

Contents

Discovery Points
Way for New
Treatment for
Aneurysms

Pioneering Program
Helps Smokers in
Hospital Beat Odds
Against Quitting

Health Professionals
of the Future

Recipe –
Greek Pasta Salad



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STROKE
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Harrison Hot Springs Sets an Example for Healthy Hearts

Harrison Hot Springs Fire Department has a goal, to make the village of Harrison Hot Springs a "Heart Safe Community."

To reach their goal, the fire department wants to train many of the residents of Harrison Hot Springs in CPR and how

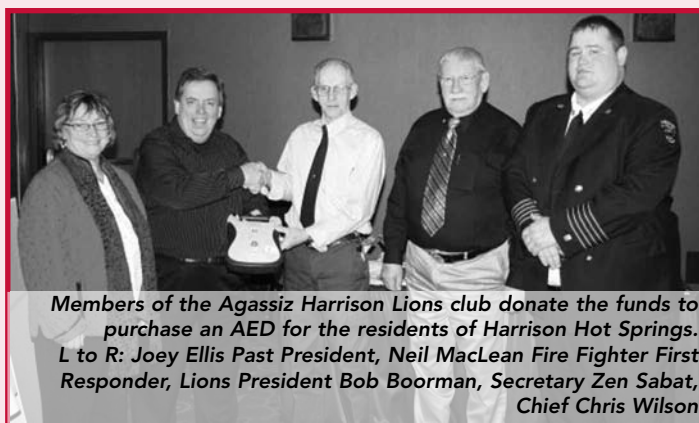
to use an Automated External Defibrillator (AED). There will be six AED's located in various host locations throughout the Village and the employees of each host location will be trained in CPR and how to use an AED.

A campaign kick off was announced during Heart Month, February, and the response has been overwhelming. In one month, the fire department received financial and moral support from Mertin GM, Agassiz Harrison Lions Club, Agassiz Harrison Legion, and Agassiz Harrison Chamber of Commerce.

"This program supports everyone working together, and we hope it will encourage everyone to adopt a heart healthy lifestyle," says Chris Wilson, Fire Chief.

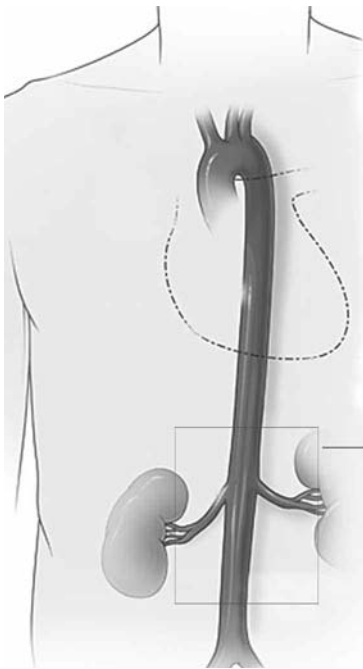
Both the Heart and Stroke Foundation and the Harrison Hot Springs Fire Department support the chain of survival response to heart disease which includes, healthy choices, early recognition, early access (calling 911), early CPR, early defibrillation, early advanced care, and early rehabilitation.

Harrison Hot Springs is a popular tourist destination during the summer months and can have as many as 8,000 visitors daily, according to Chief Wilson. This highlights the need to deliver medical intervention strategies in a timely and professional manner.



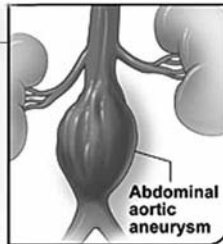
Members of the Agassiz Harrison Lions club donate the funds to purchase an AED for the residents of Harrison Hot Springs. L to R: Joey Ellis Past President, Neil MacLean Fire Fighter First Responder, Lions President Bob Boorman, Secretary Zen Sabat, Chief Chris Wilson

Discovery Points Way for New Treatment for Aneurysms



New research findings from a team at the Providence Heart + Lung Institute at St. Paul's Hospital and the University of British Columbia (UBC) may lead to new treatment options for abdominal aortic aneurysms (AAA) – a potentially fatal disease that cannot be treated with medication.

An aortic aneurysm is a bulging of the aorta, the largest blood vessel in the body. If the aneurysm ruptures, it causes rapid blood loss and a high risk of death. About 75 per cent of all aortic aneurysms occur in the part of the aorta that is located in the abdomen, which supplies blood to the lower limbs.



Published in the *American Journal of Pathology*, a study led by Dr. David Granville, a researcher with UBC and the Providence Heart + Lung Institute, reveals a new drug target for AAA that could have a major impact on the treatment of this disease.

Using experimental models of AAA, Dr. Granville and his team identified a protein-degrading enzyme called Granzyme B that is abundant in aneurysms. To determine whether Granzyme B was contributing to aneurysms, the enzyme was genetically knocked out.

“When we removed Granzyme B, we found that it not only slowed the progression of aneurysms, but also markedly improved survival,” says Dr. Granville. “This suggests that drugs designed specifically to target Granzyme B could be an effective means of treating aneurysms.”

Granzyme B is released by many types of immune cells to target and destroy unwanted or virus-infected cells. Until recently, it was thought that immune cells delivered Granzyme B directly into cells targeted for destruction, but Dr. Granville's team demonstrates that, in certain conditions, this protein can leak out into the space surrounding healthy cells and in the blood stream. As it builds up outside of cells it starts breaking down structural proteins that maintain tissue integrity – similar to termites eating away at the infrastructure of a home. In the case of the aorta, this can lead to a weakening of the tissue, ballooning of the aorta (creating an aneurysm) and ultimately, the rupturing of the aneurysm.

AAA has an 80 – 90% chance of fatality if the aneurysm ruptures. Ruptured AAA and complications of surgical treatment are responsible for at least 15,000 deaths each year in the United States. However, autopsies are not routinely performed for people over the age of 60, it is suggested that the actual rate may be as high as 30,000 deaths per year. The only effective treatments involve surgical repair at late stages of disease. There are no treatments for smaller, earlier-stage aneurysms beyond basic monitoring of progression.

“Our latest findings about Granzyme B could lead to the development of pharmaceuticals geared towards slowing or preventing aneurysm progression and rupture – helping those with AAA avoid surgical treatment, and possibly death,” says Dr. Granville.

Pioneering Program Helps Smokers in Hospital Beat Odds Against Quitting

There's nothing like a heart attack to convince smokers to quit. And the hospital setting is the best environment because patients can't smoke there. As well, chances are good their addiction may have had something to do with why they're in hospital.

Esther Ketsa of Kamloops had her heart attack at age 49 and it was a "big wake-up call." Ketsa was flown to Vancouver and she required emergency angioplasty and stents to open three blocked vessels. The day after the medical intervention, a St. Paul's Hospital nurse came to talk to Ketsa about smoking cessation. "She didn't have to work hard to persuade me. I was so traumatized that I was ready to quit. I only wish someone like that had gotten to me before," said Ketsa who smoked since she was a teenager.

The nicotine replacement patch eliminated Ketsa's tobacco cravings. Follow up counselling from a patient teacher nurse in the hospital's heart centre has helped, as Ketsa hasn't had a cigarette in seven months. The hospital is part of an expanding program in the new provincial Centre of Excellence for Clinical Smoking Cessation, meant to help tobacco-addicted patients in hospitals.

With initial funding from the federal government and new funding from the Heart and Stroke Foundation and Pfizer, the program will expand to G.F. Strong, Sechelt, and Powell River hospitals. It was earlier introduced in five Vancouver Coastal Health hospitals — Vancouver General, Richmond, Lions Gate, Bella Coola and St. Paul's.

The program was pioneered at the Ottawa Heart Institute and has been proven to boost the odds of smoking cessation. The long-term (six-month) quit rate for tobacco users increases to about 33 per cent when hospital interventions are used on admitted patients, compared to 21 per cent when previously hospitalized smokers quit on their own.

In some BC hospitals, all admitted patients who smoke may be approached and in others, only cardiac patients. The program is expected to expand to outpatients as well.

Under the Ottawa Model, patients receive clear, unambiguous, non-judgmental advice that they should quit. Their willingness is assessed and they are given help in the form of counselling and interventions. After discharge, patients can choose to receive regular interactive voice response telephone calls.

– By Pamela Fayerman, Vancouver Sun, January 20, 2010



Health Professionals of the Future

A new and exciting partnership is developing between health care students, nonprofit agencies, and community members in order to bridge gaps in health care. The **Health Care Involves Everybody** fair was held in the Fall and over 200 Health Sciences students attended, which allowed an opportunity for health students and faculty members to talk to community members to bridge gaps and build partnerships. This opportunity benefited students, community, and patients as students were able to learn about the services that are available and how to use this knowledge when they enter into their health sciences profession.



RECIPE

Greek Pasta Salad

Makes 8 serving

Ingredients

- 2 cups (500 mL) whole-wheat rotini pasta
- 2 cups (500 mL) diced English cucumber
- 2 cups (500 mL) grape tomatoes, cut in half
- 1/2 cup (125 mL) thinly sliced red onion
- 1 cup (250 mL) cubed light feta cheese, rinsed



Dressing

- 1/4 cup (50 mL) red wine vinegar
- 2 tbsp (25 mL) olive oil
- 1 tbsp (15 mL) fresh squeezed lemon juice
- 1/2 tsp (2 mL) black pepper

Directions

1. Cook pasta as per directions on the box but do not add salt to the water. Drain, rinse and place in a large bowl.
2. Add the rest of the salad ingredients to the bowl.
3. In a small bowl, whisk together all ingredients for the dressing. Pour over the salad and toss. Can be made one day ahead. Keep refrigerated.

Nutritional information per serving (1 cup / 250 mL)

- | | |
|-----------------------------|----------------------|
| • Calories: 153 | • Carbohydrate: 19 g |
| • Protein: 7 g | • Dietary fibre: 1 g |
| • Total fat: 13 g | • Sodium: 221 mg |
| • Saturated fat: 3 g | • Potassium: 196 mg |
| • Dietary cholesterol: 6 mg | |

Recipe by Nadine Day, RD. ©The Heart and Stroke Foundation
Posted June 2009



"Stop smoking, quit drinking, eat less, exercise more!
Are you some kind of health nut?"

contact

If you have had a heart attack, or know someone who has, we'd like to hear from you.

If you'd like to share your story or ask a question, please contact us at:

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www.heartandstroke.bc.ca

Register to receive HeartLine newsletters free through our website or toll-free number.



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PATIENT CAREGIVER

MESSAGE BOARD



The Heart and Stroke Foundation of BC & Yukon provides a valuable resource for Patient Programs: a Patient/Caregiver Message Board.

This online tool is accessible from the Foundation's website:
www.heartandstroke.bc.ca/patientprograms

The message board is intended to unite patients, survivors and caregivers throughout British Columbia, providing them with a means of exchanging tips as well as stories and personal patient or caregiver experiences. People are encouraged to sign up, free of charge, and share their experiences while learning valuable heart healthy advice.