hear often. Clinicians use it to describe care that considers our needs, values, and preferences. On the surface, this sounds exactly right. As a cardiac patient, we want to be treated as a whole person, not just a heart condition. We want our concerns listened to, our fears acknowledged, and our circumstances taken into account. When patient-centred care is done well, it feels respectful. My cardiologist explains options, my nurse checks in on how I'm coping, and decisions are made ***with me***, not just ***about me.***

As someone who lives with a heart condition every day — not just during clinic visits — I have come to realize that patient-centred care still often keeps control firmly within the healthcare system. The care may be tailored to me, but it is usually still designed, paced, and directed by professionals. I am invited to the table, but I do not always get to set the agenda.

That is where patient-led healthcare differs.

Patient-led care recognizes something fundamental: We are the ones living inside our bodies. We are the ones who feel the side effects, manage the fatigue, navigate fear after a hospital admission, and try to balance medical advice with real life. In a patient-led model, our lived experience is not just considered — it is treated as expertise.

As a cardiac patient, being patient-led does not mean we reject clinical knowledge or expect to make decisions alone. We still rely deeply on our healthcare team's training and experience. What changes is the balance of power. Instead of being asked, "What matters to you?" after decisions are mostly formed, patient-led care asks that question at the beginning — and allows the answer to shape the pathway forward.

For example, when discussing treatment options, patient-centred care might present several evidence-based choices and ask which one we prefer. Patient-led care goes further. It asks how those options will affect our daily life, our mental health, our ability to work or care for family, and whether the recommended plan is realistic for us to sustain. It allows us to say, "This may be clinically ideal, but it doesn't fit my life," without fear of being labelled non-compliant.

The difference becomes especially clear after a cardiac event. In hospital, patient-centred care might ensure good communication, compassionate interactions, and shared decision-making. Once discharged, however, the burden of care shifts heavily onto the patient. Medications, monitoring symptoms, lifestyle changes — suddenly, we are expected to lead our own care without always being given the tools, confidence, or ongoing support to do so. Patient-led healthcare recognizes this gap and works to close it.

Patient-led care values partnership beyond appointments. It supports education that empowers rather than overwhelms. It acknowledges emotional recovery as part of cardiac recovery. It invites patients into service design, research priorities, and policy decisions—not as a token gesture, but as equal contributors. After all, systems built without patient input often fail to meet patient needs.

From my perspective, patient-centred care is an important foundation, but it is not the end goal. It still positions patients as recipients of care, even when that care is compassionate and individualized. Patient-led healthcare moves us from being participants to being partners. It trusts that patients, when supported appropriately, can help guide better, safer, and more humane care.

Living with heart disease has taught me that my voice matters—not just in my own treatment, but in shaping the systems meant to support people like me. True progress in healthcare will come when patient-centred care evolves into patient-led care, where lived experience is not an afterthought, but a driving force.

The Takeaway: Nothing about us, without us.

Summary: Patient-Centred vs Patient-Led Care

The plan is for
me but not I am
not in control.

Patient-Centred Care is care designed around us.

✓ Clinicians consider our needs, values, and preferences

✓ Decisions are shared with us

✓ Communication is respectful and compassionate

✓ We are treated as a whole person — not just a diagnosis

How it feels as a patient: “I am listened to, but the system still leads.”

Strength: Builds trust and respect

Limitation: Control often stays with the healthcare system

Patient-Led Care is care shaped by our lived experience.

The care plan
is built around
my priorities.

✓ Our daily reality is recognized as expertise

✓ We help set priorities—not just choose options

✓ Care plans fit our real lives

✓ Emotional, social, and practical needs matter

How it feels as a patient: “I am a true partner, not just a participant.”

Strength: Empowers sustainable, realistic care

Requirement: Support, education, and trust

A letter to the Canadian Health System*

From Our Hearts to the System

By
JACKIE RATZ, Manitoba
Heart Failure, 2017

*inspired by Risa's article on page 9.

Dear Healthcare System,

We are writing this because we believe in the promise of a healthier future —one where the care we receive reflects the lives we actually lead.

For a long time, we have spoken about patient-centred care. It has been a vital foundation, ensuring that our needs are at the middle of every clinical decision. It made the system more compassionate, and for that, we are grateful. But the world is changing, and so must our partnership.

We believe that patient-led care is the future.

True progress occurs when the hierarchy of "doctor/expert and patient/layperson" shifts toward a relationship of trusted partners. While clinicians bring years of essential medical training, we bring something equally specialized: lived experience. We are the only ones who live with our conditions every single day, through the small hurdles and the major milestones.

When our voices become a driving force in our own care:

- Care becomes safer: We notice the small changes that data might miss.
- Care becomes kinder: It acknowledges our humanity, not just our symptoms.
- Care becomes more effective: Because a plan built with us is a plan that actually works for us.

We aren't just "centres" of a process; we are the drivers of our own journeys. Trust us, listen to us, and lead with us.

With hope and in partnership,

All Patients

Discover Patient Voices and Practical Tools at LifeInHearts.ca

Finding reliable, relatable information about living with heart disease isn't always easy — especially resources that truly reflect the patient experience. Information created by patients, for patients is still surprisingly rare.

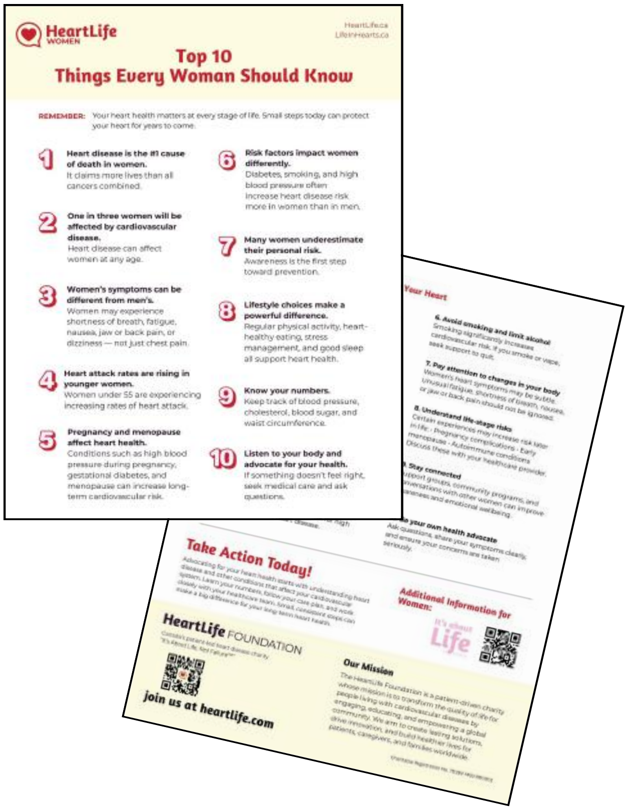
LifeInHearts.ca was created to help fill that gap.

The website offers clear, practical information sheets designed to be easy to read, share, and print. Each topic is presented in a simple one-page format that works for both patients and healthcare providers looking for accessible educational tools.

With a focus on women's heart health, topics include menopause and heart health, understanding personal risk, navigating social isolation, and practical guidance on advocating for yourself within the healthcare system.

All information sheets are free to access and print, making them a helpful resource for individuals, families, clinics, and community organizations.

Explore the resources and learn more at **LifeInHearts.ca.**



HeartLife WOMEN

HeartLife.ca
LifeInHearts.ca

Top 10
Things Every Woman Should Know

REMEMBER: Your heart health matters at every stage of life. Small steps today can protect your heart for years to come.

1. **Heart disease is the #1 cause of death in women.** It claims more lives than all cancers combined.
2. **One in three women will be affected by cardiovascular disease.** Heart disease can affect women at any age.
3. **Women's symptoms can be different from men's.** Women may experience shortness of breath, fatigue, nausea, jaw or back pain, or dizziness — not just chest pain.
4. **Heart attack rates are rising in younger women.** Women under 55 are experiencing increasing rates of heart attack.
5. **Pregnancy and menopause affect heart health.** Conditions such as high blood pressure during pregnancy, gestational diabetes, and menopause can increase long-term cardiovascular risk.
6. **Risk factors impact women differently.** Diabetes, smoking, and high blood pressure often increase heart disease risk more in women than in men.
7. **Many women underestimate their personal risk.** Awareness is the first step toward prevention.
8. **Lifestyle choices make a powerful difference.** Regular physical activity, heart-healthy eating, stress management, and good sleep all support heart health.
9. **Know your numbers.** Keep track of blood pressure, cholesterol, blood sugar, and waist circumference.
10. **Listen to your body and advocate for your health.** If something doesn't feel right, seek medical care and ask questions.

Peer to Peer Support

HeartLife WOMEN

WINNIPEG, MB

H3 HER HEART HANGOUT

Peer to Peer Support

A welcoming, casual monthly gathering for women living with heart disease or heart failure.

Join us in a safe, supportive space to connect in person, share experiences, and build meaningful friendships with others who truly understand the cardiovascular disease journey. Whether you feel like talking or listening you are welcome here.

We are stronger together. Living Bravely. Loving Boldly.

WHEN? FIRST SATURDAY OF EVERY MONTH

TIME? 10:00 am to 12:00 pm

WHERE? FORT GARRY ACCESS CENTRE
Room 166 - 135 Plaza Drive
Winnipeg, MB. R3T 6E8

QUESTIONS? Jackie@HeartLife.com
204-509-9600 (call or text)

more information at lifeInHearts.ca

HeartLife Women is leading the way with casual monthly in person peer to peer support.

We are looking for leads in all communities.

Interested?
Send an email:
Jackie@HeartLife.ca

HeartLife
WOMEN

HeartLife.ca
LifeInHearts.ca

Spoon Theory:
Living With A Chronic Illness

Understanding Your Energy: The Spoon Theory

Imagine starting each day with a limited number of spoons. Each spoon represents the energy you have available for daily activities. For someone living with heart disease or heart failure, that number may be smaller, and even simple tasks like getting dressed or walking across the room can use up valuable energy.

The Spoon Theory, created by Christine Miserandino, is a way to describe the experience of living with a chronic illness. It helps explain how energy must be carefully managed throughout the day when the heart is not able to pump as efficiently, making everyday activities more demanding.

Learning to recognize and manage your “spoons” can help you pace yourself and support your heart health.

HOW SPOON THEORY APPLIES WITH HEART DISEASE OR FAILURE

1. Limited Energy Reserve: Just like someone with heart disease or failure has a limited number of spoons, their energy is finite. Simple tasks like walking, getting dressed, or doing the dishes may take a significant number of spoons.

2. Exertion = More Spoons Used: Any activity that requires extra effort, such as going upstairs or running errands, may use up more spoons. You might feel like you’ve overdone it when you start to feel winded or fatigued.

3. Rest and Recovery: Resting or taking a break is important to "regenerate" spoons. However, there’s often not enough time for full recovery,so by the end of the day you may find yourself running low on spoons and feeling exhausted.

4. Prioritizing Tasks: People living with heart failure often need to make difficult decisions about which tasks are "worth" spending spoons on, and sometimes things like cleaning, cooking, or socializing have to be put on hold to conserve energy for essential activities like eating or taking medications.

HOW THIS FEELS ON A DAILY BASIS:

Making Choices: Some days, you may have to choose between tasks. For example, you might decide to skip doing the laundry to save spoons for cooking dinner or getting enough rest.

Overdoing It: Sometimes, you might push yourself to do more because you feel like you "should" be able to, but this could lead to running out of spoons too soon and feeling more tired or short of breath later.

Limited Socializing: Social events or interactions with others may require you to use many spoons, which can make you feel isolated or guilty when you need to turn down invitations.

WHY THIS MATTERS?

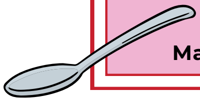
The Spoon Theory is a way to help others understand the energy limitations and decision-making process that comes with living with a chronic illness like heart disease or heart failure.

By recognizing the need to prioritize and balance daily activities, those around you can be more empathetic and supportive. Every day is a series of small choices, and sometimes just getting through the day requires a lot more effort than it might seem.

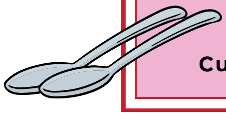
SPOON CHART FOR DAILY TASKS

This chart illustrates how someone with **Heart Disease or Failure** might allocate their daily spoons for various tasks. The number of spoons used for each task may vary based on how severe their heart disease or failure is, but the point is that tasks that may seem simple to others take up a lot of energy.

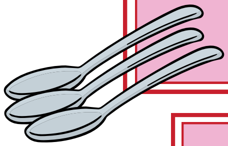
Let's say your day starts with **20** spoons & by the afternoon you only have only **6** spoons left, how will you prioritize your tasks and find ways to conserve energy?



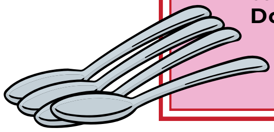
- Brushing Teeth
- Taking Medications
- Make Up
- Getting Dressed
- Shave Legs
- Blow Dry Hair
- Going to the Bathroom
- Listening to Music
- Curl or Straighten Hair
- Cup of Tea
- Texting
- Feed the Pet
- Watching TV
- Picking Up an Item
- Reading



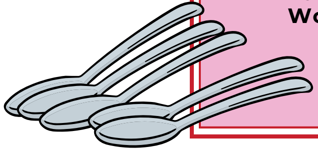
- Waking up & Getting Out of Bed
- Cuddling Pet
- Eating Breakfast
- Pay Bills
- Socializing (small talk)
- Water Indoor Plants
- Walking to the Car
- Manicure
- Eating Dinner
- Emotional Stress
- Crafting
- Going to Bed



- Making Breakfast
- Showering
- Light House Cleaning
- Driving to an Appointment
- Board Games
- Cheers Kids at Sports



- Going to the Doctor
- Cooking Dinner
- Dinner Out
- Grocery Shopping
- Play with Kids
- Baking
- Kids to School



- Yard Work
- Work Day
- Shovelling
- Laundry
- Travelling
- Changing Sheets
- Exercise

Sleep is critical for daily replenishing.

If you had a poor sleep last night, minus up to 4 spoons to start the day

RECHARGING YOUR SPOONS

Remember this is thoretical and each person's recovery is different and each day can be different for those living with Heart Disease or Failure.

Nap 1 hour
+ 1 - 3 spoons

Caffeine
1-2 cups
+ 1 - 2 spoons

Rest/Mindfullness
30 minutes
+ 1 Spoons

HeartLife FOUNDATION

A patient-led heart disease charity
"It's About Life, Not Failure™"

join us at heartlife.com

Our Mission

The HeartLife Foundation is a patient-driven charity whose mission is to transform the quality of life for people living with cardiovascular diseases by engaging, educating, and empowering a global community. We aim to create lasting solutions, drive innovation, and build healthier lives for patients, caregivers, and families worldwide.

Charitable Registration No. 76199 7493 RR0001

LIVING WITH THE QUIET UNKNOWN

By
Anonymous, Canada
Heart Disease, unknown

Editors Note: The contributor asked not to be identified. I normally insist that authorship be transparent but getting to understand her sitaution, I agreed.

When people think about heart disease, they often imagine dramatic moments: flashing ambulance lights, emergency rooms, surgeries, and heroic recoveries. Those things do happen. But what people rarely see is the quieter reality that follows — the long stretch of ordinary days that carry a subtle but constant awareness that your heart is no longer something you take for granted.

Living with heart disease as a woman has changed the way I experience time.

Before my diagnosis, the future felt open and mostly predictable. Plans stretched out easily—next summer, five years from now, retirement someday. Now the future feels both precious and uncertain. Not in a dramatic way, but in a quieter, more thoughtful one. It's as if a thin layer of awareness sits over everything I do.

"My heart used to be something I never thought about. Now it is something I listen to every day."

It shows up in small moments. When I climb stairs and pause halfway, noticing my breathing more than I used to. When I travel somewhere new and instinctively note where the nearest hospital might be. When I schedule life around appointments, tests, medications, and follow-ups that have become a steady rhythm in my calendar.

These are not the things most people think about when they imagine heart disease.

One of the lesser-known realities is the mental recalibration that happens. I've had to learn how to balance vigilance with living. It's easy to slip into constantly monitoring every sensation: Was that fatigue normal? Is that flutter something I should worry about? Or just a long day?

Over time, I've learned that living well with heart disease means not letting every sensation become a question mark. But learning that balance takes time.

Another quiet shift is how it changes the way you see your body. For most of my life, my heart was invisible to me. It simply did its job in the background. Now I'm aware of it in ways I never was before. Sometimes that awareness brings gratitude—an appreciation for the steady rhythm that carries me through each day. Other times it brings frustration when my body asks for rest before my mind feels ready to stop.

Being a woman adds another layer that often goes unspoken.

Heart disease is still widely perceived as something that primarily affects men. Because of that, many women—myself included—can feel a strange sense of invisibility in the conversation. The symptoms we experience can be different. The research historically focused elsewhere. Even the stories we hear in public discussions often feature male patients.

Yet women live with heart disease every day, quietly navigating its complexities while managing families, careers, and responsibilities that don't pause for medical diagnoses.

One unexpected impact has been how it reshapes relationships. People care deeply, but they don't always know how to talk about chronic illness. Some avoid the subject entirely. Others worry too much and treat you as fragile. Both responses come from kindness, but neither quite fits the reality.

Most days I am not fragile. I am simply living—with a little more awareness.

There is also a subtle grief that accompanies chronic illness, though it rarely gets acknowledged. Not grief for something lost in a dramatic sense, but for the effortless sense of physical certainty that once existed. For the version of yourself who never thought twice about the strength of their own heart.

But alongside that grief, something else grows.

Perspective.

Heart disease has a way of sharpening what matters. Small joys feel less small. A walk outside, a conversation with someone you love, a day where your body feels steady—these moments take on a deeper significance.

I've also learned that resilience doesn't always look dramatic. Sometimes resilience is simply showing up for your life every day while carrying uncertainty with you.

There are still many unknowns ahead. Heart disease does not come with a perfectly predictable roadmap. But I'm learning that uncertainty doesn't have to overshadow everything. It can coexist with hope, curiosity, and determination.

My heart may require more attention than it once did. It may ask for patience, rest, and care in ways I never expected. But it also continues to carry me through each day, quietly doing the work it was made to do.

And for that, I am deeply grateful.

Living Well with Heart Disease: Small Practices That Help

Living with heart disease often means learning to care for both your body and your mindset. While every journey is different, a few simple habits can make daily life feel more manageable.

Listen to Your Body.
Notice new symptoms, fatigue, or changes in how you feel. Knowing your "normal" helps you spot when something needs attention.

Build Your Support Team.
A cardiologist, family doctor, or nurse can guide you. Ask questions and advocate for your care.

Protect Your Energy.
Pace yourself, prioritize what matters, and allow time to rest without guilt.

Care for Your Mental Health.
Talk with a counselor, join a support group, or connect with others who understand.

Stay Gently Active.
Walking, stretching, or doctor-approved exercise helps both body and mind.

Share Your Experience.
Talking with friends, family, or peers can reduce isolation and build understanding.

Sometimes the most powerful step is simply learning to move forward one day at a time—with patience, awareness, and compassion for yourself.

By MARC BAINS, Co-Founder,
Vancouver, British Columbia
Transplant, 2018

By JILLIANNE CODE, Co-Founder,
Victoria, British Columbia
Transplant, 2014 & 2018

A NEW ERA IN PATIENT ADVOCACY FOR HEART HEALTH

Our Mission

HeartLife Foundation (HeartLife) is a patient-driven organization dedicated to improving the lives of people living with cardiovascular disease. We empower patients and caregivers through education, advocacy, research, and peer support so that everyone affected by heart disease receives timely diagnosis, evidence-based treatment, and the support needed to live a full and healthy life. By raising awareness, reducing barriers to care, and influencing policy, we work to ensure patients remain at the center of the healthcare system.

Expanding Our Reach

HeartLife began as a national voice for Canadians living with heart failure. Today, we represent people living with all cardiovascular diseases, reflecting the full patient journey. Our work now spans heart failure, coronary artery disease, arrhythmias, congenital heart disease, cardiomyopathy, valvular disease, atrial fibrillation, hypertension, amyloidosis, and lipid disorders such as elevated lipoprotein(a).

This broader focus recognizes the close connections between heart, kidney, metabolic, and vascular health. It also allows us to serve a much wider community. HeartLife is now preparing to expand its patient-led model into the United States, bringing advocacy, education, and peer support to communities facing similar challenges in cardiovascular care.

HeartLife Academy

Education is key to patient empowerment. HeartLife Academy is our digital learning platform for patients, caregivers, and healthcare professionals. The Academy provides accessible courses on topics such as dyslipidemia, lipoprotein(a), hypertrophic cardiomyopathy, and cardio-renal-metabolic health.

These courses help people better understand their condition, explore treatment options, and take an active role in their care. The platform continues to grow with new learning tools, patient stories, and clinical updates.

Influencing change and opening doors for patients.
Canadian Cardiovascular Congress, 2025.

Women's Cardiovascular Health

Heart disease remains the leading cause of death among women, yet symptoms are often overlooked or misdiagnosed. HeartLife is partnering with Jackie, founder of Canadian Women with Medical Heart Issues, to develop a comprehensive women's cardiovascular strategy.

Together we will raise awareness of sex-specific risks, encourage research that reflects women's experiences, and create spaces where women can share their stories, access resources, and find peer support. This collaboration ensures women's voices are central to HeartLife's programs and advocacy.

HeartLife Women - Galentine Event (Winnipeg, 2026)

Resources for Every Community

HeartLife recently launched an expanded online resource hub offering patient guides, toolkits, and educational materials covering diagnosis, treatment, lifestyle management, and peer support.

To ensure accessibility, core resources are now available in multiple languages including French, Punjabi, Farsi, Mandarin, and Spanish. These translations help newcomers, Indigenous communities, and culturally diverse populations access trusted information in the language they understand best.

Advancing Research

HeartLife is also deeply involved in cardiovascular research. We co-lead the Canadian Heart Function Alliance (CHF Alliance), a national network of more than 200 researchers and 80 patient partners dedicated to improving diagnosis, treatment, and long-term outcomes.

Our team also supports community-led research. In 2025, our resident researcher Jillianne published a paper contributing important insights into patient engagement in cardiovascular research. By embedding patient perspectives throughout the research process, HeartLife helps ensure that new therapies, clinical trials, and policies reflect real-world needs.

Community Support and Connection

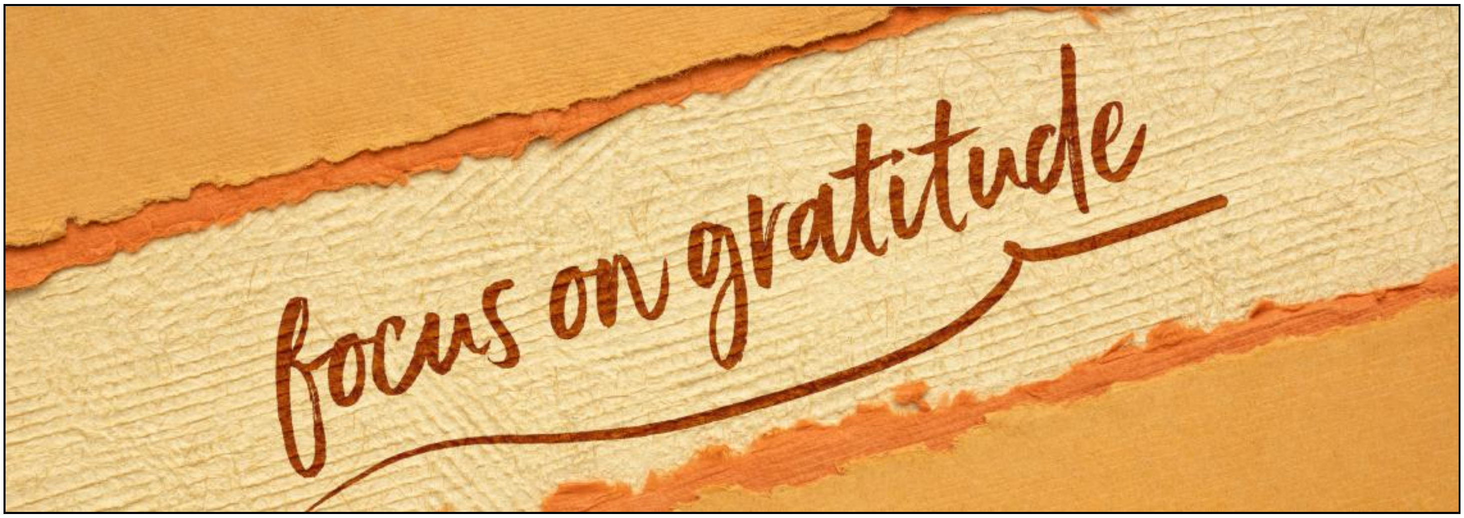
Living with cardiovascular disease can be isolating. Through our Community Engagement programs, Jenny leads peer support initiatives and regular virtual meet-ups where patients and caregivers connect, share experiences, and support one another.

These gatherings create trusted spaces for conversation, encouragement, and practical advice—whether someone is newly diagnosed or managing their condition long term.

Looking Ahead

HeartLife is entering a new phase of growth. From expanding internationally and strengthening women's heart health initiatives to launching multilingual resources and advancing national research collaborations, we remain guided by one goal: ensuring every person living with cardiovascular disease has the knowledge, support, and voice they deserve.

To learn more about HeartLife:



By

JACKIE RATZ,

Manitoba

Heart Failure, 2017

Practicing gratitude during hard times helps shift focus from problems to positives, fosters hope, and builds resilience. It can be cultivated through intentional effort like creating a specific gratitude list, reflecting on past challenges you've overcome, or taking a few minutes each day to focus on what you do have. While difficult, this practice can make hardships feel more manageable and improve overall well-being.

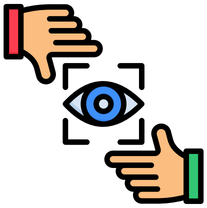
How to practice gratitude in difficult times:

Start where you are:

Acknowledge how you feel without judgment before trying to find things to be grateful for.

Keep it specific and small:

Create a list of specific, small things to be thankful for, like a warm cup of coffee or a supportive friend.

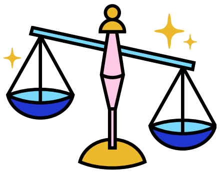


Reframe your perspective:

Focus on what you do have instead of what you've lost. For example, instead of complaining about noise, be grateful for the children making it.

Remember past triumphs:

Think about the hardest times in your life and how you made it through. This can create a powerful contrast and remind you of your own resilience.

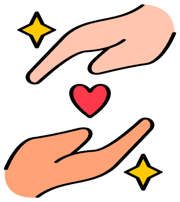


Focus on what is neutral:

Look for things that are simply neutral or "okay" rather than trying to find immediate "good" things to be thankful for.

Lean on community:

Connect with friends and family. Knowing you are not alone can be a powerful source of gratitude.



Forgive:

Forgiving others, and yourself, can be a powerful way to find peace and practice gratitude.

Be consistent:

Set aside a few minutes each day, perhaps in the morning, to focus on gratitude. This consistent practice can retrain your brain to see the good more easily.

What are ways you practice gratitude?

SHOPPING: HEART PRODUCTS

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

1

Proceeds support HeartLife Women initiatives that provide education, community and compassionate support to women affected by cardiovascular disease.

HILLARY DRUXMAN HEART NECKLACE

HillaryDruxman.com

Special Edition HeartLife Women Necklace
A unique fundraiser to support local events and H3: Her Heart Hangouts in your community. $10.00 from each necklace supports HeartLife Women. Ships across Canada and cost includes shipping.

2

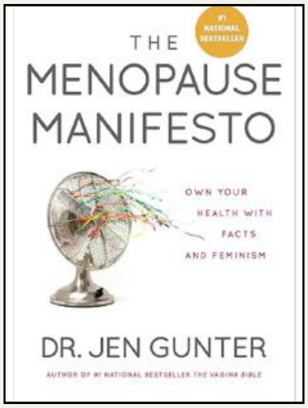
LOOKEE A310 PREMIUM PULSE OXIMETER FINGER HEART RATE OXYGEN MONITOR

Amazon Link

Designed and manufactured by LOOKEE, a Canadian brand dedicated to serving Canadians with top-quality health solutions. Enjoy the convenience of local support you can count on for quick delivery.

LOOKEE® A310 PREMIUM		GENERIC OXIMETER
Health Canada Licensed Canadian Manufacturer	●	Unlicensed Sellers
Built-In Alarms (Abnormal SpO_2 & HR)	●	No Alarm Function
Auto-Shutdown (Saves Power)	●	Manual Power Off
Includes Carrying Case	●	No Carrying Case
BC-Based Customer Support	●	No Local Support, Hassles from Overseas

3



“MEOPAUSE MANIFESTO?”

By: Jen Gunter | May 25 2021

Amazon Link

The only thing predictable about menopause is its unpredictability. Factor in widespread misinformation, a lack of research, and the culture of shame around women's bodies, and it's no wonder women are unsure what to expect during the menopause transition and beyond.

FACT / FICTION?

superfoods

Lots of foods are super, but can we not call them superfoods?

By

CHERYL STRACHAN, RD

Alberta
- Author of 'The 30 Minute Heart Healthy Cookbook'
- SweetSpotNutrition.ca

For more delicious heart-healthy food ideas, join "Sweet Spot Heart-Healthy Cooking Club" on Facebook.

In this 2023 study, researchers searched the term "superfood" in Google and Bing, and then analyzed what came up on the first two pages of each. Guess how many different foods were crowned as superfoods?

→ **136** ←

One hundred and thiry six foods are superfoods? No wonder some people find nutrition overwhelming.

On the positive side, the authors also compared the guidance they found to the scientific literature, concluding that although the information was oversimplified, it was "generally not wrong." They even concluded that so-called superfoods can be beneficial, as part of a balanced diet.

What are superfoods?

Superfood is a term used in food marketing and attention-grabbing articles, but there's no legal or widely accepted definition. It's not a regulated term like "organic" or "high in fibre."

It's often used to describe foods that are particularly rich in beneficial nutrients, especially if they're a bit exotic, like goji berries, chia seeds, or acai.

So why not call them superfoods?

As the researchers found, there's nothing wrong with most foods labelled superfoods.

My concern is that glorifying superfoods may pressure people to eat in a way that isn't necessary. Take kale, the superfood cited most often by the websites analyzed. What if you don't like kale? (Or sardines or quinoa?) Do you ever feel like you "should" eat those foods?

More concerning on a public health level, what if you can't afford wild salmon? What if acai berries aren't available in your neighbourhood store?

We don't want people stressing out unnecessarily about food. That's not healthy!

What does the evidence say about food and heart health?

Nutrition science is complex and imperfect, but the best evidence is summarized in clinical practice guidelines, like the 2021 Dietary Guidance to Improve Cardiovascular Health: A Scientific Statement From the American Heart Association (AHA).

Right up front they write that "the purpose of this scientific statement is to (1) emphasize the importance of dietary patterns beyond individual foods or nutrients." (That's just one of five purposes listed.)

The message is clear throughout, and consistent with guidelines from the Canadian Cardiovascular Society and the European Society of Cardiology: Our overall dietary pattern matters more than particular foods. Not one of these papers reference avocado, salmon, blueberries, or any other purported superfoods.

The closest we get is the AHA guideline pointing out that "Deeply colored fruits and vegetables (eg, leafy greens, peaches) tend to be more nutrient dense than lighter colored and white fruits and vegetables."

Variety is King

The AHA guideline emphasizes variety (as well as "plenty"), at least when it comes to fruits and vegetables. "Consuming a wide variety within these food groups provides adequate essential nutrients and phytochemicals."

So you're probably better off enjoying a variety of leafy greens versus kale day after day because someone crowned it a superfood.

Besides offering different nutrients, being open to spinach, collard greens, Swiss chard, arugula, various lettuces, and more means you have options, depending on what's available, the price, and what you like!

I love that. I want healthy eating to be easier.

(But don't get me wrong, I actually love kale.)

But some foods *are* particularly beneficial

But no question, as researchers work to improve our understanding of the effects of diet on heart health, we're always learning more about the benefits of foods that are naturally rich in:

- Certain vitamins and minerals (eg. potassium, magnesium, some B vitamins)
- Antioxidants (eg. vitamin C, polyphenols, carotenoids - protects cells against damage which may lead to certain types of heart disease)
- Other anti-inflammatory compounds (eg. omega-3 fatty acids in fatty fish, fibre). Chronic inflammation is also linked to heart disease
- Nitrates (relaxes and dilates blood vessels, reducing blood pressure)
- Plant sterols (naturally occurring molecules that are structurally similar to, and block the absorption of, cholesterol in the gut)

So what are the best of the best foods for heart health?

Before answering, I want to remind you that the simplest way to eat for better health is just to follow these three principles:

- Eat mostly balanced meals following this plate model: ½ fruits and veggies, ¼ whole grains and starches, and ¼ protein foods
- Choose a variety of foods for each section of the plate
- Make a point of eating brightly-coloured fruits and veggies regularly

But are some foods, specifically, more helpful than others? It looks that way.

Fruits and vegetables

When researchers compared participants' eating habits in at least two observational studies (here and here), they found that the following were linked to reduced risk of some form of CVD:

Fruit:

- Citrus (eg. oranges, lemons, etc)
- Pommes (i.e. apples and pears)
- 100% fruit juice (surprise, surprise)
- Berries
- Avocado
- Fruit and vegetables combined

Vegetables:

- Allium (i.e. onion and its relatives, such as garlic, leek, and chives)
- Carrots
- Cruciferous (broccoli, cauliflower, cabbage, kale, and Brussels sprouts)
- Green leafy (examples above)

But also, importantly: • All fruit combined • All vegetables combined • Fruit & vegetables combined

I like this finding from the first study: "No sources showed an adverse association." In other words, no fruit or vegetable was linked to worse health. Yay! That makes sense, as all fruits and vegetables have something to offer.

So enjoy mangoes, bananas, and other tropical fruit if you like them. Have that guacamole (avocado), and nightshade vegetables. Of course, follow the advice of health professionals related to any conditions you have (eg. diabetes, allergies), but let's say goodbye to worries based on scaremongering about these or other fruits or vegetables.

Nuts and seeds

Again, the best evidence for cardiovascular morbidity and mortality is for nuts in general, not any particular nut (or seed). And the evidence is amazing, finding a ~20–30% lower risk of cardiovascular disease in people who eat about 30 g/day! (That's about a quarter-cup.)

However, evidence for seeds (e.g., flaxseed, chia, sesame) is much more limited in long-term studies. Not that they aren't beneficial. There just isn't nearly as much research yet.

But there have also been studies looking at individual nuts and seeds and underlying biological processes, such as lowering LDL cholesterol or inflammatory markers. There have been positive findings about:

- Nuts: Walnuts, almonds, pistachios, hazelnuts, pecans, brazil nuts, peanuts
- Seeds: Flaxseeds (ground), chia, sunflower, pumpkin
- Nut and seed butters without additives

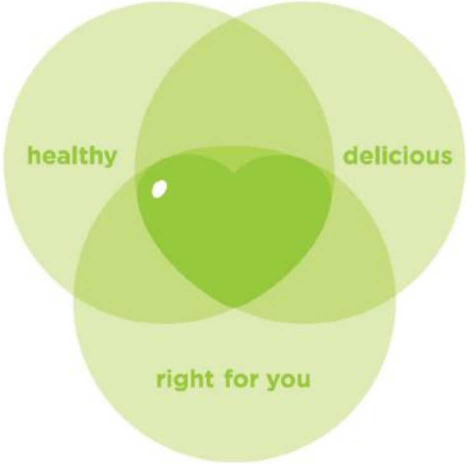
However, this is partly based on what studies have been funded, often by industry groups. So nuts and seeds I didn't list, being nutritionally similar, are probably beneficial in some way too!

The good news is that again, again, studies haven't found a detrimental effect of eating nuts and seeds.

Find *YOUR* sweet spot

While I write here, as I always do, on the heart-health impacts of food, I want to acknowledge other considerations that matter: The rest of your health, including mental health, what foods you enjoy, and what works for your budget, energy, time and more.

That's your sweet spot: "Healthy, delicious, and right for you."



Want to know more about superfoods?

Check out this recent excellent webinar by Cheryl
sweetspotnutrition.kit.com/super

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

Happy spring! I hope that you are healthy, happy and able to move your body the best way possible, for you! That is my greatest wish for you.

However, if your health has you changing gears and you find yourself on your first (or 10 th ….) detour, I understand. This is, unfortunately, the way life can be when living with heart disease, so it's important to stay strong and positive, always.

Happiness can be a struggle, let alone movement, when the unexpected happens. So how can you best get through this (or any) challenging time that has you 'not quite yourself'?

With small steps. Without giving up.

By taking care of #1 (yep, that's beautiful YOU!!), so as not to compromise your mental, spiritual, emotional and physical health. Continue to be strong for yourself and show up every single day.

Let's go ….! Big Smile.

Spring Reset

Movement

Start by fueling yourself with amazing nutrition and hydration, every single day. You wouldn't travel in your car without gas, oil and proper maintenance. It would be impossible. The same goes for that amazing machine that you house/own and operate! It's the most magnificent and important machine in the entire world! Own it, girl!

Focus on moving your body (instead of 'exercise') for short time frames, 1-2x/day (10-20 minutes). Once moving, you will experience a glorious endorphin rush (also known as feel-good hormones - the body's natural mood-boosting painkillers, giving a sense of euphoria, which in turn helps to reduce stress, anxiety and depression symptoms; all while improving mood and self-image). Perhaps at that time, you will add more time to each of your chosen movement activities.

Here are 2 easy suggestions to keep you happy and moving:

MARCH FIT - 10 minutes

Put some music on. Set the timer. SMILE!

- March on the spot for 1 minute.
- Step side to side for 1 minute.
- Walk forward 4 steps and back 4 steps for 1 minute.
- Alternate knees up for 1 minute.
- Kick feet back towards buttocks (alternating hamstring curl) for 1 minute.
- Repeat above 1 more time.

STAIRS - 10 minutes

Put some music on. Set the timer. SMILE!

- Walk up and down a staircase. (Either walk the entire staircase or just up and down the first step.)
- At the 5 minute mark walk around the space you're in.
- Go back and finish the last 5 minutes.

Think of your heart, muscles, bones and thoughts while you're showing up for you!

Mindfullness

3 ideas to use at your leisure depending on your situation

1. To maintain a sense of calm and peacefulness within your soul, find a quiet place to sit (or lie down) and relax. Let's calm the mental chatter and have a nervous system reset, keeping cortisol levels (stress hormones) from spiking ….

- **Unclench your jaw.**
- **Relax your shoulders.**
- **Soften your facial muscles.**
- **Release the weight of today.**
- **Everything else can wait.**

Now read that again, slowly and intentionally. If you read it fast and kept reading, slow down.

2.
- Gently close your eyes. Count to four, one breath at a time (in through your nose). Slowly, there's no rush. Keep your chest down and allow your belly to rise.
- Hold it for 2 seconds.
- Exhale slowly out of pursed lips, for 4-6 seconds (think of blowing through a straw). The goal is to be 1-2 seconds longer than your inhale.
- Repeat this for 3-5 minutes and recognize how centred and serene your body and soul have become.

3. To come back to the present at a time of anxiety or uncertainty:

- Notice 5 things you can see.
- Notice 4 things you can touch.
- Notice 3 things you can hear.
- Notice 2 things you can smell.
- Notice 1 thing you can taste.

Allow a soft smile. Just the corners.

And for lullaby time, preparing and maintaining a relaxing, stress-free sleep routine is key to success. Set your goal for 7-9 hours. Keep the room dark. Refrain from caffeine 3-7 hours before bedtime. If you crave a drink, have a warm, soothing mug of chamomile tea. Turn off your screen. The blue light from screens negatively impacts our production of melatonin (the body's natural sleep-inducing hormone), which will affect your sleep. Meditate. Listen to meditations and/or use the breathing example included here.

Always stay positive. Life with heart disease can be a very challenging journey, to say the least - that's what makes us heart warriors! I'm pretty sure we wouldn't choose our journey, however, we're on this path, so it's our job to make the best of every single moment of our lives, the best that we can.

May you keep getting closer to the happiest, healthiest, most peaceful version of yourself.

Congratulations on showing up for you & 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

HEART MONTH 2026 IN REVIEW

ALL ABOUT Y♥U!

Community Presentation
- Susan Foley, ON

Maple Ridge Seniors Centre
- Kathy Baxter, BC

Hospital Awareness - Jennifer Monaghan, BC

3rd annual Gala - Christina Stuwe, AB

Jackie Ratz, MB

Community Presentation

Galentine Event - Eat, Learn, Love Girls Night

Shells Dee and family at the first Mega Heart Event - Ottawa, ON

2nd annual Pottery Painting Event - Karen Narraway, ON

Brenda Shackles - Brockville General Hospital - MPP Steve Clark, hospital staff and volunteers, ON

Have an event or a presentation to share? Or an important life milestone?

Share to be entered to win a $20.00 gift card.
Email Jackie@Heartlife.ca

3rd Mega Heart Event - Winnipeg

#HerHeartMatters

Women’s Heart Health Awareness Word Search

Words can be found horizontally, vertically, or diagonally.

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

Word List:
ANGINA
EXERCISE
ADVOCACY
ARRHYTHMIA
ESTROGEN
TRIGLYCERIDES
STRESS

ARTERIES
FATIGUE
PLAQUE
MEDICATIONS
GENETICS
PREECLAMPSIA
ATRIUM
HISTORY

HYPERTENSION
SCREENING
CARDIOMYOPATHY
JAW PAIN
BREATHLESSNESS
CHOLESTEROL
MENOPAUSE
SUPPORT

SMOKING
DIABETES
MICROVASCULAR
TROPONIN
NUTRITION

PALPITATIONS
VENTRICLE
WELLNESS
PREGNANCY
BLOOD PRESSURE

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