DISEASES OF AFFLUENCE

You may not feel affluent but we live in a very rich nation compared to earlier times or other parts of the world. As in most developed countries, a Canadian lifestyle is characterized by:

LESS physical activity
- due to cars, more sedentary work and leisure time

MORE but less healthy food
- commercially made (refined; processed)
- high meat & dairy consumption
- high fat and sugar intake
- supersized portions

The results of this affluenza include heart disease, stroke, type 2 diabetes and many more disabling chronic diseases.

Heart and Stroke

February is national Heart & Stroke Awareness Month, and for good reason. Together, heart disease and stroke are the leading cause of death in Canada, and a major cause of disability and loss of independence.

Heart attacks and strokes, sometimes called brain attacks, are really the same thing in different parts of the body. Deposits of cholesterol and other fatty substances, calcium and cellular debris build up on the inside of an artery. The artery narrows. Blood flow decreases, which means less oxygen to key organs like the heart or brain. This buildup may rupture and the resulting blood clot can completely block all blood flow, which is the major cause of a heart attack or stroke. Without oxygen, the heart muscle or brain cells start to die. Even if you survive this attack the damage is permanent. Heart and brain do not regenerate.

Buildup on an artery wall does not usually produce symptoms until the diameter of an artery is reduced by 70%. That’s why it’s called a silent killer.

An equal opportunity killer

Many women don’t realize they are at equal or more risk than men. Heart disease used to be called a “man’s disease” – probably because earlier research focused on men. More women actually die of heart disease and strokes than men, perhaps because statistically they live longer and perhaps because symptoms can present differently in women and lead to delayed treatment.

But health-care sexism isn’t a thing of the past. Recent studies have shown that women may be less likely than men to be admitted to coronary heart care units; be prescribed medication; receive a one-on-one session with doctors or nurses to help them better understand their medications and how to make lifestyle choices to improve their condition.

Before, heart attacks and strokes used to be viewed as diseases of aging. Now affluenza is showing its impact on baby boomers and young adults. The Heart and Stroke Foundation warns of a looming Perfect Storm of Heart Disease that will leave no Canadian young or old unaffected.1

Symptoms – Play it safe

It’s important to note that heart attack symptoms vary greatly, not just between men and women but between men and between women. Women can also display atypical stroke symptoms.

It’s also important to remember that a stroke victim may be confused and unable to help themselves. An alert family member or bystander is a stroke victim’s best friend.

<table>
<thead>
<tr>
<th>HEART ATTACK</th>
<th>STROKE</th>
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<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
</tr>
<tr>
<td>Tightness in chest</td>
<td>Neck and shoulder pain</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>Radiating pain, typically down left arm</td>
<td>Nausea</td>
</tr>
<tr>
<td>Jaw pain which may radiate to teeth</td>
<td>Vomiting</td>
</tr>
<tr>
<td>Cold sweats</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Heart palpitations</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Intense stabbing chest pain</td>
<td>Chest pain</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
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<tr>
<td>SUDDEN:</td>
<td></td>
</tr>
<tr>
<td>Weakness or numbness of face, arm or leg</td>
<td></td>
</tr>
<tr>
<td>Trouble speaking or understanding speech, confusion</td>
<td>Vision problems</td>
</tr>
<tr>
<td>Dizziness, loss of balance</td>
<td>Headache</td>
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Heart attacks and strokes are medical emergencies that can have devastating consequences. Play it safe; assume the worst.2

Treatment - the golden hour

Strokes caused by a blocked artery can be treated by a powerful “clot-busting” drug called tPA. However, this drug is approved for use only within 3 hours of symptom onset. Nor can it be administered as soon as a stroke victim gets to hospital. First there must be tests, including a brain scan, to ensure the stroke’s cause is a blocked artery, not a hemorrhaging blood vessel.3

You must get to the hospital within 60 minutes of symptom onset, often called the “golden hour.” to benefit from this short window of opportunity. Time lost is brain lost.

The situation is similar for heart attacks. Treatment with “clot busters” within the first two hours after a heart attack saves lives and reduces permanent damage. Time lost is heart muscle death.

What do you do first?

Call 911. Whether it’s for yourself, a family member or a total stranger.

This is almost always the safest and quickest way to get treatment fast -- as soon as ambulance EMS staff arrive on the scene, en route to the hospital, and at the hospital where patients arriving by ambulance are often treated more quickly than walk-ins.

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2 Angina pain or pressure, caused by the heart not getting enough blood and oxygen due to narrowed arteries, can feel like a heart attack but does not cause permanent heart damage like a heart attack does. If it’s the first time, don’t try and diagnose whether it’s angina or a full-blown heart attack. Angina can be a predictor of later heart attacks but many people have a heart attack without ever having felt angina pain. Similarly, transient ischemic attacks (TIA) can be predictors of strokes. A TIA causes stroke-like symptoms but no lasting damage. Let a doctor decide whether it’s TIA or a stroke.

380% of strokes that are caused by a blood vessel or artery blockage. (The other 20% are when a blood vessel in the brain ruptures and bleeds into the brain. This is the kind of stroke Dr. Jill Bolton described in her personal account “A Stroke of Insight.”)
Prevention – know your risk profile

Some risk factors cannot be modified: age; gender; racial and family genetic heritage, for example, a family history of early heart attacks. But many risk factors are controllable.

You can identify your personal risk profile of heart attack or stroke by working with your family physician.

High cholesterol and blood pressure have no specific symptoms, and no early warning signs to you, but can be identified through simple medical tests and controlled with medication.

Modifiable risk factors

Here are the major risk factors for heart disease and stroke and, in fact, most diseases of affluence. These risk factors are very inter-linked. Multiple risk factors have a compounding risk effect. The good news is that the reverse is true. Improving one can have a positive impact on others.

High blood pressure

A healthy blood pressure is necessary to move blood throughout the body. However chronically elevated pressure is a leading risk factor, probably because it damages artery walls. These damaged sites are magnets for cholesterol and other fatty buildup. The damage also triggers an inflammatory response where our immune system attacks our own arteries – a bit like being killed by “friendly fire” in battle.

Smoking (and second-hand smoke for nonsmokers)

The #1 risk and single most preventable cause of death. Smoking affects most parts of the body, including the lungs. In terms of heart disease and stroke, nicotine raises blood pressure and also makes the blood clot more easily. Carbon monoxide robs the blood of oxygen and leads to the development of cholesterol deposits on the artery walls.

High cholesterol

Our body needs “good” high-density lipoprotein (HDL) cholesterol, and our liver produces all that we need. Most cholesterol in the blood is “bad” low-density lipoprotein (LDL) which has been consumed by eating meat and dairy products. This bad cholesterol is what is deposited on artery walls.

High triglycerides

Triglycerides are the most common type of fat in our body. It’s what the muscles use for energy. But we consume far more than needed eating sugary, processed food. This excess is stored as fat or circulates in the blood creating conditions that increase artery problems. Having high levels of both cholesterol and triglycerides significantly increases risk of heart disease or stroke.

These are statistical risk factors, not certainties. Some, although not many, people can abuse their body mightily and still live to an active old age. People with normal blood pressure and cholesterol levels can and do have heart attacks or strokes.
Multiple diseases

Having another disease of affluence is considered a risk factor. For example, you are more at risk for heart disease if you’ve had a stroke and vice versa. Having diabetes greatly increases the risk of heart disease and stroke. In fact, most people with diabetes die of some form of heart or blood vessel disease. Diabetes is a more serious risk factor for women. Among people with diabetes, death rates from artery disease are 3 to 7 times higher for women than men.

Stress and Depression

Stress is a commonly recognized risk factor, but depression has been a much underrated one, especially given clear evidence of its correlation with the development of artery disease, precipitation of an attack, impact on recovery and likelihood of an earlier death after an attack. Depression in the elderly can be an elusive risk factor because it frequently shows up as physical symptoms and doctors expect older people to have infirmities and illnesses and don’t look for emotional causes.

Inactivity

Inactivity doubles the risk of heart disease and stroke. Regular activity helps prevent or control risk factors such as high blood pressure, high cholesterol and obesity. It also reduces stress levels, increase energy and improve sleep and digestion. Just getting up, out and around more is a good start.

In addition, regular exercise is one of the best things you can do for your health. You can start with 5 minutes a day and then work up to more. There really aren’t many good reasons not to exercise at all. People with osteo-arthritis can exercise and it will help their arthritis. People with mobility problems or in wheelchairs can start gentle, progressive exercise programs like the Home Support Exercise Program (HSEP). This was developed by the Canadian Centre for Activity and Aging in Waterloo and can be done in groups or by yourself at home. This exercise program is taught by many organizations including Scarborough Support Services.

Raise your odds

Many risk factors for diseases of affluenza can be decreased through simple lifestyle choices and changes, especially improved diet and increased activity.

See our next newsletter in March on nutrition.