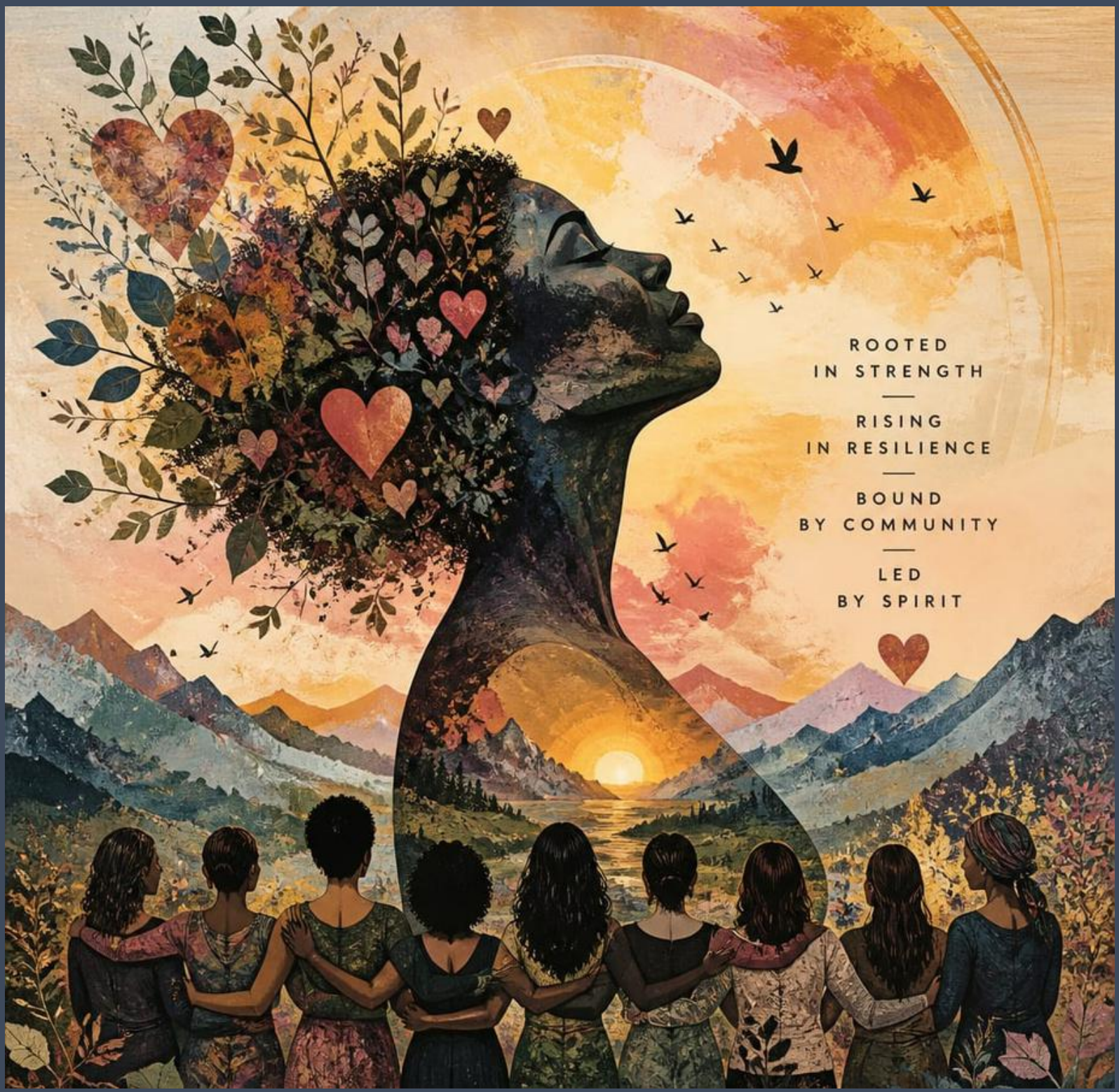
ISSUE 17 • 2026

Life IN HEARTS

The voice of Canadian women living well with Cardiovascular disease



Life In Hearts

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

J.R. comments:



EDITOR & FOUNDER
Jackie Ratz, MB
Heart Failure, 2017

Finding strength in the spaces between

As we turn toward the close of another year, I'm reminded that living with heart disease is about so much more than our hearts.

In this issue, we share stories of courage, frustration, healing, and hope. We explore what happens when medicine doesn't listen, the weight of chronic discomfort, and the often-overlooked needs of caregivers. We also find encouragement in reminders that peace can be found in life's quiet moments.

Our journeys may look different, but none of us should have to navigate them alone. May these pages remind you that your voice matters, your experiences deserve to be heard, and your life is worthy of care, compassion, and joy.

As the year draws to a close, may you find moments to breathe, reasons to hope, and people who truly understand. See you in 2027!

Live Bravely. Love Boldly. Every Day.

Cover Photo:



AI Generated, Nightshift software 2027

ROOTED IN STRENGTH, RISING IN RESILIENCE.

The rising sun within the silhouette of a woman symbolizes renewal — a reminder that healing and resilience begin from within. Her hair, blooming with hearts and leaves, becomes a living garden of connection, representing how women's stories and experiences intertwine to nurture one another. The group of women standing arm-in-arm below her embodies solidarity and shared courage, facing the horizon together. The warm golds and deep blues evoke both sunrise and dusk — the cycles of challenge and rebirth that define every heart journey. Altogether, the image conveys that women are rooted in strength, rising in resilience, bound by community, and led by spirit — a visual anthem of empowerment and collective healing.

HeartLife WOMEN

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Global Heart Hub Affiliate

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VINDRA JAIN • MB
Spontaneous Coronary Artery Dissection (SCAD), 2020

"This will be something you must walk with," Dr. Shuangbo Liu, my cardiologist, said when explaining my diagnosis. I will get better, but I will never be well, is what I've come to understand. This does not scare me; it just is. What has been hard is writing this article. What came out was a poem. There is always poetry.

S.C.A.D.

can't you see?
tattered and torn
Fluttering
but there is no wind
strands swell
with each beat
Lub dub lub dub lub dub
Pulsing
Growing inconsistent with each inhalation
Quietly against healthy chambers
Filling,
Blocking any knowledge of danger
Suddenly
Inexplicably
Pressure clenches
how long has it been there
this tearing?
is it sudden?
did something happen?
slowly?
while I wasn't looking? watching?
can't you see?
invisibly, silently creeping
beneath my skin
waiting for any sign of weakness.

"Sit down, Vin. I think you are having a heart attack."

That's just the beginning of my heart story. Some lessons I learned are in the words I use. For example, the word for my condition isn't "possible," but "probable." The word I use for my action is not "could" but "should".



"I Don't Have Time For This..."

On September 11, 2020, I suffered a Spontaneous Coronary Artery Dissection (S.C.A.D.). S.C.A.D. is not just a heart attack. The arteries at the back of my heart dissected. That is, the artery develops a tear. The tear fills with blood, puts pressure on the heart, and causes a heart attack. It happens suddenly. It happens to healthy women, between the ages of 22 and 70, with little to no plaque in their arteries. Women with SCAD typically do not have other risk factors related to heart disease. On paper, we should not have a heart attack, and yet… SCAD is rare and happens 90% of the time in women. Something very different about SCAD than a traditional heart attack is that survivors may continue to have symptoms and can suffer a recurrence.

What causes an S.C.A.D.? It's not just one thing. Several factors contribute to an S.C.A.D. event. Genetics plays a major role, as do hormonal fluctuations during pregnancy and menopause. Stress is also a contributing factor. What I've observed (with my layperson lens) in the six years since my diagnosis is that the women who have suffered from SCAD share a common trait in that we don't perceive stress; we are exhilarated. To put that in perspective, I finished teaching the class and took a phone meeting while I was actively having a heart attack. However, the body doesn't see positive or negative; it just feels stress.

I was only 50, in relatively good shape, a mother of four beautiful young men, and married to the love of my life. Yes, this was the time of COVID, but my family was well, and I was thrilled to be back at work with students. Frankly, I was too busy and too happy to be having a heart attack. I taught English Language Arts full time, ran extracurricular groups for creative writing and a poetry recitation competition, participated in professional development groups, gave teaching presentations, sat on two arts and culture boards, all while working on my master's in Education. I loved having many balls in the air and then artfully catching them. Nothing was more satisfying than completing a project. Everything was great, until it wasn't.



"All I could think at the time was, 'My heart is beautiful.'"



My symptoms were fatigue, chest pressure, pain in the left arm, sweating, and nausea. I dismissed them and planned to just wait it out. If my friend had not been in the classroom, the evening might have ended very differently. At the hospital, they tested my blood for troponin and ran an EKG. The nurses were surprised to see me there. Even I didn't believe I was having a heart attack. I chattered and cracked jokes the whole time. Luckily, my husband, Sanjay, was able to be with me. Some generous person let him in. I'm sure his presence kept me calm and feeling safe. No one stopped him from lying on the bed with me. – I mean, I was on a heart monitor; the nurses let him hold me.

Once they confirmed I had suffered a myocardial infarction and that it was a S.C.A.D., everything went into overdrive. Everyone moved so fast. The nurses were so kind as their hands moved deftly over my body, preparing me for surgery. I know I giggled as the orderly ran with me through the hallways to the Catheter Lab, where the team was prepped and waiting for me. It took all of this for me to really understand how serious this was. Dr. Love was the surgeon. How perfect, I thought.



He told me I would be awake and that they'd tell me what was happening. He explained they would use a catheter (a small, flexible tube for the least invasive procedure) in my wrist and use X-ray imaging to find the tear, repair it, and let it heal on its own. They checked every artery to make sure nothing was missed and looked for any other clots. I readily agreed. The nurses had the most beautiful eyes, and I found myself gazing at their expert eye makeup. I wondered if they did it on purpose, since they were wearing masks. Strange that I would focus on that of all things. I guess the drugs were working.

A voice told me I would feel something warm move through me, that the dye would let them see where the tear was. They assured me I was safe, but I had to stay still. They directed me to look at the screen. I could see my heart. They showed me where the tear was and explained that they would use a puff of air to blow it clear. When Dr. Love cleared the dissection, he made me watch. Blood seemed to splash out; the artery flap lifted and then sealed shut. I realize now what an important psychological impact that had: I'm fixed. All I could think at the time was, "My heart is beautiful."

Recurrance...

Although the artery heals itself, SCAD may recur. That is, an artery can tear at another location, but not at the healed dissection.



Rehab and conservative treatment with medication are the course for recovery. I fully intended to return to work in a week or two. That shifted to thinking I'd return after the winter break. On December 26, 2020, I suffered a recurrence. This time, my sons were witnesses. This time, Sanjay could not go with me. This time, COVID restrictions were stronger. This time, the young male doctor was a poor listener and dismissive. This time, I was angry and demanded my cardiologist. They decided not to do another catheter lab, since it was so soon after my last one. The doctor asked me what I wanted, and I said I just wanted to go home. This time, Sanjay was waiting for me outside, and I went straight into his arms. Take me home.

I didn't even make it past three months, and my chances of another recurrence just went up.

I have withdrawn from all my professional development groups. I am not working. My healthcare team agrees I should continue my master's studies. They are right. My master's helped with healing. What I was writing about changed completely. My master's became an arts-based diasporic feminist poetic inquiry into the power of writing poetry to discover "Self, Teaching, Writing, Healing, Becoming: Poetry as Praxis." Through my writing, I realized I was sorting through my feelings about what I was going through. As I reimagined scholarly writing as poetry, I saw poetry's power as a reflexive practice for healing and becoming toward Self.

I made it back to teaching in high school. I slowly increased my workload every semester. I made sure to include a physical activity routine in my day. I was already following a Mediterranean diet, since I'm a pescatarian. I don't smoke. I don't drink alcohol (too often). I've cut down on my caffeine. In the 2021-2022 school year, I carried a full teaching load. I love it. I achieved my goal of getting back to life as I thought it should be. I win!

January 2, 2022 – S.C.A.D. recurrence. Cath lab, two dissections repaired. Off work for the rest of the year.

Barely made it over the year.

That's three heart attacks in under three years.



September and Winter Break are tricky times of year for me.
Hmmm….
Do you see a pattern?

But I'm stubborn. It takes me another three years to acknowledge the pattern.

School year 2023-24. I teach only afternoons. Three classes over the two semesters. The two-class semester is too much. I hold one class per semester for the 2024-25 school year and do it again for the 2025-26 school year.

Although I still had days when I experienced symptoms, I paid attention to my body. I call these days 'SCAD' days. They happen monthly. There is a ceiling to my activity. I can go, and then I just can't. Sometimes there is pressure in my chest. Sometimes I just don't feel well. Sometimes I feel dread. Sometimes I come home so exhausted that I can only rest on the couch for the evening. It makes me sad, this lack of control. I like control. It took me three years of thinking about it before I finally agreed to walk away from work. The short answer is that I choose life. I choose my family over work. I realized I was gambling my life for work!

The truth is that I struggled more with leaving work than with my diagnosis. Looking back, I've realized that holding on to work was my way of coping with the volatile, unpredictable SCAD. Each SCAD I suffered came during a really great day, when everything was going well, and I was really happy. It got to the point that I tempered how much 'glee' I allowed myself. I was constantly running scans for symptoms, except when I was working. When I was teaching, I forgot about SCAD. So much of my identity was wrapped up in being a teacher. My thesis was about being a reflexive teacher; very little of my poetry was actually about SCAD. I told myself that the reason I didn't write about SCAD was that it frightened my children.

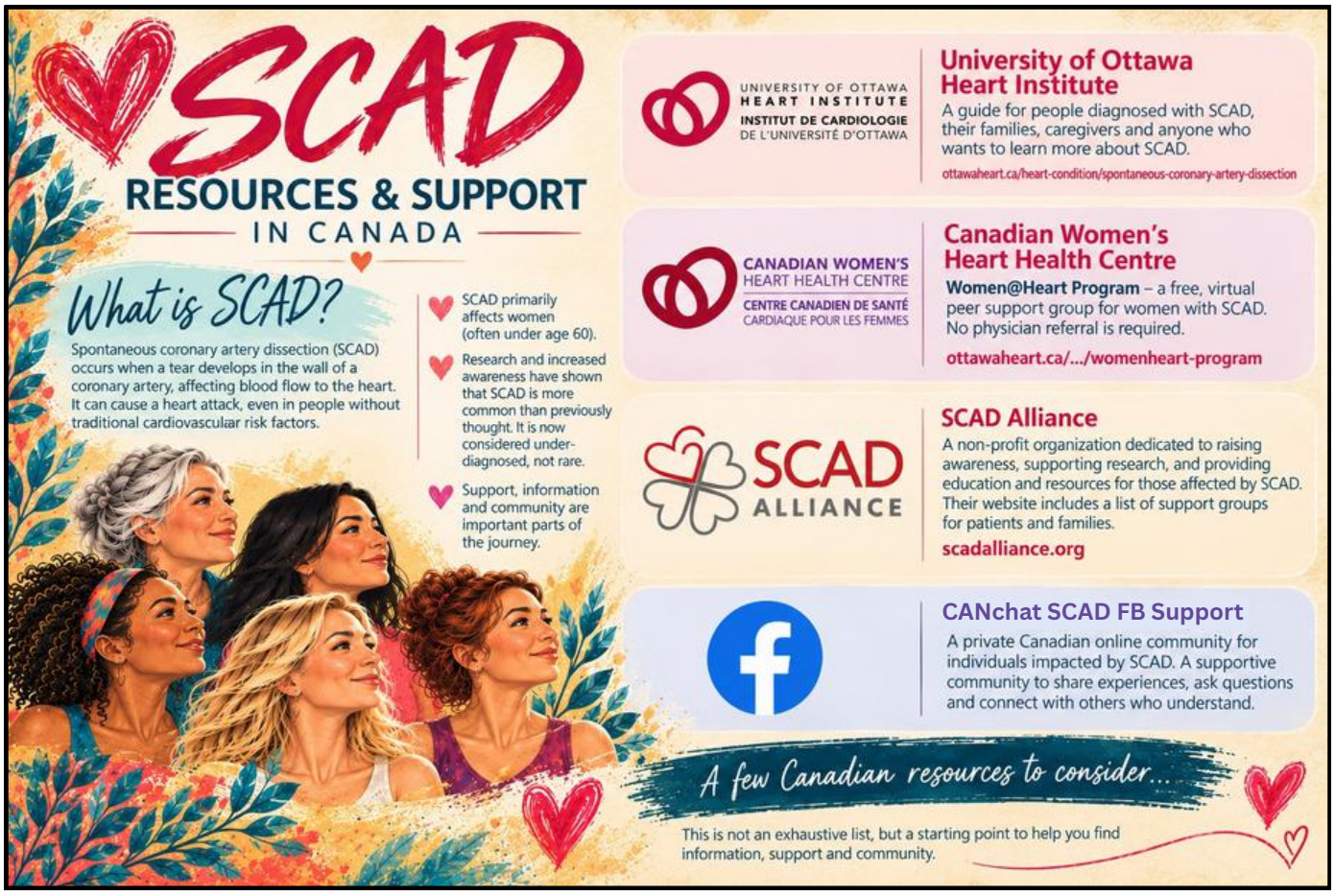
As I write those words, I am struck by the level of denial. Dear reader, I'm sure you sussed out my delusion a few paragraphs ago. This has taken years for me. Although I advocate for women's heart health research and am comfortable talking about my experience, I struggle to write about it. I didn't realize how much until I started writing this article. You are reading draft 7 of the article. No one draft is like the other. I'm not even sure this one is good. I've stopped and started it many times. I've had to walk away because I started experiencing symptoms. For all I know, this article could be a right mess full of shyte. My editor (J.R.) is beyond generous. The due date has passed, and I just have to hit 'send'.

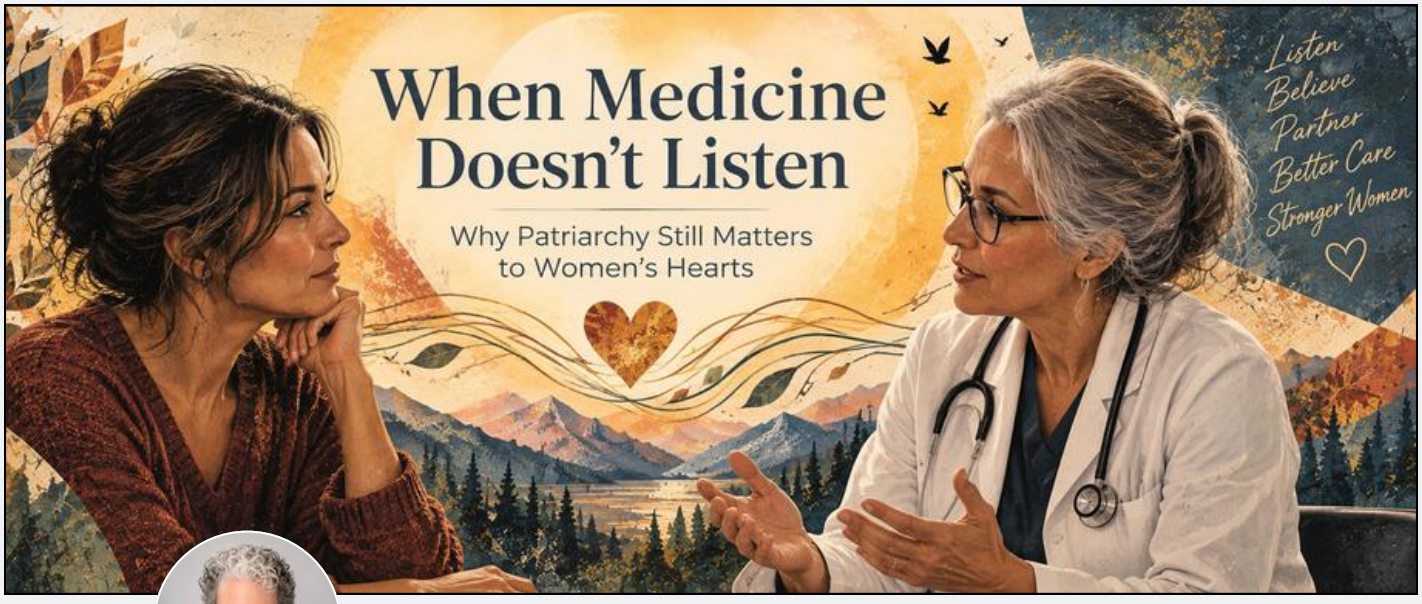


It has been four years since my last SCAD, myocardial infarction. The psychological impact lingers. There are layers to recovery. Part of the rehabilitation for SCAD is to meet with a psychologist. I only became truly honest with her in my second session after SCAD recurrence #2. Yeah, that's what it took. My body can walk for hours and take a 45-minute Zumba class, but not on the same day. I still cannot lift anything more than 35lbs; that's what I have four sons and a husband for. I'm not allowed to jump out of a plane – wasn't planning on it anyway. But I can hike slowly up a mountain, then attend a reggae concert later in the evening, and get even higher. I can drink wine. I can have a sister's weekend away to meditate and dance ecstatically. I can travel with my husband. I can see my children graduate and start their careers…fall in love.

This time away from work has made me look at what I CAN do. This is another chapter. Yes, it is not as I planned, but it is as it should be.









RISA MALLORY • ON • SCAD, 2018

There's something really comforting about thinking our doctor knows everything. When we're scared, not feeling well, or facing a big diagnosis, we want someone who's confident, knowledgeable, and in charge. We want to believe the person across from us has the answers. But there's a difference between ***expertise and knowing everything.***

Medicine has always been a bit hierarchical. The doctor is seen as the expert, and the patient is expected to explain what's wrong, listen carefully, and follow the plan. This model has worked well in many ways, but it can also create a power imbalance—one that has consequences when the patient is a woman with heart disease.

For many women, cardiac care isn't just about their hearts. It's also about whether they're believed. Women can experience cardiovascular disease differently than men. Symptoms might be less obvious, and many conditions can be missed or misunderstood. (Mulvagh, 2024)

"I know something my cardiologist can't know from a textbook, ECG, or imaging report: what it feels like to live inside my body."

But statistics don't capture what it feels like to be the woman sitting in the emergency room wondering if something is seriously wrong. It feels like you are questioning yourself. *Maybe it really is anxiety. Maybe I'm overreacting. Maybe I should wait and see.* And sometimes, when a woman has been told repeatedly that her symptoms are stress, anxiety, menopause, aging, or just "nothing to worry about," she starts to doubt her own body.

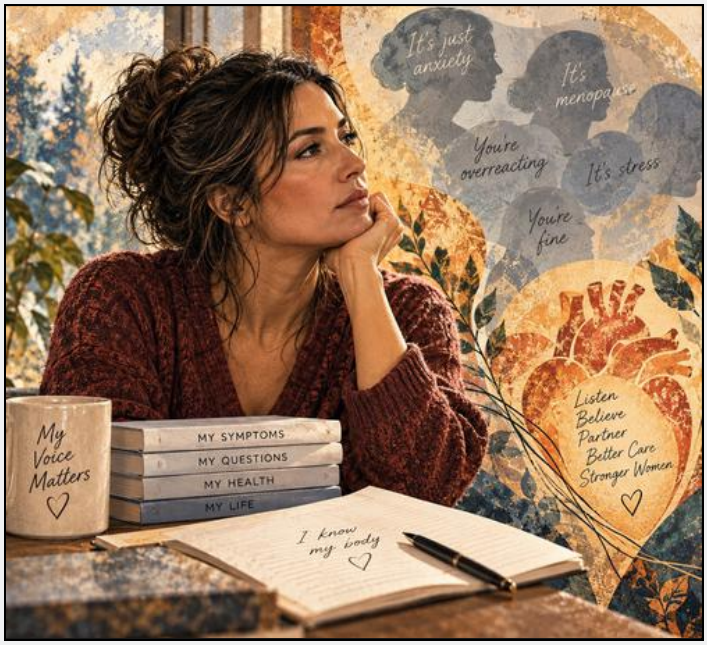
This is where we need to talk about **patriarchy in medicine**. I don't use the word to blame individual doctors. Most doctors go into medicine because they genuinely want to help people. And challenging patriarchy doesn't mean rejecting medical expertise. Quite the opposite.

It means questioning a system that has historically valued professional authority over lived experience—and asking if that balance still works for patients. It means recognizing that a doctor can be very knowledgeable and still not know everything about my body.

I know something my cardiologist can't know from a textbook, ECG, or imaging report: **what it feels like to live inside my body.** I know when something feels different. I know what my symptoms feel like on a regular day. I know what has changed. I know what scares me. And I know what I need to understand before I can make a decision about my care.

That knowledge isn't a replacement for medical expertise. It's **another form of expertise**. Thankfully, Canadian cardiovascular care is moving in this direction. Current Canadian guidance increasingly emphasizes shared decision-making and meaningful conversations between patients and care providers. (Pacheco,2024)

But changing guidelines isn't enough. We also need to change the culture. We need healthcare professionals who can say, *"I don't know yet. Let's figure this out together."* We need patients who feel safe asking, *"What else could this be?"* We need women to know that asking questions isn't being difficult. Seeking a second opinion isn't being disloyal. Describing symptoms in detail isn't wasting anyone's time.





And we need clinicians to understand that listening isn't something done after the medical work. **Listening is part of the medical work.** The future of women's heart health can't be built on the idea of the all-knowing doctor and the compliant patient. It needs partnership. It needs curiosity. It needs humility. And, perhaps most importantly, it needs us to recognize that women are not just recipients of cardiac care. **We are experts in our own lived experience—and our voices belong at the table where decisions about our hearts are made.**

Women don't need doctors to be omniscient. **We need them to listen.**



References:
Mulvagh et al. 2024 The Canadian women's heart health Alliance ATLAS on the epidemiology, diagnosis, and management of cardiovascular disease in women — Chapter 9: summary of current Status, challenges, opportunities, and recommendations Canadian Journal of Cardiology, Volume 6(2) p258-278

Pacheco, et al. 2024. Canadian cardiovascular society/canadian women's heart health alliance clinical practice update on myocardial infarction with no obstructive coronary artery disease (MINOCA), Canadian Journal of Cardiology, Volume 40(6), p953-968



ANNETTE POMPA •
USA • ANOCA, 2011

Dear Chronic Discomfort,

You are a long-term condition that causes recurring chest discomfort or pressure when the heart muscle does not get enough oxygen-rich blood. As an #ANOCA (#Angina with No Obstructive Coronary Arteries) patient, You are part of my living. You have made me reassess my expectations. I know I must be rooted in reality. There are some dreams I still look to, despite You. Yet, I do not hold to old expectations so much they end up disillusioning my views.

You are mostly a predictable discomfort. You often happen during or well after physical exertion, emotional stress or environmental cues. You may stop within a few minutes with rest or medication like my breakthrough angina tool- nitroglycerin. You may also stick around and linger in a profound way. If I had a particularly stressful time You can hit a full day after and be harder to dislodge. When you visit in that way? Well, let's just say I try hard to avoid Your longer very prominent stay.

As a patient, I have had to learn Your personal triggers (such as extreme hot or cold weather, above head/upper arm movement, or stress mental or physical) and adapt my daily routines to avoid or lessen your hold. I also employ breathing and mind calming techniques to help me cope. I have worked hard on my doctor-patient relationship so we have good communication about you and what my plan is should you change in intensity or need more than my own intervention. Sometimes I need professional help to insist you give me some respite.

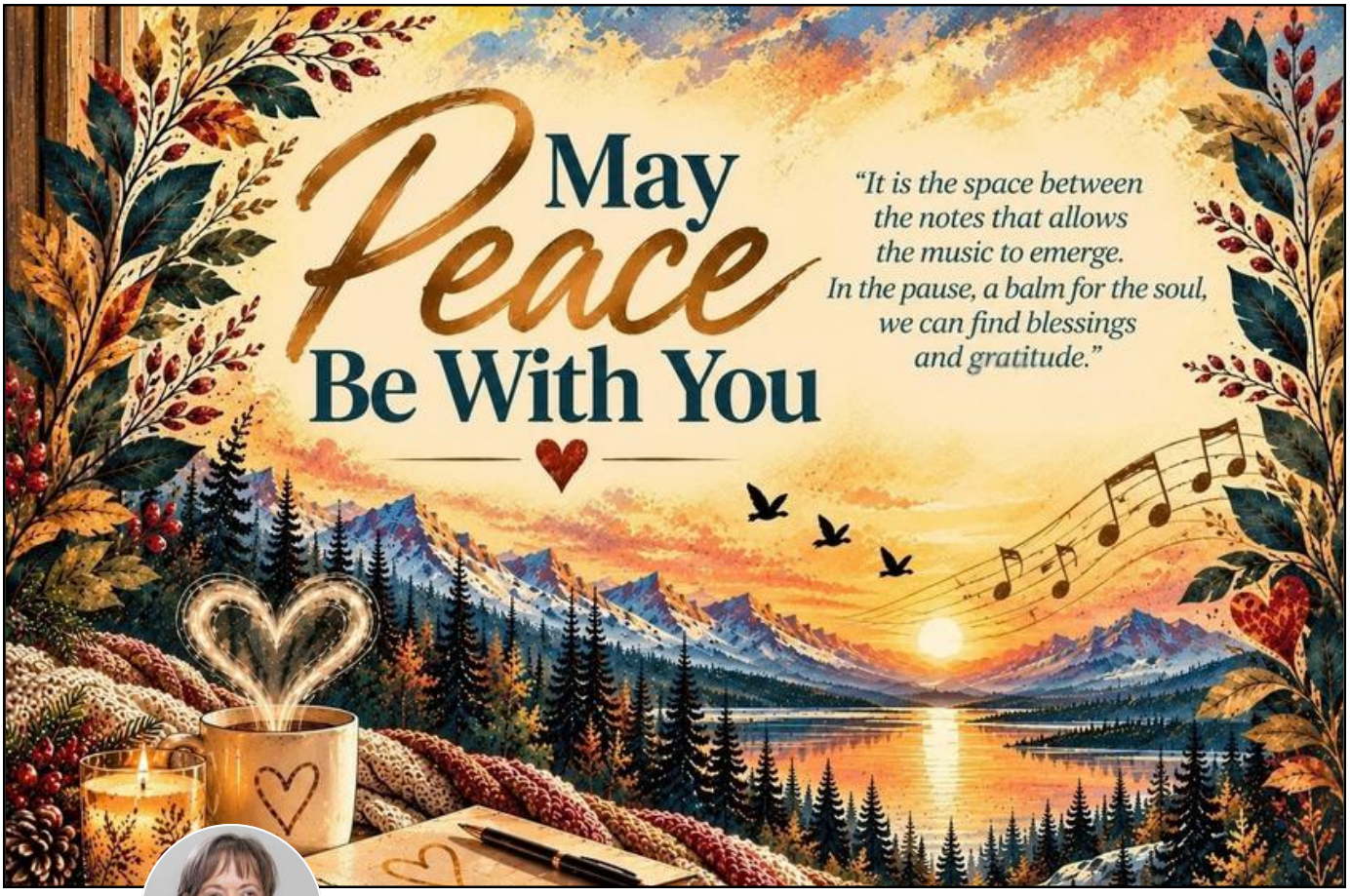
Your ongoing care requires taking prescribed heart medications and attending regular follow-up visits with my cardiologist every 6 to 12 months depending on your activity. I must keep connected to my care team! You are my main topic of discussion from my GP to my Cardiologist and even my Opthalmologist. You are never left out of the conversation in my health talks. Indeed you cue many other aspects to keeping my body as healthy as I can while experiencing You.

I won't lie! You have been the cause at times, of limiting my physical activity, social life, and ability to work or move freely. Coping with You can lead to anxiety, frustration, and a profound sense of "grieving the life I expected to have". Over time, I have developed a mental acceptance. My spirit does still fight your existence at times, but I keep working on it. I have learned to recognize my emotional, mental and physical limits. I rely on support group systems or my care team to tend my well-being and be as stable as possible so I can feel less altered by You in living my life.

Noting your Importance, but not Defined by You-
A Chronic Angina Patient



Annette is Co-Founder of International Heart Spasms Alliance. This is shared with permission from her regular posts on FB called Letters On Tuesday.





EDWINA NEARHOOD • BC • Heart Transplant, 2022

May Peace Be With You

Every person's heart journey is as unique as they are. It can be affected by emotions, socioeconomic factors, and one's place within the family structure, to name a few. Grief may or may not have entered your awareness.

Let's take some time to cultivate peace within during this holiday season. It is the space between the notes that allows the music to emerge. In the pause, a balm for the soul, we can find blessings and gratitude.

I am blessed with the gift of reflection as I look back on my journey. As my heart disease progressed, my energy level declined. Giving up was non-negotiable in my mind. To prove this to myself, I would do more, take on more, and have bigger and better parties and celebrations. Perhaps there was a tiny part of me that was facing mortality, and I was in a hurry to fit it all in. Instead, I created a lot of unnecessary anxiety and likely did not create the Hallmark moments I had imagined my family would remember.



What if we took some time ahead of the holiday season to take real stock of the current situation?

- How much energy do I have physically?
- How much energy do I have emotionally?
- What traditions bring me joy?
- What am I willing to put down?
- Can I ask for help?
- How do I make things simpler?

This is not an exhaustive list, but it is an inventory that helps us find space between the notes and invite in a small bit of peace. My children are grown and have families and lives away from my city. I love to spend Christmas in Jasper. It truly feels like coming home for the holidays to be among so many happy, festive families, with the added bonus of having no work to do. I may spend a weekend with my children, go to a Christmas show, and have a nice dinner.

When I begin feeling overwhelmed, I practice the pause. I do this by sitting in a comfortable position, with my eyes partially closed and my gaze directed at the floor a few feet in front of me. I inhale and focus on the long exhale. I focus on my breath, and if any thoughts come in, I gently label them “thinking” and allow them to float away like clouds. I am gentle with myself, and each time I notice my thoughts wandering, I return to my breathing. As this practice grows, I may become more disciplined in focusing on my breath with gentle kindness. I may begin to notice the areas in my breath, body, and thoughts where I am grasping or holding on too tightly. I do my best to loosen my grasp.



Taking time each day, or numerous times a day, can help soften the heart, the mind, and the thoughts, creating space to let the notes of peace come in. It has been my experience that, along with peace, sometimes a little joy also creeps in, and the corners of my eyes turn up in a smile.

Perhaps, if energy is very low and there is much more time for being than doing, the greatest gift may be writing a personal note of gratitude to those in our lives. Write one note a week. No pressure. Light a candle and put on some soft music. Practice the pause and see what light appears in your heart in a moment of loving kindness—light that was planted within you and that you are offering to share with others.

May you find peace within.

May you find joy in the small moments.

May you find space between the notes of life to hear the music.



H3: HER HEART HANGOUT

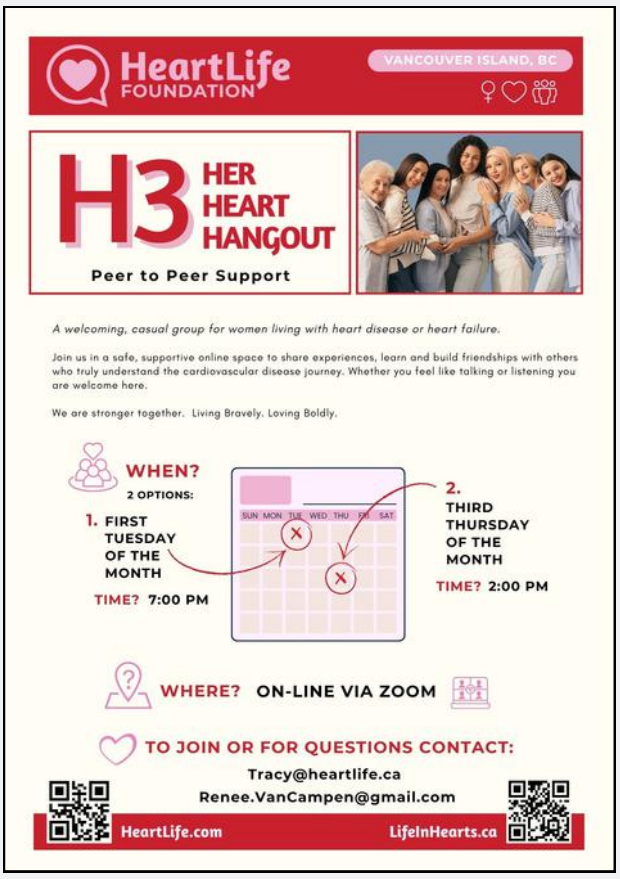
Vancouver Island

HeartLife is thrilled to support **H3: Her Heart Hangout** on Vancouver Island - An on-line opportunity for women. Welcome and thank you ***Tracy*** and ***Renee*** for being hosts!

H3 is an in person or on-line peer to peer casual monthly support meet-up where you can share, laugh and make connections with other women who understand what it is like to live with medical heart issues.

HeartLife is here to support all H3 chapters with resources and guidance. If you are interested to discuss starting one in your area, please reach out to Jackie@HeartLife.com

We are stronger together.
Live Bravely. Love Boldly.







A Note from your H3 Host Vanvouver Island Hosts

By Tracy Bawtinheimer and Renee Van Campen

It was through a peer support group that Renee and I met and forged a lasting friendship. Peer support has been an invaluable source of strength for each of us as we've navigated our heart health. So it was an easy decision during COVID to form an online group connecting women across Vancouver Island and the Gulf Islands. The islands have many rural communities; and one of the most rewarding things for us is when women tell us they no longer feel isolated. Even better when they discover someone else in their community and can expand their local support network.

September marked our 5th anniversary! In that time, we've grown to over 200 women on our distribution list. We receive referrals from our cardiac rehab nurses, the pacemaker clinic and the Island Health Heart to Heart education program. Our island women know we are there whenever they have questions, need an ear, or reassurance they are not alone.

We are so grateful to now be supporting women under the H3 banner! As Jackie says “We are stronger together”!

CALENDAR

At a glance upcoming Canadian and global awareness month, weeks and days national and global awareness relevant to women.



MONTH - JANUARY

- **Thyroid Awareness**
- **Cervical Health Awareness**
- **National Blood Donor**



MONTH - FEBRUARY

- **Heart Month**

WEEK **7 to 14 - Congenital Heart Disease Awareness**

DAY

1 - International Women's Heart Health Day

4 - World Cancer Day

13 - Wear Red Canada Day





JACKIE RATZ • MB • Heart Failure, 2017

There is a particular kind of exhaustion that comes from being the person everyone turns to.

You may be managing your own heart condition while helping an aging parent get to appointments, organizing medications, advocating for a child with intellectual or developmental disabilities, answering school calls, managing therapies, or simply making sure everyone else is okay.

And somewhere in the middle of all that, there is supposed to be self-care.

Take a bath. Go for a walk. Meditate. Get enough sleep.

It sounds almost laughable when your life is already a carefully balanced series of appointments, responsibilities, interruptions and things that simply cannot wait.

For women living with medical heart issues, caregiving can create a particularly complicated equation. We know we have to look after ourselves—but our hearts don't always get the message that someone else's needs are more urgent.

The Diagnosis Nobody Planned For

A heart diagnosis doesn't only change your medical chart. It can quietly change the architecture of your life.

Plans may need to be reconsidered. Energy becomes something to budget. Work, travel, exercise, relationships and even ordinary household tasks can require more thought. There may be medication side effects, brain fog, anxiety, appointments and the constant background awareness that your body isn't behaving the way you expected it to.

And then there is caregiving.

You may have spent years being the dependable one—the daughter who handles things, the mother who keeps everyone organized, the person who remembers every appointment and knows where the paperwork is.

Suddenly, your heart has entered the equation.

The difficult part is that caregiving doesn't necessarily stop because you have become a patient.

Sometimes, it becomes more complicated.

The Long-Term Wear Nobody Talks About

Caregiving is often discussed as a collection of tasks. But the real wear can be emotional.

It is the constant mental tracking.
Did Mom take her medication?
Does the school need that form?
When is Dad's next appointment?
Do I have enough energy to get through tomorrow?
What happens if something happens to me?

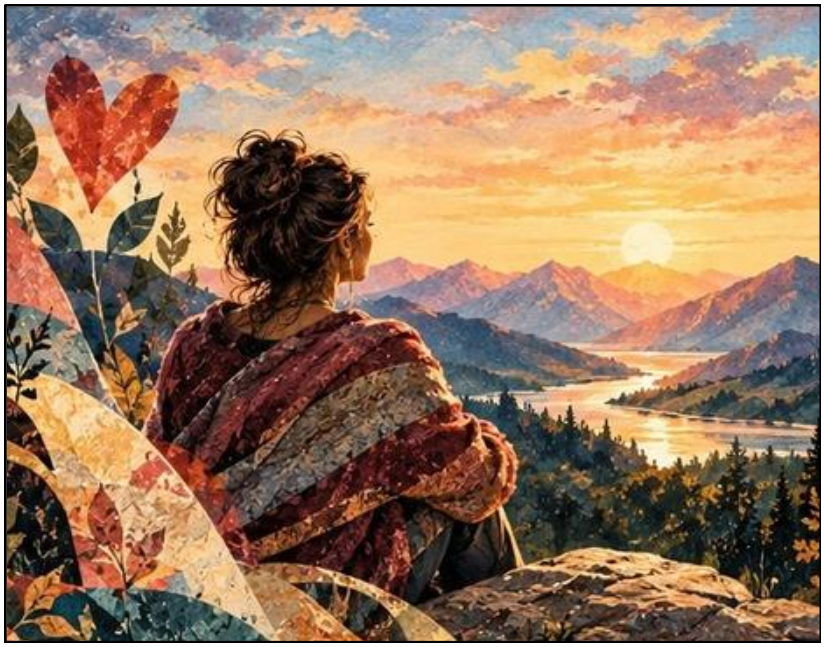
That invisible mental load can become exhausting even when nothing dramatic is happening.

And chronic illness adds another layer: there may be no obvious finish line.

You aren't recovering from a broken leg and waiting to return to your old routine. You may be learning how to live differently for years.

That requires ongoing adjustment—and adjustment itself takes energy.





And you may discover that you don't immediately know what to do with the time, energy or identity that caregiving occupied.

Grief can also expose just how depleted you were.

This is not a failure to "move on." It is part of readjusting to a life that has changed again.

So What Does Balance Actually Look Like?

Maybe it isn't balance at all.

Maybe it's **rebalancing**.

Your life will not stay evenly divided between caring for yourself and caring for others. Some weeks your heart needs more attention. Other weeks your child or parent will need you more.

Instead of searching for perfect balance, try building a life with **flexibility and margins**.

1. Create a "minimum care" plan for yourself.

On difficult weeks, forget the ideal routine. Decide what your non-negotiables are: taking your medications, eating something nourishing, getting adequate rest, attending essential appointments and having a way to reach your healthcare team when needed. Self-care doesn't have to be elaborate to count.

When The Person You Cared For Is Suddenly Gone

There is another transition that deserves more attention: what happens when caregiving ends because a parent dies.

People may assume that the loss of responsibility brings relief.

Sometimes it does.

But relief and grief can exist in the same room.

For years, your days may have revolved around another person's needs. Then suddenly there are no appointments to arrange, no phone calls to make, no medications to pick up, no one asking you to solve the next problem.

The silence can be disorienting.

2. Stop being the default person.
If everyone automatically calls you, start distributing the calls. Make a list of tasks and ask: Who else could do this? A sibling, friend, partner, extended family member, community organization or professional service may be able to take one piece of the load.

3. Build a "caregiving bench."
Don't wait until you're overwhelmed to figure out who can help. Identify two or three people who could step in if your health takes a turn. Give them practical information before there is a crisis.

4. Protect small pockets of identity.
You are more than a patient, daughter, mother or caregiver. Keep something that belongs only to you—a coffee with a friend, reading, gardening, music, creative work, a support group, or simply an hour where nobody needs anything from you.

5. Let your definition of productive change.
Some days, managing your health is the work. Rest is not wasted time. Saying no is not selfish. Asking for help is not evidence that you are failing.

6. After a major loss, don't rush to fill the space.
When caregiving ends, give yourself permission to discover who you are in this next chapter. You may need to grieve the person you lost, the role you held and the version of yourself that existed before your heart diagnosis. Those are different losses—and all of them deserve room.



You belong on the list, too

Perhaps the most modern way to think about self-care is to stop treating it as something you squeeze into the leftover spaces of your life.

Your health is not the reward you earn after everyone else is taken care of.

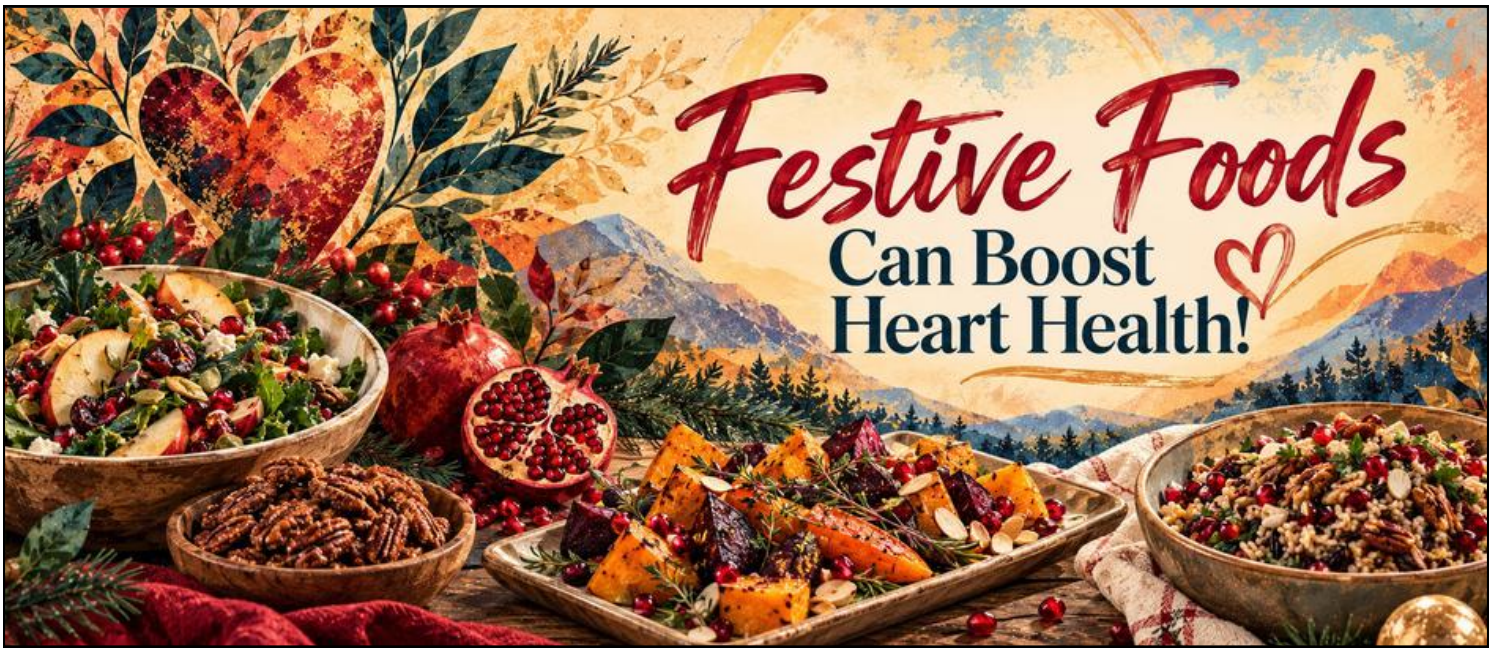
It is part of the care plan.

And sometimes caring for yourself may mean taking a nap. Sometimes it means cancelling something. Sometimes it means asking your sister to make the phone call, accepting respite support, telling your child that you need a quiet evening, or admitting that you simply cannot do one more thing today.

You can love your family fiercely and still have limits.

You can be a devoted caregiver and need care yourself.

And you can build a life where your heart isn't always the thing that gets what's left over.



Sweet Spot Nutrition
Heart health, for life.



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.

The holidays are coming, which means cookies, alcohol, greasy finger foods, and big meals, right? A disaster for heart health.

Or is it, necessarily? Could you have a mindset shift about the opportunity to enjoy the season and support or even enhance your cardiac nutrition? It can be done!

The foods we're after for heart health in general are vegetables and fruit, whole grains, nuts and seeds, fish. Can you work those into festive foods? Sure!

Note: click on the names of the recipes or the image to access the recipes. Recipes sourced from "Dinner with Julie," "The Gunny Sack" and "Cookie and Kate" websites.



Need a food gift?

You could try these delightful **Spiced Maple Pecans** or, if you'd like to avoid sugar, try this recipe for **Spiced Nuts**, which uses ground ginger and cinnamon for that holiday touch, alongside garlic, chili powder, and cumin.

Need an appetizer for an informal gathering?

How about this colourful **Pomegranate Salsa and Cinnamon Tortilla Chips** (make them with whole-wheat tortillas).





Need a beautiful salad for a formal dinner?

So many colourful options bursting with heart health supporting nutrients, like this **Favorite Green Salad with Apples, Cranberries and Pepitas.**

Need a side dish?

This is another great opportunity to use whole, intact grains like farro, wheat berries, or wild rice. Add colourful vegetables and fruit, as in the beautiful **Pomegranate Pecan Wild Rice Pilaf** which follows this article on page 26.



Need to elevate the vegetable for a holiday meal?

Rich, festive-looking colours really pop on the table. Think butternut squash, beets, carrots, sweet potatoes, or kale. To make it special, stop by a local farmers' market for golden or Chioggia (candy cane) beets, purple or red carrots, rainbow chard, or purple cauliflower.

Roast vegetables hot (425F) so the sugars caramelize, and drizzle with pomegranate molasses or balsamic glaze.

Garnish with thin slices of radish or pomegranate seeds for colour, toasted sliced almonds or pepitas for crunch. No boring vegetables!



Enjoy a balanced Approach.

If you love to make traditional holiday foods like shortbread cookies and creamy mashed potatoes, do it! And consider some of these colourful fruit, veggies, and other whole plant foods that can also make your holiday menu shine.

A balanced approach instead of the "all or nothing" mindset can help you feel more energized and ready to take on the new year!



Sweet Spot Nutrition
Heart health, for life.

Pomegranate Pecan Wild Rice Pilaf

By CHERYL STRACHAN, RD, Alberta

This tasty, pretty dish helps you slip whole grains and extra veggies and fruit into the meal.

The trick to lower-sodium cooking is to build flavour, one layer at a time, which is why we slowly saute the onion, garlic, and herbs in order. You should be able to prep and saute the other ingredients while the rice cooks, with a few minutes to tidy up.

Prep Time	Servings	Total Time
10 mins	6	45 mins

Ingredients

¾ cup wild rice blend

⅔ cup pecan pieces

2 tablespoons olive oil

1 medium yellow onion, diced

2 cups frozen diced butternut squash

2 cloves garlic, minced

1-½ teaspoon dried thyme, or fresh thyme, to taste

½ teaspoon rubbed sage or ¼ teaspoon ground sage (optional)

¾ cup pomegranate arils (about 1 medium fruit)

¼ tsp each salt and freshly ground black pepper (taste it and add more if needed)

2 tbsp chopped fresh parsley for colour (optional)

DIRECTIONS

1. Cook the wild rice. Follow the package directions and drain. Do this well enough in advance that it's ready first.

2. Toast the pecans. Preheat the oven to 350°F (175°C). When ready, toast the pecan pieces on a baking sheet for 4-6 minutes, until fragrant and slightly darker. Check them after 4 minutes, as they can burn quickly, and they're too expensive to waste! Transfer immediately to a plate to cool, as they'll keep cooking on the hot baking sheet.

3. Sauté the onion. Heat the olive oil over medium-low to medium heat. Add the diced onion with a small pinch of salt and cook, stirring occasionally, for 10-15 minutes. It should soften completely and develop a little golden colour around the edges. Don't stir constantly. Let it sit undisturbed for a minute or two between stirs so it can develop some golden colour. If the pan starts browning too quickly, lower the heat.

4. Add the squash while it's still frozen, and gently cook until tender, about 8–10 minutes.

5. Add the garlic and cook for a minute to mellow the flavour.

6. Bloom the herbs. Stir in the dried thyme and sage (if using) for about 30 seconds to develop the flavour.

7. Stir in the rice.

8. Just before serving, turn the heat off and fold in the toasted pecans and pomegranate arils. Garnish with parsley.

IDEAS

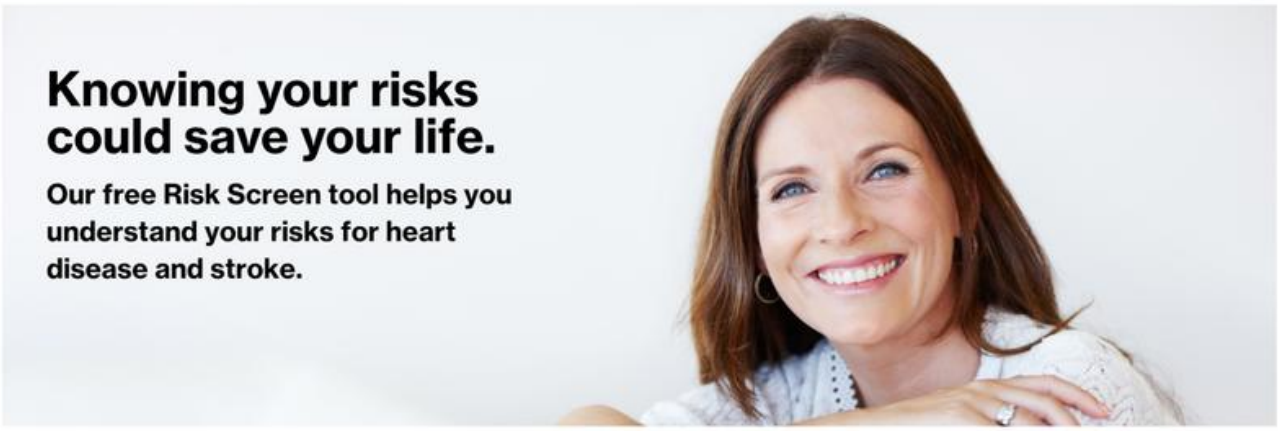
- You can substitute dried cranberries for the pomegranate. It'll increase the added sugar content so use sparingly. But beautiful and less costly.
- You can use wild rice or a blend, which will have a milder taste. Either works!
- Adjust the amounts for any of the ingredients to reflect your tastes! More squash, pecans, pomegranates, parsley… whatever you like.

(I always make extra toasted pecans because they're so delicious, everyone will be munching on them while they wait to be added to the dish.)

Nutrition: (Approximate)

Serving:	Calories:			
6	231	Fat: 12 g Saturated Fat: 1 g Cholesterol: 0 mg	Carbohydrates: 28 g Fibre: 4 g Protein: 4 g	Sodium: 101 mg Potassium: 310 mg Added Sugar: 0 g Vitamin K: 10 mcg

Risk Screen Tool



Heart disease and stroke are the #1 cause of premature death in women in Canada.

Knowing your risks is key to preventing heart disease and stroke, but 90% of women don't know their unique risks. Our new Risk Screen tool gives you a personalized risk profile and action plan so you can make the best choices for your heart and brain health.

Why use the Risk Screen tool?



Be aware

Understand your risks. It could save you or a loved one.



Take action

Take the right steps. Your personalized Risk Screen report will outline your risks and how to reduce or manage them.



Get support

Access ongoing evidence-based support and resources you need to stay on track.

Scan to start your Risk Screen journey.

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Stronger Together:

Why Group Fitness and Personal Training are Game-Changers for Women with Heart Failure





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

Happy November!

I hope life is treating you well, that you are being kind to yourself, and continuing to take awesome care of Beautiful YOU! 😀

As we approach the final two months of 2026, it's a great time to reflect on your accomplishments this year, review your fitness progress, and look ahead to future goals. To make fitness goals sustainable and achievable, you need a specific, solid plan that encourages consistent, long-term habits, rather than a short-lived resolution.

Below are strategies for achieving success in your heart failure exercise journey. I discuss both options (attending group fitness classes or working with a personal trainer) as I've been certified in both for over 31 years.

Let's get on your way!

Living with heart failure requires careful management, but a diagnosis doesn't mean it's time to sit down. Medical guidelines strongly support regular physical activity to improve heart efficiency, boost energy, reduce hospitalizations, build strength and dramatically enhance your quality of life.

While exercising alone can sometimes feel daunting, moving your workouts into a social setting (like group fitness classes or one-on-one personal training) can completely transform your health journey.

Here is why exercising with a community or a personal trainer offers the best results, the most Fun (absolute key to success), and the safest environment for women managing heart failure.

1) Safety First: Professional Supervision and Customized Workouts:

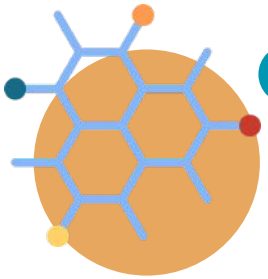


Heart failure changes how your body responds to exertion. Working out alone carries the risk of accidentally pushing into an unsafe anaerobic (without oxygen) threshold or performing unsafe exercises.

• **Expert Modification:** Group fitness instructors and personal trainers can design a purposeful workout that balances gentle endurance, mobility, and functional movement.

• **What to Do vs. What to Avoid:** Professionals know exactly how to guide you through safe, moderate-intensity aerobic activities (like brisk walking or level cycling) and light resistance work. They will ensure you avoid dangerous habits, such as breath-holding, full-body planks, or heavy lifting, which place excessive strain on a failing heart. (Due to the different stages of HF, these exercise options should be discussed with your cardiologist - eg, When I was first dx with cardiac sarcoidosis, I was put on extremely strictly restrictions due to the severe inflammation on my heart - none of the above-mentioned planks, weight lifting, etc were allowed - only walking! Now I have been given the clear to do all exercises I want, remaining cautious and doing them 'as I feel'.)

• **Real-Time Monitoring:** Having an expert eye on you means you can confidently exercise within your target zone (either HR-Heart Rate and/or, RPE-Rate of Perceived Exertion) while someone monitors you for warning signs like dizziness or unusual shortness of breath.



2) Better Results Through Structured Consistency:

When you exercise by yourself, it is easy to repeat the same comfortable routine or fall into irregular, ineffective workout patterns. Group and personal training provide structured progression that translates to real physical improvements.

• Recent medical research highlights that combined training (blending aerobic exercise (cardio) with light strength building) delivers the absolute best fitness outcomes for heart failure patients.

• Strength training is like a "secret weapon" for women's heart health, lowering the risk of acute cardiovascular events and building lean muscle to optimize how your body uses oxygen.

• A trainer or structured class ensures you get a safe mix of both cardio and resistance work, leading to improved heart pumping efficiency and stronger muscles to support daily activities.



3) The Power of Community and Shared Energy:

Let's be honest: working out alone in your living room can quickly feel like a chore. Group fitness classes inject joy and camaraderie into your routine!

• **The Group Energy 'Spark':** Exercising alongside others creates a positive, Fun, infectious training atmosphere. The combined energy helps you stay focused and work a little harder without feeling isolated or overwhelmed. I witness this 'Spark' during every single one of my group fitness classes and it's beautiful to witness and be a part of creating for them.

• **Emotional Support:** Heart failure can occasionally bring feelings of isolation. Seeing familiar, smiling faces in a class builds an invaluable sense of camaraderie. Celebrating milestones together turns exercise into a highly anticipated social event rather than a medical obligation. And of course, the laughter, silliness and comments that come from everyone supporting each other, sparks up the room very quickly as well!

• **Long-Term Consistency:** You are far more likely to stick to a fitness routine when people are expecting you. This accountability drives the long-term consistency required to truly change your cardiovascular health.



Gentle Guidelines for Getting Started:

Before you sign up for a local class or hire a trainer, keep these vital safety steps in mind:

1. Get Cardiologist Approval: Always consult your heart care team before starting any new fitness program. Ask them for your target HR (heart rate) limits and specific boundaries.

2. Listen to Your Body: Exercise shouldn't leave you gasping for air. If you cannot comfortably
carry on a conversation while moving, the intensity is too high.

3. Know When to Stop: Immediately pause your workout and seek medical help if you experience chest discomfort, palpitations, severe dizziness, or a sudden, dramatic spike in shortness of breath.

By surrounding yourself with professional guidance and a supportive community, you can safely reclaim your strength, protect your heart, and have a wonderful time doing it!

I'm so proud of you!
Keep smiling beautiful YOU!! 😀



Congratulations on showing up for you and 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



Be Your Own Heart Advocate

One Heart Warrior Queen's journey from "acid reflux" to finding her voice



KATHY BAXTER • BC
Microvascular, Congestive Heart Failure, 2018

I am a mother, wife, and now a grannie to the light of my life, my six-year-old grandson.

Like many women, I was unaware of my heart risks and the subtle symptoms that matter for women. It's not something we learn about in school, from our doctors, or even from our parents.

April 23, 2018, changed my life completely.

I had a major heart attack—a "Widow Maker" (STEMI) —which most do not survive. I later learned that my paternal grandmother and maternal grandfather had both died from heart attacks. I didn't find that out until two years after mine.

That morning, I had breakfast and developed heartburn. I frequently suffered from heartburn, so I didn't think much of it. My husband, James, and I spent the day gardening. I didn't feel well, the heartburn kept getting worse, and I became increasingly dizzy. I assumed breakfast hadn't agreed with me and that the hot day was getting to me.

I honestly don't remember much after about noon. That evening, I had a terrible stomach ache and upper-back pain. Around 11 p.m., I got up to go to the bathroom and passed out.

James called 911. They instructed him to crush four baby aspirin and get me to swallow them—which apparently wasn't easy! 😬

When the firefighters arrived about seven minutes later, my heart had stopped and James was doing CPR.

By the time I reached Royal Columbian Hospital, my heart had stopped three more times. The hospital called James and told him, *"If Kathy has any other family, you need to get them here now."*

I underwent angioplasty and had three stents implanted for two 100% blockages and one 90% blockage, along with several other blockages.

I woke up two days later with tubes EVERYWHERE and feeling like a truck had run me over five or six times. One of the first things I remember saying to James was, *"Can you make sure work knows I won't be in for a couple of days?"*

Apparently, I still had my priorities!

I spent two weeks in ICU. I don't remember anything from noon on April 23 until April 27, even though I was semi-alert and carrying on conversations.

Today, I live with microvascular dysfunction, small vessel angina, and congestive heart failure. They are managed with medication, oxygen, and **REST.** My grandson has only ever known me with portable oxygen when we go out.

I quickly learned that we have to take care of ourselves first. That was a foreign concept to me, but it has become part of my life now.

My mantra is:
"Don't sweat the small stuff."

I plan on living another 30 years, so I'm actively involved in women's heart research. I've participated in drug testing through my cardiologist and have been involved in other research projects.

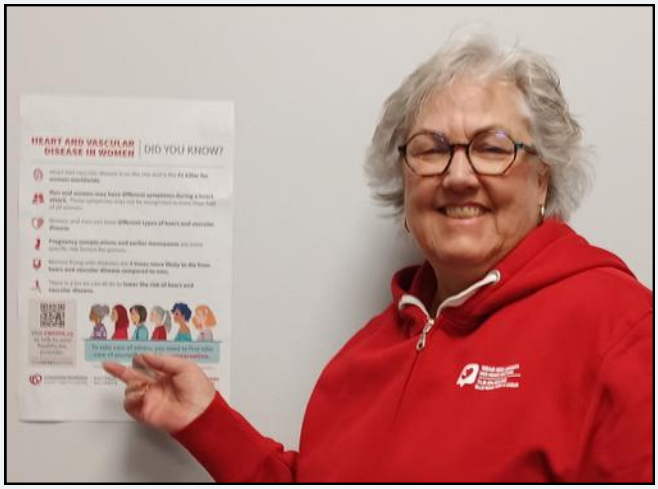
Hindsight is 20/20

I should have been more aggressive with my GP. I had seen him several times for what I thought was "bad acid reflux." A couple of years before my heart attack, I went to the hospital twice with severe chest pain and was told it was anxiety.

The week before my heart attack, I nodded off while driving home from work. I thought I was simply exhausted. I was working 50 hours a week and under a lot of stress.

Of course, I was taking care of everyone else—and not myself.

Six years later, I started volunteering at my local senior centre. That has now turned into a part-time job. I work with 15 women and decided it was time to start spreading the word about women's heart health.



I recently gave a presentation on **Women and Cardiovascular Disease: Through the Eyes of a Person with Lived Experience**, and I've been asked to speak to our volunteers as well.

I speak out because too many women are dismissed, just as I was. We are often told we're anxious, stressed, tired, or that our symptoms "aren't heart related."

I'm passionate about women knowing the symptoms, trusting their instincts, and understanding that **their hearts matter.**

A few years ago, I joined HeartLife Women, and it has been a godsend. The support and understanding from my fellow Heart Warrior Queens is priceless.

I survived a heart attack that could have taken my life. Now I want to use my experience to help other women recognize the signs and speak up.

Be your own advocate.

Remember: #HerHeartMatters.

We are stronger together. ❤️

Please share events, recognitions or other. We want to celebrate you! Selected shares received a $50.00 GC.
Email Jackie@HeartLife.com

6TH CANADIAN WOMEN'S **HEART HEALTH** SUMMIT

APRIL 16-17, 2027 • WINNIPEG, MANITOBA • THE HEART OF CANADA



The Canadian Women's Heart Health Summit (CWHHS) is a national event dedicated exclusively to advancing women's cardiovascular health.

Since its launch in 2016, the Summit has become the national reference point for health professionals, researchers, policymakers, and people with lived experience seeking evidence, innovation, and collaboration to improve outcomes for women across Canada.

Building on the success of five previous Summits, the 2027 Canadian Women's Heart Health Summit will bring together national and international experts to accelerate progress in research, awareness, policy development, and clinical care.



Social Media Opportunities



Networking



Patient knowledge on stage



Genuine Collaberations



And laughs ... all while learning at the CWHHS summit.

#CWHHS2027

MORE INFO

Creative Corner

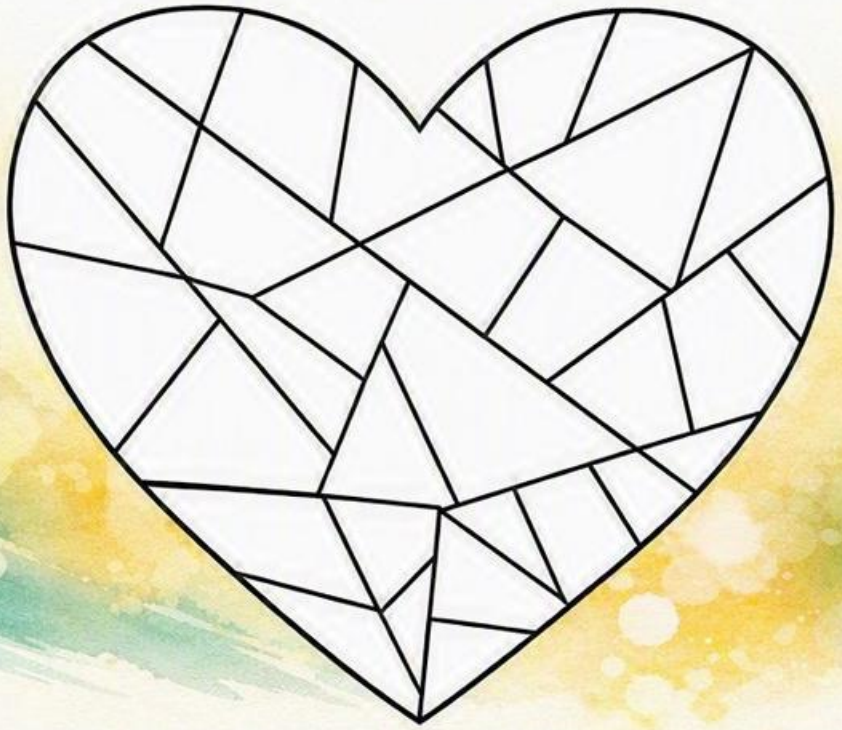
Heart & Mind Mosaic

A page for reflection and creativity

Color Your Heart Mosaic

Fill in the heart with colors that reflect how you're feeling today.

Calm Hopeful Tired Grateful



Take a Mindful Moment

Close your eyes, take a deep breath, and set an intention for this time.

Reflect & Write

What color does your heart need more of this week?

"Creativity is the language of healing."

- Unknown

LIFE IN HEARTS

Living Bravely. Loving Boldly.

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