ISSUE 16 • 2026

Life IN HEARTS

The voice of Canadian women living well with Cardiovacular disease

Life In Hearts

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

EDITOR &
FOUNDER
Jackie Ratz, MB
Heart Failure, 2017

J.R. comments:

As I prepare for what promises to be a busy fall season, I'm reminded how challenging priority setting can be. I've committed to a few projects outside my usual wheelhouse, and as the deadlines approach, I find myself grumbling to my husband about the workload. He gently reminds me that I'm a volunteer — no one is forcing me to take these on.

Sigh. He's right, of course. But truth be told, every time I step beyond my comfort zone, I grow stronger and more connected to our incredible heart-warrior community. Each opportunity — whether comfortably familiar or wildly new — deepens my gratitude for the people and purpose that continue to shape this journey. I hope you step out of your wheelhouse this fall too!

And, as always, please remember to Live Bravely. Love Boldly. Every day.

Cover Photo:

AI Generated, Nightshift software 2027

The Faces of Her Heart

Strength. Identity. Connection. Hope.

A woman is never just one thing. We are caregivers, dreamers, advocates, partners, mothers, daughters and friends—strong and vulnerable, sometimes all at once.

Cardiovascular disease may change parts of our lives, but it does not define the whole of who we are. This image celebrates our complexity: the courage to speak up, the strength to support one another, the freedom to keep becoming, and the love at the centre of it all.

Every woman. Every journey. Every heart has a story worth hearing.

HeartLife WOMEN

HeartLife FOUNDATION

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CANADIAN WOMEN'S HEART HEALTH CENTRE | NATIONAL ALLIANCE

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September / October 2026

It's about Life IN HEARTS

By
KYLA BRETNEY • Ontario • Heart Failure – undetermined

I used to believe I knew exactly who I was.

I was a busy mom, wife, and student - sometimes enjoying, sometimes just surviving the chaos of life raising kids and teenagers. I ran my own home business and had returned to school to pursue a new career, graduated with great success, and was preparing to begin the dream job I had worked incredibly hard for. Life wasn't perfect, but everything was going as planned.

Then one cold weekday morning, everything changed.

I woke up unable to breathe, my heart racing so violently I could barely walk across the room.

I didn't know it then, but that morning wouldn't change just my health. It would unravel my entire identity.

"... if I had taken that nap, I probably wouldn't have ever woken up."

I remember walking across my room, leaning my head against the wall and thinking "Wow, this recovery is harder than I expected it would be" and that maybe if I just tried to sleep for a little while, I would feel a little better. A close friend suggested that maybe I should call my Doctor first, and so I did - and was advised to head to my local hospital.cI will be forever grateful for that moment, because if I had taken that nap, I probably wouldn't have ever woken up.

Arriving at the hospital, and having my vitals taken in triage, everything began to move so fast. What a surreal feeling it was as there was a frenzy of activity around me, and I began to realize that something was seriously wrong. That's when the fear really settled in. My heart rate was over 140, my ECG was abnormal, my blood pressure was high. A chest CT scan confirmed what Doctors were suspecting. I had a pulmonary embolism - a blood clot had travelled to my lung.

What should have been an uncomplicated recovery from a routine procedure became a series of life-threatening events that would lead to more than a decade of complex cardiac complications.

This was not the plan.

With my husband by my side, and still not fully recovered from the routine hysterectomy that started everything, I began treatment to try to get my blood thin enough to be considered in the safe zone to prevent further clotting. Here I was, navigating a new diagnosis, returning to the ER every 24 hours to do blood tests to check my levels, receive the blood thinners, do ultrasounds to monitor post op bleeding. Exhausted and scared, I did this for 10 days as they tried to get to that safe zone.

They decided that maybe I needed a little bump up of the blood thinner dose. This was my first experience in speaking up and questioning a medical decision - shouldn't we be concerned about the existing post op bleeding, won't that be risky to increase the blood thinners?? The response was "I can save you easier from a hemorrhage, than I can from a blood clot." So against my gut feeling, I agreed because the Doctors are always right, right? Wrong.

That night I woke up at 1am, at home, hemorrhaging. Another rush to the emergency room, another frenzy of activity, another surgery. I will never forget the terror I felt, being wheeled up through dark hallways in the middle of the night, with anesthesia trying to keep up alongside, taking my history on the way to that emergency surgery.

Once again, this was not the plan.

Instead of being on the road to recovery, I struggled with new and scary cardiac symptoms throughout the months and years that followed.

There were countless hospital admissions, 16 surgeries and procedures, life-threatening complications, research studies, new medications, and incredible physicians here in Canada and internationally.

I had to leave my dream job. This wasn't just the loss of a job, it was the loss of a future that I had been working so hard towards. Overnight, every answer I had to the question "what do you do?" disappeared. Who was I if I didn't have this career? Who was I if I couldn't contribute to the world in the way I had planned? Who was I if everyone's lives continued to move forward while mine stood still?

I poured everything I had into getting better. I was determined to be the perfect patient. I researched everything, asked every question, followed every recommendation. I was going to get my life back.

Yet still, there was no fix.

As the years went on, symptoms continued to shape every part of our lives. Cancelled plans and emergency room visits became our normal. The outpouring of support we received in the beginning slowly became quieter. Friendships moved on. Invitations became less frequent. People often saw a smile on a good day and assumed everything must be getting better.

But chronic illness doesn't always look the way people expect.

I was physically and emotionally exhausted. Grieving the life I thought I would have. My husband was exhausted too, quietly carrying so much as my caregiver while we faced more uncertainty than we ever imagined.

Again and again, it felt like we were right back at the beginning. No answers, no fix, no clear plan.

My illness took up so much space in our world. Appointments replaced coffee dates, recovery replaced possibility, survival replaced dreaming. My identity was so immensely consumed by chronic illness that beyond being a mother, I had no idea who I was anymore. I became the patient. The woman with the heart condition. Eventually, even I forgot there was more to me than just that.

For years I lived as if my life were simply on pause. Every appointment, surgery, specialist was just the next step to get my life back. I searched for the fix, believing that if I just tried a little harder, researched a little more, or stayed positive enough, everything would fall back into place and go according to my plan.

Somewhere along the way, I realized that this version of my life may never return and I may never return to the life that I imagined stood frozen in time, waiting for me. This realization shattered the future I had been clinging to, and revealed cracks in the foundation of my life that I never even knew existed. But as devastating as this was, it was incredibly freeing as well. This is where my identity began to shift.

And what surprised me even deeper than my identity, I struggled with the shame that came from needing my husband so much, no longer being able to financially contribute to our household, feeling like a burden to everyone and not being able to show up completely as the mom I so deeply wanted to be, grieving all the missed milestones along the way.

What was the purpose of all this? How could it be that I was in my early 40s and all I had to look forward to was being sick for the rest of my life.

This was not the plan!!!

My diagnosis never fit neatly into one category, but over the years I noticed one thing that united me with so many other patients; the quiet struggle to rediscover who we are when illness changes the life we thought we'd have.

I learned that I could stop chasing the life I had lost and begin building a new one.

One that wouldn't always go according to plan, but could still be meaningful. A life with joy alongside grief. Gratitude alongside uncertainty. A stronger marriage than I ever imagined. Friendships that became fewer, but deeper. A support system that truly showed up—not only in the crisis, but in the everyday moments that followed.

Life was still messy. Still complicated. But it was also so full of purpose.

It was no longer about fixing everything that was wrong.

It became about learning how to care for myself, adapt, and build a meaningful life in the middle of uncertainty. It became about learning that my identity was so much more than my illness, and my worth never depended on productivity itself.

I couldn't change what happened to me. But I could choose what I did with it. That journey led me back to school once again. This time to study health and wellness coaching, evidence-based nutrition, and continue learning through certifications, advocacy, and my lived experience. I wanted my experience to become something more than my story, and I wanted the opportunity to help others going through their own difficult chapters in life.

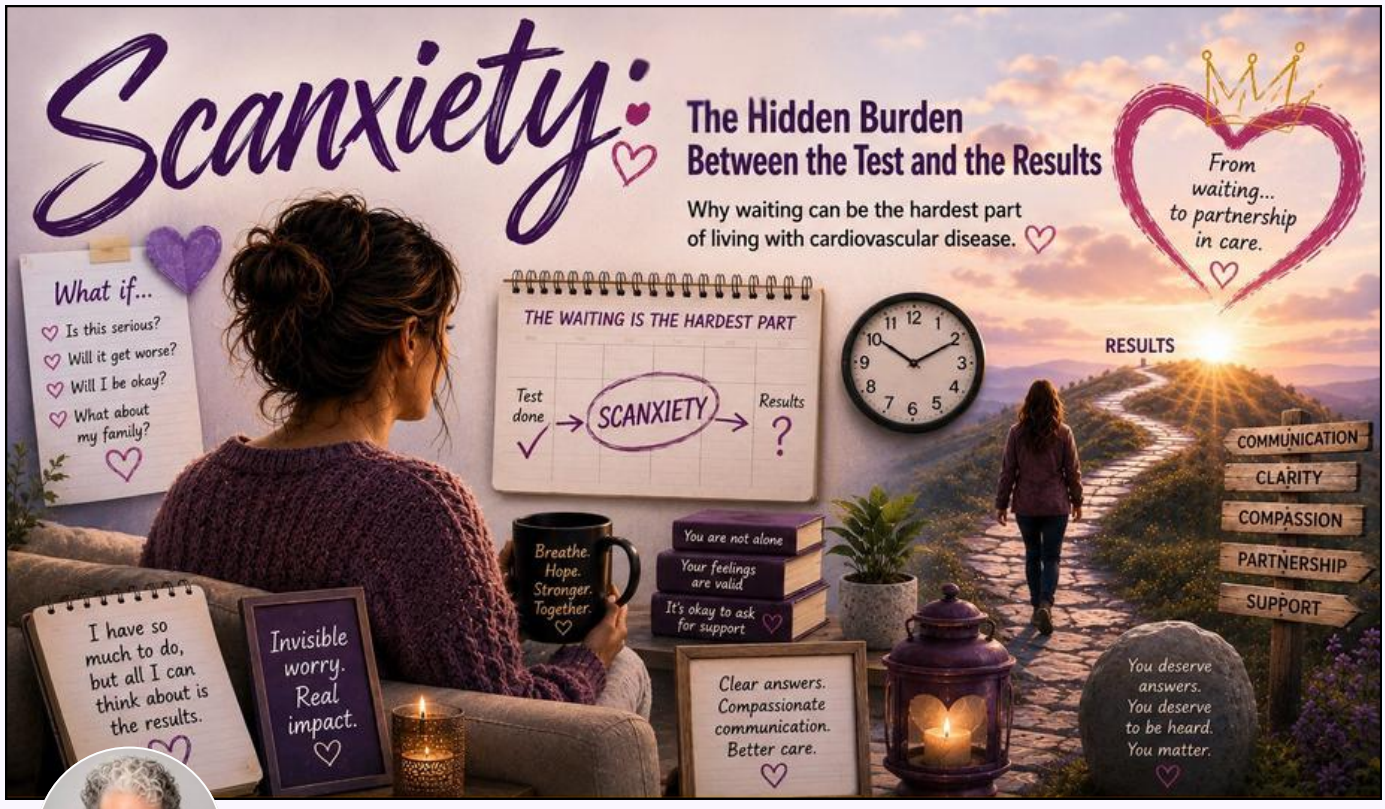
I began building Well Loved Life Health & Wellness - not because I had all the answers but because I knew what it was like to lose yourself and slowly find your way back again. It's a place to share sustainable wellness for real life—for the seasons that don't go according to plan, for the people rebuilding after life changes, and for anyone learning that wellness doesn't have to be perfect to be meaningful.

Today I still live with uncertainty. I still face medical appointments, setbacks and questions with no easy answers. But I no longer measure life by what illness has taken from me. I measure it by what I have been able to build anyway, and who I have become despite it.

The life I have today isn't the one I planned, but it's one I have learned to love.

Editors Note: I am excited to share thay Kyla will be joining us at Life In Hearts as a regular contributor. Her life experiences plus her own passion to help others by sharing knowledge and coaching makes her a perfect fit for Life In Hearts.
WELCOME KYLA!!!

Follow Kyla on Instagram: @wellllovedlifewellness



By
RISA MALLORY • Ontario • Spontaneous Coronary Artery Dissection (SCAD), 2018

For many women living with heart disease, the most stressful part of a test isn't the test itself—it's the waiting afterward.

Whether it's an echocardiogram, a CT angiogram, a stress test, or even routine blood work, the days or weeks before hearing back can feel endless. That uncertain stretch between "done" and "diagnosed" has a name: scanxiety.

For women, this anxiety is often compounded by years of feeling that heart disease in women isn't always recognized or taken as seriously as it should be.

Living in Limbo

Waiting for results feels like living in a suspended moment. Life moves along, but mentally you're stuck in "what if" mode. Every small sensation —a flutter, a short breath—becomes a question mark. Should I be worried? Is this serious? Do I call someone or wait?

It's exhausting. Sleep suffers. It's hard to focus. Even if we try to hide it, our families notice. And because the worry is invisible, others might assume we're fine now that the test is over, not realizing this is often when the emotional strain really begins.

Why Women Feel It Differently

Many women with cardiovascular disease carry more than just medical concerns into every test. Delays in diagnosis, misattributed symptoms, or experiences with conditions like SCAD, MINOCA, Takotsubo, and microvascular angina leave a lasting impact.

These histories mean waiting for results isn't just about the present—it reopens the uncertainty of the past.

On top of that, women are often juggling caregiving for children, partners, parents, or grandchildren while managing their own health. Even while waiting for results, it's easy to push our own needs to the bottom of the list.

The Weight of Uncertainty

Scanxiety isn't just worry—it takes a real toll. Stress hormones rise. Sleep and energy dip. Quality of life diminishes. And for those of us with heart disease, ongoing stress can even worsen symptoms or slow recovery.

Some of us check the patient portal a dozen times a day or replay every word from the doctor, searching for reassurance. Others put life on pause until the results come in. The uncertainty itself becomes part of the illness.

Communication Is Care

Hospitals often measure success by how quickly tests are performed. Patients measure success by how quickly we get answers.

Even if delays are inevitable, communication can ease the emotional burden. After every test, patients need to know:

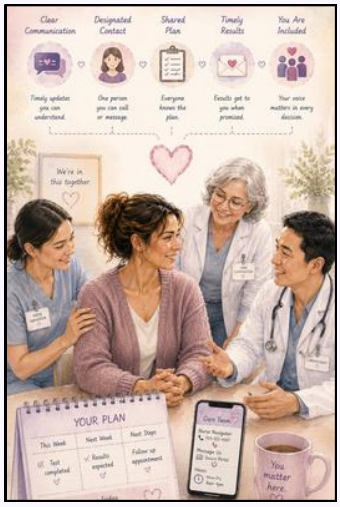
- When to expect results.
- Who will call.
- How results will be shared.
- What happens if more testing is needed.
- Who to contact if something feels wrong while waiting.

Feeling forgotten is often worse than waiting itself.

A Patient Safety Issue

Scanxiety isn't just emotional—it has safety implications. When communication fails, patients might miss follow-ups, delay care, or assume "no news is good news" when it isn't.

Too often, we become our own safety net, chasing results and reminders that should have been part of the process.

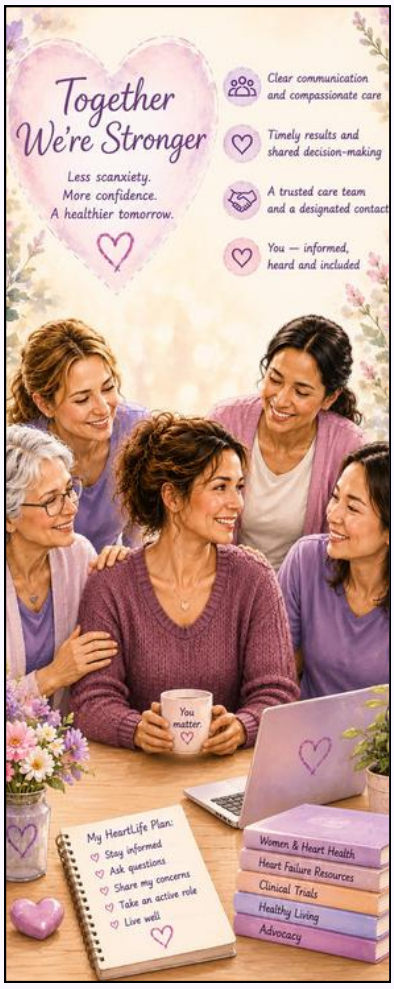


What Healthcare Can Do Better

Lowering scanxiety isn't complicated or costly. It's about patient-centred care:

- Set clear timelines for results.
- Notify patients about delays.
- Provide a direct contact for questions.
- Assign responsibility for every test result.
- Use patient navigators or nurse coordinators for complex cases.
- Treat emotional support as a core part of cardiac care.

Small, simple actions can reassure patients that they're seen, valued, and safe.



From Waiting to Partnership

We understand that some waiting is unavoidable. Tests take time. Specialists review results carefully. Emergencies happen.

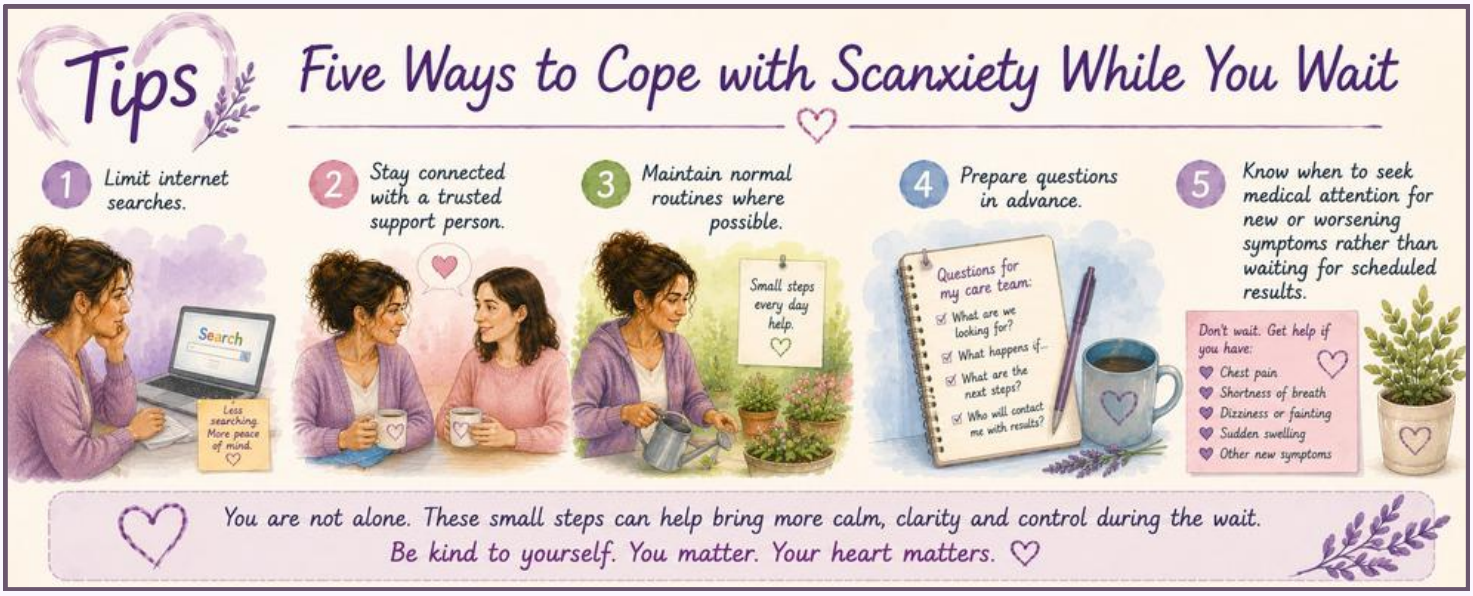
We don't expect perfection—we want partnership. We want clarity instead of silence, realistic updates instead of uncertainty, and to know we haven't been forgotten.

Every woman deserves to leave a test knowing:

- When will I get my results?
- Who will explain them to me?
- Who do I call if I don't hear anything?

The question should not be, "How can patients cope better with waiting?" It should be, "How can healthcare systems reduce unnecessary uncertainty and communicate in ways that support patients through one of the most vulnerable periods of their care journey?"

These simple conversations cost nothing, but they can transform waiting from a lonely burden into an acknowledged part of care.



When Fluid Speaks: Heart Failure, Gender Bias, and Missed Opportunities

A real-life case study on delayed recognition of fluid overload in a woman living with complex heart disease.

By
EDWINA NEARHOOD • British Columbia • Heart Transplant, 20??

Patient Background

A 44-year-old woman with a long history of hypertrophic cardiomyopathy underwent a septal myectomy in 2007, followed by implantation of a dual-lead pacemaker in 2008. She was knowledgeable about her condition, understood her symptoms well, and had in established cardiologist outside her rural community.

In 2015, she began experiencing progressive symptoms that were consistent with worsening heart failure. Despite multiple healthcare encounters, the underlying cause remained unrecognized for several months.

Early Warning Signs

During the months leading up to her hospitalization, the patient experienced:

- Rapid weight gain
- Progressive shortness of breath
- Markedly reduced exercise tolerance
- Declining energy and overall vitality
- Noticeable changes in colour and appearance

Blood work revealed a BNP level of approximately 4,500, a marker strongly associated with heart failure.

Despite these findings, the significance of fluid overload was not recognized.

Multiple Healthcare Encounters

June 2015: Emergency Department

The patient presented after a bicycle accident that resulted in a dislocated shoulder and torn rotator cuff.

She was discharged with pain management recommendations and instructions to begin physiotherapy after several weeks.

While unrelated to her heart condition, this represented one of several healthcare encounters during which her underlying cardiac status was not reassessed.

August 2015: Emergency Department

The patient returned with persistent vomiting that was atypical and unlike a viral illness.

She was diagnosed with diverticulosis following minimal investigation and discharged with several medications, including tramadol.

Her cardiac history was not explored as a possible contributing factor.

October 2015: Emergency Department

The patient arrived by ambulance after suddenly losing circulation in one leg, which became grey and cold.

Initially treated for a possible blood clot, further investigation determined she had lost nine pounds of fluid over one weekend while taking diuretics. Physicians suggested severe muscle cramping and possible electrolyte imbalance.

The patient refused discharge and specifically requested a consultation with a cardiologist; an internist; or her cardiologist in Vancouver.

Family Physician Assessment

Following the retirement of her longtime family physician, the patient had been accepted onto an over-capacity patient roster with a new physician.

Over several months she repeatedly reported:

- Rapid weight gain.
- Reduced exercise tolerance.
- Shortness of breath
- Progressive decline in function

Investigations focused primarily on cholesterol levels, which were normal.

The patient repeatedly explained that she had cardiomyopathy and asked that her cardiologist be consulted.

Despite an elevated BNP of approximately 4,500, heart failure was not pursued as the primary diagnosis.

Instead, she was advised:

- the weight gain was likely related to menopause,
- she should eat less; and.
- she should exercise more,
- because her cholesterol was normal, her heart was "fine."

Another Missed Opportunity

Following the October emergency visit and subsequent hospitalization, the patient reported that she believed she had experienced a minor stroke several weeks earlier.

A CT scan without contrast was performed and interpreted as negative.

Eight months later, a neurologist confirmed that she had indeed suffered a stroke.

The Turning Point

After her family physician visit, the patient contacted her cardiologist directly.

Based on her symptoms alone, he immediately recognized that she was fluid overloaded and in heart failure.

Diuretic therapy was adjusted, and she began losing excess fluid almost immediately.

Another Missed Opportunity

During her hospitalization, assessment by an internist and cardiologist confirmed that she had likely been in atrial fibrillation for an extended period.

Imaging demonstrated an enlarged left atrial appendage that was producing blood clots.

She remained in intensive care for seven days.

In February 2016, she underwent electrical cardioversion at St. Paul's Hospital.

Her physicians later indicated that had she accepted discharge from the emergency department, the outcome could have been fatal.

Discussion

This case illustrates how several missed opportunities can compound over time.

Despite:

- established cardiomyopathy,
- progressive fluid retention,
- significant weight gain,
- worsening shortness of breath,
- markedly elevated BNP,
- repeated healthcare visits.

The possibility of worsening heart failure was not fully investigated until the patient advocated for specialist involvement herself. The prolonged delay likely contributed to persistent atrial fibrillation and irreversible cardiac damage.

The case raises important questions about:

- recognition of fluid overload in women,
- assumptions surrounding weight gain,
- continuity of care for patients with complex cardiac disease.
- diagnostic anchoring,
- communication between specialists and rural providers,

Equally notable is that across multiple physician and emergency department visits, no electrocardiogram (ECG) was performed and no documented cardiac examination was undertaken despite the patient's significant cardiac history.

Lessons for Patients

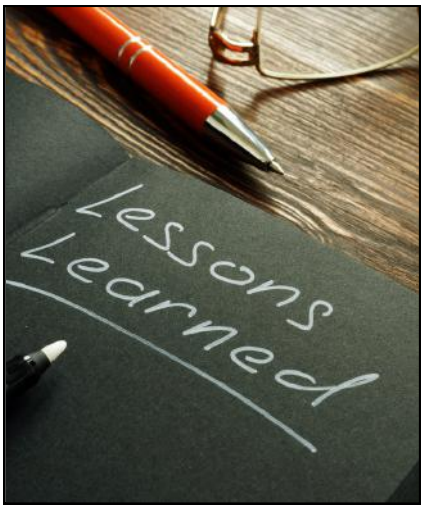
Patients know their bodies.

Rapid weight gain of 2–3 pounds (1–1.5 kg) in a day or 5 pounds (2–3 kg) within a week should never be ignored, particularly for people living with heart failure.

Other important warning signs include:

- increasing shortness of breath,
- swelling,
- needing extra pillows to sleep,
- reduced exercise tolerance,
- increasing fatigue,
- unexplained weight gain.

These symptoms deserve prompt medical attention.



Lessons for Healthcare Providers

This case is not intended to criticize individual clinicians. Rather, it highlights opportunities to strengthen care through:

- earlier recognition of fluid overload,
- routine use of ECGs in patients with known cardiac disease,
- greater awareness of heart failure presentations in women,
- improved communication between rural providers and specialists,
- standardized pathways for managing patients with complex cardiovascular conditions.

Patients living with heart disease are often experts in their own condition. Listening carefully to their concerns may reveal critical diagnostic clues.

A Call to Action

Women continue to experience delayed recognition and treatment of cardiovascular disease more frequently than men.

Improving education on fluid management, reducing diagnostic bias, and strengthening collaboration between rural healthcare providers and cardiac specialists can improve outcomes and save lives.

Responsive, rather than reactive, healthcare saves money, reduces harm, and protects lives.

Sometimes the most important diagnostic tool is listening to the patient.

Things I Never Thought I'd Google...

By
Jackie Ratz, Manitoba
Heart Failure, 2017

Can your heart get tired?
Why does waiting for test results feel physical?
Can stress make your chest hurt?
How many pillows is too many pillows?
What does "normal" even mean anymore?

...

Somewhere between those searches, something changed.
My browser history became a diary.
Not of places I'd been...
...but of fears I hadn't yet learned how to say out loud.
We think healing happens in operating rooms and clinics.
Sometimes it happens at 2:14 a.m., when you finally close your laptop, stop searching for certainty, and realize no search engine can answer the question you're really asking:
"Am I going to be okay?"
The truth is, nobody can promise tomorrow.
So you do the only thing left.
You take your medication.
You make the appointment.
You text a friend.
You go for the walk.
You notice the leaves changing.
You laugh when you didn't expect to.
And then, one day, almost without realizing it, your search history begins to change.
"Best walking shoes."
"Pumpkin soup recipe."
"Weekend road trips."
"How to bake apple pie."
Not because you're cured.
Not because life became easy.
But because somewhere along the way...
you started living again.

What have you searched for lately?

H3: HER HEART HANGOUT

Launch in Ottawa

HeartLife is thrilled to announce that a new chapter of **H3: Her Heart Hangout** is launching in Ottawa! This is such exciting news for the heart warrior queen ladies in the Ottawa area. Welcome and thank you ***Ann-Marie Julien*** for stepping up as host and ***Lynn Allenby*** as co-host!

H3 is an in person 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 Welcome Note from your H3 Host Ottawa

By Ann-Marie Julian

Hi Ottawa area women! Lynn and I are so excited to be launching the Her Heart Hangout in Ottawa. As peer support leaders in the virtual space, we have both seen the power and strength that we can build when we connect and support each other as we navigate through heart diagnosis, treatment and management. And, we are looking forward to moving that experience into an in-person connection. There is no pressure to talk or share. Come and be with women who are living through similar experiences and emotions. Look forward to meeting you soon!

HeartLife ACADEMY

Finding reliable, relatable information about heart health shouldn't feel overwhelming. **The HeartLife Academy** offers heart health education designed with empathy. These courses have been created hand-in-hand with people living with heart conditions and the dedicated individuals who care for them. The academy allows you to learn completely at your own pace. The best part? It is **100% free**!

With 15 HeartLife courses there are many options for you to create a learning path suitable to your own heart journey. And to encourage you, we have a contest!!! Contest timeline is **September 1 to September 30**.

Register @ HeartLife Academy = $100.00 Amazon gift card
(be entered to win one of 5)

Complete 1 HeartLife course = $250.00 Amazon gift card
(random draw for one winner)

Complete 3 HeartLife courses = $500.00 Amazon gift card
(random draw for one winner)

Enter to Win

It's about Life NOT FAILURE

Scan the QR code or visit **academy.heartlife.com**

By
Jenny Milne,
British Columbia
Heart Failure, 20??

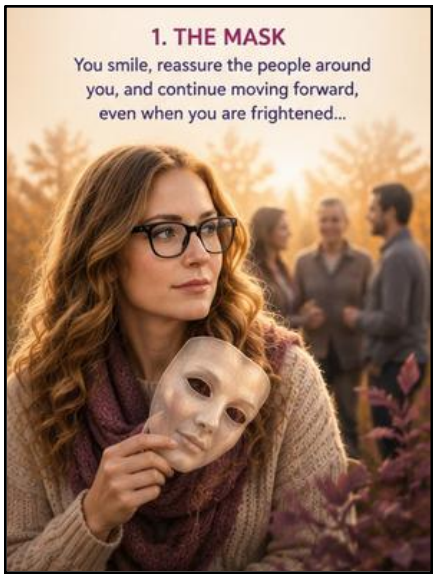
When I was diagnosed with heart failure, the focus was naturally on my physical health. There were medical terms to understand, appointments to attend, and a new reality to accept. But while everyone was caring for my heart, I was also trying to understand what the diagnosis meant for my identity, my relationships, and my future.

A life changing diagnosis can make the world feel suddenly unfamiliar. The life you thought you knew becomes divided into “before” and “after.” You may grieve the person you were, the plans you made, or the sense of safety you once carried without even realizing it.

At the same time, people may begin to describe you as strong.

Strength can feel like a compliment, and often it is. But it can also become an expectation. When others see you as resilient, you may feel pressure to keep proving that you are coping. You smile, reassure the people around you, and continue moving forward, even when you are frightened, exhausted, or grieving inside.

For a long time, I believed being strong meant holding everything together. I thought it meant protecting the people I loved from my fear and continuing to show up no matter how I felt.



I have since learned that strength is not the absence of vulnerability. Sometimes, vulnerability is the strongest choice we can make.

Heart failure affected more than my physical heart. It affected my sense of security. Anxiety became part of my life in ways I had not expected. A symptom could quickly lead to worry. An appointment could bring fear about what might be found. Even during periods when things were going well, it could be difficult to fully trust that I was safe.

Medical trauma does not always end when we leave the hospital or examination room. It can follow us home. It can appear in our thoughts, our bodies, and the ways we respond to uncertainty. It can make us feel as though we always need to be prepared for the next difficult moment.

Alongside anxiety, I experienced grief. I grieved the version of myself who had not yet heard the words “heart failure.” I grieved the certainty I once had about my future. At times, I also felt survivor’s guilt, a complicated mixture of gratitude for being here and sadness for others whose journeys have had different outcomes.

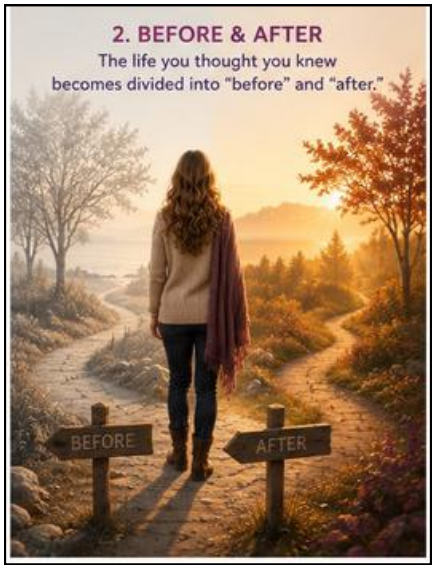
These feelings can be difficult to admit. When you know you have things to be thankful for, you may believe that fear, sadness, or anger make you ungrateful. But gratitude and grief can exist together. Being thankful to be alive does not mean every day feels joyful. Recognizing how fortunate you are does not take away your right to struggle.

Accepting this has been empowering.

It has allowed me to stop judging myself for difficult emotions and begin listening to what those emotions are telling me. It has taught me that I do not have to earn support by reaching a breaking point. I can ask for help simply because I need it.

Learning to be vulnerable has also changed my marriage. My husband has been my rock throughout this journey, but chronic illness affects partners and families too. It brings shared fears, changing responsibilities, and conversations neither person expected to have.

There were times when I wanted to protect my husband by hiding what I was feeling. But when we began having more open and honest conversations, I felt truly seen and heard. Speaking our fears aloud did not make them larger. It helped us face them together.



I realized that allowing someone to support me was not placing a burden on them. It was trusting them enough to let them into my experience. Vulnerability created greater closeness between us and reminded me that I did not have to carry everything alone.

The greatest source of support has been connecting with my peers.

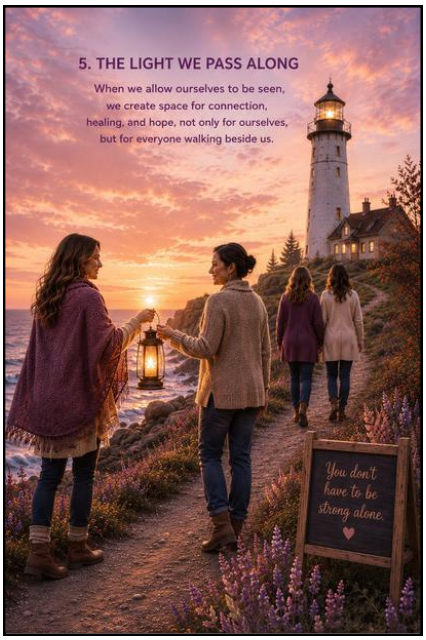
Peer support gave me something I did not even know I was missing: the feeling of being understood without needing to explain everything. Other patients understood the anxiety surrounding appointments, the grief for a former life, and the pressure to appear strong. With them, I did not have to minimize my feelings or pretend that everything was fine.

Being honest about our experiences allows us to become a source of light for one another. We may not be able to change someone else's diagnosis or remove their fears, but we can help them feel less alone. Sometimes, hearing "I have felt that too" is enough to help someone take their next step.

That is why sharing our stories matters.

Vulnerability creates connection. When one person removes the mask and speaks honestly, it gives others permission to do the same. It reminds us that we do not have to present a perfect version of resilience to be worthy of respect, love, or support.

Today, I define strength differently. Strength is telling the truth about how I feel. It is having the difficult conversation. It is reaching out to a peer, leaning on the people I trust, and admitting when I cannot do everything on my own. It is giving myself permission to grieve while still making room for hope.

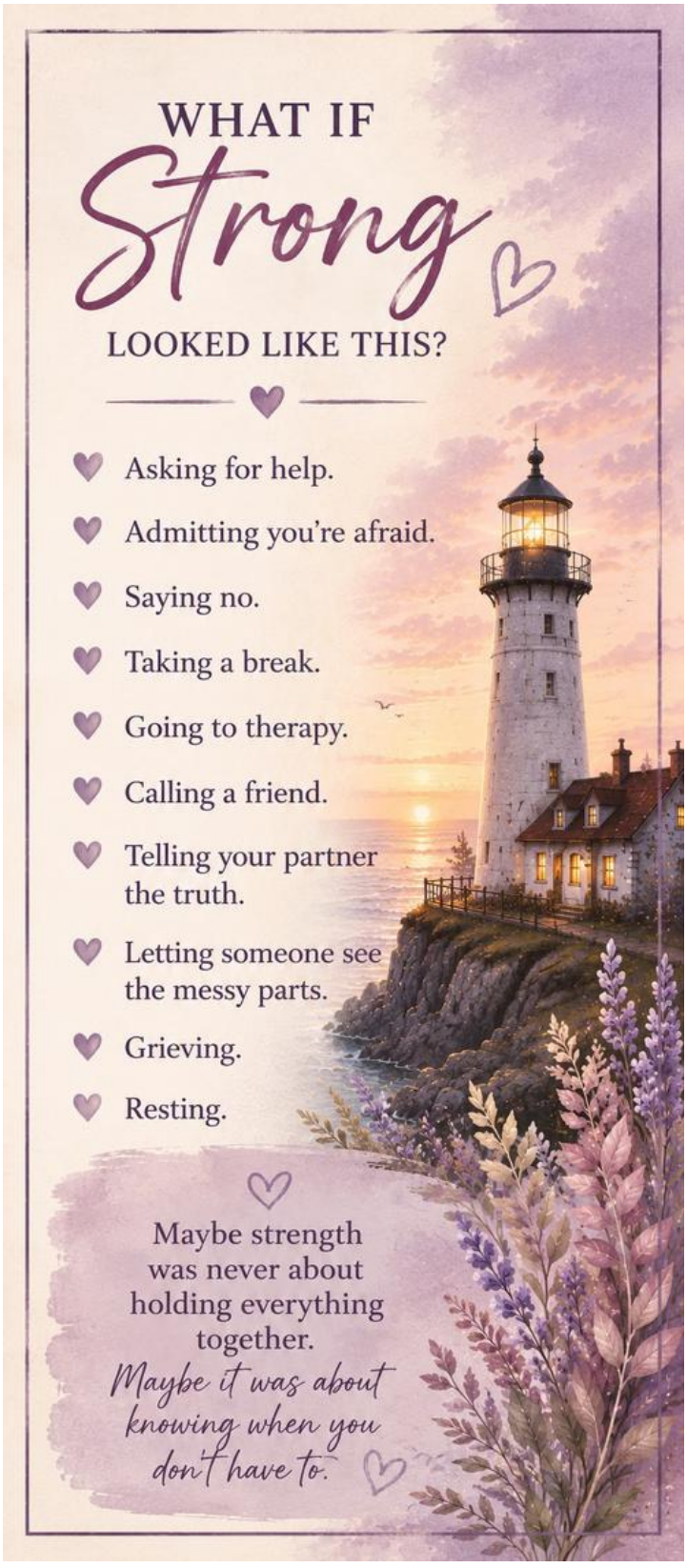


If you are living with heart disease or another chronic illness, I hope you know that you do not have to be strong all the time. You are allowed to feel frightened, angry, exhausted, or uncertain. Those feelings do not diminish your courage.

Asking for help is not a sign that you are failing. It is a way of choosing yourself.

And if you are the person everyone depends on, the one who always seems capable and composed, I hope you will let someone see behind the mask. You deserve the same care and compassion you so freely give to others.

There is strength in acknowledging that we can face difficult things honestly. When we allow ourselves to be seen, we create space for connection, healing, and hope, not only for ourselves, but for everyone walking beside us.



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.

You'll find nuts and seeds in the "Protein Foods" corner of Canada's Food Guide, alongside chicken and Greek yogurt. But how much protein do you actually get from them?

Here's the protein content of ten popular nuts and seeds per 30 gram serving (about ¼-cup):

*Peanuts aren't technically a nut, but they're nutritionally similar, so we'll include them.

Perhaps some context would help...

How much protein do we need?

While everyone's needs are different, it's usually a good idea to aim for *at least* **20** grams of protein at every meal.

How do other foods compare?

Some of the more protein-dense foods are lean meats, fish, and poultry, with about 20 grams of protein in a 3-ounce (85-gram) serving:

- **Canned albacore tuna, ~20g**
- **Skinless chicken thigh ~24g**
- **90% lean ground beef ~23g**

Plain Greek yogurt is another rich source, with 18 grams per ¾ cup (175g) serving.

Next to those foods, the nuts and seeds don't do much in the protein department, do they? But they do so much *more*.

What makes nuts and seeds so awesome?

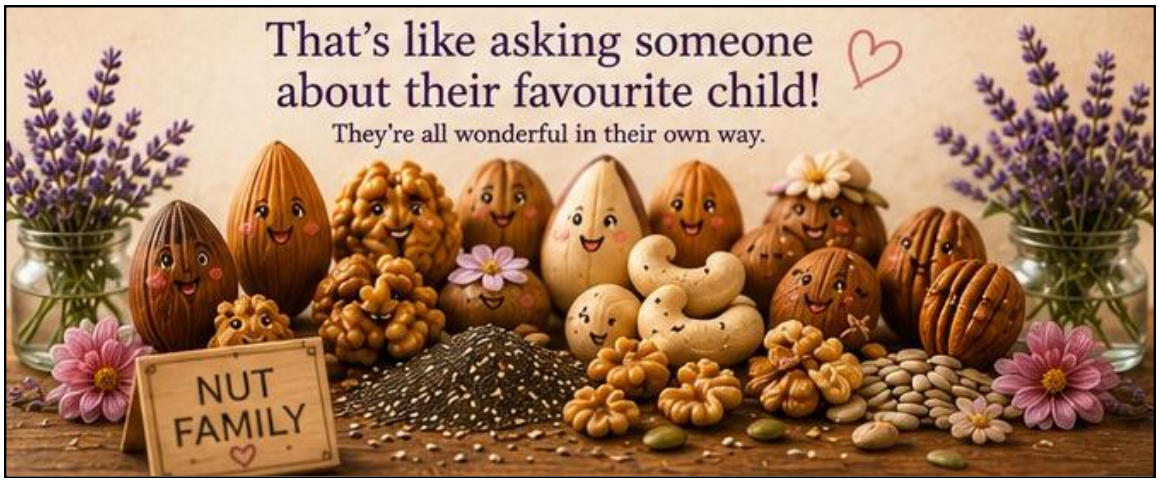
First, they're high in fat - heart-healthy unsaturated fats. The kind that actually helps lower cholesterol levels (a little).

And don't worry about all that fat affecting your waistline, as many people do. When researchers compiled 86 randomized-controlled trials, where volunteers were asked to eat more nuts than usual, they found "no adverse effect of nuts on body weight." In fact, a higher nut intake was associated with reductions in body weight and body fat!

Why would that be? Nuts and seeds are also a good source of fibre, which is basically anything in the plant that we can't digest and absorb. Fibre helps with feeling full and satisfied, cholesterol, and gut health.

Nuts and seeds also contain various vitamins and minerals, as well as plant sterols, which can help lower cholesterol, again, a little bit. But every little bit helps!

Which nut is best?



- **Almonds** are among the richest food sources of the antioxidant vitamin E, which many people don't get enough of.
- **Walnuts** are an omega-3 powerhouse, being unusually rich in ALA, the plant-based omega-3 fatty acid.
- **Brazil nuts** are a selenium superstar - just one or two nuts can provide more than the daily requirement for this antioxidant (and more isn't necessarily better).
- **Cashews** are uniquely copper-rich, and raw cashews can turn into creamy delicious sauces and spreads.
- **Pumpkin seeds** are a good source of magnesium which, among other things, helps regulate blood sugar levels.
- **Chia seeds** are exceptionally high in (soluble) fibre and also ALA, the omega-3 fat. Plus they make delightful lower-sugar jams and puddings.
- **Flaxseeds**, when ground, can give you an especially good dose of soluble fibre, as well as ALA and lignans, plant compounds which appear to play a role in preventing heart disease.
- **Sunflower seeds** are another source of vitamin E and selenium, and are one of the least expensive nuts and seeds.

So even though their protein content isn't high, these little nutrition powerhouses deserve a spot on your plate for all of the other things they can do for you and your heart. ❤️

So where can you get more protein?

As for your protein, while you can get it from chicken and tuna, you can also get it from many of our heart-healthy whole plant foods. For example:

- **17 grams in a half-cup of cubed tofu.**
- **9 grams in a half-cup of cooked lentils.**
- **5 grams in a half-cup (dry) of rolled oats.**
- **4 grams in a half-cup of frozen green peas.**
- **3 grams in a slice of 12-grain whole grain bread.**

It adds up! If you have a balanced diet, with whole grains and a variety of protein foods, you'll get there. (Although past age 50 we're likely to need a little more protein, so do check with a dietitian if you're not sure.)

But don't worry about how much is in nuts and seeds. Just worry about how you're going to enjoy them next!

WAYS TO ENJOY

Nuts & Seeds

in unexpected ways

Small but mighty! Nuts and seeds add crunch, creaminess, flavour and nutrition to so much more than you think.

1 Blend into Creamy Goodness

Blend cashews, almonds or sunflower seeds into dreamy dips, sauces, smoothies and dressings.

Try a cashew alfredo, tahini dressing or a silky seed dip!

2 Boost Your Breakfast

Top oatmeal, yogurt or smoothie bowls with nuts and seeds for crunch, fibre and healthy fats.

A little crunch makes every bite better!

3. Bake It In

Add nuts and seeds to muffins, quick breads, granola, crackers and cookies.

Try chopped walnuts in banana bread or pumpkin seeds in savoury crackers!

4. Make It a Meal Topper

Sprinkle on salads, roasted veggies, soups or grain bowls for texture and extra nutrition.

Think: toasted almonds on roasted veggies or hemp hearts on soup!

Swap in Instead of

Use ground flax or chia instead of eggs in baking, or swap out breadcrumbs for crushed nuts or seeds.

Small swaps, big flavour and nutrition!

Make Your Own Nut & Seed Butters

Blend your favourite nuts or seeds into homemade butters—no added sugar or oils needed!

Delicious on toast, in smoothies or eaten by the spoonful!

Add to Snacks

Mix nuts and seeds into energy balls, trail mix, popcorn or even dark chocolate.

Perfect for on-the-go fuel!

Try Something New!

Explore less common seeds like hemp, sesame, poppy or pine nuts to add new flavours and nutrients.

Variety is the spice of a heart-healthy life!

Experiment, enjoy and make them part of your everyday.

Simple ideas. Big benefits.

However you enjoy them, nuts and seeds bring flavour, satisfaction and nutrition to every bite. Get creative and have fun—your body (and your heart) will thank you!

Tip: Store nuts and seeds in an airtight container in a cool place (or in the fridge) to keep them fresh, crunchy and full of goodness.

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

Hello and Happy Fall!

I hope you had a marvelous summer.

This issue discusses safe ways to exercise with heart failure.

Exercise with heart failure is safe and life-changing when done right. Movement strengthens your heart muscle, boosts your energy, strengthens our bones, keeps you mobile and lowers stress.

Start slowly, listen to your body, and always talk to your doctor before you begin.

WHY EXERCISE MATTERS

- Stronger Heart: Gentle movement helps your heart pump blood with less effort and lowers stress on your heart over time.
- Builds Strength: Safe movement helps your body use oxygen better.
- More Energy: Daily tasks feel easier as your muscles get stronger.
- Better Mood: Working out releases chemicals that lower anxiety and depression.

SAFE RULES FOR WORKING OUT

- Get Clearance: Ask your cardiologist what heart rate or exertion limits you must follow. **This is so important!! When I was first diagnosed with Cardiac Sarcoidosis 10 years ago, I had a very serious sit-down chat with my cardiologist about what I specifically couldn't do. As a trainer, it was mind-boggling to hear how sick my heart was. I was told I could walk, and that was it, until I was better. So get the clearance.
- Warm Up: Spend five to ten minutes walking slowly to prep your body.
- Cool Down: Slow your pace at the end to keep your blood flowing smoothly.
- Stay Hydrated: Drink water unless your doctor gave you a strict fluid limit.
- Keep Going: Slowly add more time, repetitions, &/or weight as your body gets stronger.

BEST EXERCISES TO TRY

- Walking: Start with ten minutes on flat ground and add time slowly.
- Light Cycling: Use a stationary bike at an easy, conversational pace.
- Chair Yoga: Gentle stretches improve flexibility without straining your heart.
- Light Weights: Use small weights or resistance bands for high repetitions.

WARNING SIGNS TO STOP

- Chest pain or pressure
- Severe shortness of breath that does not fade when you rest
- Dizziness, lightheadedness, or sudden cold sweat
- Rapid or uneven heartbeat

SELF CHECKS BEFORE YOUR WORKOUT

When managing heart failure, tracking fluid balance is just as important as tracking reps. Extra fluid puts sudden stress on your heart. Perform these checks every morning before you start any physical activity.

The Weight Check:

1. Weigh in first: Step on the scale right after using the bathroom each morning, before eating or drinking, and wearing the same amount of clothing.
2. Write it down: Keep a written log or use an app.
3. Know your limits: Call your doctor immediately and skip your workout for a weight gain of 3 pounds in a day or 5 pounds in a week.

The Swelling (Edema) Check:

1. Inspect your ankles: Look closely at your feet, ankles, and lower legs every morning.
2. Press your skin: Push your thumb firmly into your lower shin or ankle for five seconds. If it leaves an indentation, you are retaining fluid.
3. Check your waistband: Note if your regular pants or belts suddenly feel tighter.
4. Rest and call: Skip your workout and notify your medical team if swelling increases.

The Breathing Check:

1. Assess your rest: Notice if you feel short of breath while sitting still.
2. Count your pillows: Track if you needed extra pillows to breathe comfortably overnight.
3. Listen for coughs: Pay attention to a new, frequent, or hacking cough.
4. Prioritize safety: Shortness of breath at rest means your heart is working too hard. Skip your workout.

AN EXAMPLE OF A HEART FAILURE FITNESS SCHEDULE

This schedule balances activity with vital recovery days. Always use a conversational pace where you can easily talk while moving. If you have no HF symptoms mentioned above, have no exercise restrictions, you can perform any of the chair strengthening exercises standing, with added weight and for longer periods of time instead.

Weekly Routine:

Monday: 10–15 minute walk on flat ground
(aim for 30 minutes twice a day if comfortable and symptom-free).

Tuesday: Rest and recovery day.

Wednesday: 10 minutes of gentle seated yoga and stretching
(aim for 20–30 minutes if symptom-free).

Thursday: Rest and recovery day.

Friday: 10–15 minute walk or light stationary cycling
(aim for 30 minutes twice a day if comfortable and symptom-free).

Saturday: 10 minutes of low-impact seated strength exercises
(aim for 20–30 minutes if symptom-free).

Sunday: Rest and recovery day.

Low-Impact Chair Exercises

Safe. Gentle. Effective.

1 Seated-Marching

(Targets hip flexors and thighs)

1. Sit up tall with feet flat on the floor.
2. Lift your right knee toward the ceiling.
3. Lower it with control.
4. Repeat on the left leg.

Aim for 3 sets of 10 repetitions per leg.

2 Seated Calf Raises

(Targets lower legs to aid circulation)

1. Keep your toes planted firmly on the ground.
2. Lift your heels as high as comfortably possible, squeeze your calves at the top.
3. Lower slowly.

Aim for 3 sets of 12–15 lifts.

3 Seated Shoulder Presses

(Targets upper body strength)

1. Hold your hands at shoulder height with open palms.
2. Press your hands straight up toward the ceiling.
3. Lower them back to your shoulders slowly. Stop if you eel any pain.

Complete 3 sets of 8–10 presses.
You can add light weights (like soup cans or 3–10 lb weights) if cleared by your cardiologist.

4 Seated Leg Extensions

(Targets quadriceps)

1. Keep your thighs resting on the chair seat.
2. Extend your right leg straight out in front of you.
3. Hold for one second.
4. Lower your foot back to the floor.

Do 10 on the right, then 10 on the left.
Repeat for 3 total sets per leg.

Move gently. Live Fully. Love your heart.

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

ALL ABOUT YOU!

Celebrating **Marc Bains**
HeartLife Co-Founder
HeartLife Foundation's co-founder Marc Bains has been named a Member of the Order of British Columbia, the province's highest honour.

A three-time cancer survivor and heart-transplant recipient, Marc has turned his journey into a lifelong mission to uplift and empower people living with cardiovascular disease. His compassion, leadership, and advocacy continue to change lives.

Congratulations, Marc
— your courage inspires us all.

2nd Annual SOLD OUT Lawn Bowling Event!

Jennifer Monaghan,
Kelowna, BC

Please share any and all events, participation opportunities or recognitions received! We want to celebrate you! Shares received a $50.00 GC.
Email Jackie@HeartLife.com

SHOPPING: HEART PRODUCTS

There are so many great products available to help us live better and products that make us feel good or support a cause that is close to our hearts...

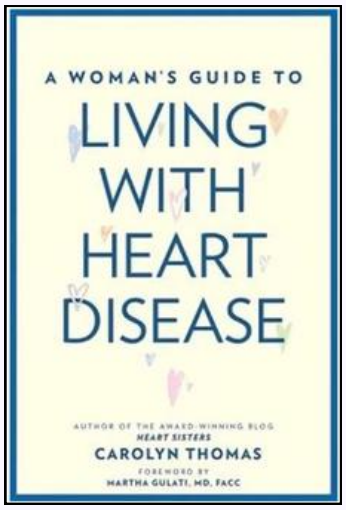
1

HILLARY DRUXMAN HEART NECKLACE

HillaryDruxman.com

Special Edition HeartLife Women Necklace
A unique fundraiser to support local events and H3: Her Heart Hangouts in your community. $10.00 from each necklace supports HeartLife Women. Ships across Canada and cost includes shipping.

2

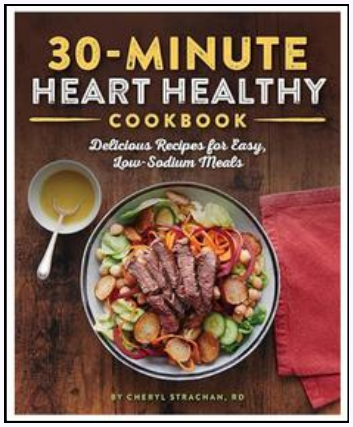


A WOMAN'S GUIDE TO LIVING WITH HEART DISEASE

By Carolyn Thomas

Heart disease is the leading cause of death for women worldwide. Yet most people are still unaware that heart disease is not just a man's problem. Carolyn Thomas, a heart attack survivor herself, is on a mission to educate women about their heart health. Based on her popular Heart Sisters blog, which has attracted more than 10 million views from readers in 190 countries, A Woman's Guide to Living with Heart Disease combines personal experience and medical knowledge to help women learn how to understand and manage a catastrophic diagnosis.

3



30 MINUTE HEART HEALTHY COOKBOOK

By Cheryl Strachan RD

Food is a critical driver of heart health, and this heart healthy cookbook helps you take the wheel. The 30-Minute Heart Healthy Cookbook is full of simple, quick, and satisfying meals the whole family will love.

CREATIVE CORNER

Finish the Picture

There are no wrong answers. Only yours.

Sometimes creativity isn't about knowing how to draw. It's about noticing what you'd like to add.

We've started the picture for you.
You decide what happens next.

Maybe you'll add flowers.
Maybe a bird.
Maybe a garden bench.
Maybe a person walking down the path.
Maybe something completely unexpected.

Grab a pencil, coloured pencils, markers—or whatever you have nearby—and finish the picture in your own way.

A little creative prompt

As you draw, think about:

What would make this place feel peaceful to you?

And when you're finished:

My picture needed _____

_____

_____

Your imagination doesn't need a prescription. Let it wander.

LIFE IN HEARTS

Living Bravely. Loving Boldly.

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www.LifeInHearts.ca
