

On a mission

Joannie Rochette is putting her heart into raising awareness of the number one killer of Canadian women

BY CHRISTINE LANGLOIS

WHEN THÉRÈSE ROCHETTE died of a massive heart attack in her Vancouver hotel room—just days before her daughter was to compete in figure skating at the Vancouver 2010 Winter Olympics last February—it came as a shock to everyone close to Thérèse. But sadly, it shouldn't have. Thérèse, who worked so hard to help Joannie live her dream of going for gold, lived her own life as if her heart were indestructible. She smoked heavily, didn't exercise and loved junk food. And she missed obvious symptoms—shortness of breath, fatigue, and pain in her arm, neck and shoulder.



MARCO WEBER/TVA PUBLICATIONS

As the world watched, Joannie, her face a mask of sadness, forced herself to compete in honour of her mother. She eventually won bronze, then retreated from the public eye to grieve in private. Now, one year later, Joannie is still incredulous that no one, including herself, realized that her mother was courting disaster. Even the doctor who saw Thérèse just a few weeks before she died gave her a shot of cortisone, thinking that the pain she'd been experiencing in her shoulder was caused by an old injury. With the awful benefit of hindsight, Joannie, age 24, says: "I still can't believe we never thought it was her heart," even though there was a family history of heart disease and Joannie had spoken to her mother numerous times about her heavy smoking habit.

Through the University of Ottawa Heart Institute, a leading Canadian authority, Joannie is now telling her story and hoping to warn women of the risks of heart disease through her IHeartMom (iheartmom.ca) fundraising campaign. The campaign aims to raise awareness and funds to support research at the University of Ottawa Heart Institute.

Awareness is abysmal

It's a small comfort, but Joannie now knows that her mother was not alone in ignoring her risk of heart disease. Dr. Chris Glover, a cardiologist at the University of Ottawa Heart Institute, sees women all the time who are shocked when he tells them there is something wrong with their heart. "They just never consider it," he says. While most doctors now realize the risk, "women themselves consistently underestimate it."

It's been five years since heart disease became an equal-opportunity killer in Canada: 2006 is the first



Joannie hopes to raise awareness through her IHeartMom campaign. "If my story can help someone," says Joannie, pictured with Thérèse four years ago, "I'll tell it."

year that as many women as men died of the disease, and that's still the case today. But our collective psyche hasn't caught up to the stats. Says Joannie: "I don't know why, but most people still think it is a man's disease."

That was certainly true years ago when more men than women died of heart disease. But today it's the leading health threat for Canadian women, says Dr. Beth Abramson, a cardiologist and a spokesperson for the Heart and Stroke Foundation of Canada; it causes a third of all female deaths, and more deaths than from all cancers combined.

Why are so many women complacent?

Abramson says there may be a couple of reasons. First, they may think they are protected by the benefits of estrogen. But estrogen protection ends with midlife and menopause. By their late 50s or early 60s, women have almost the same risk as men.

The other source of complacency may be that women have been lulled by the reports about the improvements in heart disease statistics. It's true that in the past 20 years, rates of cardiovascular disease (which includes →

SYMPTOMS

In the past, it was believed women and men had different warning signs, but this may not be the case. The Heart and Stroke Foundation of Canada says the most common symptoms of a heart attack for both men and women include:

- **PAIN** In the chest, neck, jaw, shoulder, arms or back, that doesn't go away with rest. Chest discomfort or pain brought on by exertion, but which doesn't go away with rest, may also be a sign. Pain can feel like a squeezing, burning, heaviness, tightness or pressure, but women may describe pain differently than men.
- **SHORTNESS OF BREATH**
- **NAUSEA** Also indigestion, vomiting
- **SWEATING OR COOL, CLAMMY SKIN**
- **FEAR** Anxiety, denial

"NO REGRETS"

The following is excerpted from an article in the upcoming February issue of Reader's Digest magazine, in which writer Christine Langlois interviewed Joannie Rochette to find out what happened behind the scenes at the Olympics one year ago.

On the afternoon of her death, Thérèse was so exhausted she had to rest on a public bench

before she could walk the rest of the way to the condo where she and husband Normand were staying. That night, just as Normand was climbing into bed, he heard what sounded like his wife coughing beside him. When he looked over, he realized she wasn't breathing. A friend who was staying with them tried CPR but got no response. Thérèse was gone. She was just 55.

For Joannie, the next day is a blur. Her father came to the Olympic Village early in the morning to give her the news; later,

her boyfriend was allowed to join her there. "That day I didn't want to come out of my room," she says. "I kept the door closed."

But even in her grief, she knew she had a decision to make. Her short program performance was two days away. Should she stay in the competition? She couldn't think, and she didn't know what to do. The person who had been her closest confidante, who had guided her through many of her toughest decisions, wasn't there to help this time.

But in the end, her mother's

guidance still made the difference. Joannie considered her mother's favourite mantra. "She always said 'No regrets,'" Joannie remembers. What her mother meant was: choose a course of action that won't lead to a missed opportunity. Joannie took this advice to heart in Vancouver. The next day, she got back on the ice and practised. And to her amazement, she was still landing her jumps. She realized she could perform despite her grief. "You find the strength," says Joannie.



Joannie placed first in the senior women's competition at the 2010 Canadian championships in London, Ont. She's now taking a year off from competitive skating.

both heart disease and stroke for men and women) have declined by 50 percent in Canada. But that drop is directly attributable to lifestyle changes—especially the drop in smoking rates. Eighty percent of heart disease is attributable to lifestyle, so rates of smoking, changes in diet and physical activity all have a huge impact. And many women still are not making the necessary changes to lifestyle to reduce their risk.

Younger women are at risk, too

Statistician Raymond Fang does research on life expectancy, and his past number-crunching for the Provincial Health Services Authority in British Columbia has revealed some startling facts about women's heart health here compared to other parts of the world. While heart disease rates continue to drop globally, Canadian women are not keeping pace with the dramatic improvements that are being seen elsewhere, he says. For example, back in 1988, women in Australia had much higher rates of heart disease than

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women in Canada, but now their rates are the same as ours. And Japanese women, whose rates were just slightly less than Canadian women in 1988, now have much lower rates of the disease.

Fang says the reasons are obvious. Compared to women in many other countries, we consume more calories, have smoked more and have higher rates of obesity and diabetes—all of which are risk factors.

The Heart and Stroke Foundation issues a report every year on the state of Canadians' heart health. In 2010, the report was called "A Perfect Storm," and it contained dire warnings about an impending explosion of new cases of heart disease as a result of huge increases in major risk factors for both men and women at younger and younger ages. Between 1994 and 2005 among 35- to 49-year-olds, the prevalence of high blood pressure increased by 127 percent, diabetes by 64 percent and obesity by 20 percent.

The report makes special mention of the risks to young women age 20 to 34. Of the approximately 3.4 million Canadian women who are in this age group, one million are overweight. More than 800,000 smoke and about 1.7 million are inactive. "These are the women we might see in cardiologists' offices within this decade," says Abramson ominously. "As a society, we need to support women at all ages in reducing their risk of heart disease."

Dr. Anique Ducharme is a cardiologist at the Montreal Heart Institute who, like her colleagues in other parts of the country, is very concerned that the gains in heart disease prevention over the past 50 years are being lost

for women. Recently Ducharme has noticed a small number of premenopausal 40-something women as patients. "Years ago, you didn't see any." She says there is a huge need for more awareness programs like Joannie Rochette's IHeartMom campaign to get the word out to Canadian women that

they need to take steps to protect their hearts.

Asked what else she thinks is needed to fight heart disease in Canadian women, Ducharme pauses, and then says, "Running shoes," with a little laugh. Despite her joking tone, you know that she's deadly serious. □

BONUS How old is your heart? Take our quiz to find out, and get heart-healthy tips, at besthealthmag.ca/janfeb2011.

HEART-HEALTHY FOODS



FRUIT AND VEG

Squash, carrots, sweet potatoes, dark leafy greens, asparagus, broccoli, apples, red grapes



DAIRY

Skim milk, low-fat yogurt



BEVERAGES

Green or white tea, pure orange juice



WHOLE GRAINS

Black rice, quinoa, unsweetened oatmeal



FISH

Rainbow trout, salmon, sardines



LEAN MEAT AND ALTERNATIVES

Tofu, lentils, beans



HEALTHY FATS

Extra-virgin olive oil, soybean oil, canola oil



SNACKS

Low-fat popcorn, dark chocolate