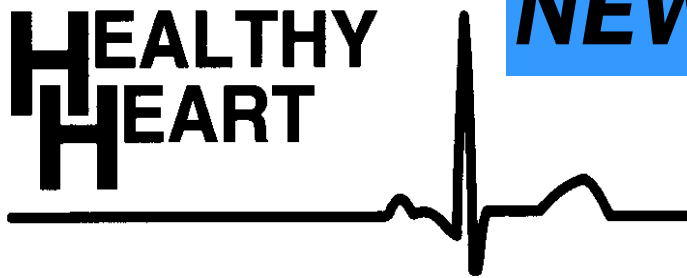


# HEALTHY HEART



## NEWSLETTER



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

SPRING-SUMMER  
EDITION  
2011  
VOLUME 17—#2

### **Rehabilitation resources are key to recovery**

#### **IN THIS ISSUE**

1. Rehabilitation Resources
2. Helpful Hints
3. Pash News & Potluck
4. Heart Disease & Strokes
6. New Procedures
7. New Heart Transplant
8. Whole Grain Recipes
9. Directory of Programs

#### **NEXT NEWSLETTER**

Our next newsletter  
will be published early  
in September.

Look for details of  
The PASH meeting  
and the FALL  
POTLUCK

*“... a mere 30 percent of eligible patients  
receive the benefits of these programs.”*

*Andy Ignaszewski Head, UBC and Providence  
Health Care Division of Cardiology at St. Paul's  
Hospital*

**After a cardiac event such as a heart attack,  
cardiac rehabilitation plays a major role in prevent-  
ing further events or even death. Cardiac rehabilita-  
tion enhances and maintains cardiovascular health  
through programs designed to optimize physical,  
psychological, social, vocational and emotional  
status of heart patients. Tailored to individuals,  
these programs focus on secondary prevention  
through identifying and modifying patients' risk fac-  
tors to help prevent disease progression or future  
cardiac events. Following initial treatment of a heart  
condition, cardiac rehab can reduce mortality up to  
25 percent. It also improves patients' quality of life  
and decreases rates of depression, smoking  
and angina.**

*Continued on Page 2*

*Continued from Page 1*

### **An under-used resource**

**Despite these statistics, and that it's cost effective and one of the few heart programs with no wait list, cardiac rehabilitation is often underutilized, with a mere 30 percent of eligible patients receiving the benefit of these programs.**

**There are nearly 200 cardiac rehabilitation programs across Canada providing lifestyle and exercise programs to over 50,000 patients annually. The Canadian Association of Cardiac Rehabilitation has nearly 425 members, comprised of health professionals such as doctors, nurses, exercise specialists, dietitians, nutritionists, psychologists, social workers and cardiology technicians. This multidisciplinary team is the core strength behind cardiac rehabilitation and helps ensure that health improvements and lifestyle changes patients make are sustainable.**

#### **Coming together for heart health**

*For over 30 years, the Healthy Heart Program at St. Paul's Hospital has provided these services to British Columbians. One of the first such programs in Canada, this program has served as a model for the country by bringing a diverse group of experts and services under one roof.*

### **Sometimes my yogurt container bulges at top even though it's not past its expiration date. Is it safe to eat?**

Expiration dates on packages assume the food has been stored properly. If the yogurt is a fruit-on-the-bottom type, it may have been inadequately refrigerated, perhaps at the grocery store or in transit, causing the fruit to ferment and release gases. This would cause the lid to bulge.

Fermented fruit is not harmful, but since you can't really know what causes the swelling, it's best to toss the yogurt. It may taste "off," anyway.

Discard other swollen packages as well, such as fruit juices, fruit packs, cheese, meat patties, and especially bulging cans; the last can harbor deadly *Clostridium botulinum* toxins, which aren't destroyed by cooking.

### **Should I use those paper toilet-seat covers in public rest rooms?**

They serve no hygienic purpose. If the seat is clean and dry, you don't need a paper cover. If the seat has drops of urine, they will seep through the paper (just wipe off the seat). People worry about contracting a disease from a toilet seat, but this fear is unfounded. As long as the skin of your buttocks and thighs is unbroken, you have no chance of getting a disease from the seat. The many layers of skin form a fairly impermeable barrier; in addition, the skin is laced with certain immune cells that protect against microorganisms.

The most important thing, of course, is to wash your hands with soap and water after using the toilet, since microorganisms can be transmitted from hand to mouth.

#### **Handwashing: Count to 20**

How long does it take you to wash your hands? If you follow recommendations from the CDC, you're supposed to lather up and rub all surfaces of your hands together for 20 seconds—the time it takes to sing "Happy Birthday" twice. According to the World Health Organization, the whole process, from washing to drying your hands, should take 40 to 60 seconds.

*Courtesy Berkley Wellness Letter*

## 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**

**Or CSBC, Box 610,  
1027 Davie Street,  
Vancouver, B.C. V6E 4L2**

**604-682-2344 (LOCAL 62166)**

### **CARDIAC SOCIETY OF B. C. HEALTHY HEART HELPERS**

**PRESIDENT : RALPH ALEXANDER  
VICE-PRESIDENT: FRED DENCH  
SECRETARY: JANET BORZEL  
TREASURER: BARRY REED  
PAST PRESIDENT: GWYNNETH  
FOULDS**

### **GRADUATES HELPING GRADUATES**

### **FUNDRAISING**

We have T-SHIRTS, HATS and WATER BOTTLES available for sale.

- **T-SHIRTS \$15.00**
- **HATS 10.00**
- **WATER BOTTLES 5.00**

**CONTACT BARRY  
604-682-2344 (LOCAL 62166)**

**FRANK or RODNEY  
604-682-2344 (LOCAL 62590)**

**THANK YOU FOR YOUR SUPPORT**

## **PASH**

### **The Pacemaker Arrhythmia Self Help Group**

PASH will not be holding a meeting this spring. Tentatively there will be a meeting September 13<sup>th</sup> following the Labor Day weekend. A notice will be announced in the Healthy Heart Newsletter prior to the meeting with full details.

If there are any questions regarding PASH in the meantime you are welcome to call Daren Tourigny at 604-879-3547.

**WWW.PACEMAKERGROUPBC.ORG**

### **FALL POTLUCK**

We need some volunteers for our Fall Potluck to be held in October.

It will be held on a Wednesday, exact date not confirmed. About 3 hours are required. 5 pm to 8 pm.

Please contact **BARRY REED** if you would like to help . **604-682-2344 (Local 62166)**

If no answer, please leave a message or Email **barryreed@shaw.ca**

## **A call to action to tackle heart disease and strokes**

**The Heart and Stroke Foundation's recent Report Card on Canadians' heart health highlights the gap between perception and reality when it comes to the risk factors for heart disease and stroke. Most of us are aware of these risk factors, yet few know our own personal risk, and despite a decrease in deaths from heart disease and stroke by 75 percent, there is still much work to be done. On the horizon, an increasing elderly population and rising obesity in both children and adults present challenges to the gains we have made. However, our health care system is not designed for disease prevention, but rather to deal with acute instances of illness. While we know only a handful of risk factors account for over 90 percent of the causes of heart disease, many people with these risk factors are not properly treated, or worse yet, are not aware they have them. This will need to change if we are to avoid being overwhelmed with a barrage of chronic diseases. We need research in new models of care to prevent risk fac-**

**tors from arising and to properly manage those with disease. Canada's health research agencies spend substantial amounts of money in the basic sciences that tell us what the risk factors are, but spend very little on how to prevent or manage them. Physicians also need the training and support necessary to spend the time it takes to properly manage patient risk factors, set long term goals and be able to engage with nurses, dietitians, exercise professionals, psychologists, etc.**

**Technology can also help. The My Heart & Stroke Risk Assessment mobile application can help people understand and manage their risk factors. Additionally, our research group at Simon Fraser University and St. Paul's Hospital is studying how technology can increase patient access to health care providers. For this, we have created websites for patients with heart disease that effectively bring care into their homes. This has the advantage of supporting the patient in disease management while acting as an early warning system to identify changes in health that may lead to further complications if left unchecked. These programs have the potential to**

*Continued on page 5*

***Continued from Page 4***

**But technology and health care providers are only part of the answer. We also need a society that works to prevent, not create, risk factors. Our communities, cities and work life are created in such a way that encourages people to eat poorly, be inactive and gain weight. So much is made of the individual risks and behaviours that cause diseases that we seem to forget that we are a product of our environment. For example, our research and that of others has indicated that people are more active and less overweight if their neighbourhood has sidewalks. Conversely, people are less likely to eat healthy foods if they are not available in their neighbourhood. Therefore, our communities and cities need to be designed to promote healthy lifestyles. The Heart and Stroke Foundation has released a built-environment tool kit to support local governments in their efforts to design healthier communities.**

**Our research has also identified that the increasing diversity of our population presents a particular challenge. New immigrants are particularly vulnerable to heart disease and stroke, most likely due to the initial stress and financial challenges of moving to a new country. This results in new Canadians putting health and healthy behaviours on the back**

**burner. Even when they need health advice, navigating a new health system can be a daunting task. At the same time many health messages do not resonate with these groups due to cultural and language differences. Since immigration is important to Canada's economy, we need to ensure that new Canadians have the opportunity to realize the benefits of continued health in their new home.**

**So what can we do to prevent heart disease and stroke? We can become aware of our own risk factors by downloading the free My Heart& Stroke Risk Assessment app or visit My Heart& Stroke online at [www.heartandstroke.ca/risk](http://www.heartandstroke.ca/risk) to complete a risk assessment. We can engage in a discussion with our health professional. Also, we can advocate for communities to consider heart health, as well as support organizations such as the Heart and Stroke Foundation. Most of these and other strategies are contained within the Canadian Heart Health Action Plan, which outlines a national blueprint for preventing heart disease.**

**The adoption of this plan will go a long way in preventing heart disease and promoting healthier and longer lives.**

*Scott Lear, St. Paul's Hospital  
Pfizer/Heart & Stroke Foundation Chair  
Courtesy Vancouver Sun*

## **New procedure brings hope to patients**

*“ We did patients who were just flatly rejected for surgery because they were too high risk.”*

*Dr. John Webb Professor, Heart Valve Intervention St. Paul’s Hospital*

### **Question: Do patients deemed too high-risk to undergo open-heart valve replacement surgery have other treatment options?**

■ Answer: High-risk heart patients can undergo a minimally invasive aortic transcatheter valve replacement procedure. Since 2005, approximately 25,000 heart patients who were too frail or ill to endure conventional open-heart surgery have undergone the less invasive surgical option with great success. A recent medical trial conducted by John Dr. Webb and his fellow colleagues indicated 70 percent of the patients who underwent the aortic transcatheter valve replacement lived at least one year after surgery. In comparison, only 50 percent of the individuals who underwent conventional open-heart valve replacement surgery lived to the one-year mark.

“ We did patients who were just flatly rejected for surgery because they were too high risk and ( for) those patients the death

rate was reduced by an absolute 20 percent in one year,” says Dr. Webb, the professor of heart valve intervention at St. Paul’s Hospital at the University of British Columbia.

“ The whole advantage of this is we’re trying to put patients where the risk of complications is lower than open heart surgery but there’s still a risk of mortality.”

“ And still it looks like the risk is lower than not doing anything for these patients.”

Less invasive means less recovery

The minimally invasive procedure involves making a small incision on the patient’s leg and inserting a collapsed heart valve into the leg artery. The surgeon then pushes the valve and a deflated balloon into the heart and inflates the balloon causing the valve to expand.

“ It’s a less invasive way of replacing valves,” says Dr. Webb.

The aortic transcatheter valve replacement procedure typically takes about an hour to complete and recovery takes anywhere from three to five days depending on the overall health of the patient. In comparison, open-heart valve replacement takes several hours to perform and weeks to recover from. It may become the new standard way of replacing valves within five to 10 years.”

***Dr. John Webb ,Professor,  
Heart Valve Intervention, St. Paul’s Hospital***

***Courtesy Vancouver Sun***

## **New Heart Gives New Life** **To Young Transplant** **Recipient**

While health probably doesn't rank high among the concerns of most typical teenagers, Tyler Smith spent most of his young adult life wondering what was wrong with his. For five years, Tyler found himself constantly drained of energy and short of breath, making it almost impossible for him to lead an active and fulfilling life. Then in 2010, Tyler was diagnosed with Hypertrophic cardiomyopathy (HMC) – a condition that causes the heart muscle to thicken, making it harder for blood to leave the heart, forcing it to work harder to pump blood. The condition is usually inherited and believed to be a result of several defects with the genes that control heart muscle growth. After going through several tests to confirm the severity of his heart condition, Tyler was placed on the waiting list for a heart transplant in late 2010. Tyler and his family members recall the warmth and kindness of the staff at St. Paul's Hospital (SPH), while going through the trying period of seeking accurate diagnosis and treatment options for his disease. Tyler especially credits Wynne Chiu, clinical coordinator at the Pre-Heart Transplant Clinic for being a valuable source of support right from the beginning when he made his first visit to the hospital. "Wynne was always there to support us, to answer our questions and to address our concerns." Thanks to Wynne, Tyler and his family felt mentally well-prepared for his heart transplant surgery. Nevertheless, Tyler recounts the days waiting for a donor heart as one of the gloomiest periods of his life. At this time, his health was rapidly declining and his energy levels were at an all-time low. "I was pretty much losing hope. I was suffering so much – mentally and physically – to the point of not wanting to wait anymore." Fortunately a new heart changed all that for Tyler. Just two weeks after his transplant, he was going for long walks and less than two months after, was able to run up to two kilometers a day in preparation for the 2011 Vancouver Sun Run. Grateful for his new heart, Tyler acknowledges the importance of organ donations. "I wouldn't be here if organ donations weren't an option." As a heart transplant recipient, Tyler recognizes

the value of research that looks to advance ways of diagnosing and managing heart conditions like his. Tyler is participating in a research program through the Centre of Excellence for the Prevention of Organ Failure (PROOF Centre) called Biomarkers in Transplantation (BiT). Led by Drs. Paul Keown, Bruce McManus, Rob McMaster, and Raymond Ng, the BiT program aims to develop blood tests that predict the risk of organ rejection, thereby allowing the best treatments to be chosen for patients. Researchers are also developing a blood test to replace painful biopsies. As he learned more about BiT through his involvement, Tyler says that his participation in the program only made more sense. Tyler imagines that by reducing the number of biopsies that patients like him currently undergo after surgery, this would mean less stress and anxiety for patients. Better tools to predict how a patient will respond to treatment would also allow doctors to tailor the amount of immunosuppressant drugs patients have to take in preparation for transplant. This would mean less drugs and fewer side effects for some patients – something Tyler believes would benefit patients immensely. While the BiT program moves into research implementation and works towards integrating its diagnostic techniques into routine medical practice, Tyler too is moving on to make full use of his life. He plans to travel the world, and aspires to join the medical profession. Most notably, he is determined on staying healthy. "It was a really good gift that I received, and I do not want to waste it," he says.



Pictured from left to right: St. Paul's Hospital patient educator Carol Imai, donor heart recipient Tyler Smith, and SPH clinical coordinator Wynne Chiu.

“





