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## In the Loop

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### **February is Heart Month**

The heart and circulatory system make up the cardiovascular system. The purpose of the heart is to pump blood to the organs, tissues, and cells of your body, delivering oxygen and nutrients to every cell and removing carbon dioxide and waste products made by those cells. Oxygen-rich blood is carried from your heart to the rest of your body through a complex network of arteries, arterioles and capillaries. Oxygen-poor blood is carried back to your heart through veins. When people talk about heart disease, what does this mean? Heart disease is actually a group of conditions affecting the structure and functions of the heart and has many root causes. Coronary artery disease, for example, develops when a combination of fatty materials, calcium and scar tissue (called plaque) builds up in the arteries that supply blood to your heart (coronary arteries). The plaque buildup narrows the arteries and prevents the heart from getting enough blood. The good news is that heart disease is preventable and manageable by controlling risk factors:

- High blood pressure
- High cholesterol
- Smoking
- Stress
- Excessive alcohol consumption
- Physical inactivity
- Being overweight

Unfortunately, results from a 2011 survey found that denial is putting Canadians at risk for heart disease - we are overestimating healthy behaviours and underestimating our tendency to be couch potatoes. Check out the informative video from the Heart and Stroke Foundation website on cardiovascular risk factors, and hear one man's story of his surprise in learning he needed triple bypass surgery. Take the "My Risk Assessment" to receive a customized report on your risk factors for heart disease and stroke. For more information on addressing risk factors, you can download the brochure "Taking Control" from the Heart and Stroke Foundation.

Source: Heart and Stroke Foundation website

#### Assessing your health

Your body, like your vehicle, requires regular maintenance to ensure it runs properly. To see how you are doing, visit Dr. Oz's "How Healthy are You?" quiz <u>online</u>. This quiz asks 41 questions and concludes with information about any symptoms that require medical attention. Below are some guidelines on when to visit your health care providers to keep on top of your health.

- **Family doctor** Once a year for check-up and flu shots, and more often if you have chronic illnesses and other medical conditions
- **Dentist** A general guideline is every six-months for a cleaning, but this will vary depending on your oral hygiene

**Optometrist** - The frequency of appointments is age dependent. Those under 19 years of age should have their eyes checked once a year. Adults between the ages of 20 and 39, especially if they have glasses or contacts, should go once every two to three years to keep their prescriptions updated. Those over 40 years of age should have an exam once every two years.

• **Gynecologist** - The frequency ranges from once a year to every three years, depending on your situation. For many women, the family doctor can cover this area of health care. Women over age 18 (both sexually active and not) should consult a family doctor or gynecologist at least once a year.

A partnership with your health care team is key to good management. If you are interested in learning more about working with your health care professionals, consider participating in one of University of Victoria's free **self-management programs.** For more information, please visit <a href="https://www.selfmanagementbc.ca">www.selfmanagementbc.ca</a>.

Source: Huffington Post Canada, "Doctors to See: 10 Appointments to Make for your Health", January 8, 2013



**BC's Disability White Paper Consultations** 

The BC Government is holding a province-wide public consultation to see what we as a society can do to increase accessibility for people living with disabilities. People with disabilities, friends, family members, neighbours, employers or co-workers are invited to share their thoughts about how government, businesses and communities can better support people with disabilities to fully participate in our communities. You can participant either in person by signing up for a community consultation meeting or online by visiting the participation webpage. A "White Paper", developed from the feedback provided, will form the foundation for a summit in BC in June 2014 to address issues facing people with disabilities. For more information, please visit the government website at <a href="http://engage.gov.bc.ca/disabilitywhitepaper/">http://engage.gov.bc.ca/disabilitywhitepaper/</a>. You can view a video explaining the process.



# **Interprofessional Online Pain Certification Program** for health professionals

The aim of University of Alberta's online interprofessional graduate-level credit program is to provide advanced education in collaborative pain management for healthcare professionals. This Certificate provides an opportunity for practising clinicians to learn with- from- and about each other to address the multi-dimensional nature of both acute and chronic pain, with an emphasis on complex/chronic pain. Registrants completing the

program will:

- Adapt and use an interprofessional approach to pain management through an understanding of the unique and shared roles and responsibilities of various professionals
- Use critical thinking and evidence-based approaches to develop assessment and comprehensive management plans.
- Use a bio-psycho-social clinical reasoning framework which integrates information across models in the assessment and management of pain.

Each course incorporates adult and IPE learning strategies, and uses the latest in online learning technologies. Course contributors include leaders in pain research, management, and education from across Canada and beyond. For more information about the program, please email <a href="mailto:sdrefs@ualberta.ca">sdrefs@ualberta.ca</a> and visit the website <a href="mailto:Pain Program Information">Pain Program Information</a>.



### Low-risk alcohol drinking guidelines

Evidence points to the benefits of regularly drinking small amounts of alcohol to reduce the risk of developing cardiovascular disease (but not in the case of premenopausal women or men under 40, since they are at much lower risk), type 2 diabetes, gallstones and peripheral artery disease, and perhaps even dementia. Heavy drinking, however, increases the risk of alcoholism, heart and liver disease, hypertension, certain cancers (including breast, mouth, esophagus, larynx, liver and colon), osteoporosis, car crashes and other accidents. The official recommendations for daily consumption vary by country. Canada now has national "low-risk" alcohol drinking

guidelines, where low-risk drinking is defined as drinking at the safest possible levels. Canadian health experts recommend that men have no more than three standard drinks a day on most days to a maximum of 15 drinks a week, while women have no more than two standard drinks a day on most days to a maximum of 10 drinks a week. Age, body weight and health problems may suggest lower limits. Those who should not drink at all include pregnant or breastfeeding women, children, people who are at high risk for alcoholism, those with certain medical conditions and those taking medications that interact with alcohol. HealthLinkBC recommends that if you do not drink now, do not start drinking to lower your risk of health problems. Talk to your doctor about whether drinking alcohol is safe for you what amounts are appropriate. To find out what a "standard" drink looks like, and for more information on low-risk drinking, see the brochure from the Canadian Centre on Substance Abuse. If you or someone you know is affected by alcohol and other drug use, contact the 24-hour BC Alcohol and Drug Information and Referral Service at 604-660-9382 in the Lower Mainland and toll-free in BC at 1-800-663-1441.

Source: School of Public Health, University of California Berkeley, 2014 and HealthLinkBC Low-Risk Drinking Guidelines, April 22, 2013



### **Superstar vegetables**

The Nutrition Action Health Letter, published by the non-profit Centre for Science in the Public Interest in Toronto, Ontario, calculated a score for each vegetable by adding up its percentage of the Dietary Reference Intake (RDI), the Daily Value (DV) for fibre, and the daily targets they set for lutein and carotenoids other than lutein, as well as calcium, iron and folate. Here are the top twelve vegetables:

- 1. Kale
- 2. Spinach
- 3. Collard greens
- 4. Turnip greens
- 5. Swiss chard
- 6. Pumpkin, canned
- 7. Mustard greens
- 8. Sweet potato, with skin
- 9. Raddichio, raw
- 10. Broccoli, raw
- 11. Carrots
- 12. Romaine lettuce, raw

Source: Nutrition Action Health Letter, Healthy Foods: Your Guide to the Best Basic Foods, copyright 2012



### Make your own hand sanitizer

The David Suzuki Foundation's Queen of Green provides a recipe for homemade hand sanitizer. By making your own sanitizer you save money and avoid exposure to chemicals. Hand sanitizer should be used if hand washing with soap and water is not available. Combine the following ingredients:

- 60 ml pure aloe gel
- 125 ml grain alcohol (e.g., vodka) or rubbing alcohol
- 5-8 drops tea tree or thyme essential oil

Store in a squeeze bottle. Optional: add 30 ml of vegetable glycerin to combat the alcohol's drying effect. For more information on living in an environmentally friendly way, visit the Queen of Green's <u>blog</u>.



Please send your ideas and suggestions to <u>In the Loop</u>.



Steveston

Photo courtesy of Bill Anderson

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