UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Coronary Artery Disease and Recovery After a Heart Attack

A GUIDE FOR PATIENTS AND CAREGIVERS

About this guide

This guide is for all patients who have been diagnosed with coronary artery disease, as well as their caregiver(s) and support person(s).

Once you have been diagnosed with coronary artery disease, it is important for you to modify your risk factors to prevent future events and to manage this condition for the rest of your life.

This guide will provide you with information about heart disease and risk factors. Please speak with your healthcare team if you have any questions or concerns.

For more information about customizing this guide for the particular needs of your institution, please contact the department of communications at communications@ottawaheart.ca.

This document is also available in French under the title: | *Cette publication est aussi disponible en français sous le titre : Maladie coronarienne et rétablissement après une crise cardiaque*

UOHI 55 (Latest update: 2025)

Discharge checklist

Before you leave the hospital, you will want to:

- ☐ Attend the Coronary Artery Disease and Recovery from a Heart Attack discharge webinar (see ottawaheart.ca/calendar for the dates and times). Please ask your nurse for details. You can also view the recorded webinars available on our website: ottawaheart.ca/coronary-artery-disease.
- ☐ Review this guide with your caregiver(s)/support person(s).
- ☐ Make sure you receive your prescription.
- ☐ Make sure you receive your After Visit Summary (AVS). This is completed by your doctor and contains information about your diagnosis and treatment, medications, and follow-up plan, as well as your Guidelines Applied in Practice (GAP) tool. Your nurse will give it to you on your discharge day.
- ☐ Make an appointment to see your family physician within the next two weeks. We recommend you do this prior to discharge to ensure you get an appointment as soon as possible once you are home. If you do not have a family physician, please inform your healthcare team.
- ☐ Make sure you receive information about an appointment with the Cardiovascular Rehabilitation Program. Call 613-696-7068 to book your intake appointment. The Cardiovascular Rehabilitation Program will also contact eligible patients after discharge. There are also programs set up around the region, meaning you do not have to be a patient of the Heart Institute to participate.
- ☐ Notify your nurse or doctor if you have financial problems or concerns about your discharge. We can arrange for you to meet with a social worker, who may be able to assist you with these difficulties.
- ☐ Make sure you receive information about your blood work and what this means for you. In terms of diabetes, if your HBA1C is higher than 7% and you are not being followed by an endocrinologist, please call 613-696-7059 for an appointment at the University of Ottawa Heart Institute Diabetes Clinic for post-discharge follow-up.

IMPORTANT

You can call the nursing coordinator if you have symptoms or concerns throughout your recovery period. The nursing coordinator can be reached at any time of the day or night.

Please note that this is not an emergency line.

Call 613-696-7000, press 0 and ask for the nursing coordinator.

Please bring this guide with you to the Heart Institute

Patient name _____

Contact person *(relative, friend)* _____ Phone *(Home)* _____

Phone *(Cell)* _____

Family physician _____ Phone _____

Pharmacy _____ Phone _____

Cardiologist _____ Phone _____

Other *(specify)* _____ Phone _____

If you are having angina or heart symptoms (chest, jaw, neck or arm pain)

At the first sign of angina or heart symptoms	→	Stop immediately and rest (sit down)
If no relief immediately with rest	→	Take a nitroglycerin spray/tablet
If no relief within five minutes	→	Take a second nitroglycerin spray/tablet
If no relief within five minutes	→	**CALL 911 and take a third nitroglycerin spray/tablet**

It is important to let your cardiologist and family physician know if you experience any changes in your symptoms.

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Heart anatomy

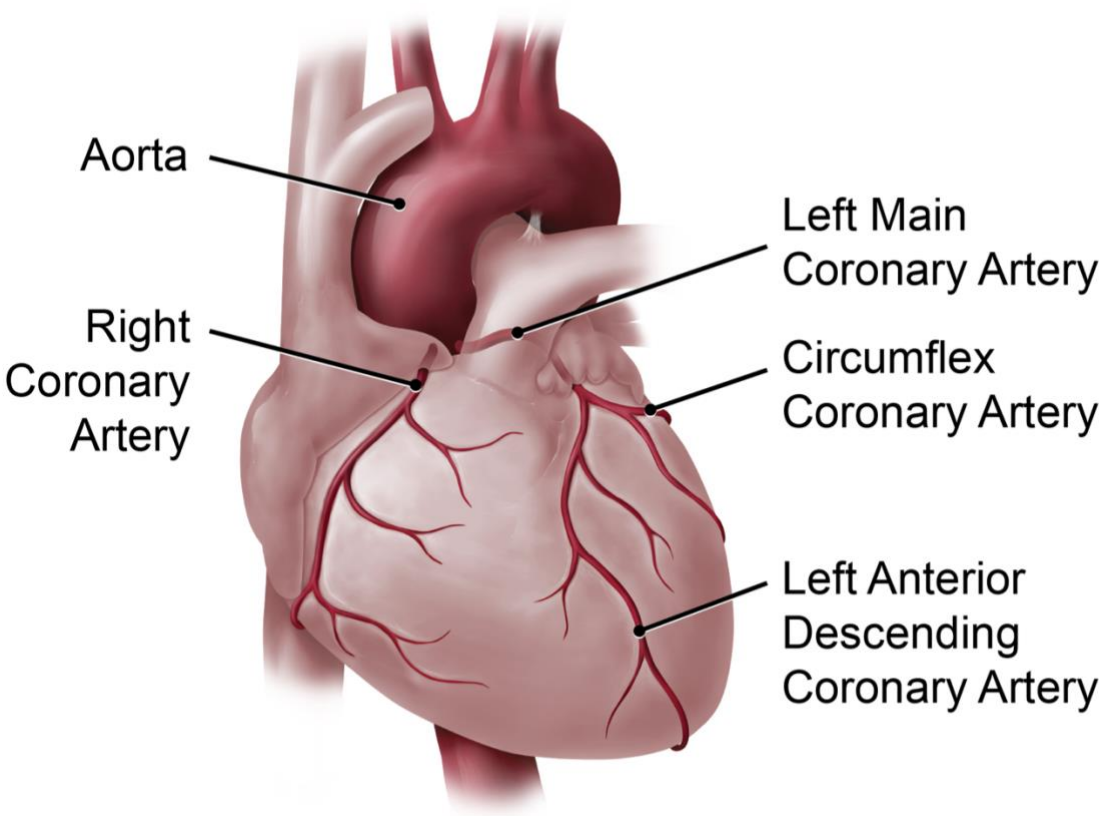
The heart

The heart is a muscle that pumps blood around the body through a network of blood vessels called arteries.

The left side of the heart receives fresh, oxygen-rich blood from the lungs and then pumps it out through a large artery called the aorta. The aorta branches into smaller arteries that go to all parts of the body. The various body parts take oxygen from the blood. The stale, oxygen-poor blood is then returned to the right side of the heart through blood vessels called veins. The right side of the heart pumps this stale blood to the lungs, where it picks up more oxygen, and the cycle begins again.

Coronary arteries

The heart muscle, like every other part of the body, needs its own oxygen-rich blood supply. Arteries branch off the aorta and spread over the outside surface of the heart, feeding oxygen to the muscle.



Heart disease

Heart disease, also known as cardiovascular disease, is a general term for a variety of conditions that affect the heart and blood vessels. It is a chronic disease that can lead to serious events including heart attack and death.

Heart disease is one of the leading causes of death in Canada and worldwide. The most common form of heart disease is coronary artery disease (CAD) caused by atherosclerosis.

Atherosclerosis

Over time, plaque builds up on the inside wall of arteries. Plaque is made of several substances including cholesterol. This buildup is called atherosclerosis or hardening of the arteries. It can start at a young age and is caused by a combination of genetic and lifestyle factors known as risk factors.

Atherosclerosis can cause narrowing of the arteries meaning blood flow is slowed down or blocked. Poor blood flow to the brain can cause a stroke. Poor blood flow to the arms or legs is called peripheral artery disease (PAD). Poor blood flow to the heart is called coronary artery disease (CAD) and can cause angina or a heart attack.

Angina

Plaque buildup in the coronary arteries to the heart causes poor blood flow, which can result in the heart not receiving all the oxygen it needs. This usually occurs when the heart must work harder, for example, when you are walking, climbing stairs, or feeling worried or upset.

When the heart is not getting enough oxygen, it can cause pain or pressure in the middle of the chest that may spread to the arms, neck, or jaw. Sometimes there may be shortness of breath, sweating, or nausea. This pain is called angina and usually goes away within two to 20 minutes by resting or taking a medication called nitroglycerin. It does not cause any heart damage.

Unstable angina

Sometimes, the plaque in the artery can crack open suddenly. The blood forms a clot over the cracked plaque, and this clot can cause a sudden narrowing of the artery. As a result, chest pain or angina may occur more frequently, with less exercise, or last longer than usual. This change in the pattern of angina is called unstable angina.

Heart attack

When the heart is starved for blood and does not get enough oxygen for more than 20 minutes, a part of the heart muscle dies, causing some permanent damage. This is called a heart attack or myocardial infarction. Heart attacks are confirmed with blood tests and an electrocardiogram (ECG), a test that shows the electrical activity of the heart.

Some heart attacks involve only a small area of the heart and can be managed with standard medical treatment in hospital. Some heart attacks involve a larger area of the heart and have a specific pattern on ECG. These heart attacks are called ST-elevation myocardial infarctions (STEMI) and require immediate treatment.

Chest pain	Angina	Unstable angina	Heart attack
While resting	Rare	Sometimes	Common
Goes away with rest or nitroglycerin	Yes	Yes	Sometimes
Lasts more than 20 minutes	No	No	Yes
Causes permanent heart damage	No	No	Yes

Heart damage

Some heart attacks cause little damage to the heart muscle, and the heart can still pump strongly. Some heart attacks are larger, and the muscle damage causes a weak heart. If you have had a heart attack and you are not sure how much damage was done to your heart, please speak with your cardiologist.

Tests

There are several tests that can check if plaques are blocking the coronary arteries to the heart. These include a treadmill test (fast walking on a treadmill while attached to an ECG machine), nuclear scans such as a PET (positron emission tomography) scan, stress echocardiogram, CT (computed tomography) angiography scan, or angiogram.

If you have had or are going to have an angiogram, please ask your nurse for the *Cardiac Catheterization and Angioplasty* guide. You can also review the guide on our website: ottawaheart.ca/cardiac-catheterization-angioplasty.

Coronary artery bypass grafting

Sometimes the blocked arteries cannot be fixed with angioplasty/stents and may require coronary artery bypass grafting (CABG), a surgery that requires opening the chest. Arteries inside the chest, an artery from the wrist, or sections of vein from the leg are used to go around the blockages in the coronary arteries, creating a new route for blood flow to the heart. This surgery requires a recovery time of five to seven days in hospital and one to two months at home.

Your three-step plan

At the University of Ottawa Heart Institute, you have received the best available cardiac care to treat and manage your heart condition, but your heart disease is not cured.

Heart disease is a chronic health condition, and like any health problem, it can bring uncertainty and changes to your everyday life.

You can respond to these changes in different ways. Research tells us that learning about your risk factors, taking charge of your heart health, and staying involved in your health and healthcare will help you to keep doing the things you want to do.

The following three-step plan will help you learn to take care of your heart and preserve your health:

Step 1 Get to know your own risk factors and plan how to manage them. Use the Modifiable Risk Factors table to help you identify your risk factors and think about how you might set some health goals.

Step 2 Participate in a cardiovascular rehabilitation program. Work with specialists in nutrition, physical activity, stress management, return-to-work counselling, and other social and emotional services to develop a plan that is tailored to your specific needs.

Step 3 Learn how to live and work with heart disease. Use the information in this guide to help you get through the normal bouts of anxiety and emotional ups and downs.

Risk factors for heart disease

Coronary artery disease is caused by a combination of genetic and lifestyle factors. These are called risk factors.

Non-modifiable risk factors

There are some risk factors that you cannot control, but it is important to be aware of them. They are referred to as **non-modifiable** risk factors:

- Your age
  - As you get older, your risk of heart disease increases.
- Your gender
  - Men over the age of 55 are at higher risk of heart disease.
  - Women over the age of 65 are at higher risk of heart disease.
- Your genetics
  - Your risk of heart disease is increased if a close family member—a parent or a sibling—developed heart disease before age 55 or, in the case of female relatives, before menopause.
- Your ethnicity
  - Indigenous people and people of African or Asian descent are at higher risk of developing heart disease.

Modifiable risk factors

There are other risk factors you can control. They are referred to as **modifiable** risk factors:

- Smoking
- Obesity and waist measurement
- High blood pressure (hypertension), particularly in pregnant women
- High or low blood cholesterol levels
- High or low blood glucose levels (can lead to prediabetes and diabetes)
- Lack of regular exercise
- High stress levels
- Depression

Target goals and information sections

Risk factor	Target goals	Information sections
Smoking	Quit smoking/No second-hand smoke.	Smoking cessation
Obesity and waist measurement	Aim to achieve your “best weight.” Best weight is the weight you can maintain while living the healthiest possible life. General guideline: Less than 102 cm (40 in.) if assigned male at birth and less than 88 cm (35 in.) if assigned female. Guidelines for waist measurement can vary depending on the population group you identify with. Please speak with your doctor if you have questions about your specific waist measurement guidelines.	Heart-healthy eating Managing obesity
Blood pressure	For most people: Less than 140/90 in your doctor’s office and less than 135/85 at home For people with diabetes: Less than 130/80 For people with established cardiovascular disease: 120/80 or less	Heart-healthy eating Managing your blood pressure Managing your medications safely
Cholesterol	Total cholesterol: Below 4.0 mmol/L HDL (good) cholesterol: • Men: Above 1.0 mmol/L • Women: Above 1.3 mmol/L LDL (bad) cholesterol: Below 1.8 mmol/L Non-HDL cholesterol: Below 2.6 mmol/L Triglycerides: Below 1.7 mmol/L	Heart-healthy eating Improving your cholesterol

Physical inactivity	Some exercise is better than no exercise, and more exercise is better than some. Aim to exercise regularly at moderate to vigorous intensity, working toward 20 to 60 minutes, three to five times each week.	Increasing your physical activity
Diabetes	Fasting blood glucose and before meals: between 4 and 7 mmol/L HBA1C: 7% or less	Heart-healthy eating Managing your diabetes
Prediabetes	Fasting blood glucose and before meals: between 4 and 6 mmol/L HBA1C: Less than 6 %	Heart-healthy eating Managing your diabetes
Stress	Manage stress.	Managing stress, depression and anxiety
Anxiety and depression	Monitor and manage anxiety and depression.	Managing stress, depression and anxiety

Key components of each of the modifiable risk factors will be reviewed over the next pages.

For more detailed information, please refer to the *Heart Healthy Living Guide*. You can ask your nurse for this guide or review it on our website at ottawaheart.ca/heart-healthy-living-guide.

Smoking cessation

Tobacco

Tobacco products such as chewing tobacco, cigars, pipes, water pipes, and cigarettes impact the heart in several ways. The carbon monoxide in tobacco smoke makes your heart work harder and prevents oxygen from circulating properly. Chemicals in tobacco damage the walls of the arteries in the heart and increase the buildup of plaque.

Smoking and tobacco use also:

- Raises your LDL (**l**ousy) cholesterol.
- Lowers your HDL (**h**ealthy) cholesterol.
- Speeds up your heart rate.
- Increases your blood pressure.
- Makes your blood sticky and more likely to clot.

If you use tobacco, quit.

- Quitting smoking is the most important thing you can do for your health.
- It is never too late to quit and the benefits of quitting start in as little as 8 hours.

Smoking is an addictive behaviour that causes you to form habits that are difficult to break. Many people try quitting several times before they are successful. Taking part in a follow-up support program greatly increases your chances of quitting.

Vaping

While vaping is less harmful than smoking, it is not harmless. The long-term health effects of vaping are still unknown. Even with no combustion, heated vape liquids still produce toxic chemicals. Like smoking, vaping increases your heart rate and blood pressure and impairs normal blood vessel function. It also increases the risk of severe lung injury.

Cannabis

Cannabis use is not recommended for people with heart disease. It increases your heart rate and blood pressure. Cannabis may also interact with medications you're taking.

If you are going to use cannabis, speak with your doctor about potential interactions with your medications, and follow Canada's lower-risk cannabis use guidelines: canada.ca/en/health-canada/services/drugs-medication/cannabis/resources/lower-risk-cannabis-use-guidelines.

Above all, do not smoke it.

UOHI Quit Smoking Program

The UOHI's Quit Smoking Program provides one-on-one sessions with a nurse specialized in smoking cessation, who will design a quitting plan tailored to your needs. Visit ottawaheart.ca/qsp for more information about our Quit Smoking Program.

Phone: 613-696-7069
Email: quitsmoking@ottawaheart.ca

Managing obesity

Obesity is a chronic disease defined as excess or abnormal body fat that impairs health. Obesity is not simple and can have many root causes. Not everyone with a larger body size, higher weight, or higher body mass index (BMI) has obesity.

Obesity is like high blood pressure and heart disease—they all need long-term management and treatment. There are no quick-fix solutions.

Evidence-based treatments are available for obesity. These treatments can help maintain healthy behaviours, like eating habits and physical activity. They can be personalized and used alone or in combination with each other:

- Psychological treatments
- Medical treatments (medications)
- Surgical treatments (bariatric surgery)

Treatment should focus on improving health outcomes, quality of life and self-care, rather than weight loss alone. Medical nutrition therapy and physical activity interventions should be personalized to your treatment plan, values, preferences and goals.

Aim to achieve your “best weight.” Best weight is the weight you can maintain while living the healthiest possible life. Healthy behaviours should be done because you enjoy them and want to be healthier, not because of the number on the scale!

Talk to your doctor for more information about the available treatments for obesity.

For more information about obesity

- Obesity Canada: obesitycanada.ca
- *Myths About Obesity - Why it’s not about weight*: ottawaheart.ca/obesity-education

Managing your blood pressure

How high blood pressure affects your heart

High blood pressure makes your heart work harder, damages your blood vessels, and can cause plaque to build up. All these factors lead to heart damage. A healthy blood pressure can improve your heart health and lower your risk of a stroke.

Ways to control your blood pressure

- Aim to make healthier food choices.
- Achieve and maintain your personal “best” weight (see page 16) while leading a healthy lifestyle.
- Be active every day and follow your physical activity plan.
- Practice stress management skills that work for you.
- Quit smoking.

For more information about blood pressure

- Unlock Food: unlockfood.ca
- Heart and Stroke Foundation of Canada: heartandstroke.ca
- UOHI hypertension patient guide: ottawaheart.ca/hypertension-guide
- UOHI Prevention and Wellness Centre: pwc.ottawaheart.ca

Improving your cholesterol

How cholesterol affects your heart

Your liver produces a fat-like substance called cholesterol. Some of the cholesterol in your blood comes from the food you eat.

Types of cholesterol: LDL and HDL

The most important types of cholesterol in your blood are:

- Low-density lipoprotein, or LDL.
- High-density lipoprotein, or HDL.

L is for “lousy”

- LDL is bad because it carries fats to your organs.
- It causes a buildup of cholesterol (plaque) on the walls of the arteries in your heart.
- High levels of LDL damage artery walls.
- Eating heart-healthy food can help lower your LDL.

H is for “healthy”

- HDL is good because it carries away excess fats from your organs.
- The more HDL you have in your blood, the better protected you are against the buildup of plaque in your arteries.
- Regular exercise and quitting smoking can help increase HDL.

Ways to improve your cholesterol

- Be aware of your cholesterol levels.
- Follow your heart-healthy nutrition plan.
- Aim to make healthier food choices.
- If you smoke, quit, or cut down on the number of cigarettes you smoke.
- Be active every day and follow your physical activity plan.
- Attend a nutrition workshop.
- Take your cholesterol medications as prescribed by your doctor.

For more information about cholesterol

- Unlock Food: unlockfood.ca
- Heart and Stroke Foundation of Canada: heartandstroke.ca
- Prevention and Wellness Centre: pwc.ottawaheart.ca
- Canadian Women’s Heart Health Centre: cwhhc.ottawaheart.ca

Increasing your physical activity

Regular physical activity will:

- Improve your heart and lung function.
- Improve your HDL (**h**ealthy) cholesterol and triglycerides.
- Lower your blood pressure.
- Improve your blood glucose levels.
- Improve your muscle tone and bone density.
- Increase your endurance and improve your confidence.
- Improve your ability to cope with stress and decrease anxiety and depression.

How to increase your physical activity

Once you are home, you should continue all the activities you were doing while in the hospital. The longer you are home, the more you should be able to do.

A balance of rest and activity should still be maintained to allow for continued healing and to conserve your energy. Activity should be increased gradually. Everyone's recovery is different. The rate at which you progress will depend on the severity of your cardiac event and your previous activity level. After four to six weeks, you should be back to performing your regular activities.

Walking is one of the first activities you can resume, and it is one of the best exercises for improving your health. We have given you a walking guide below to help get you started.

You will be referred to a cardiovascular rehabilitation program to provide you with exercise and lifestyle guidelines. This is an important part of your recovery. You are strongly encouraged to participate. The program will help you to safely resume other physical activities you did before your heart attack. You may also want to discuss details with your doctor about returning to more intense activities.

Walking program

The instructions provided below on how to start a walking program are important to follow for anyone who has had a heart attack or who did not have a regular exercise program before their cardiac event.

Weeks 1 and 2

- Five to 10 minutes of leisurely walking once or twice daily.

Weeks 3 to 6

At this point you are ready to begin your walking program:

- Begin with 10 minutes of slow walking once or twice daily.
- Increase by one minute per day until you are walking 20 to 30 minutes per walk.
- Increase your speed and distance as tolerated, remembering that it is important to avoid shortness of breath and fatigue. Always begin your walks at a slow stroll for the first few minutes, then increase your pace. Your walking time can be maintained at 30 minutes once or twice daily.

Calf muscle stretch

After your walks, stretch your calf muscles. They are likely to get tight as you begin to increase your daily activity.

- Stand up straight close to a solid surface on which you can place your hands for balance.
- Step back with one foot, with both your feet pointing forward.
- With your back leg straight, bend your front knee until you feel a stretch in your back leg.
- Hold for 30 to 60 seconds. Repeat with the other leg.

Interval training

If the above program feels too difficult for you, you can use interval training. This is a type of exercise where you alternate harder exercise with easier exercise for short periods of time. For example, each interval could include:

- Walking two to five minutes
- Then resting two to five minutes

Repeat this pattern as many times as you can, gradually increasing the number of intervals.

Exercise guidelines

- Walk on flat ground initially. If hills are unavoidable, walk slower when going uphill.
- It is best to wait about a half hour after meals before exercising as extra energy is required for digestion.
- It is important to start exercising for short periods of time and at a slow walking pace. Gradually increase the length of your walks before you increase the speed.
- If you are feeling well enough, you may exercise twice per day.
- You should be back to your pre-walking or resting state within 10 minutes of completing your exercise. If not, the next time you exercise, reduce your walking time or speed.
- If you feel tired, shorten your walking time. Go back to the previous level of activity for a few days. Listen to what your body is telling you. You may be trying to do too much too soon.
- Avoid exercising in extreme temperatures, such as hot, humid days or cold, windy ones. On these days, exercise indoors using stationary equipment or walk in the hallways of your house or apartment, or in a mall.
- If you are using a treadmill, keep it flat. It is best not to use the incline.
- A stationary bicycle can also be very useful, especially if you have joint problems that make walking more difficult. Make sure you pedal at a slow speed with little or no tension.
- Avoid exercises where you hold your breath or bear down.

STOP and rest if you:

- Become very short of breath.
- Feel weak, tired, lightheaded, or dizzy.
- Have any discomfort, especially chest discomfort.
- Have a fast heart rate or palpitations.
- Have nausea or excessive sweating.

If these symptoms persist, call 911.

Self-monitoring tools

The following tools will help to guide you with the progression of your exercise program.

Walk and talk test

This is the simplest test of all. At all times, you should be able to carry on a light conversation while exercising, without being short of breath. If you are too short of breath to speak clearly, you should slow down.

Rate of perceived exertion (RPE) scale

This is a number-based scale used to describe how you feel during your exercise session.

The number you choose should reflect your overall level of effort and fatigue during your activity, including your breathing. There is no right or wrong answer, but if you feel you are above level 15 (or “Hard/heavy” exertion), then you should slow your pace. If you feel you are exercising at a level below “Light” (level 11), then you may try to increase your effort a little bit.

As your recovery and fitness improve, so too will your perceived level of exertion. The change in effort that you feel over time, for the same exercise, is a measure of your improvement.

Rate of perceived exertion (RPE) scale	
6	
9	Very light
11	Light
13	Somewhat hard
15	Hard (heavy)
17	Very hard
18	
19	Extremely hard
20	Maximal exertion

Physical activity log (use to track your progress)

Date	Activity	Minutes	Rate of perceived exertion (RPE)	Unusual events *E.g., chest pain, dizziness or other*

Rest and activity at home

It may be hard to understand why we recommend such a slow return to your normal activities, especially if you were very physically active before your heart attack and are relatively young.

It is important to understand that your heart is a muscle and that, at any age or fitness level, your heart and your body need time to recover. This means taking it slow and gradually increasing your activities back to normal.

After recovery, most of our patients can do all the activities they enjoyed before their heart attack. For higher-intensity activities, such as playing hockey, lifting weights in the gym, or running, you may benefit from some guidance on how to progress gradually. We recommend you do this with the assistance of a cardiovascular rehabilitation program, where it can be done safely under the supervision of a physiotherapist or an exercise specialist.

The following guidelines offer some helpful advice about activity in general:

- Try to get eight hours of sleep every night during your recovery period.
- Stop and rest when you feel tired.
- Give yourself enough time for activities so you will not feel tense or rushed.
- Plan your day to achieve a balance between active periods and quiet times. Spread out more difficult tasks and alternate an easy task with a difficult one.
- Housework is not advised for the first week you are home. After that, you may resume light housework, such as helping with meals, and increase as your tolerance improves.
- Standing still for any length of time is very tiring. During your recovery, sit for as many activities as possible, e.g., washing dishes, preparing food.

Examples of activities

Week 1

- Walking slowly.
- Writing, drawing, painting.
- Reading.
- Watching TV, using the computer.
- Knitting, needlework.
- Meditating.
- Stretching exercises.
- Climbing stairs slowly.
- Short outings.
- Lifting no more than 5 to 10 pounds (when necessary, not for strength training).

Weeks 2 to 3

- Light laundry.
- Easy sweeping, dusting.
- Washing dishes, preparing light meals.
- Walking the dog.

Weeks 3 to 6

- Walking at a moderate pace.
- Cleaning sinks and toilets.
- Mopping floor, vacuuming.
- Ironing, making beds.
- Light gardening, raking leaves.
- Pushing light power mower.
- Lifting up to 20 pounds (when necessary, not for strength training).
- Bowling.
- Golfing with a power cart.
- Shuffleboard, croquet, billiards.
- Playing a musical instrument.
- Gentle beginner’s level yoga (no inversions).

A cardiovascular rehabilitation program will help you determine which activities are best for you at this stage.

Managing your diabetes

How glucose affects your heart

Type 2 diabetes is a progressive disease. Even before you are diagnosed with diabetes, you may have high blood glucose (blood sugar) levels after you eat. This is called prediabetes. This can lead to insulin deficiency. Insulin is a hormone that unlocks our body's cell doors so that glucose can be taken up as fuel. Abnormal blood glucose levels lead to an inflammatory response in the vessel wall. This can allow plaque to build up in the arteries (atherosclerosis), which may cause instability and plaque rupture.

Keeping your blood glucose levels healthy

- Take your medications as prescribed by your doctor.
- Join a diabetes education program to learn how to manage glucose.
- Monitor and track your blood glucose.
- Aim to eat healthier food.
- Be active every day and follow your physical activity plan.
- Work toward your personal "best weight" (see page 16) while leading a healthy lifestyle.
- Visit your family physician or diabetes specialist regularly.

Additional meal planning tips

- Eat regular meals. Aim to eat every four to six hours. Have a healthy snack if the meals are more than four to six hours apart.
- Eat breakfast every day.
- Limit sugars and sweets like soft drinks, fruit juice, desserts, candies, jam, syrup, and honey.
- If you are thirsty, drink water or sugar-free drinks. Make sure you follow any fluid restrictions prescribed by your doctor.

For more information about glucose management

It is natural to have questions about what food to eat. A registered dietitian can help you make healthier food choices. If you have diabetes and are taking insulin, speak with your family physician. You may need to see an endocrinologist (a doctor specializing in diabetes).

Diabetes Central Ottawa

Your source for information about prediabetes and diabetes in the Ottawa region. You may contact them yourself without a medical referral at 1-833-338-3722 or visit diabetesottawa.ca.

Diabetes education programs (outside Ottawa)

To locate a diabetes education program near you, contact Diabetes Canada at 1-800-BANTING (226-8464) or at info@diabetes.ca.

Managing stress, depression and anxiety

Stress

How stress affects your heart

Your body reacts to stress in many ways:

- Your heart rate and blood pressure go up.
- Your breathing becomes faster and shallower.
- You start sweating.
- Your entire body feels like it is in high gear.

In the short term, these reactions can help you. They make you more alert and able to deal with stressful situations. Long-term stress is not good for you. Your body turns fat cells meant to give you extra energy into cholesterol. Platelets in the blood become "stickier," which over time may lead to blockages. Patterns of daily life may change, making it harder to eat well, exercise regularly, and get enough rest.

Ways to manage your stress

It is important to manage your stress well. Here are some ideas of how you can do so:

- Exercise every day to reduce the effects of stress.
- Identify and talk to the people in your life who support you.
- Talk to a health professional if you feel anxious, depressed, or overwhelmed.
- Look for books or websites.
- Join a stress management program. These programs teach you stress management skills, like breathing and relaxation exercises.

Stress Management Program

Interested patients may call the cardiac rehabilitation team to participate in the Stress Management Program. The number is 613-696-7070.

Depression

Depression is common among people with heart problems. About one in five patients experience clinical (or major) depression. If you have at least five symptoms listed below for most of the day over two weeks, talk to your doctor.

- Loss of interest in activities that you usually enjoy.
- Changes in appetite.
- Losing or gaining weight too quickly.
- Sleep problems.
- Low energy.
- Memory or concentration problems.
- Feeling sad, worthless, helpless, or hopeless.
- Changes in sexual desire.
- Thoughts about death or suicide.

How depression affects your heart

Depression is associated with the risk of plaque buildup in the arteries and blood clots. Depression makes it harder for your immune system to fight off germs and viruses. It also influences the decisions you make. People with depression often find it difficult to make healthy choices like quitting smoking, exercising, eating well, or taking medications regularly.

What to do if you feel depressed

Depression often causes negative thinking. Learning how to think positively can help. Get support by talking with your family and friends or join a support group. You can also talk to your doctor or a mental health professional (social worker, psychologist, or psychiatrist) about treatments and strategies for coping with depression.

Do activities you enjoy, even when you do not feel like it. They can help improve your mood. Regular exercise can also improve your mood. Set goals and celebrate when you achieve them. Try writing down your daily activities to prove to yourself that you are making gains. Make sure to take time for yourself away from daily stresses. Consider joining a cardiovascular rehabilitation program to educate yourself and gain confidence about your recovery.

For more information about depression

- Canadian Mental Health Association: cmha.ca
- Canadian Psychological Association: cpa.ca

Anxiety

Anxiety can be a distressing emotion. Most cardiac patients feel fearful or nervous about their health condition. The word “anxiety” is often used to cover several problems. Generalized anxiety, panic attacks, and post-traumatic stress disorder are different types of anxiety.

About one in five patients experience symptoms of anxiety, including:

- Uncontrollable worry.
- Feeling “on edge” or restless.
- Feeling irritable.
- Muscle tension.
- Light-headedness.
- Sleep problems.
- Becoming easily fatigued.
- Difficulty breathing.
- Increased heart rate.
- Headaches.
- Sweating.

How anxiety affects your heart

Anxiety increases the risk of an irregular heartbeat and may trigger spasms. Both may cause heart problems. Unhealthy habits like smoking, overeating, poor sleep, and decreased physical activity are linked to anxiety.

What to do if you feel anxious

- Learn to recognize your signs of stress and when you start feeling anxious. Plan ways to manage your feelings.
- Learn how to handle stressful situations instead of avoiding them (for example, practice slow and deep breathing).
- Imagine scenes that are relaxing and pleasant.
- Learn relaxation skills (for example, tense and release the muscles throughout your body).
- Do something you enjoy (for example, reading a funny book or getting a back rub).
- Share your fears and worries with someone you trust.
- Challenge your thinking (for example, tell yourself, “I can handle this, I have done it before,” or “It is normal for my heart to pump harder when I am exercising”).
- Think of a plan for problems that cause you anxiety, so you are ready when the problems come up.
- Try to let go of things that are beyond your control.

Managing Emotions program

The cardiovascular rehabilitation psychologist may recommend you attend the Managing Emotions group, a program for cardiac patients experiencing feelings of anxiety. Topics include:

- Role and awareness of emotions.
- Relaxation skills.
- Managing uncertainty.
- Problematic thinking styles.
- Communication skills.
- Problem solving.
- Managing expectations.

For more information about anxiety

- Canadian Mental Health Association: cmha.ca
- Canadian Psychological Association: cpa.ca
- Anxiety Canada: anxietycanada.com
- MAP for Adults: maps.anxietycanada.com
- Bounce Back Ontario: bouncebackontario.ca

Heart-healthy eating

How your diet affects your heart

The food you eat affects many of the important risk factors associated with heart disease, for example:

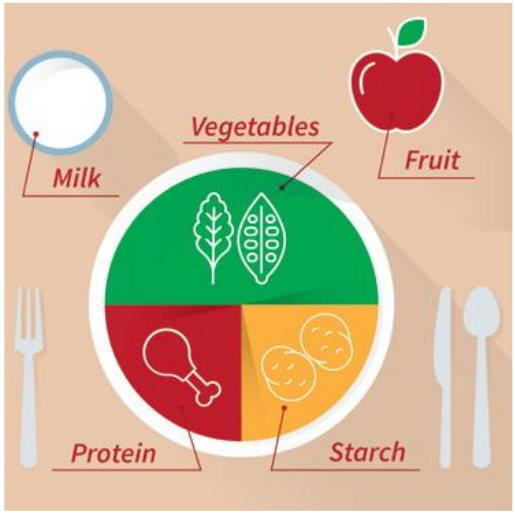
- Your blood cholesterol.
- Your blood pressure.
- Your glucose levels if you have diabetes.
- Your risk of another cardiac event.

For more information about heart-healthy eating

Nutrition workshops

The dietitian at the University of Ottawa Heart Institute offers pre-recorded webinars.

- **Nutrition 101:** Learn how to read food labels and get the facts on fat, cholesterol, fiber, and salt.
- **Nutrition 201:** Learn about nutrition trends, including superfoods, supplements, and the Mediterranean diet.



The webinars can be attended by patients, families, and members of the public who are interested in learning about heart-healthy eating. To view the webinars, visit: ottawaheart.ca/healthy-eating.

Websites

- **Dietitians of Canada:** dietitians.ca
- **Ottawa Heart Institute:** ottawaheart.ca/heart-healthy-living-guide
- **Heart and Stroke Foundation:** heartandstroke.ca
- **Health Canada:** hc-sc.gc.ca
- **American Heart Association:** americanheart.org
- **Unlock Food:** unlockfood.ca
- **Obesity Canada:** obesitycanada.ca
- **Ottawa Public Health**: ottawapublichealth.ca

A word about alcohol

We recommend that patients with heart disease do not drink alcohol. If you do drink, it is important that you understand ways to reduce the risk of long-term impacts to your heart and overall health.

Low-risk guidelines recommend no more than one to two standard drinks per week. If you drink more than two drinks per week, you are increasing your risk of certain cancers, heart disease, and stroke. For more information about your personal risks with alcohol use, please speak with your healthcare team.

A standard drink

- 341 ml (12 oz) 5% beer or cooler = one standard bottle or can
- 142 ml (5 oz) 12% wine = measure and mark on your wineglass
- 43 ml (1.5 oz) 40% liquor = use a shot glass or measure three tablespoons

Please note

People who drink often or every day may need support to safely cut back or quit. Please contact your primary care provider (family physician or nurse practitioner) or one of the resources listed below.

For more information, please consult Canada's Guidance on Alcohol and Health, Public Summary: Drinking Less Is Better (Infographic) | Canadian Centre on Substance Use and Addiction (ccsa.ca).

Resources to support you in managing your alcohol use

Rapid Access to Addictions Medicine Clinic

613-722-6521 ext. 6508 • theroyal.accessraam.ca

AccessMHA

Coordinated access and navigation to free mental health, substance use health, and addiction resources in eastern Ontario • accessmha.ca

Connex Ontario

Mental health and addiction treatment services
1-866-531-2600 • connexontario.ca

The healing process

Every year, thousands of Canadians survive a heart attack, go back to work, and enjoy a normal life. Your heart is healing, and with each passing day you'll get stronger and more active.

However, the heart attack caused damage to a portion of your heart muscle. This is sometimes a difficult concept to understand because you cannot see the damage that has been done to your heart.

Healing time

The post-heart attack healing period varies, often depending on the size of your heart attack, and can last anywhere from one to three months. If you are not sure how big your heart attack was, ask your doctor before you are discharged.

The first week is important because your heart is starting to heal. It is important to have a calm and relaxing environment for the heart to rest and recover.

From the second week on, your heart will continue to heal. During this time, we will ask you to gradually increase some physical activities and limit others.

Hospital social worker

You can ask to speak to a social worker while you are in the hospital or if you are taking part in the UOHI Cardiovascular Rehabilitation Program. Social workers can assist patients and their families with several concerns:

- Assessing options for appropriate financial assistance.
- Ensuring appropriate discharge and return to the community.
- Assisting with communication within the family.
- Providing advocacy and liaison services with other healthcare professionals and community resources.

If you would like to speak to a social worker, let a member of your healthcare team know, and a referral will be made.

Going home: a new beginning

As difficult and stressful as this experience has been for you and your family, rest assured that most people recover from a heart attack and go on to live a full life.

Can it happen again?

Even though you have received the best available care to treat and manage your heart condition, your heart disease is not curable. Heart disease is a chronic health condition that, like any health problem, will bring uncertainty and changes to your everyday life. Learning about your risk factors and how to manage them is the best way to prevent future blockages in your coronary arteries.

Returning to work

To help you figure out whether you can return to work, you and your doctor will consider:

- How stable your condition is.
- How safe you are to do your job.
- What the licensing requirements are (e.g., for truck drivers or pilots).
- What the demands of your job are—both physically and mentally.

What your doctor needs to know about your job

- The physical work that you do, such as lifting or carrying.
- Whether you use heavy tools like jackhammers.
- The conditions that you work under, such as temperature, fumes, shift work, or frequent deadlines.
- The amount of work stressors you have.

Tip: Take a copy of your job description to your doctor.

What papers you need to return to work

Your doctor may need to write a letter stating:

- When you can return to work.
- What you can or cannot do.

Tip: If your doctor writes “light duty,” this needs to be explained: what duties you can perform, what hours you can work, and how long light duty is to continue.

It is normal to sometimes feel tired or drained in the first few weeks. Some patients find it helpful to plan short rest periods to have more energy to complete daily activities. You will find more information on activity after a heart attack in the Physical Activity section.

Where to get help with questions about work

- A vocational counsellor who specializes in work-related issues will be available through your cardiovascular rehabilitation program.
- There may be help available through your workplace, such as a human resources staff member, an occupational health nurse, company doctor, or union representative.
- Your family physician may be able to help.

Driving again

Ask your cardiologist when you can drive again. The time you need to wait before driving after a heart attack depends on your ejection fraction (EF), the measurement of the percentage of blood leaving your heart each time it beats. Your cardiologist will use your EF to determine when you can safely drive again. It can vary from two weeks to three months from the time of your heart attack.

Below are some general guidelines. Please talk to your cardiologist to find out when you can drive safely after your heart attack.

If your ejection fraction is 41% or more:

- You must wait two weeks before driving again.
- If you drive for a living, you must wait one month before driving again, unless your cardiologist instructs otherwise.

If your ejection fraction is 40% or less:

- You must wait one month before driving again.
- If you drive for a living, you must wait three months before driving again, unless your cardiologist instructs otherwise.

Sexual health and heart disease

Sexual activity is an important part of quality of life and is often a great concern for both patients and their partners after a cardiac event. Fears and concerns may temporarily interfere with sexual spontaneity and response. Feel free to talk about your questions and concerns with your healthcare provider. Your healthcare provider is used to discussing these matters and will answer your questions in a professional and understanding way.

A few factors may interfere with your sexual health after your discharge from the hospital. You might temporarily suffer from mild depression, which will affect your sexual desire. Some medications may also impact sexual function. You might fear that sexual activity will cause another heart attack, or your partner might silently think the same. For many patients, this will last a short period of time, and life will pick up where it left off before you had a cardiac event.

Here are a few answers to common concerns about sexual activity:

Sexual activity after a heart attack

If you have recently had a heart attack, your doctor might ask you to wait up to six weeks before resuming sexual activity. After this healing period, the risk of having a heart attack during sex is quite low and is reduced if you exercise regularly and take your medication.

From a cardiac standpoint, sexual intercourse is like any other physical activity: Your heart rate and your blood pressure will increase. The activity is often compared to walking at three to six kilometres per hour on a level surface.

Recommendations for engaging in sexual activity

These past few weeks have been very stressful on you and your partner. Both of you might still be tired. Plan sexual activity for the time of day when you have the most energy and are least bothered by other issues.

- Avoid having sex after a large meal. Give yourself a few hours to digest.
- The stress on your heart is about the same regardless of your position.
- Limit the amount of alcohol you drink and avoid using tobacco as both may affect sexual function.
- If you have chest pain or shortness of breath, speak to your doctor.

If you had erectile dysfunction before your heart attack

Erectile dysfunction (ED) is often associated with heart disease. The same factors that contributed to blocking the arteries of your heart can block arteries elsewhere in your body. Some medications may also contribute to ED. Speak to your doctor if you suspect your medications are a contributing factor.

A healthy lifestyle that incorporates a heart-healthy diet, exercise, and reaching a healthy weight will correct ED in 30% of obese patients.

Use of ED medication after a heart attack

Check with your doctor before starting or resuming ED medications (Viagra®, Cialis® or Levitra®). These medications are usually safe but can significantly lower your blood pressure if taken with any form of nitroglycerin (spray under the tongue, pills, or patches).

You should not take any form of nitroglycerin within 24 hours after taking Viagra® or Levitra®, or within 48 hours of taking Cialis®.

If you experience chest pain within 24 hours of taking any of the above medications, call 911 and let the paramedics and emergency physician know you have taken these drugs.

Medications

You will likely be taking medications following your heart attack. Your doctor has carefully chosen the type of medications and dosage you need based on your current condition. It is important to recognize that not everyone will take the same medications. Your blood pressure, any abnormal heart rhythm, and the extent of damage to the heart muscle, will influence your doctor's decision.

The following is a brief outline of the medications most used and their role in treating heart disease. If your medication is not listed or you want more detailed information about your specific medications, ask your pharmacist.

Take the medication as prescribed by your doctor. If you have concerns about taking medications, discuss them openly and honestly with your doctor. If you experience troublesome side effects, your doctor may be able to prescribe a different kind of medication.

Medications for treating heart disease

Type of medication	Name of medication	How medication works	Potential side effects
Antiplatelets	ASA (Aspirin®, ECASA) Clopidogrel (Plavix®) Prasugrel (Effient®) Ticagrelor (Brilinta®)	• Helps prevent blood clots in injured coronary arteries • Helps prevent blood clots on stents (clopidogrel, prasugrel, ticagrelor) • Decreases the risk of future heart attacks	• Increased risk of bleeding and bruising • Stomach upset (nausea, diarrhea, heartburn) • Shortness of breath (ticagrelor)

NEVER STOP OR CHANGE YOUR ANTIPLATELET MEDICATIONS UNLESS YOU HAVE BEEN INSTRUCTED TO DO SO BY YOUR CARDIOLOGIST

Type of medication	Name of medication	How medication works	Potential side effects
ACE inhibitors (angiotensin-converting enzyme inhibitors)	Benazepril (Lotensin®) Captopril (Capoten®) Cilazapril (Inhibace®) Enalapril (Vasotec®) Fosinopril (Monopril®) Lisinopril (Zestril®, Prinivil®) Perindopril (Coversyl®) Quinapril (Accupril®) Ramipril (Altace®) Trandolapril (Mavik®)	• Widens blood vessels and lowers blood pressure • Decreases the risk of future heart attacks • Maintains the heart's shape, promoting normal function	• Cough • Dizziness, lightheadedness • Increased blood potassium level
Beta-blockers	Acebutolol (Rhotral®, Sectral®) Atenolol (Tenormin®) Bisoprolol (Monocor®) Carvedilol (Coreg®) Labetalol (Trandate®) Metoprolol (Betaloc®, Lopressor®) Nadolol (Corgard®) Pindolol (Visken®) Propranolol (Inderal®) Timolol (Blocadren®)	• Lowers blood pressure and heart rate • Helps prevent angina • Improves heart function • Slows down irregular heart rhythms • Decreases the risk of future heart attacks	• Fatigue/tiredness • Dizziness, lightheadedness • Depression • Wheezing

Type of medication	Name of medication	How medication works	Potential side effects
Cholesterol-lowering medications	**Statins** Atorvastatin (Lipitor®) Lovastatin (Mevacor®) Pravastatin (Pravachol®) Rosuvastatin (Crestor®) Simvastatin (Zocor®)	• Lowers LDL ("bad") cholesterol • Decreases the risk of future heart attacks	• Constipation, gas • Indigestion • Mild decrease in liver function • Muscle pain – **Notify doctor**
	Cholesterol absorption inhibitors Ezetimibe (Ezetrol®)	Usually used with a statin to lower LDL ("bad") cholesterol	• Diarrhea • Mild decrease in liver function • Muscle pain – **Notify doctor**
	PCSK9 inhibitors Alirocumab (Praluent®) Evolocumab (Repatha®)	Usually used with a statin to lower LDL ("bad") cholesterol	• Redness or swelling at the injection site
	Omega-3 fatty acids Icosapent ethyl (Vascepa®)	In patients with high triglycerides: • Lowers triglycerides • Decreases the risk of future heart attacks, strokes, need to resupply blood flow to the heart, and hospitalization for angina	• Swelling of ankles/feet • Constipation • Irregular heart rhythm – **Stop medication and notify doctor** • Bleeding – **Stop medication and notify doctor** • Gout • Muscle pain – **Notify doctor**
	Fibrates Bezafibrate (Bezalip SR®) Fenofibrate (Lipidil EZ®, Lipidil Micro®, Lipidil Supra®) Gemfibrozil (Lopid®)	• Lowers triglycerides	• Rash • Stomach upset (nausea, vomiting, diarrhea, gas) • Mild decrease in liver function • Muscle pain – **Notify doctor**

Type of medication	Name of medication	How medication works	Potential side effects
Cholesterol-lowering medications	**Bile acid binders** Cholestyramine (Questran®) Colestipol (Colestid®)	• Slightly lowers LDL (“bad”) cholesterol	• Constipation • Nausea • Bloating
Nitrates	Isosorbide dinitrate (ISDN, Isordil®) Isosorbide mononitrate (Imdur®) Nitroglycerin spray (Nitrolingual®) Nitroglycerin patch (NitroDur®, Minitran®, Trinipatch®)	• Improves blood flow to the heart by widening the blood vessels • Helps prevent angina (patch and tablets) • Stops angina (spray and tablets)	• Headache • Skin irritation at application site (patch) • Lightheadedness (spray)
Angiotensin II receptor blockers (ARBs)	Candesartan (Atacand®) Irbesartan (Avapro®) Losartan (Cozaar®) Olmesartan (Olmetec®) Telmisartan (Micardis®) Valsartan (Diovan®)	• Widens blood vessels and lowers blood pressure • Decreases the risk of future heart attacks • Alternative to ACE inhibitors	• Dizziness, lightheadedness • Headache • Increased blood potassium level

Type of medication	Name of medication	How medication works	Potential side effects
Calcium channel blockers	Amlodipine (Norvasc®) Felodipine (Plendil®, Renedil®) Nifedipine (Adalat XL®) Diltiazem (Cardizem CD®, Tiazac®) Verapamil (Isoptin®)	• Lowers blood pressure • Lowers heart rate (diltiazem, verapamil) • Helps prevent angina • Slows irregular heart rhythms (diltiazem, verapamil)	• Dizziness, lightheadedness • Fatigue/tiredness • Headache • Swelling of ankles/feet
Antianginal	Ranolazine (Corzyna®)	• Helps prevent angina	• Dizziness • Headache • Constipation • Nausea

Managing your medications safely

When you are discharged, you will be given a prescription for your new medications.

1. Make sure your doctor knows all the medications and supplements you were taking previously, so you can both feel confident that you are getting the right prescription.
2. When you receive the prescription, make sure you ask:
   - The name of the medication.
   - Why it is being prescribed.
   - When and how it should be taken.
   - How long you will need to take it for.
   - What side effects you should expect.
   - What you should do about the side effects.
3. When you pick up your prescription, ask your pharmacist to:
   - Explain the best way to take the medication.
   - Explain what is written on the labels.
   - Provide written information about the medication.
4. Try to use the same pharmacy for all your prescriptions. It is important for your pharmacist to have a complete list of all your medications so they can evaluate whether they can be taken together safely.
5. Carry your list of medications with you. Make sure it includes:
   - All your medications, as well as any vitamins, supplements, and herbal supplements you are taking.
   - Your allergies, immunizations, and pharmacy phone number.
6. Review the list regularly with your doctor or pharmacist.
7. If you have trouble remembering to take your medications, the following tips are “tried and true”:
   - Take your medications at the same time each day.
   - Associate taking your medications with daily activities like brushing your teeth, mealtimes, or bedtime.
   - Use a pill organizer with different compartments for different times of the day.
   - Ask your pharmacy if they can organize your pills in blister packs.
   - Keep a one-day supply of your medications in your handbag or at the office.
   - If your medications are complicated, ask your doctor if something simpler can be prescribed.
8. Do not store your medications in hot or humid places, such as the bathroom or the glove compartment of your car. These conditions will shorten the lifespan of your drugs.

9. Take your medications as prescribed by your doctor. If you have concerns about taking medications, discuss them openly and honestly with your doctor. If you experience troublesome side effects, your doctor may be able to prescribe a different kind of medication.
10. Always ask your doctor or pharmacist before taking any medications or herbal products you can buy without a prescription. Over-the-counter medications include pain relievers, antacids, laxatives, and cough medicines.
    - Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) and naproxen (Aleve®), may worsen your symptoms and/or make your prescription medication less effective.
    - Acetaminophen (Tylenol®), regular or extra strength, is safe to take for general aches and pains.
11. With certain medications, your doctor may request blood tests to check the functioning of your kidneys and the levels of sodium and potassium in your blood.
12. If you are worried about the cost of your medication, ask your doctor if less expensive substitutes are available, or check with the Trillium Drug Program for possible assistance:
    - Phone: 1-800-575-5386
    - Website: ontario.ca/page/get-help-high-prescription-drug-costs

Cardiovascular rehabilitation

Your next step to a heart-healthy lifestyle

What is cardiovascular rehabilitation?

Cardiovascular rehabilitation (CR) is a program made up of education, exercise, counselling, and support that will help you to make healthy living a part of your everyday life. The program also helps you understand how to take care of your own heart health after leaving the hospital, which can help prevent a future hospitalization and reduce your chances of having another cardiac event.

You can choose from a variety of programs that will be personalized to meet your needs. Our programs are offered by phone, computer, and in person at the Heart Institute.

For those living outside of Ottawa, the Heart Institute partners with several cardiovascular rehabilitation programs throughout the Eastern Ontario region. These programs allow patients to access services closer to home.

To see a list of programs and their contact information, read our brochure (ottawaheart.ca/outpatient-program), visit the website (ottawaheart.ca), or call the UOHI Cardiovascular Rehabilitation program (613-696-7068) and ask about the program nearest to you.

Your cardiovascular rehabilitation appointment

If your cardiovascular rehabilitation appointment is not indicated in your discharge letter, please contact us as soon as you are discharged from hospital at 613-696-7068.

Free webinar: While You Wait for Your Cardiovascular Rehabilitation Program

“While You Wait for Your Cardiovascular Rehabilitation Program” is a free webinar open to anyone who wants to learn more about cardiovascular rehabilitation and what to do at home before starting a CR program. It is taught by a registered nurse and a physiotherapist. Classes are available weekly, online and by telephone. No registration required. You can confirm the meeting time and video link (if applicable) on the Heart Institute’s online event calendar. Visit ottawaheart.ca/calendar.

HeartWise exercise

Phone: 613-696-7387
Email: HeartWise@ottawaheart.ca
heartwise.ottawaheart.ca

HeartWise Exercise partners with community organizations to develop programming and designate facilities, programs, and classes where individuals can exercise regularly to prevent or limit the effects of living with a chronic health condition. Ideally, this program would supplement a formal cardiovascular rehabilitation program, but could also be an alternative if cardiovascular rehabilitation is not an option.

There are a variety of HeartWise Exercise program options to choose from. Select the program that suits your needs. There are walking programs, free exercise options, and a variety of gym settings. All programs offer training workshops and have a defibrillator onsite. To find a location near you, visit the Locations tab of the HeartWise Exercise website: heartwise.ottawaheart.ca/locations.

We'll be keeping in touch!

Interactive voice response (IVR) information for patients discharged following a heart attack or unstable angina

What is interactive voice response (IVR)?

IVR consists of automated telephone calls from the University of Ottawa Heart Institute to patients at home, ensuring ongoing contact and support after their hospital discharge.

What is the purpose and what are the benefits?

The purpose is to obtain and provide information on your progress during the year following your discharge. The system will ask you questions but will also provide information to make sure you remain within the established standards of care.

How does it work?

The system will call you by name and ask you a series of questions. You can answer by saying "yes" or "no," or by pressing 1 for Yes or 3 for No. Information and healthcare tips will also be delivered by the system. A nurse will review the answers in a database from Monday to Friday and will call you if further assessment is required. The system will call you on day 2, and again 1, 3, 6, 9 and 12 months after your discharge. You do not have to stay by your phone. The system will try to reach you three times at each scheduled time.

Who to contact if you have questions

For any cardiac concerns at any time, you can call 613-696-7000, press "0" and ask the receptionist to page the Cardiology Nursing Coordinator.

For information about IVR, you can call the Cardiac Telehealth department Monday to Friday, 8 a.m. to 4 p.m., at 613-696-7050 or toll free at 1-877-303-9877.

For caregivers and support persons

How family members and caregivers feel

When a loved one is diagnosed with heart disease, it can have a big emotional impact on caregivers and support persons. Family members and caregivers may feel frightened, angry, and even guilty.

At any time during the hospital stay, please feel free to discuss these feelings with a doctor or a nurse. We can help you obtain support from an advanced practice nurse, clergy member, social worker, or other healthcare professional who specializes in providing families with this type of emotional support.

At any time of the day or night, you can speak with a nursing coordinator who can help answer your questions and provide support.

Caring for yourself

As a caregiver, it is important that you take time to look after yourself. You need to get proper nutrition and rest, both during and after the hospital period. The additional stress of supporting your loved one through a cardiac event can make you even more tired and possibly more at risk for catching a cold or other illness.

Sometimes family members feel like they need to be with their loved one at all times when they are in hospital. This is the best time for you to get some rest and prepare for your family member to return home. Rest assured that the attending doctor or nurse will contact you if there is any change in your loved one’s condition.

Will your partner or family member ever be the same?

As you learn more about heart disease, you will see that it is possible to manage the condition and still have a good quality of life.

Having heart disease requires some lifestyle changes to prevent a recurrence, but these changes are positive for the whole family. In many cases, our patients and families go on to lead more active and healthy lives!

Helpful tips for family members and caregivers:

- Take care of yourself.
- Seek and accept outside help.
- Do what you love.
- Connect with others.
- Stay informed and organized.
- Bond with your loved one.
- Be open to change.
- Talk about and plan for the future.
- Give control back to the family member who has heart disease.
- Acknowledge your strengths.

Heart Institute resources for caregivers

You can access more caregiver resources on the University of Ottawa Heart Institute's website: ottawaheart.ca/caregiver-resources.

Women’s heart health

Women’s experience with the management of their health differs from men in many important ways, and heart health is no exception.

Women face a unique array of risk factors predisposing them to heart and vascular disease. In addition to risk factors such as diabetes, smoking, high cholesterol, physical inactivity, stress and anxiety, and hypertension, women are vulnerable to heart disease due to menopause, pregnancy-related complications, and potentially certain birth control medications.

Women may also experience a distinctive set of symptoms that often go unrecognized. For instance, women are more likely than men to have heart attack symptoms unrelated to chest pain, such as neck pain, jaw pain, shoulder pain, upper back or abdominal discomfort, unusual fatigue, nausea, shortness of breath and more.

As a result, women are less likely to recognize the signs of heart disease and to seek help early. Ongoing research continues to evaluate diagnosis, treatment, and prevention strategies tailored to the unique needs of women.

Provided with the right resources and actions, it is possible to prevent heart disease or improve the outcomes of your diagnosis, allowing you to lead a healthy life.

Women’s Heart Health Clinic

The **Women’s Heart Health Clinic** at the University of Ottawa Heart Institute (UOHI) aims to guide women toward understanding their risk factors, symptoms, treatments, and outcomes.

The clinic assesses patients with microvascular coronary artery disease, myocardial infarction with non-obstructive coronary arteries (MINOCA), ischemic heart disease without any occlusion of coronary arteries (INOCA), spontaneous coronary artery dissection (SCAD), and unexplained chest pain; it also evaluates the cardiovascular risk in women with hypertensive disorders of pregnancy or gestational diabetes.

If you wish to be seen at the Women’s Heart Health Clinic, speak with your doctor about getting a referral.

Cardiovascular Rehabilitation Program

Following a cardiac event, cardiovascular rehabilitation is the next step on the road to recovery. You are eligible to take part in the **Heart Institute's Cardiovascular Rehabilitation Program** if you are a patient who has had a cardiac event, such as a heart attack, coronary artery bypass grafting (CABG) or other heart surgery, heart failure, heart transplant, angioplasty, or other event.

Please visit our website to learn more: ottawaheart.ca/cardiac-rehabilitation-program.

Canadian Women's Heart Health Centre

A lack of social support after a cardiac event affects prognosis, particularly in women. The **Canadian Women's Heart Health Centre** at the UOHI also offers the **Women@Heart** program, a peer support program led by women with heart disease, for women with heart disease.

Women@Heart provides women with heart disease, in every community, with access to emotional support, educational support, and a caring environment for a better recovery after a cardiac event. You do not need a referral from a doctor to participate in the Women@Heart program. If you are interested in participating, please visit our website: cwhhc.ottawaheart.ca/womenheart-program.

You can also join the Women's Heart Health Clinic patient education groups virtually. Each session focuses on a specific subject pertaining to women's heart health and is presented by specialists. To register, please call 613-696-7000, extension 15429.

Heart Institute Patient Alumni

We can help. We've been there.

The Patient Alumni is a diverse community of current and former University of Ottawa Heart Institute patients, their families, friends and caregivers. We support the Heart Institute by sharing information about the prevention and treatment of heart disease, and by helping to fund projects and services to improve patient comfort and care. By joining the Alumni, you will become part of a very unique community!

The Heart Institute is the only hospital in Canada that has formed an alumni group to stay in contact with discharged patients and their families. Since 1976, the Heart Institute has delivered world-class care to thousands of patients. Our goal is to stay in touch, stay informed, and contribute to the Institute's quality of care and future success.

Why join the Alumni?

Joining is free, thanks to the partnership and financial support of the Heart Institute and its fundraising Foundation.

As an Alumni member, you'll get up-to-date information through our:

- E-letters
- Websites
- Lectures, courses, and special events

For more information and access to free membership, visit our website: ottawaheartalumni.ca

Or contact us at:
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