



Heart & Facts

Coronary Artery Rehabilitation Group Inc.

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April 2010 Issue

Why I Love CARG by Sylvia Power



"February marked 25 years that Doug and I have been in this program. We began after I had a heart attack in December 1984 and we started walking in February 1985. The group had just moved over from Ellis Hall and Ken Cooper was in charge. The late Dr Firor was our cardiologist.

At that time women were in the minority, but we have proved that we can have a heart attack just as well as the men. We were a small group; perhaps 50 patients. Ken loved to introduce us to each other and encouraged us to support one another. Ken was a Londoner like me and had a great cheery sense of humor.

A year later CARG was formed and after Ken's retirement Rick took over. As you know we have grown in numbers and I must say that I don't think I could be as well as I am today had it not been for the care and concern of our great staff. I survived a quadruple bypass and other major surgery, and then Doug had a heart event as well so we are really committed to coming three times a week. I can't say enough about the wonderful fellowship which means so

much to us and being at the Field House with all our friends is a very important part of our lives. Thanks to all of you."

(**Why I Love CARG** is a new feature of the newsletter. If you'd like your testimonial published, please e-mail it to the editor at carg.ca@gmail.com or pin your submission to the CARG board at the Field House or hand it to a CARG staff member at The Shaw Centre, addressed to Peter Scott, CARG Newsletter Editor)

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Heart Rate Monitors for Exercise by Rick Stene

Being regularly moderately physically active has been shown to help prevent a number of health problems. (Heart Disease, Type 2 Diabetes, Hypertension, Osteoporosis, etc...) Simply put physical activity is a cornerstone for good health. To achieve these health benefits people are encouraged to be active most days of the week (5 or more days). Additionally people are encouraged to exercise at an intensity that makes the body feel like it is working (breathing deeper and more quickly) but is still comfortable (no discomfort and not puffing). This is often referred to as a training zone. For most people exercise is recommended at 40% to 70% of their heart rate reserve. (Heart rate reserve = maximal heart rate – resting heart rate).

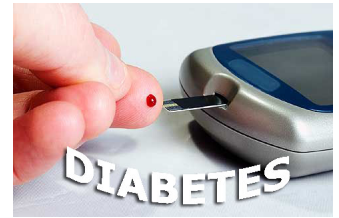
The use of heart rate range to gauge this training intensity has been widely used to assist people in knowing whether their exercise intensity is appropriate to gain all the health benefits. Exercise intensity is based on the following physiologic principle: as exercise intensity increases, oxygen consumption and heart rate also increase in a linear relationship. Obviously heart rate is easier to measure than oxygen consumption. For this reason you often hear of people checking their pulse to see if they are exercising at the correct exercise intensity. A heart rate monitor shows you your heart rate as you exercise. This provides instant, accurate feed back on how intensely you are exercising. It also allows you to move from one type of activity to another and still maintain a proper exercise intensity. (I.e. walking to bike, rowing, gardening etc.)

One of the limiting factors for heart rate monitors for Cardiac Rehabilitation is the need to establish a maximum heart rate in order to calculate a desirable heart rate range. This usually requires a recent Exercise Test (Stress Test). Additionally any changes in medications (particularly Beta Blockers - Atenolol or Metoprolol) may alter the heart rate range and a new range may need to be re-established. Rick Stene is Manager, Chronic Disease Management-Exercise, Saskatoon Health Region



New Ideas for Diabetes Management

- * Monday, April 26, 2010
- * 8:00-10:30 am at the Field House
- * For **Cardiac Rehab** participants **with diabetes** & a support person
- * Topics to be covered:
 - Getting the most out of home blood sugar checking
 - Achieving the food "balance"
 - What's new in diabetes management strategies



Pre-registration required. Space is limited - ask your exercise therapist to put your name on the registration list. **Breakfast provided** free of charge
Presented by **Marlene Matiko**, Diabetes Nurse Educator and **Rochelle Anthony**, Dietitian

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Kenneth Johnston and Garry Flegel at The Big Bike Ride

CARG members Ken and Garry are pictured here at last year's Big Bike Ride in Saskatoon. This picture also appears in The Heart and Stroke Foundation's 2009 Annual Report.
See: <http://carg.ca/hs2009>

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Some pictures of the first graduation which recently took place at the Shaw Centre



Congratulations to everyone involved!

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Slimming sixties not a myth (UK)

"Despite fewer visits to gyms and a love of high-fat foods, people in the 1960s were slimmer simply because they were more active, the government says. Rates of **obesity** in English adults have risen from 1-2% in the 1960s to around 26% today, figures show. Yet in 2010, overweight adults are far less likely to try to lose weight, a repeat of a survey done in 1967 showed. Plus adults in the 1960s did more housework and used the car less, the Department of Health said. The 1967 survey of 1,900 adults found nine in ten people had attempted to lose weight in the past year compared with 57% of 1,500 adults questioned in 2010. Forty years ago, only 7% of those who considered themselves to be overweight had failed to do anything about it compared with 43% of today's adults. And in 1967, 66% of those surveyed said they wanted to lose up to a stone compared with 46% in 2010" Fore more: <http://carg.ca/ukob>





Simple, cheap procedure can limit size of heart attack: Researchers (Canada)

"Simply blowing up a blood pressure cuff around a person's arm when they're having a heart attack can reduce the amount of permanent heart muscle damage by up to half, an international team of researchers co-ordinated from the Hospital for Sick Children in Toronto has found. Although it goes by the rather unwieldy name "remote ischemic preconditioning" the technique, developed by a doctor at SickKids, is exquisitely simple, cheap and apparently

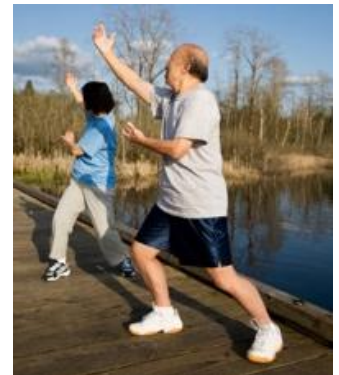
safe. It involves inflating a standard blood-pressure cuff on the upper arm of someone having a heart attack for five minutes, and deflating it for another five minutes, repeating the cycle four times. The procedure exploits the most powerful, inborn protective mechanism the human body uses to protect its tissues from harm. Cutting off blood flow in the arm in short, brief bursts, then restoring it again, causes the body to release a substance in the blood that sends a message around the entire body that something bad is about to happen. It warns and protects the heart from subsequent damage by triggering changes in heart cells so that they can better resist the lack of blood flow. It also makes white blood cells react less aggressively, causing less damage after the heart attack. In a study published in the **Lancet**, an international team co-ordinated by SickKids showed that, when done by a paramedic en route to hospital and a catheterization lab, ischemic preconditioning can reduce the size of heart attacks by 30 to 50 per cent"

More at: <http://carg.ca/rip>

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Exercise helps anxiety in chronic illnesses

"People who are living with chronic illnesses and who are experiencing anxiety would do well to get some exercise, according to a new study published by the **Archives of Internal Medicine**. Illnesses can trigger anxiety for a variety of reasons. As people become more anxious, they may find it more difficult to focus on their health - and it becomes a vicious cycle. While some may do well taking anti-anxiety medications, researchers have found that exercise training reduces anxiety symptoms. They came to this conclusion after reviewing the medical literature for studies that investigated the connection between exercise in adults with chronic illnesses who generally didn't participate in physical activity. Patients had diseases such as chronic obstructive pulmonary disease, multiple sclerosis, heart disease, and fibromyalgia, among others. The patients in all the studies were, on average, 50 years old. The exercise programs were done, on average, three times per week for 16 weeks, for an average length of 42 minutes per session. The only disease that wasn't associated with less anxiety in relation to exercise was multiple sclerosis" More at: <http://carg.ca/ac>



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Nearly two-thirds of seniors using five or more types of prescription drugs (Canada)

Almost two-thirds (62%) of Canadians age 65 and older living in the community in six provinces are using five or more classes of prescription drugs, according to a study released today by the **Canadian Institute for Health Information**. The study, Drug Use Among Seniors on Public Drug

Programs in Canada, 2002 to 2008, examined public drug claims for more than one million Canadian seniors in Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia and Prince Edward Island. The study found that in 2008, slightly more than one in five (21%) of these seniors were using 10 or more types of prescription drugs, and just more than 1 in 20 (6%) were using 15 or more different classes of drugs. "Public-sector spending on prescribed drugs in Canada reached an estimated \$11.4 billion in 2009, and we know that seniors account for a large portion of these expenditures," says Jean-Marie Berthelot, Vice President, Programs, CIHI. "With the aging of Canada's population, it is important to understand which drugs are being used most often by seniors and which account for the highest proportions of public drug program expenditure. This information helps to inform decisions about the future planning and delivery of public drug programs." Older seniors were more likely to be multiple-drug users, with about one-third (29%) of seniors age 85 and older submitting claims for 10 or more types of drugs in 2008, compared to fewer than one in five (17%) seniors age 65 to 74. More: <http://carg.ca/pil50>

Cardiac rehabilitation helps survival time in heart patients receiving stent therapy

A team of Mayo Clinic researchers have found that **cardiac rehabilitation** is associated with significantly reduced mortality rates for patients who have had stents placed to treat blockages in their coronary arteries. The findings, presented at the annual meeting of the American College of Cardiology in Atlanta, found that patients who had coronary angioplasty (stent placement, also known as percutaneous coronary intervention) and afterwards participated in a cardiac rehabilitation program had a 45 to 47 percent decrease in mortality compared to those who did not participate in a cardiac rehabilitation program. More at: <http://carg.ca/mayreh>



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Antacids taken with heart drugs increase risk of another attack (Canada)

A drug combination prescribed to thousands of heart attack survivors increases the risk of a repeat heart attack, Canadian researchers are warning. In a major study spanning nearly six years, Toronto researchers who followed more than 13,000 patients found those given the blood thinner Plavix in combination with certain acid suppressants are 40 per cent more likely to have another heart attack in the first three months after leaving hospital. 'There are so many people at potential risk here it's difficult to understate the importance of the findings,' says Dr. David Juurlink, head of the division of clinical pharmacology and toxicology at Sunnybrook Health Sciences Centre, and lead author of the study released by the **Canadian Medical Association Journal**. For more: <http://carg.ca/antacids>

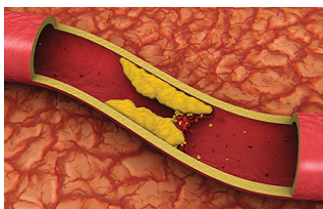
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\$5M project targets heart failure (Canada)

Scientists and physicians have launched an Alberta-wide research project to better identify and treat heart failure, a condition that affects 80,000 Albertans. The five-year **Alberta HEART** project will see 1,000 people - half in Calgary and half in Edmonton - participate in the study as volunteers. The research will focus on identifying and treating diastolic heart failure, a condition that affects 40 per cent of those diagnosed with heart failure. The Libin Cardiovascular Institute of Alberta, the Mazankowski Alberta Heart Institute and Health Solutions (funded by the Alberta Heritage for Medical Research Endowment Fund) have invested \$5 million in the project. Dr. Todd Anderson, Alberta Heart co-leader and professor of medicine at the University of Calgary, said cardiologists are more adept at diagnosing heart failure when it's caused by the squeezing of the heart - called systolic heart failure. Diastolic heart failure occurs when the heart fails to relax properly between beats, so it doesn't fill up with the proper amount of blood to supply the body. Pictured are Todd Anderson, Alberta HEART co-leader, and professor of medicine, Faculty of Medicine, University of Calgary, and Murray Copot, an 86 year-old Calgarian with diastolic heart failure at Foothills Hospital in Calgary, Alberta Monday, March 8, 2010. More at: <http://carg.ca/5m>



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New method to grow arteries could lead to "biological bypass" for heart disease (USA)

A new method of growing arteries could lead to a "biological bypass" - a non-invasive way to treat coronary artery disease - Yale School of Medicine researchers and their colleagues report in the April issue of the **Journal of Clinical Investigation**. Coronary arteries can become blocked with plaque, leading to a decrease in the supply of blood and oxygen to the heart. Over time this blockage can lead to debilitating chest pain or heart attack. Severe blockages in multiple major vessels may require coronary artery bypass graft surgery, a major invasive surgery. "Successfully growing new arteries could provide a biological option for patients facing bypass surgery," said lead author of the study, Michael Simons, M.D., chief of the Section of Cardiology at Yale School of Medicine. For more: <http://carg.ca/bypass>