

## **Bulletin** February 2023

**Regina Community Clinic**  
Community Health Services (Regina) Ltd.

1106 Winnipeg St.  
Regina SK  
S4R 1J6



The Clinic will be CLOSED  
on Monday, February 20, 2023.

An on-call physician can be  
reached by calling:

**306-543-7880**

***NEW!***

### ***Member Connection Forum***

***Regina Community Clinic Co-operative Members***

***Wednesday, February 15th via Zoom, 7:00pm to 9:00pm***



***Registration prior to February 9, 2023 is required.***

***Please register by email: [rccmember@reginacommunityclinic.ca](mailto:rccmember@reginacommunityclinic.ca)***

RCC is holding its first mid-year "Member Connection Forum" to better engage with you, our members. The agenda for this meeting is tentatively set and will include:

- 1) A Report on the Board's work regarding a refreshed strategic plan and an update on key initiatives;
- 2) A Demonstration of RCC's new and improved website and member benefits;
- 3) An educational workshop on Cooperatives in Saskatchewan (in partnership with the Saskatchewan Cooperatives Association);
- 4) And, Open discussion forum for members to ask questions about RCC.

***A Zoom link and the Agenda will be e-mailed to registrants prior to the meeting.***

**February** is Heart Month, a time to bring attention to the importance of cardiovascular health, and what we can do to reduce our risk of cardiovascular disease.

*From Canada's Heart and Stroke Foundation: <https://www.heartandstroke.ca/>*



### **Women have unique risk factors**

Most women in Canada have at least one risk factor for heart disease and stroke. Women who have diabetes, come from certain ethnic backgrounds or are menopausal are even more at risk.

It is important for every woman to know about their risk factors so that you can prevent heart disease and stroke, and recognize the signs so you can get help immediately.

Women tend to be safeguarded from heart disease prior to menopause because of the protective effect of estrogen. However, this is not always the case. For example, pregnancy is the first increased risk time for women, and pre-menopausal women with diabetes have similar risk to men of the same age because diabetes cancels out the protective effect of estrogen.

### **The role of estrogen:**

During a woman's reproductive life cycle, from about age 12 to 50, the naturally occurring hormone, estrogen, provides protective effect on women's heart and brain health. However, estrogen's effect can change depending on a variety of factors and conditions.

Gender-affirming hormone therapy puts trans women at increased risk for stroke, blood clots and heart attacks.

Women who are taking estrogen as part of Hormone Replacement Therapy (HRT) have an increased risk of stroke and heart attack. If you are on HRT, discuss with a healthcare professional what this means for you and what your options are.

### **Birth Control Pills (oral contraceptives):**

Modern oral contraceptives are much safer than forms used decades ago as they are lower in estrogen. Oral contraceptives, especially high-dose estrogen or estrogen only, can increase the risk of high blood pressure and blood clots – both which are stroke risks. The risk is greater if you smoke, or already have a blood clotting problem.

Talk to your healthcare provider about the risks and benefits of oral contraceptives for you.

### **Pregnancy:**

Over the nine months of gestation, women may develop certain conditions that put them at higher risk of heart disease and stroke.

**Pre-eclampsia** is a condition that typically starts after the 20<sup>th</sup> week of pregnancy. It is related to increased blood pressure and protein in the mother's urine (the protein indicates there is a problem with the kidneys). Although there is no proven way to prevent pre-eclampsia, you may be prone to the condition if you have high blood or are obese prior to becoming pregnant. Other risk factors include being younger than 20 or older than 40, are pregnant with more than one baby, or have diabetes, kidney disease, rheumatoid arthritis, lupus, or scleroderma. All women should be routinely monitored by their healthcare provider throughout their pregnancy. Have your blood pressure checked often. Pre-eclampsia is treatable under the supervision of



### **Gestational Diabetes:**

While pregnant, a woman's body must produce extra insulin because increasing levels of pregnancy hormones interfere with the body's ability to use insulin efficiently. If the woman's body cannot produce the additional insulin sufficiently, her blood sugar levels may rise, causing gestational diabetes. There are no warning signs so it is important that women have their glucose levels monitored as part of their prenatal care and continue to be monitored throughout their pregnancy. Gestational diabetes can increase the risk of mother and baby developing diabetes later in life. Diabetes is a risk factor for heart disease and stroke.

The risk of pregnancy related stroke can happen at any stage of pregnancy. A high risk time is during childbirth and the first few months after birth. It is usually the result of an underlying problems such as a pre-existing blood vessel malformation or eclampsia.

Peripartum cardiomyopathy (PPCM) is a rare form of cardiomyopathy that occurs in pregnant women and recent mothers, and is often misdiagnosed. PPCM causes your heart to become larger around the time of your delivery. This enlargement weakens your heart muscle and make pumping blood more difficult. When your blood can't circulate well enough to support vital organs, it can lead to heart failure.

### **Menopause:**

Menopause is a time when a woman stops having menstrual cycles. Your risk of heart disease and stroke increases after menopause. If you have early onset menopause, your risk is higher. Before and after menopause, you may experience:

- An increase in total blood cholesterol, low density lipoprotein cholesterol (LDL or 'bad' cholesterol) and triglyceride levels.
- A decrease in high density lipoprotein cholesterol HDL or 'good' cholesterol
- A tendency toward higher blood pressure
- An increase in central body fat, which can be harmful to your body because you may be more prone to blood clots and blood sugar problems.
- Symptoms such as severe sweating or sleep disturbances

### **Cholesterol:**

You may have heard or read that natural estrogen helps to keep cholesterol levels in healthy range. After menopause, as natural estrogen levels drop, more and more women tend to develop high cholesterol. Talk with your medical provider about how often you should have your cholesterol checked.

### **Triglycerides:**

Triglycerides are the most common type of fat in the body. A high triglyceride level often goes with higher levels of total cholesterol and LDL, lower levels of HDL and increased risk of diabetes. Research suggest that having high triglycerides may increase the risk of heart disease and stroke for women.

Making heart and brain-healthy changes in your life

A woman's overall risk of heart disease or stroke is determined by all of her risk factors. You can control of these factors, but not all of them.

Risk factors that you can control include smoking, high blood pressure, high blood cholesterol, diabetes, physical inactivity, and obesity.

Risk factors that you cannot control include age, gender, family history, race, and ethnicity.



## Women can prevent and reduce their risk of heart disease and stroke by:

- Becoming a remaining smoke free.
- If you do not smoke, then avoid start to vape as well.
- Achieving and maintaining a healthy body weight.
- Being physically active for at least 150 minutes of moderate – to vigorous-intensity aerobic activity per week, in bouts of 10 minutes or more.
- Reducing sedentary time and moving regularly as you do your daily activities.
- Maintaining a healthy blood pressure through lifestyle changes (such as increase physical activity) and when needed through medication.
- Eating a healthy diet that is lower in fat, higher in fibre and includes foods from each of the four food groups and increased plant-based foods. Avoid highly processed foods.
- Using medications to reduce the risk of heart disease and stroke as prescribed by our healthcare provider, for example, medications for high blood pressure, high blood cholesterol and diabetes.

## Sex and gender: What's the difference?

Sex and gender are different, and both affect women's health. Here's how the Canadian Institutes for Health Research explains the two terms:

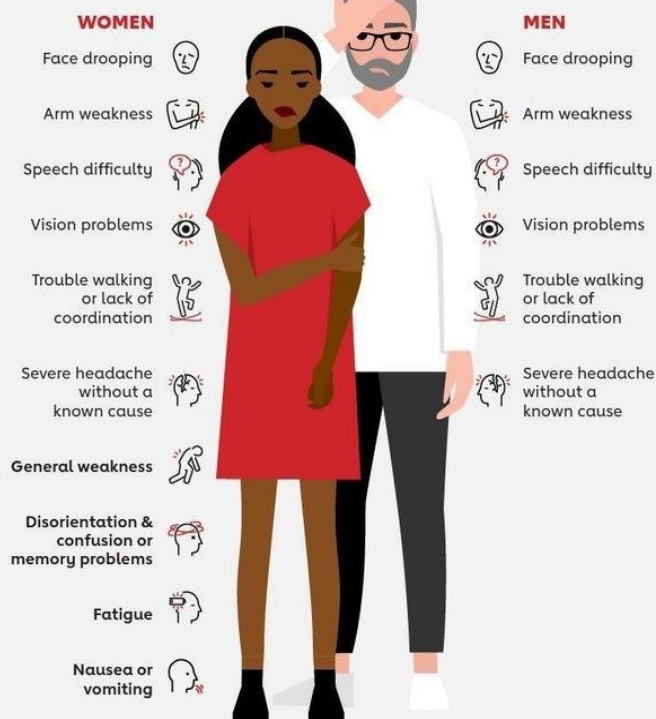
**Sex** – refers to the biology of humans and animals, including physical feature, chromosomes, gene expression, hormones, and anatomy.

**Gender** – is the social roles, behaviours, expressions and identities of girls, women, boys and men and gender diverse people.

## STROKE SYMPTOMS: WOMEN VS. MEN

By American Heart Association News

Men and women share a common set of stroke symptoms. But women also can experience more subtle warning signs.

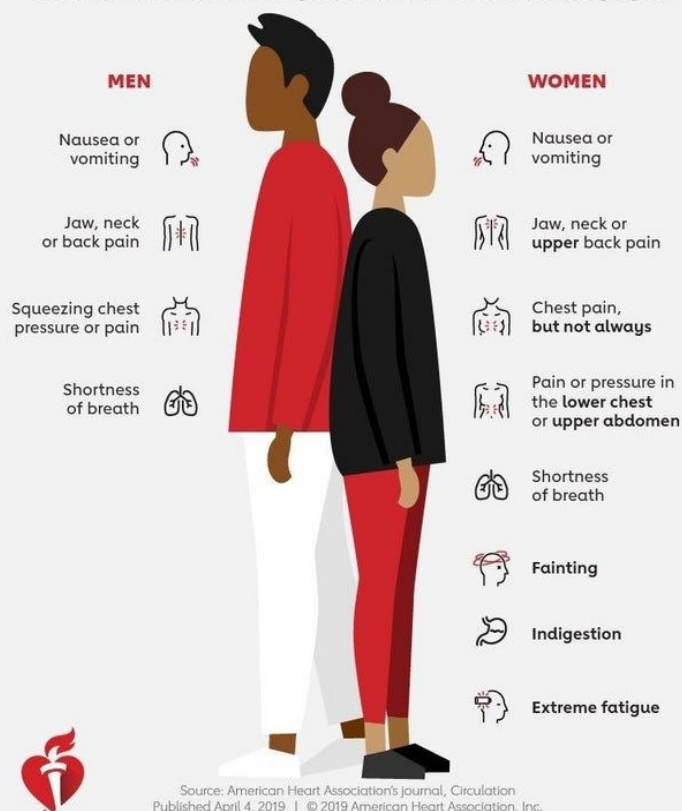


Sources: American Stroke Association; Gender Medicine; Journal of Neuroscience Nursing  
Published May 31, 2019 | © 2019 American Heart Association, Inc.

## HEART ATTACK SYMPTOMS: MEN VS. WOMEN

By American Heart Association News

The most common symptom of a heart attack for both men and women is chest pain. But women may experience less obvious warning signs.



Source: American Heart Association's journal, Circulation  
Published April 4, 2019 | © 2019 American Heart Association, Inc.