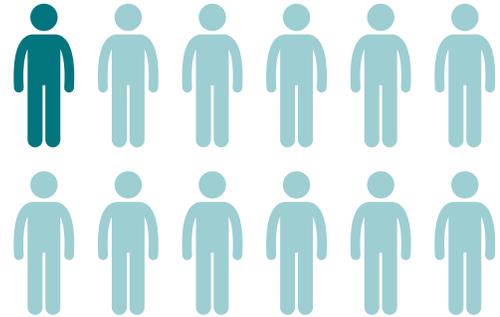


Coronary Artery Disease

An insight into living with
and caring for those
affected by
CAD

CAD in Canada

Approximately **1 in 12** Canadians 20 years or older have been diagnosed with some form of CAD.



55 - 64

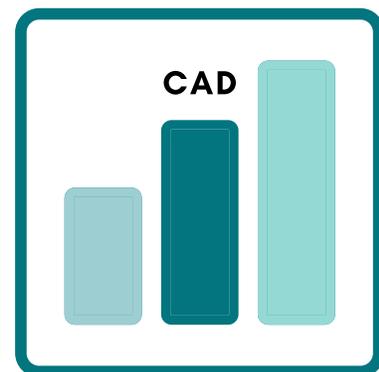
65 - 74

The average age of a CAD diagnosis is **65-74** for men and **55-64** for women.

Men are two times more at risk for coronary artery disease than women.

CAD is the **2nd leading cause of death in Canada.**

An average of 12 adults over the age of 20 die of CAD every hour.



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GET AFFORDABLE HIGH-QUALITY LIVE-IN CARE

We help you find and manage carefully screened and experienced professional live-in caregivers for your loved ones.

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WHY USE US ?

- Affordable with no upfront costs or commitments
- Fully vetted caregivers
- Families choose who to hire
- Trial period
- Backup care
- Monthly check-ins to review and update the care plan
- Ongoing caregiver training
- We do payroll, taxes and WSIB
- State-of-the-art platform to guide caregivers and keep you connected with them



1. What is CAD?

Coronary artery disease, or CAD, is the most common type of heart disease in Canada. The condition is characterized by the buildup of plaque in the arteries that supply oxygen-rich blood to your heart. Plaque causes a narrowing or blockage that leaves affected individuals at risk of serious heart problems, including heart attacks.

Types of CAD

1. Obstructive

Obstructive CAD is characterized by the gradual narrowing or closing of arteries that supply the heart with blood. This blockage is usually caused by a build-up of plaque and can begin in the early teens.

2. Non-obstructive

In non-obstructive CAD, arteries are not narrowed or blocked by a build-up of plaque. Instead, the arteries are affected by other issues, such as damaged linings, inappropriate constriction malfunctions in tiny branches, or squeezing from the overlying heart muscle.

3. Spontaneous Coronary Artery Dissection (SCAD)

SCAD occurs when a coronary artery spontaneously dissects, meaning its layers split apart. This results in a reduced or blocked supply of blood to the heart. SCAD generally causes heart attacks, and can occur in one or more arteries.

Risk Factors

Like many other diseases, individuals with certain habits and lifestyles are at a far higher risk of developing CAD. These include...

- Family history of CAD
- severe stress/anxiety/depression
- poor eating habits
- obesity/unhealthy weight
- sedentary lifestyle (limited/lack of physical exercise)
- high cholesterol and/or high blood pressure
- history of diabetes
- smoking

What are the early warning signs of CAD in men and women?

It is important to remember that the early warning signs of CAD can differ from person to person. As well, one must factor in the different types of dementia as the symptoms in each vary. However, there are several, general symptoms that one may display in the early stages. These symptoms differ and are dependant on biological sex.

Early Warning Signs in Men

- Difficulty in breathing follow minor physical exertion/exercise
- Pain or discomfort in the jaw, neck and or upper torso
- Sudden bouts of dizziness (can lead to fainting)
- Discomfort and feelings of pressure in the chest that last for 30+ minutes
- General feelings of weakness and fatigue
- Irregular heartbeat/heart palpitations
- Pain, numbness, tingling or cooling sensation in the lower extremities

Early Warning Signs in Women

- Bouts of pain in the throat, neck or jaw areas
- Pain/swelling in the upper back and or abdomen
- Shortness of breath experienced during day-day activities
- Feelings of fatigue and weakness
- Feelings of nausea throughout the day
- Apparent changes in skin colour (often a grayish hue)
- Chess discomfort or pain that is heavy, dull or sharp

Those experiencing 3 or more of the above listed warning signs should seek immediate medical attention. This is especially true for those over the age of 55 (women) and 60 (men), or those who have diabetes, high cholesterol or high blood pressure. You may not have CAD, but it is always important to stay safe.

2. What questions should you ask your doctor about CAD?

If you are diagnosed with CAD, it is a good idea to establish consistent communication between yourself and your doctors and caregivers. This will help expand your understanding of the condition and can help your physician(s) identify the best-suited treatment plan for you. Here are some helpful questions you can ask your physician following a CAD diagnosis:

Key Questions to Ask Your Doctor

- What is my chance of having a heart attack in the future?
- What caused my CAD? Based on my history and health, was I at a greater risk for CAD?
- What type of CAD do I have? Are there any blockages in my arteries?
- How severe is my condition currently? Do you expect it to worsen in the future?
- Are there any changes I can make to my lifestyle to better manage my condition? Can you suggest changes I should make to my diet?
- Do I need surgery or any other invasive treatments? If not now, do you expect I will need them in the future?
- Will I need medication? If so, will I experience any side effects after taking them?
- What treatments do you recommend?
- How can I monitor my heart health at home?
- What are the signs I should take notice of that to indicate I need emergency care?
- How will my diagnosis affect my everyday life? Does CAD inhibit me from continuing my activities?



3. How can CAD impact an individual?

In addition to decreased heart function, CAD can impact other aspects of life. The following are the changes that may be introduced into your life following a CAD diagnosis:

Cardiac Rehab

Depending on your treatment plan, you may need to take part in an inpatient/outpatient rehab program for your CAD. These cardiac rehab programs are intended to improve health/mobility and provide resources that can aid in the management of CAD

Medication

Your physician will most likely prescribe medication for CAD. They will discuss the side effects and dosage of your medication prior to providing it to you. It will be your responsibility to remember to take the medication.

Routine Health Assessments

Routine appointments with your physician/specialist(s) will become the new norm. These visits will allow your medical team to monitor your condition and alter your treatment plan accordingly.

Lifestyle

Following a diagnosis, your doctor might suggest lifestyle changes concerning diet/exercise. Typically, physicians will advise you to avoid certain foods (high-sugar, etc.) and will put a limit on or encourage the pursuit of physical activity

Relationships

Like most chronic conditions, CAD can affect relationships between family and friends. On some occasions, these relationships might become more distant due to the demanding needs of your condition.

Work

If your CAD is severe, your doctor might suggest time off work, or in some circumstances, early retirement. If temporary or permanent time of work isn't feasible, your doctor might recommend lessening your workload.

What are the ways in which one can cope with living with CAD?

If you are diagnosed with CAD, there is no need to fret. With support, care and lifestyle changes, you can still maintain your quality of life. Here are a few ways you can manage your CAD:



1. Educate yourself

- Learn everything you can about CAD and how it can manifest in an individual
- Familiarize yourself with the various treatments available for CAD – these can include significant lifestyle changes

2. Be prepared

- Learn to recognize symptoms/signs that necessitate an ER visit – inform those around you about these symptoms/signs
- Take a CPR class with friends/family

3. Consistency is key

- Never skip appointments or check-ups
- If your doctor recommends lifestyle changes, hold yourself accountable and see them through

4. Join a support group

- Look for online/in-person support groups – ask your physician if they know of any they can recommend. Support groups can help you manage your condition

4. Caregiving and CAD

Although CAD typically requires less support than other chronic conditions, external support from caregivers/family is always helpful. Since the condition manifests differently in individuals, caregiving can sometimes be a challenge. Here are some expert tips on how to provide day-to-day care for someone with CAD:

1. Educate yourself

In order to provide adequate care, it is important that you are fully aware of the symptoms your loved ones may experience and any signs that indicate the need for emergency care. The more you know about CAD, the better care you can provide as you can tailor your care plan to suit the type of CAD your loved one has.

2. Encourage the pursuit of a healthy lifestyle

Most of the time, physicians will ask CAD patients to alter their lifestyle - particularly when it comes to diet. Try your best to encourage your loved one to form healthy eating habits, and encourage daily, physical activity whenever possible. Make sure to respect the loved one's boundaries.



3. Monitor Medication/Treatment

Depending on the severity of the affected individuals, they may have to routinely take medication or travel to the hospital for treatment. Make an effort to remind your loved one to take their medications - utilizing reminders on phones/post-it notes can help as well.

4. Communication is key

When caregiving for those with CAD, make sure to emphasize communication. Encourage them to open up if they feel overwhelmed, and let them know that you're here to help. If you face any challenges across the way, communicate yourself in a calm and cordial manner.

How can ConsidraCare help?

Chronic diseases can be a challenge, especially for seniors, but with proper care, it may be possible to maintain a healthy and happy lifestyle.

Our care experts can help you assess your needs and match you or your loved one with a screened, professional and dedicated live-in caregiver experienced in providing care for common chronic conditions. We also provide you, your family and your caregiver with tools and support to deliver an affordable and superior alternative to long-term care facilities.

Why is ConsidraCare's live-in home care a better alternative ?



Consistent, 1-on-1 personal care

Carefully screened and vetted caregivers matched with your loved one's care needs. Primary caregivers stay with the loved one at least 75% of the time.



Families stay in control

We recommend but the families choose who to hire, get a trial period and engage directly with caregivers through our smart platform.



Cost-effective, high-quality care

More affordable than hourly agencies and assisted living facilities, with faster caregiver placement and higher quality of care.



We have your back

We assist with hiring, planning of care and daily tasks, payroll, taxes, WSIB, backup care and more, and are always on hand to help.

Call us now for a free consultation from our dementia care experts

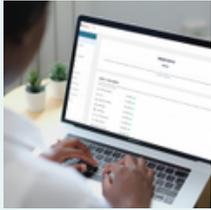
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How does ConsidraCare work?

ConsidraCare places dedicated live-in care professionals within the homes of seniors , and provides their families and caregivers with a state-of-the art- platform to improve collaboration, increase visibility and improve the delivery of care.



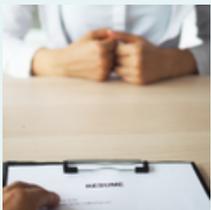
1. Needs assessment

We first work with families to identify their care needs and build a detailed care plan for the loved ones.



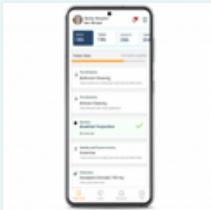
2. Caregiver matching

We match live-in caregivers from our pool of pre-screened caregivers with the loved ones' specific needs and personality, and arrange the interviews with the caregivers short-listed by families.



3. Hiring and trial period

We assist with the logistics of hiring and orienting the caregiver and setting up accounts for CRA, WSIB and payroll processing. The first week is a trial period to allow the families and caregivers to get comfortable with each other.



4. Ongoing care management

Families and caregivers use the ConsidraCare platform to coordinate care planning, daily tasks and timesheets. We take care of payroll, updating care plans, monitoring care delivery and assisting the caregivers and families with addressing any issues.



5. Backup and respite for the caregiver

Every few weeks, we arrange for a back-up caregiver to give the primary caregiver a respite break. Backup caregivers can also be provided to cover the primary caregivers when they take vacation.

Call us and we would be happy to help with your care needs

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