



The Beat - Episode 5 Final Transcript

Heart disease: Expert answers to common questions

[00:00:01] **Smita** My doctor has recently diagnosed me with having high blood pressure, but I feel great. You know, I'm really not concerned.

[00:00:14] **Caroline** Chances are you or someone you know has been personally affected by heart disease and stroke. They can devastate lives, sometimes suddenly, but there's hope. I'm Caroline Lavallee and you're listening to The Beat, a podcast by Heart & Stroke with support from our generous donors. In each episode, we're joined by Canada's leading physicians and experts to discuss the most pressing issues related to heart and brain health, and you'll be inspired by the real stories from people living with heart disease and stroke. Thanks for listening. Now let's get into the episode.

When we think of heart disease, we often picture older people or those who lead an unhealthy lifestyle. But people of any age, gender, lifestyle or background can be at risk. So it's fair to say we can all use a little help to improve our heart health. In this episode, we're getting help from a trusted family physician who answers questions and gives advice to a wide variety of patients.

[00:01:21] **Dr. Jain** So my name is Dr. Rahul Jain. I'm a family physician and hospitalist at Sunnybrook Health Sciences Centre, and I'm an assistant professor in the Department of Family and Community Medicine at the University of Toronto.

[00:01:35] **Caroline** Dr. Jain is also co-chairing C-CHANGE, which stands for the Canadian Cardiovascular Harmonized National Guidelines Endeavour, where he and his colleagues are trying to make things easier for practitioners. From diet to exercise, genetics and gender, Dr. Jain is going to help us make sense of what can be confusing information. We're focused mainly on heart disease, but you'll hear about stroke too. That's because our heart and brain health are so connected. We can protect them both by reducing our cardiovascular risk factors. It's not a revelation that exercise is an essential part of a healthy lifestyle. People like Joseph often think they're doing enough to stay fit and avoid the risk of developing heart issues.

[00:02:25] **Joseph** Hi, my name is Joseph, 31 years old. I try to eat a healthy diet and I'm pretty active, play hockey regularly and I go to the gym a few times a week. I would think I'm unlikely to have a heart attack.

[00:02:39] **Dr. Jain** You know, someone would reasonably think that they're unlikely to have a heart attack. There's some truth, but it's not completely. If we take two individuals who are essentially identical genetically, although one of them eats healthy and exercises regularly and the other does not, the person with a healthier lifestyle will definitely have a reduced risk of heart attack, although that risk is not zero. Our bodies are complex systems, and there is this interesting interplay between our genetics and our lifestyle, which influence our risk for heart disease. Unfortunately, as we age, there's an increasing risk for developing heart disease and stroke. However, our goal is to delay the onset of these conditions, prolong life and preserve a high quality of life. I encourage my patients to focus on what's in their control, not what they can't control. We can't influence our genetics, such as having a strong family history of early cardiac disease, although we can modify our lifestyle choices and control risk factors. So, with respect to exercise and physical activity, definitely we know that playing hockey twice a week is great, although I remind patients that the whole day matters. This means over the course of the entire day, we should strive to move more, have less sedentary behaviour and ensure adequate sleep.

[00:03:55] **Caroline** Even if someone is playing hockey or is going for a run once or twice a week, does sitting down at a desk all day have a negative effect?

[00:04:05] **Dr. Jain** And I think this is where there's a bit of a misnomer — that although some people might be physically active for a small proportion of the week, if they're sitting for the majority of the week, they may have a desk job that can build up over time. And we know that when you exercise, you know those metabolic benefits continue throughout the day. And if for the majority of the day, people are sedentary, unfortunately, calories build up, that builds up, and it doesn't allow for that exercise and cardiovascular stamina to build up.

[00:04:32] **Caroline** There are many forms of exercise. I like to run, but my best friend likes to do dance classes. What works for one person might not for another.

[00:04:43] **Dr. Jain** So exercise can mean different things to different people. I remember I asked one patient once, what do you do for exercise? And she said, I do deep breathing, which is still great. But when it comes to physical activity, I think we should be creative, find things that gravitate to them and that they enjoy. Patients that might go for a swim each morning, you know, patients that enjoy hiking. I have other patients that may have knee arthritis and that limits their ability, but they do find water sports to be exciting.

Sometimes I try to individualize. I know some of our younger colleagues who are super busy with their clinics and they tell me, you know, they go home and while they're boiling pasta, they might be doing squats. So if there's any window of opportunity, I think the idea is maybe not quantifying how much we should exercise per week, but rather, living that philosophy of let's move more, let's have less sedentary behavior and let's ensure we're sleeping enough.

[00:05:35] **Caroline** By following Dr. Jain's exercise advice, we can maybe prevent some of the risks that lead to heart disease, but a lot of us, like Sarunas, worry that genetics play a big role.

[00:05:48] **Sarunas** My name is Sarunas and I'm age 41. I would say heart disease is definitely something that's crept into my mind over the last couple of years, especially with my grandfather passing away from a heart attack at such an early age. And over the last few years, my father now has been having his own heart concerns. So, you know, I want to do everything I can to make sure it doesn't happen to me.

[00:06:07] **Dr. Jain** So there's a lot that people can do, especially if you know you have early family history of heart disease. Prevention remains the best medicine. And preventing heart disease and stroke starts with knowing your risk. Each person may have a different risk and it's important to individualize it. An astonishing nine in 10 Canadians have at least one risk factor for heart disease and stroke. But the good news is that almost 80% of premature heart disease and stroke can be prevented through health behaviours within our power to control and can have a big impact on our health. By promoting a healthy lifestyle through healthy eating, regular physical activity, managing our stress, maintaining a healthy body weight, reducing alcohol and avoiding smoking, we can reduce the risk of cardiovascular disease. I also encourage people to get screened and treated for risk factors for heart disease and stroke.

Certain populations, such as Indigenous people and those of South Asian ethnicity, are at higher risk of heart disease due to genetic factors and may develop conditions at an earlier age. Canadian guidelines encourage people in these higher risk categories to get screened sooner for risk factors compared to the average population. So to give an example, we start screening most Canadians for diabetes and high cholesterol at the age of 40. Although if a person is at higher risk due to a strong family history or ethnicity, it would be reasonable to screen sooner to ensure we manage these risk factors proactively.

[00:07:42] **Caroline** If we all have a certain amount of risk, then it becomes even more important to take Dr. Jain's prevention advice. There is no shortage of opinions when it comes to healthy eating and what we should and shouldn't put into our bodies. With so many low-fat products at the supermarket, many people might think avoiding fat is the best thing for their hearts.

[00:08:06] **Dr. Jain** This would be a misconception. You know, eating no fat does not mean, you know, the arteries won't get clogged. The reality is that we all need a small amount of fat in our diet. Fat is an essential part of a healthy, balanced diet and a source of essential fatty acids, which the body can't make itself. Too much fat in our diet, especially saturated fats can raise cholesterol, which increases the risk of heart disease. However, given that we can't totally avoid fat, we need to shift the discussion to consuming healthier fats. So, as outlined in Canada's dietary guidelines, we should reduce the amount of saturated fats we eat, which are found in foods such as butter and fatty meats, and instead choose foods that contain mostly unsaturated fats — that is, the poly or monounsaturated fats. So, to give some examples, sources of unsaturated fats include many vegetable oils, such as olive and canola oil, nuts, seeds and avocados. So, there's convincing evidence that lowering the intake of saturated fat by replacing it with unsaturated fat, decreases cholesterol and thus lowers the risk of developing clogged arteries and cardiovascular disease.

[00:09:22] **Caroline** Canada's dietary guidelines were updated a few years ago. It's now recommended that people get more protein from plant-based sources. Does this mean that Canadians should stop eating meat?

[00:09:36] **Dr. Jain** It's still important to individualize the diet. So, for example, I'm vegetarian, so it's quite easy for me to incorporate a plant-based diet although, you know, this is not the case for everyone. So I think the key message for nutrition, just like with exercise, is that it's all about moderation. And when we have a choice, rather than choosing fatty meats, for example, by educating them more about plant-based protein, which would include things like legumes, chickpeas, beans, nuts, seeds, tofu. These are the types of foods that would be plant based and we're encouraged to incorporate more of in our diet.

[00:10:12] **Caroline** I think a lot of people would like to eat healthier, but they believe that healthy usually means bland.

[00:10:18] **Dr. Jain** So this is a completely not true. I love cooking. I'm a novice chef and I know that eating healthy doesn't have to mean eating bland, boring meals. You know, Canadians should choose delicious fruits and vegetables that represent all colors of the rainbow. Incorporate whole grains to increase fibre intake and, as we talked about, consuming more plant-based protein. By working with professional chefs on some projects over the past years, I've learned we could be creative with cooking and make use of fresh herbs and spices that add flavour and depth to our food, rather than using a lot of salt, for example, which can lead to high blood pressure. Also, I encourage Canadians to speak with their family physician or a dietitian who can help in providing resources and suggestions to develop a culturally sensitive diet plan that satisfies your taste buds and preferences.

[00:11:07] **Caroline** What we put into our bodies can have a direct effect on how we feel. I know I love the little bursts of energy from my coffee in the morning, but like Smita, we can always feel the underlying signs and symptoms that could lead to heart disease and stroke.

[00:11:25] **Smita** Hi, I'm Smita. I'm 57. My doctor has recently diagnosed me with having high blood pressure, but I feel great. You know, I'm really not concerned.

[00:11:36] **Dr. Jain** So this is very common that we see on a regular basis in clinic where patients might be diagnosed with high blood pressure, although they're not worried. And I find this is often because they don't have any symptoms to realize it's a problem. High blood pressure, hypertension, is the most common preventable risk factor for heart disease and stroke. And an astounding one in four or 25% Canadian adults have high blood pressure. So, symptoms of a hypertensive emergency, which occurs when the blood pressure is extremely high, may include chest pain, shortness of breath, severe headaches or even unresponsiveness.

However, the majority of patients with long-standing high blood pressure may have no symptoms at all, although this persistent high blood pressure continues to cause damage to the body over time. So what I often explain to patients is, I use an analogy of the garden hose. If you step on the hose or there's a kink, the pressure of water flow in the hose increases, which can impede flow and even create leaky tears. Similarly, high blood pressure in our body puts strain on the heart, making it work harder to keep blood flowing, and can damage organs which contain blood vessels such as the heart, brain and kidneys. So the key point to highlight is that no symptoms does not mean no harm. It's important to screen for high blood pressure and treat if it's elevated, through lifestyle changes and medications.

[00:13:06] **Caroline** For anyone that has been diagnosed with high blood pressure, Dr. Jain has some dietary and practical advice.

[00:13:14] **Dr. Jain** Well again, you know, I think reducing salt has a tremendous impact. We know it can bring down systolic blood pressure significantly. Again, controlling body weight, having that well-balanced diet, encouraging more vegetables and fruit, as well as managing stress. In a way, I encourage people to see their primary care providers to get screened regularly. The other thing is that, you know, if we go to our local pharmacies, even to our grocery stores or to Wal-Mart, for example, there's often a lot of blood pressure machines in the community, and this would be a great opportunity to get checked. The other thing is, through Hypertension Canada, we have a list of approved devices. And I also encourage people, especially if they have high blood pressure, to invest in purchasing a device which is often not that expensive so they can monitor at home.

[00:14:01] **Caroline** It really surprises me when I find out someone exercises a lot and eats a healthy diet, but still smoke cigarettes. You probably know someone like Peter. He switched to vaping or e-cigarettes to be healthier. But there seems to be confusion about the risks.

[00:14:20] **Peter** My name is Peter. I'm 63 years old and I used to smoke a lot. I know that's unhealthy. So now I've switched to vaping because I understand it's a lot healthier.

[00:14:29] **Dr. Jain** We look at a person who's been smoking for several years, possibly a pack a day and very hard to stop smoking. They've tried counselling, they've tried nicotine replacement therapy, but they just have that habit with that tendency and it's hard to stop. The rationale of vaping or e-cigarettes was to actually have people reduce their health risk and hopefully quit tobacco. So I think in the grand scheme of things, it's all about relative comparisons and yes, vaping again, maybe a bit healthier than regular tobacco smoking but the key message I want to highlight is that vaping is not without harm and definitely should not be encouraged.

Unfortunately, youth vaping has become an epidemic, putting their health at risk, and Health Canada has taken action to strengthen the rules around how e-cigarettes are advertised and promoted to young people. So the take-home message from Heart & Stroke is that, although vaping is less harmful than smoking, it is definitely not without harm. Long-term vaping is linked to respiratory issues, increased blood pressure and cardiovascular disease, and nicotine itself is damaging to developing brains.

[00:15:43] **Caroline** Dr. Jain's preventive approach to cardiovascular health has included advice that everyone can apply, like staying active, eating healthy and having regular medical exams. We also need his expertise on taking preventive medications. For example, I've heard that taking a low-dose ASA tablet every morning is a good way to keep your heart healthy.

[00:16:08] **Dr. Jain** So this is a really important topic, and there's likely a lot of confusion in the general public regarding who should be on ASA to protect the heart as recommendations have continued to evolve over the years. ASA is short for acetylsalicylic acid, which is sold under names such as aspirin, antropine and novacyl. ASA or a low dose ASA is a blood thinner, which works by stopping platelets from clumping together and forming blood clots that can cause a heart attack or stroke.

We recommend ASA when the potential benefits of preventing a heart attack or stroke exceed the potential risks of bleeding, such as from the stomach or brain, which can be dangerous as ASA is a blood thinner. In general, for people who have never had a heart attack, stroke or vascular disease — known as primary prevention — taking ASA daily for prevention is not recommended, according to updated guidelines, as the perceived risks may be greater than the potential benefits.

However, for a person who did have a previous heart attack or stroke in general, we do recommend a daily dose of ASA as prescribed by your doctor, to prevent a second heart attack or stroke from happening. So, with this in mind, we still encourage you to speak with your healthcare provider who knows you best to see if ASA is recommended for you, as each person's risk profile for bleeding and risk factors for heart disease and stroke may differ. It's all about balancing risks and benefits and a person's values and preferences.

[00:17:51] **Caroline** If taking ASA to prevent a heart attack or stroke depends on the individual, what about the advice I've heard about taking ASA when you might be having a heart attack?

[00:18:02] **Dr. Jain** In the event they may be having a heart attack and whether they take one regular strength ASA at 325 mg or two lower dose at 81 mg, both would be good options. ASA can help by stopping the blood clot that is causing the heart attack from getting bigger. This advice has not changed, and it's still really important to go to the emergency room to get checked out and prevent further damage to the heart.

[00:18:31] **Caroline** When someone is having a heart attack, it helps to know the signs. A common misconception about heart disease is that the symptoms present themselves in the same way for men and women. But research is starting to reveal unique signs and symptoms specific to women.

[00:18:50] **Dr. Jain** You know, men and women may not always experience the same signs of heart attack. The most common heart attack sign is chest pain or discomfort. However, women can experience a heart attack without those typical chest pressure symptoms. They may experience shortness of breath, dizziness, lightheadedness, pressure or pain in the lower chest or upper abdomen, upper back pressure, or even extreme fatigue. Studies show that heart attacks are more deadly for women. And women are more likely than men to suffer a second heart attack. So ongoing research on gender differences on heart and brain health are so important.

[00:19:34] **Caroline** Doctors rely on scientific research so that they can give better preventive advice to their patients like the advice provided by Dr. Jain. Many of his recommendations can be put into actions and small steps. Maybe you start by cooking a plant based meal or adding a walk to your daily routine. For some, a good place to start is talking to your healthcare provider about ways to improve your cardiovascular health. It's the small changes that add up over time. Thank you, Dr. Jain, for sharing your expertise with us.

If you're looking for a fun way to get active and help fund Heart and Stroke research, join Ride for Heart. Go to RideforHeart.ca for more info.

Thanks for listening to The Beat. And a special thanks to our donors, for making this podcast possible. Subscribe now to stay informed, get inspired and rediscover hope. Don't forget to rate and review the podcast so we can reach even more listeners. Stay tuned for our next episode. Until next time, I'm Caroline Lavallée.

End of transcript

