The Beat - Episode 6 Final Transcript

The pandemic's impact on heart and stroke care

[00:00:03] **Paul** For sure, you're scared and it's the unknown because at that point, like, nobody could tell you what was going to happen, right, or when cases are going to go up or down this week or next week. And does that mean they're going to do more surgeries or less surgeries? Who would know the answer to that?

[00:00:27] **Caroline** Chances are you or someone you know has been personally affected by heart disease and stroke. They can devastate lives, sometimes suddenly, but there's hope. I'm Caroline Lavallée, and you're listening to The Beat, a podcast by Heart & Stroke with support from our generous donors. In each episode, we're joined by Canada's leading physicians and experts to discuss the most pressing issues related to heart and brain health. And you'll be inspired by the real stories from people living with heart disease and stroke. Thanks for listening. Now let's get into the episode.

It's difficult to comprehend the lasting implications of the COVID 19 pandemic. Everyone has been impacted, many tragically. And we know that the virus is likely to be with us for a long time to come. Over the past two years, hospitals and health care providers shifted to treat people that were critically ill with COVID. This shift saved lives, but it also had consequences for those that didn't receive timely treatment for heart disease and stroke. The surgery backlogs still exist today, and no one knows when health care systems will catch up.

In this episode, we'll hear from Dr. Clare Atzema, an ER physician, and Dr. Andrew Krahn, a cardiologist and past president of the Canadian Cardiovascular Society. We'll also hear from Paul King, who underwent bypass surgery during the pandemic.

For over two years, Dr. Clare Atzema has been working on the front lines of the pandemic. She is an emergency physician at Sunnybrook Health Sciences Centre and a clinical scientist in Toronto. She witnessed a disturbing drop in heart and stroke patients in the E.R. during the multiple waves of COVID 19.

[00:02:35] **Dr. Atzema** On a regular day, I might see three or four chest pain patients. I might see one heart attack. A couple of patients presenting with potentially with heart failure or stroke. And that would be a pretty normal, regular part of my care, whereas during COVID, certainly during the first wave, it was almost like there was tumbleweeds going through the ER. (We saw) patients with COVID, with bad COVID and the really sick cancer patients. But all those other chest pain patients, patients with shortness of breath from cardiovascular causes with strokes, where were they? You know, they just, I wonder if they're just sitting at home with these pains or what they're doing to try and mitigate them.

And then, once the first wave ended, then we got this incredible wave of very sick, complicated patients. Normally, I can get through, you know, the issues that the patient is presenting with in a pretty timely way. And it was then taking me more than double the amount of time because it's not just that they have one issue like chest pain; they also have all these other issues that have snowballed. So it was taking a long time to try and fix patients up a little bit, and they were being admitted to hospital much more often because things had gotten so bad that I couldn't fix it within one visit to the ER.

[00:03:53] **Caroline** Dr. Andrew Krahn, who leads the division of cardiology at the University of British Columbia, is also concerned about the long-term health of people who stayed away from the hospital for fear of catching COVID.

[00:04:07] **Dr. Krahn** I think the practical part of it is, some of the individuals who didn't seek medical attention where they needed to will be left with an extent of disease that sometimes we could have mitigated. Let's take a practical example — like a person with an acute stroke who stays home, loses the window of either removing or busting up a clot that causes the stroke and then is left more disabled. The same thing is true for people who have a heart attack, who will then have heart damage that we could have saved with an urgent angioplasty, for example, and stenting where they're then left with more heart failure.

[00:04:43] **Caroline** When pandemic lockdowns began in March 2020, nobody knew how COVID-19 would impact people living with heart disease and stroke. Time has revealed that the risks are severe.

[00:04:56] **Dr. Atzema** Whatever you have in the background, it's going to be worsened by having COVID. Because if your heart's not getting enough blood supply because your coronaries are a little bit jammed up, but it's getting enough, and then you get COVID, it's got to pump three times as fast because you're sick with something, and COVID is making your blood vessels open up. Now your heart's going to get pumping three times as fast, and it's going to get tired faster and same as if you have a heart attack. We also know that COVID is a very unique virus and that it causes clotting. And if you get clots and clots go to your brain, then you're going to have a stroke. So if you already are predisposed to having strokes, you know, if you get COVID now, it's even more likely that you'll get another stroke.

[00:05:38] **Caroline** If getting COVID 19 puts heart and stroke patients at serious risk, then they must do all they can to stay protected. Dr. Krahn tells his patients that staying protected includes getting vaccinated.

[00:05:52] **Dr. Krahn** The message that I send to patients is to say, you're right, you have heart disease and I understand that you're afraid. What I do know on the other side of this is that if we make sure everyone is vaccinated, that really provides both individuals and we as a population with protection from the severe illness that's costing lives. We've lost track of the fact people are dying from this every day and most are not vaccinated. So as scared as you are, you know, I hate to say it, but take the plunge, pardon the pun, because on balance, you'll protect yourself, but also protect the people around you.

[00:06:32] **Caroline** While many parts of the country were in lockdown, Paul King and his wife enjoyed hiking the trails around their home in Owen Sound, Ontario. Paul was in his late 50s and kept active playing hockey regularly, so he didn't find the hikes that strenuous until one autumn day in November 2020.

[00:06:55] **Paul** Right out our front door here we have the escarpment and it connects up to the Bruce Trail. So there's a, you know, a fairly steep, sort of switchback path that goes up to the top to the trails, and there's a conservation area and such. So we would walk this all the time. I was walking up that hill, really started to feel sort of pains in the top part of your left, part of your chest. Mild pains and then sort of a numbness in my left arm. Thought it was odd. I got to the top and I got my phone on and Googled, you know, what heart attack symptoms are. And you know, it wasn't having a heart attack per se, but there's definitely symptoms there that are related to, you know, something going on with the heart.

[00:07:40] **Caroline** Paul continued on his walk that day, five kilometres in all, but decided to make an appointment with his doctor.

[00:07:49] **Paul** You know, if I had been sort of in a busy, busy life mode that we had been before pandemic, I probably would have just sloughed it off.

[00:07:57] **Caroline** Paul's doctor ordered some bloodwork, but the results didn't point to anything serious. A stress test was scheduled in February 2021, and that led to another one a couple of months later. Luckily, a snowstorm caused multiple cancelations at the hospital, and Paul was able to have his second stress test just two weeks later.

[00:08:20] **Paul** This time they do an ultrasound, so they get you on the treadmill for your 10 or 15 minutes, probably 10 minutes. You know, I was still kind of having these symptoms in the arm. Then they lay you down and they they got the ultrasound going around. Then the doctor said, well, I'll send you to Kitchener for an angiogram. And I go, well, what does that mean? Like, what are you seeing? And I said, well, we think there's something there. We can't really see it. But I think, you know, it'd be a good thing to get an angiogram. At that point, I don't even know what an angiogram is or was.

[00:08:52] **Caroline** Up to this point, the COVID-19 case counts were low in his community, so Paul felt safe going to the hospital. Everyone was taking the necessary precautions. It wasn't until he was in the larger hospital in Kitchener for his angiogram that Paul started to notice the severe impact the pandemic was having.

[00:09:15] **Paul** You kind of get wheeled out to the hallway and then he comes out and he's, you know, and I'm kind of in a bit of shock at that point. You know, the hospital's in a bit of a turmoil because it's under construction. I think maybe part of it was because of COVID. But, you know, there's plastic sheets hanging up and you're kind of in this hallway and the doctor kind of comes over and he says, "Yeah, you know, you've got these blockages."

[00:09:40] **Caroline** Paul's wife, Susan, had to stay in the car that day. She wasn't with him when he received the difficult news that he needed bypass surgery. Together, they returned home to Owen Sound and waited for several weeks to hear about a date for Paul's surgery. Those were hard weeks, as Paul worried that he could have a heart attack any day.

[00:10:06] **Paul** So that was sort of the third wave. So then, you know, they'd kind of open things up and then all of a sudden kind of and in March it started to go sideways again and things were really starting to get tightened down. And then that's when they started saying, you know, we're going to start restricting surgeries in the hospitals and such. And then you go, "Oh, wow, like now, now where am I?" You know, I mean, for sure, you're scared. And it's the unknown because at that point, like, nobody could tell you what was going to happen. Right. Or were, you know, the cases going to go up or down this week or next week? And does that mean they're going to do more surgeries or less surgeries? Like, who would know the answer to that?

[00:10:58] **Caroline** Dr. Krahn has seen the effects of longer surgery wait times first-hand.

[00:11:03] **Dr. Krahn** For somebody struggling with the need to wait and maybe longer waits than they thought was reasonable and so on. On the one hand, I completely empathize. This is a problem. It reflects the lack of capacity in our system to be able to do things in a timely way. And it's very difficult to wait. It's hard to be patient. People are often scared. That's understandable. And they also need information about their condition and how reasonable it is to wait.

The other side of it is, the healthcare system is trying to, for example, look at the priorities of the people who have to wait to make sure people who are in particularly imminent danger or who are unstable, are looked after as quickly as possible. We had some of these processes called triage in place before COVID happened, but we've doubled our efforts and in fact made some guidance on the question of how you should be revisiting patient status to make sure that they're stable, that things aren't worse, that nothing has changed, and so on, to ensure that the people who need it the quickest are undergoing the procedures as an example.

[00:12:12] **Caroline** Paul was experiencing what thousands of people across Canada were going through. COVID was taking precedence over other procedures across the board.

[00:12:23] **Dr. Atzema** Well, first of all, it's a very basic level. You know, surgeries were stopped across Ontario, across, you know, in many regions because they're considered elective surgeries, which is sort of a loose term. That means in comparison to an emergency surgery, where you come in having a heart attack right there on the bed, and you've got to be swept upstairs to the operating room. And elective means that we're going to book it, but it still means you need it. Whether or not you are likely to have a heart attack if you don't have it in the next short while, or if you're a cancer patient and you need the cancer taken out, that's still considered elective. So all of those surgeries were completely stalled because we needed the beds for COVID patients.

[00:13:01] **Caroline** Day after day, Paul nervously checked the mail for news. Finally, after a couple of cancelations and rescheduled dates, the date for his surgery arrived. Susan drove him to the hospital for 6 am.

[00:13:18] **Paul** I remember that there was a guy getting out of a cab or car with his with his mother, and he said, "You might want to just stand back a little bit. We're not sure — she might have COVID." And we're following these people into the emergency ward. And you go like, that was kind of a real scary time because then you're in one of these old 1950 waiting rooms, emergency rooms, and it's pretty jam packed. And there's everybody's got plexiglass up and it's, you know, kind of trying to keep your distance. You know, we had to answer 20 questions or whatever, and then we got pushed over to the intake for the surgery. So then... that's the last point I could see my wife. She kind of dropped me off at that point and then they took me upstairs from there.

[00:14:02] **Caroline** The operation included seven bypasses and took longer than expected. It was a stressful eight-hour wait for Paul's wife and she was only allowed to visit him for 20 minutes a few days after the surgery. The hospital had a cardiac intensive care unit, but it had been converted to a COVID ward.

[00:14:23] **Paul** So this makeshift ICU unit was pretty, pretty cramped. And it could tell for the workers it wasn't ideal for them because they're used to their, you know, their normal space. Every second bed was empty because that's how they were doing the spacing. And... there was one corner that had sort of two-by-fours and a plastic sheet up and the plastic sheet hanging down there. There's one guy in there. And then there was a couple rooms where they had different people that were kind of a little bit more isolated, I guess.

[00:14:59] **Caroline** After a few days in the makeshift ICU, and then another few in the rehab, Paul was released. They say timing is everything.

[00:15:09] **Paul** And then that Delta variant popped up and Kitchener was a hotspot and the hospital had some Delta variant problems. I was talking to the cardiologist up here. I don't really know the specifics, but they had...created another backlog basically about a week or two after I got out of the hospital. So the little window that I got in and out of was to me was amazing, amazing luck or whatever.

[00:15:39] **Caroline** Surgery backlogs are still a problem today, and it is difficult to know if and when hospitals will be able to catch up.

[00:15:48] **Dr. Atzema** You know, obviously we're trying to book more surgeries and, you know, do overtime. The problem is, the people who do this, myself and all the healthcare workers, are just burned out. And trying to, as I am, working many, many shifts in the ER right now, and it's impinging on my ability to do research. But we just need people to cover the ER because, you know, people have retired if they could, but they're burnt out or they're sick with COVID. And we've hired many, many more people, both, you know, in the emergency room and in other areas, nurses, allied health, physicians. But there's sort of a max that you can put out so quickly. And, of course, you know, people who don't have much experience need support from people with more experience. So that also is going to play into how well we can manage these diseases effectively.

However, for a person who did have a previous heart attack or stroke in general, we do recommend a daily dose of ASA as prescribed by your doctor, to prevent a second heart attack or stroke from happening. So, with this in mind, we still encourage you to speak with your healthcare provider who knows you best to see if ASA is recommended for you, as each person's risk profile for bleeding and risk factors for heart disease and stroke may differ. It's all about balancing risks and benefits and a person's values and preferences.

[00:17:51] **Caroline** If taking ASA to prevent a heart attack or stroke depends on the individual, what about the advice I've heard about taking ASA when you might be having a heart attack?

[00:18:02] **Dr. Jain** In the event they may be having a heart attack and whether they take one regular strength ASA at 325 mg or two lower dose at 81 mg, both would be good options. ASA can help by stopping the blood clot that is causing the heart attack from getting bigger. This advice has not changed, and it's still really important to go to the emergency room to get checked out and prevent further damage to the heart.

[00:18:31] **Caroline** When someone is having a heart attack, it helps to know the signs. A common misconception about heart disease is that the symptoms present themselves in the same way for men and women. But research is starting to reveal unique signs and symptoms specific to women.

[00:18:50] **Dr. Jain** You know, men and women may not always experience the same signs of heart attack. The most common heart attack sign is chest pain or discomfort. However, women can experience a heart attack without those typical chest pressure symptoms. They may experience shortness of breath, dizziness, lightheadedness, pressure or pain in the lower chest or upper abdomen, upper back pressure, or even extreme fatigue. Studies show that heart attacks are more deadly for women. And women are more likely than men to suffer a second heart attack. So ongoing research on gender differences on heart and brain health are so important.

[00:19:34] **Caroline** Doctors rely on scientific research so that they can give better preventive advice to their patients like the advice provided by Dr. Jain. Many of his recommendations can be put into actions and small steps. Maybe you start by cooking a plant based meal or adding a walk to your daily routine. For some, a good place to start is talking to your healthcare provider about ways to improve your cardiovascular health. It's the small changes that add up over time. Thank you, Dr. Jain, for sharing your expertise with us.

[00:16:45] **Dr. Krahn** In terms of the duration that it's going to take to catch up. I think it's a little bit of a contextual question. So for example, in some systems they're even more at capacity than others in terms of the reserve that's built in, or they have the ability to attract or retain staff to be able to help to work more in the short term. I think if we assume that there'll be no more lockdowns and that we'll be able to run that at the capacity that we choose to in most systems, by the end of 2022, we'll be in pretty good shape, back to where we were.

This will probably bring more light to the question about waitlist management because in fact it's a background phenomenon that's been going on for 20 years, and there may be some areas where, because it's dependent on such a small capacity, let's take, for example, some of the smaller provinces or territories where there's only a single place that does operations of this type, as an example. They may struggle more because they literally don't have any alternatives in a larger system to be able to, you know, pitch in, if you like.

[00:17:46] **Caroline** The hours of treating COVID patients have been endless for hospital staff. It's difficult to imagine there could be any positives to come from these last two years. But virtual care is one area where both healthcare providers and patients are seeing exciting potential. That's when you connect with your healthcare provider by phone or through video conferencing instead of in-person.

[00:18:13] **Dr. Krahn** We had lockdown periods where we said we should offer this kind of virtual care for patients and their families. And we said we should do that most, if not all the time. So the scope of care that involves bringing care to the patient instead of the other way around has changed dramatically and is the future of health care. And so if you take an example, like somebody who lives 150 kilometres away, whose daughter has to take the day off work, go pick her mother up, bring her all the way into Vancouver, see the specialist, pay $20 for parking, create a bigger carbon footprint... and right now (she) can go to her mother's place with her laptop, Zoom with my team, for example, get similar quality of care, as long as the safety procedures are in place to make sure that she is not unstable or needs to be seen by a physician in person, and the world's a better place because of it.

[00:19:16] **Caroline** We know that variants of this virus will be with us for some time to come. For anyone who is living with heart disease or stroke, there are steps you can take to stay safe.

[00:19:28] **Dr. Atzema** So my advice for patients with cardiovascular disease around COVID is first, obviously most important, get all three COVID vaccinations. If they recommend a fourth, do it. You want to get your antigen levels up there so they can fight off COVID. Second thing is to be an active patient and to prevent in the ways that you can. So if you have high blood pressure, get a blood pressure kit and take your blood pressure every once in a while. I would say like no more than once a day, maybe even once a week, but take your blood pressure and make sure that you're kind of in the right range that you've been told by your family doctor.

And if you're diabetic, be very careful about checking your sugars to make sure that they are in control, because all of those things will pay dividends in future. So in, you know, two or three years' time, your risk will be coming down as opposed to going up if it wasn't controlled. And exercise, of course, and you know, maybe you're somewhere where it snows, you know... get yourself a gym membership. I also think it's really important to do all the things to prevent COVID, even if we're saying take masks down, keep the mask on. There's no there's no harm in keeping a mask on.

You know, be very careful about those things, but still go out and be social. You know, have the joy of being social, go to the gym and be in a class, but just stand six feet from someone and keep your mask on. Do the things that you need to do because you're at extra risk if you have cardiovascular disease. But also feel that joy, because I'm sure you know the endorphins that you get from being social will really also help to prevent cardiovascular disease. So all of those things are really important.

[00:21:10] **Caroline** And our experts agree, if you experience signs of a heart attack or stroke, you need to go to the hospital.

[00:21:17] **Dr. Atzema** If you're having a heart attack or signs of a heart attack, you really should be just it shouldn't be about what's going on in the external world. It should be, I need to get this checked out. And I say to patients, you know, they often apologize when it's busy with COVID. "I shouldn't have come. It wasn't a heart attack." The only reason we know that is because we did all these tests and absolutely should have come. You did the right thing and we got the best possible outcome, you're not having a heart attack or a stroke or whatever. But the only reason I can say that is because you did come in. It's definitely a problem that people clearly hesitate when you know there's a pandemic going on and the numbers are high.

[00:22:00] **Caroline** For people living with heart disease and stroke, COVID 19 has hit hard. Backlogs in diagnosis and treatment will have consequences. If you're experiencing symptoms, seeing a doctor and getting an early diagnosis could save your life. Preventive steps can help avoid more serious complications in the future. And for anyone living with heart disease or stroke, that includes getting vaccinated.

Some vital Heart & Stroke research has also been delayed or diverted by COVID-19. Now we're making up for lost time. If you'd like to ensure lifesaving Heart & Stroke research continues, go to the heartandstroke.ca and make a lasting impact.

Thank you, Dr. Atzema and Dr. Krahn for your expertise, and thank you, Paul, for sharing your story. I hope you enjoyed this episode. Stay tuned for upcoming topics on mental health and what people don't know about stroke. Thanks for listening to The Beat and a special thanks to our donors for making this podcast possible.

Subscribe now to stay informed, get inspired and rediscover hope. Don't forget to rate and review the podcast so we can reach even more listeners. Stay tuned for our next episode. Until next time. I'm Caroline Lavallée.

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