

HEALTHY HEART



NEWSLETTER



A QUARTERLY PUBLICATION OF THE HEALTHY HEART PROGRAM AT
ST. PAUL'S HOSPITAL, VANCOUVER, B. C.

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HEALTHY HEART PROGRAM PARTICIPANT CARRIES THE TORCH

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ANNUAL GENERAL MEETING OF THE CARDIAC SOCIETY OF B. C.

Saturday, April 17, 2010
St. Paul's Hospital
Providence Building
Level 1—Room 6

Special Guest Speaker
SCOTT LEAR
Assistant Academic Director
Healthy Heart Program
Please call for information
and confirm your
attendance

604-681-2344 Local 62166





Congratulations to **ERIC GREENWOOD** for being selected to carry the torch in the Relay. Eric is a heart patient currently enrolled in the Healthy Heart Program At St. Paul's.

2010 Olympic Torch Relay

The Vancouver 2010 Olympic and Paralympic Winter Games truly are Canada's Games as the 2010 Olympic Torch Relay becomes the longest in history to be contained within the Host Country.

Canada is full of inspiring stories — as are Canadians. These unique and motivational stories will be shared in the months leading up to the relay, and during the time Canadians will transport the Olympic Flame from Athens, Greece to Vancouver.

The 2010 Olympic Torch Relay presented by Coca-Cola and RBC will inspire and engage Canadians from coast to coast to coast as it travels along the path of northern lights — the route the Olympic Flame will illuminate as it travels towards the Vancouver 2010 Olympic Winter Games.

The 2010 Olympic Torch Relay in brief:

- Over 100 days in length.
- Over 1,000 communities and places of interest where torchbearers will carry the Olympic Flame.
- Nearly 200 celebrations hosted by communities in every province and territory.
- Approximately 90 per cent of Canada's population will be within a one-hour drive of experiencing the Olympic Flame.
- Over 45,000 kilometres will be travelled.
- Extensive tour of the North including a planned visit to Alert, Nunavut, the northernmost permanently inhabited community in the world.
- 12,000 people will have the honour of being an Olympic Torchbearer and will help carry the flame to Vancouver, a majority of whom will be selected through public programs.



LOOKING BACK

The Expansion of Open-Heart Surgery at St. Paul's

The pioneering days of heart surgery did not end with the first few open-heart procedures. Surgeons, cardiologists, anesthesiologists, nurses and technicians were kept busy ironing out the kinks in their techniques as well as developing new procedures, including valve repair and replacement, coronary artery bypass procedures and transplant.



By the end of 1961 St. Paul's had performed 18 cardiac surgeries and was home to a small but busy cardiac catheterization service. It was clear that the hospital would soon need another cardiac surgeon. Dr. Al Gerein came to St. Paul's in 1961 from Cleveland, where he had been working on cardiac valve surgery. Soon St. Paul's performed its first valve replacement surgery, followed shortly by the first double-valve and first triple-valve replacements reported in medical literature in Canada.

As the demand for cardiac surgery increased, and hospital waitlists were in a constant battle for more resources. Over the years cardiac surgery grew at St. Paul's and in 1979 Cardiovascular and Thoracic Surgery was granted divisional status, bringing the hospital's structure in line with that of the University of British Columbia.



In a matter of less than fifty years St. Paul's has taken open-heart surgery from a pioneering effort to an everyday affair, if not for the patients, at least for the talented staff at what has become one of Western Canada's leading centres for cardiac care and the designated provincial Heart Centre.

Respirology at St. Paul's

The heart and the lungs cannot be separated; likewise neither can the history of cardiovascular and pulmonary care and research at St. Paul's hospital.

In the early 1960s, Drs. Harold Young and Bill Rice set up the lung function laboratory at St. Paul's based on the model developed by Dr. David Bates.



The lab at St. Paul's had equipment to provide measurements of lung volume, flow rates, mixing efficiency and a steady-state end-tidal diffusing capacity. Young joined the staff at St. Paul's in 1963 to provide a full pulmonary consultation service and was able to secure several research grants from the Department of Defense. In 1971 Young left St. Paul's to return to New Zealand. With support from the B.C. Lung Association, St. Paul's was able to hire Drs. Graeme Copland and Richard Donevan to take over the respiratory unit. As Dr. Dwight Peretz said in a speech to the BC Lung Association, "The arrival of Dr. Graeme Copland and Dr. Dick Donevan [opened] an era of unprecedented [respiratory] research and treatment in B.C."

Under Copland and their successors, care at St. Paul's has developed into a major area and has gained an excellent reputation. The division has grown to include the adult cystic fibrosis clinic and has also developed an expertise in the treatment of the respiratory complications of HIV/AIDS. With the addition of pulmonary research in 1977, St. Paul's began a new era that including groundbreaking new discoveries but has always kept patient care at the fore.



<p align="center"><u>2010 Spring Providence in The Park</u></p>	<p align="center"><u>Some good news for hospital patients: a gown that won't let you down</u></p>
<p>Mission Services at Providence Health Care invites you to participate in a community outreach event for the Downtown Eastside on Saturday, April 24, 2010 at 11 a.m. The event will take place at Oppenheimer Park at 400 Powell Street.</p> <p>Twice a year employees from PHC head down to Oppenheimer Park in the Downtown Eastside to hand out items of clothing and food that have been collected through Providence's health care facilities.</p> <p>This spring we need donations of the following:</p> <ul style="list-style-type: none"> • clean, gently used mens' & ladies' t-shirts • new sports socks • new men's & ladies' underwear <p>We are also doing something new. Staff are invited to put together CARE KITS.</p> <p>Make-A-Care-Kit</p> <p>Please add a personal touch to Providence in the Park by donating pre-made personal care kits consisting of a clear Ziploc bag with soap, toothpaste, toothbrush, shampoo and a shaving razor.</p> <p>Deadline to drop off donation items is Monday, April 19, 2009.</p> <p><u>Please drop off your donations at:</u></p> <p>St. Paul's Hospital - Media Services 7:30 - 12 noon & 1 - 4 pm (Mon. thru Fri. only) and Room 4000, Providence Level 4, outside the Cafeteria, 9 am - 4 pm (Mon thru Fri only).</p> <p>MSJ – Foundation Office, 8:30 am – 5:00 pm (Mon thru Fri only) & East Gym after 5:00 pm</p> <p>Youville – Main Lobby</p> <p>Brock Fahrni - Nursing Stations</p> <p>St. Vincent's Langara - Lobby</p> <p>Holy Family Hospital – Main Lobby Entrance, Nursing Station 2 & Neighbourhood 3</p> <p>For more information and to sign-up to volunteer the day of the event please contact Lucy Luongo at 604-321-2661 ext. 22363 or lluongo@providencehealth.bc.ca.</p>	<p>Stylish hospital gowns that snap down the side were unveiled in Britain on Tuesday, intended to replace those shapeless cloth sacks with useless ties that flash open at the worst possible moments.</p> <p>Designers were given 25,000 pounds (\$37,500) each to develop prototypes for products that would increase patient dignity. The plan, backed by the government and the Design Council, aimed to use Britain's design talent to improve its oft-criticized health system.</p> <p>The most eye-catching product was a jaunty striped hospital gown by U.S.-born fashion designer Ben de Lisi. Made from high-quality cotton in a classic pajama-stripe pattern, it includes a pouch for a mobile phone and comes accessorized with a snugly fleece blanket.</p> <p>"Fine feathers make fine birds," said de Lisi, who has made dresses for stars including Kate Winslet. "If you look good, you'll feel good."</p> <p>"Patients in hospitals are at their very lowest ebb, and you want them confident and buoyant so they can ask doctors the questions they need to ask."</p> <p>Other designs included "modular bed pods" that improve privacy by funneling sound from bedside chats down instead of out and a recovery chair modeled on first-class airplane seats and designed by the team behind Virgin Atlantic's sleek Upper Class cabins.</p> <p>Health Minister Ann Keen, a former nurse, said the new gowns would improve the hospital experience for everyone and could even help President Barack Obama in his efforts to overhaul U.S. health care practices.</p> <p>"We can export our ideas to President Obama, who has been very successful but needs that extra bit of support," she said.</p> <p>The Labour government has promised to get the designs in hospitals across England next year - if it wins a national election this spring.</p> <p align="right"><i>Courtesy Canadian Press</i></p>

Physical activity: One size does not fit all

A landmark Canadian study, analyzing a sample of over 275,000 people, has found that when it comes to participation in physical activity, one size does not fit all.

“Our study uncovered some definite trends and preferences when deciding how and if a person wants to be physically active,” says Brad Humphreys, an economics professor at the University of Alberta. “It is clear that different genders, ethnicities and income levels have very diverse influences and choices when it comes to being physically active.”

The study, co-authored with U of A professor Jane Ruseski, looked at a wide range of factors, including income, education and ethnicity, that influence whether a person decides to be physically active, as well as their time spent being active. It also examined the impact of government spending on parks and recreation on an individual’s decision to participate in physical activity and sports.

At a 57 per cent participation rate, walking was found to be the most common form of physical activity undertaken for exercise. Results suggest that participation in walking increases with age, indicating that programs aimed at promoting walking for exercise could appeal to older populations, says Humphreys.

“Choosing walking as the main form of physical activity may reflect the relatively low cost of this activity,” says Humphreys. “Walking can be done in almost any setting under almost any condition without needing specialized equipment or facilities.”

It was found that participation in all types of physical activities increased when a person had a higher level of income and that people with a post-secondary education participated in outdoor recreation activities more than high school graduates. As well, females were less likely to participate in outdoor recreation activities, group sports and individual sports than males.

“Compared to men, we found that females spent an average of 444 minutes fewer per week doing outdoor recreation, 108 minutes fewer spent on group sports and 74 minutes fewer on individual sports,” says Humphreys. “This can be explained by child-care responsibilities and the fact that women spend almost an hour more on household activities compared to men per week.”

“Our results have important implications for the design of government interventions aimed at increasing physical activity,” says Humphreys. “When developing these programs, we must take into account North America’s diverse population. A program that increases participation in one population, say older adults and retirees, in a particular province, may not have the same effect on young married minority couples in another province.”

A Dozen Ways to Improve Your Walking Workouts

Of all the ways to stay fit, walking is the easiest, safest, and cheapest. It can also be the most fun: a fine day, a good companion, an attainable goal (say, a scenic spot) three or four miles away. On city streets, in the woods, or even round and round the high school track, walking is the best way to experience a landscape. If it's too rainy for anything but a treadmill indoors, at least you can read or watch TV. And after your workout, you know you've done yourself some good.

Briskly walking one mile (brisk usually means 3.5 to 4 miles per hour) burns nearly as many calories as running a mile at a moderate pace, and confers similar fitness and health benefits. Even strolling or slow walking (about 2 miles per hour) confers some benefits. This was seen in a new Harvard study of almost 40,000 female health professionals, which found that walking as little as an hour a week, at any pace, reduces the risk of coronary artery disease. Longer and more vigorous walking produced a greater risk reduction.

Here's how to get more out of your walking workouts and to vary your routine:

- **Try to walk briskly for at least half an hour every day, or one hour four times a week.** If you weigh 150 pounds, walking at 3.5 miles an hour on flat terrain burns about 300 calories per hour. So this schedule would burn about 1,100 calories a week (studies show that burning 1,000 to 2,000 calories a week in exercise helps protect against heart disease). If you can't work that into your schedule, try more frequent, shorter walks.

- **Make an effort to walk as much as possible.** Skip elevators and escalators and take the stairs. Leave the car at home if you can walk the mile or two to a friend's house. Walk to work, at least part of the way.

- **Another approach:** get a pedometer and see how many steps you take a day. Aim for 3,000, and then try to work up to at least 5,000 steps (about 2.5 miles for the average stride) in the course of your daily activities. Some Japanese health officials advise 10,000 steps as a goal, though there is no magic number. To achieve the higher goals, you'll have to include some brisk exercise walking in addition to walking at home and at work.

- **If you want to go faster,** instead of taking longer steps, take faster steps. Lengthening your stride can increase strain on your feet and legs.

- **Swing your arms.** One good option: bend them at 90° and pump from the shoulder, like race walkers do. Swing them naturally, as if you're reaching for your wallet in your back pocket. On the swing forward, your wrist should be near the center of your chest. Move your arms in opposition to your legs—swing your right arm forward as you step forward with your left leg.

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your hands unclenched, and elbows close to your sides. The vigorous arm pumping allows for a quicker pace, and provides a good workout for your upper body. And you'll burn 5 to 10% more calories.

- **Add some interval training.** For example, speed up for a minute or two every five minutes. Or alternate one fast mile with two slower miles.

- **Choose varied terrains.** Walking on grass or gravel burns more calories than walking on a track. And walking on soft sand increases caloric expenditure by almost 50%, if you can keep up the pace.

- **Walk up and down hills** to build strength and stamina and burn more calories. Combine hill walking with your regular flat-terrain walking as a form of interval training. When walk-ing uphill, lean forward slightly—it's easier on your leg muscles. Walking downhill can be harder on your body, especially the knees, than walking uphill, and may cause muscle soreness, so slow your pace, keep your knees slightly bent, and take shorter steps.

- **Try a walking stick or poles.** A walking stick is helpful for balance, especially for older people. To enhance your upper-body workout, use lightweight, rubber-tipped trekking poles, sold in many sporting-goods stores. This is like cross-country skiing without the skis. When you step forward with the left foot, the right arm with the pole comes forward and is planted on the ground, about even with the heel of the left foot. This works the muscles of your chest and arms as well as some abdominals, while reducing the stress on your knees. Find the right size poles by testing them in the store: you should be able to grip the pole and keep your forearm about level as you walk. Many poles are now adjustable.

- **Use hand weights, but carefully.** Hand weights can boost your caloric expenditure, but they may alter your arm swing and thus lead to muscle soreness or even injury. They're generally not recommended for people with high blood pressure or heart disease. If you want to use them, start with one-pound weights and increase the weight gradually. The weights shouldn't add up to more than 10% of your body weight. Ankle weights are not recommended, as they increase the chance of injury.

- **Try backward walking for a change of pace.** It is demanding, since it's a novel activity for most people. Even a slow pace (2 mph) provides fairly intense training. "Retro" walking is also a good option if you're trying to vary your workout on a treadmill or stair-climbing machine. And if you're recovering from a knee injury, it may help. Be careful when going back-wards outdoors: choose a smooth surface and keep far away from traffic, trees, potholes, and other exercisers. A deserted track is ideal. If possible, work out with a spot-ter, a forward-walking partner who can keep you from bumping into something and help pace you. To avoid muscle soreness, start slowly: don't try to walk back-ward more than a quarter mile the first week. Elderly exercisers or anyone else with balance problems should not retro walk.

- **Choose the right shoes.** Avoid stiff-soled shoes that don't bend. "Walking shoes" have flexible soles and stiff heel counters to prevent side-to-side motion. But for normal terrain, any comfortable, cushioned, lightweight, low-heeled shoes will do.

Letters & Submissions

Your letters, articles, recipes and experience are welcome for consideration to be included in our newsletter. Please send or mail to newsletter at:

healthyheartnewsletter@yahoo.ca

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GRADUATES HELPING **GRADUATES**

Gourmet Tossed Salad Bowl

Old school traditional salad fixings are iceberg lettuce, tomatoes and cucumbers all tossed with a creamy salad dressing. Tossed salad has undergone a transformation into a splendid array of crisp colorful vegetables. Top a salad with a protein and it becomes a healthy entrée. Try these suggestions to turn your salad into a taste sensation!

The **basic ingredient** is still lettuce – now we have endless varieties available. There are numerous organic greens on the market that you can buy at your local grocery store. You can even buy a mixture of organic greens bagged and already washed! Use a mild lettuce such as Romaine, leaf, butter or spinach for the bulk of your salad. Add smaller amounts of stronger greens with a sharper flavour such as radicchio, watercress, endive, arugula, escarole, mustard greens or chard.

For **color and texture** add any combination of wedged yellow/red tomatoes, diced colored peppers, chopped mushrooms, diced cucumbers, thinly sliced red onion or shredded beets/carrots. Try something different and add peeled and slivered jicama or chopped fennel. There are endless choices – try using organic vegetables when available and affordable. Even canned vegetables can be added – try diced artichoke hearts, hearts of palm, baby corn or water chestnuts. Who says only vegetables can be in a salad? For extra sweetness add thinly sliced Bosc pears or apples (keep the peel on for added fibre), fresh pomegranate seeds, mango pieces, or fresh berries.

To turn your salad into a **light meal** by adding a lean protein – canned chunked tuna, grilled chicken/ salmon/ lean beef, chickpeas or shelled edamame beans (fresh soybeans). Serve with fresh multigrain bread.

Low fat bottled **salad dressings** are the easiest choice and there are so many varieties available. Careful, if you are using high fat dressings as your healthy salad will become a high fat food very quickly. Make your own low fat vinaigrette salad dressings using a blend of 3 parts vinegar (mix wine and balsamic) to 1 part olive oil. If you don't like it quite so tangy add a bit more oil. It is easiest to make it in a glass jar – you can add Dijon mustard, herbs, garlic as well – just shake it all up! Make a big batch and keep it in the fridge. If you like a creamy dressing use plain yogurt as the base.

Use **garnishes** sparingly! Just a smidgen of sharp cheese such as blue, goat or finely shredded parmesan will give the salad a flavour boost. Cheese is high in saturated fat and should be used in moderation. For a final touch add a sprinkling of dried cranberries, toasted nuts or croutons.

Remember there really is no set recipe when it comes to salad. Try different combinations and flavours. Enjoy!!

**Submitted by Healthy Heart program Dietitians
Adapted from *We're Eating Light ...and loving it!* By
Frances Johnson & Shauna Ratner, available at St.
Paul's Hospital, Healthy Heart Program.**

Something Fishy.....

We are lucky to live in B.C. and have a wide variety of fish available to us. There is really no reason not to eat fish!!!!

Fish and seafood are healthy for the heart – they are a good source of omega three fatty acids, which may help to lower the risk for heart disease, and are lower in saturated fat than “meats”. For the best omega-three intake chose salmon, herring, sardines, mackerel or trout more often. If you are a seafood lover and watching your cholesterol then limit intake of shrimp, prawns, squid and caviar, as they are higher in dietary cholesterol. Go for clams, mussels, oysters, scallops or crab more often. Don't like cooking fish, then try canned tuna, salmon or sardines packed in water, smoked oysters or imitation crab. Better yet go out for sushi!

Make a wise choice and aim for at least 2 serving of fish/week. Keep in mind a serving is the size of a deck of cards.

Halibut with Mango and Red Pepper

Salsa Nothing beats the flavour of fresh halibut in season. If halibut is not available, this refreshing salsa goes well with poached salmon or baked chicken.

1	mango, peeled and diced	1
1	red pepper, diced	1
¼ cup	white onion, chopped	60 mL
1 Tbsp	fresh cilantro	15 mL
	juice of 1 lime	
1 lb	halibut fillets	455 g
¼ cup	flour	60mL
¼ tsp	salt	1.2 mL
1 Tbsp	canola oil	15 mL

Combine mango, red pepper, onion, cilantro, and lime juice. Allow mixture to sit for at least ½ hour to allow flavours to mingle.

Cut halibut into 4 pieces. Combine flour and salt in a plastic bag. Add halibut pieces one at a time and shake bag to coat halibut with flour. Heat oil over medium heat in non-stick frying pan. Add halibut and fry until fish is cooked and lightly browned on both sides (about 6 minutes on each side). The fish should be opaque and flake easily when pierced with a fork. Serve halibut topped with plenty of salsa. Serves 4.

Nutritional analysis per serving:

231 calories	25 g protein	6 g fat
1 g saturated fat	18 g carbohydrate	
36 mg cholesterol	209 mg sodium	2 g fibre

Timesaver tip: Make the salsa the night before – the flavour will be even better. For a really quick meal, spread a commercial salsa on the fillet and bake.

Nutrition notes: Combining mangoes with fish provides not only the omega-3 fats from fish, but also beta-carotene and vitamin C – all in one entrée.

Spring is in the air. The flowers are blooming and the Easter Bunny is about to arrive!

Fruits and vegetables are sprouting up all over. The festive Easter meal, whether it is brunch or dinner, is the perfect place to showcase the first signs of spring.

If you are planning brunch go for eggs, the mealtime all-star. Serve eggs scrambled with fresh herbs, smoked salmon or a touch of low-fat cheese. Watching your cholesterol? Then use more egg whites than whole eggs. If you have more time, make homemade waffles topped with warmed maple syrup and fresh rhubarb sauce. Always include a fresh fruit salad – top with a dollop of French vanilla yogurt. Include a variety of breads, hot cross buns and your favourite compote. For a special treat make freshly squeezed orange juice with blood oranges – no one will know what the burgundy beverage is!

Try to plan your evening meal around the vegetables. Enjoy a specialty salad from pre-washed greens – add pomegranate seeds, dried cranberries, chopped pecans or sliced hearts of palm to jazz it up. Asparagus is in season – steam, roast or sauté and top with balsamic vinegar or lemon juice. Roast a mélange of root vegetables- potatoes, yams, beets, parsnips, carrots and garlic with a little olive oil and rosemary. Toss tomatoes with fresh basil and a light vinaigrette- a great way to get your lycopenes, an anti-oxidant vitamin associated with numerous health benefits. Serve baked ham, roast pork tenderloin or leg of lamb – remember the cuts of meat away from the bone are the leanest. For the grand finale serve chocolate dipped strawberries – a little chocolate is good for you, but use good quality chocolate. Eat chocolate because you enjoy it not because it is good for you!

Remember holiday eating does not have to break the health-meter- take time to enjoy family, friends and the great outdoors!

Healthy Heart Program Dietitians

Dr. McManus Receives National and International Recognitions

Dr. Bruce McManus, Director of the Providence Heart + Lung Institute, the James Hogg Research Centre and the PROOF Centre of Excellence, is the recent recipient of two major awards. The Canadian Society of Atherosclerosis, Thrombosis, and Vascular Biology recognized Dr. McManus with the 2009 Scientific Excellence Award for his work to understand the accelerated blood vessel disease that affects transplanted hearts.

In receiving the award, he presented the Award Lecture, “Towards Preventing Injury and Modifying Repair in Allograft Vessels”, in October 2009 at the Canadian Cardiovascular Congress in Edmonton. He also received the Distinguished Achievement Award from the Society for Cardiovascular Pathology, an international flagship organization for education in cardiovascular pathology, for his many years of extraordinary contributions to the field.

He will deliver the Distinguished Achievement Award Lecture regarding the molecular pathology of heart muscle diseases in March 2010 at the Annual Society Meeting in Washington, D.C.

**Pacific Open Heart Association
elects new executive**

President	Mike Martin
Vice-President	Alfred Buchi
Treasurer	John Sutherland
Secretary	Shirley Vaux

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