

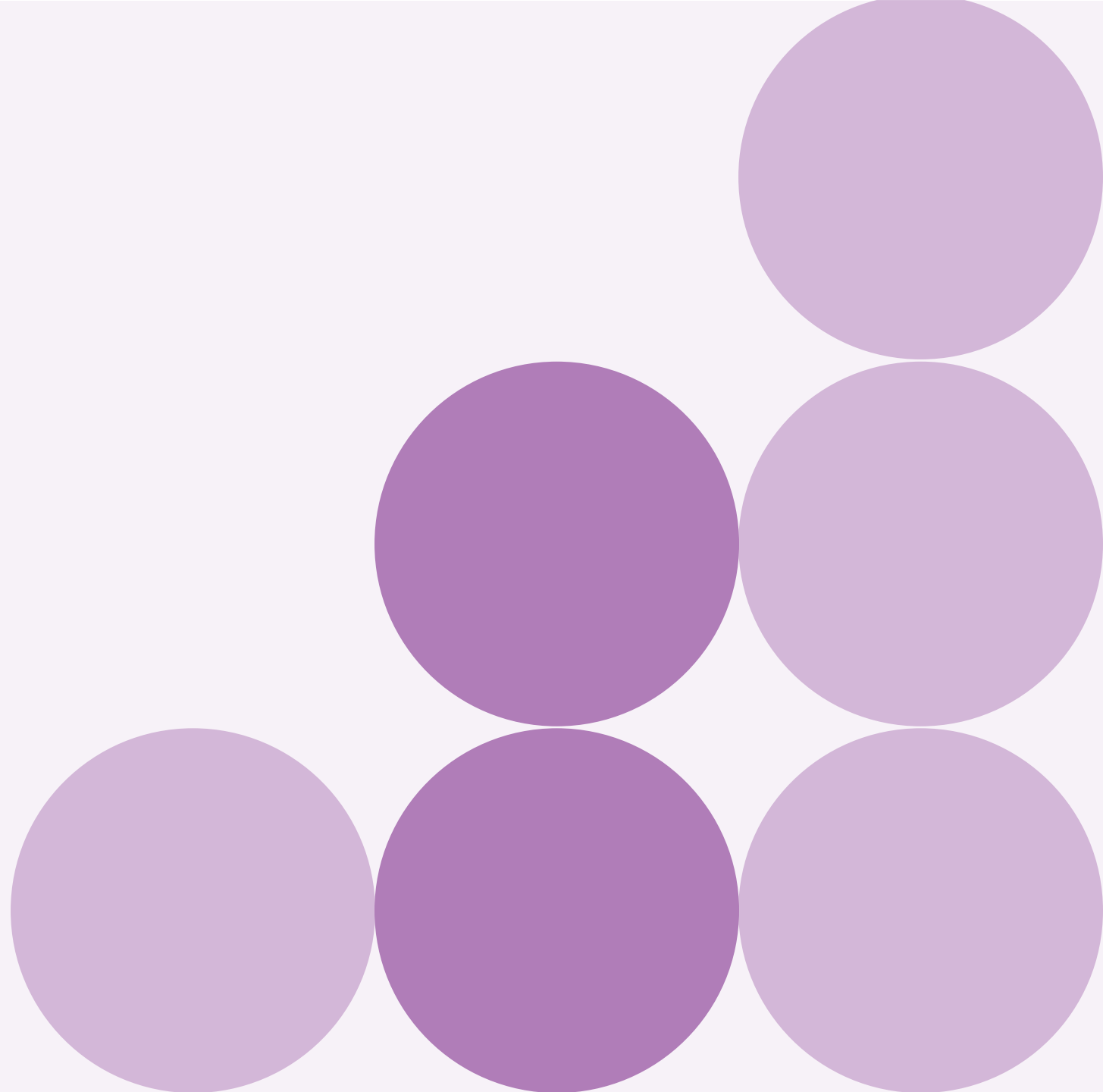
AGING WITH INSIGHT:

Harnessing Knowledge
for Healthy Aging

Cardiac Health

Dr. Anjali Anselm,
Division Head, Cardiology
St. Joseph's Health Centre

September 3, 2025





Thank you

THE
SLAIGHT

FAMILY FOUNDATION

St. Joe's Updates

Our Emergency Department transformation is now complete!

40% more space.

100% donor-funded.



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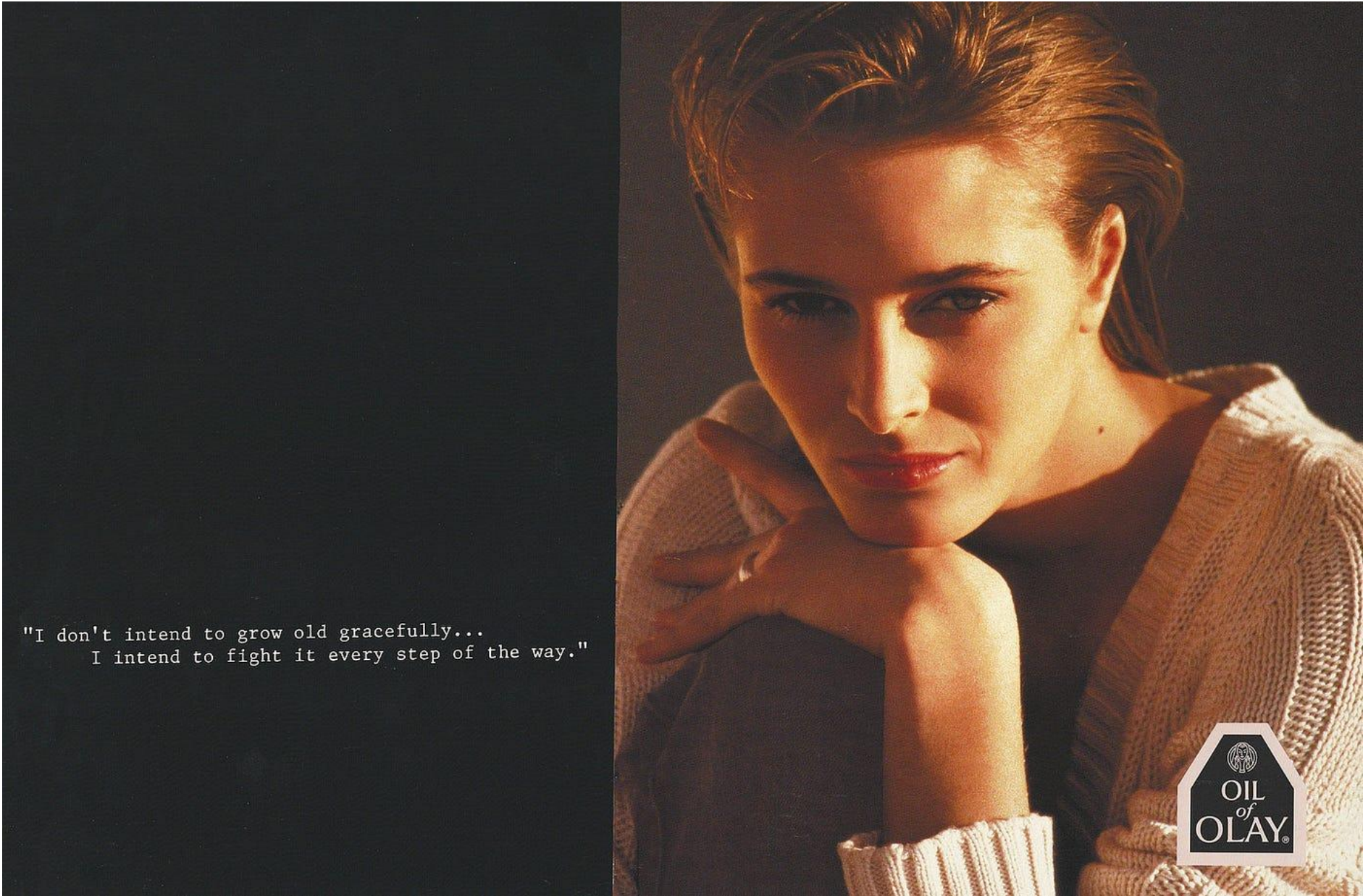
Harnessing Knowledge
for Healthy Aging

Cardiovascular Wellness

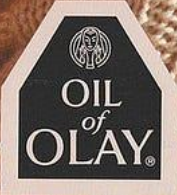
Anjali Anselm, MD
FRCPC

September 03, 2025





"I don't intend to grow old gracefully...
I intend to fight it every step of the way."



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**Embrace Aging Actively: Redefining
Aging with Energy and Purpose**

Goals of Healthy Aging – CV Edition

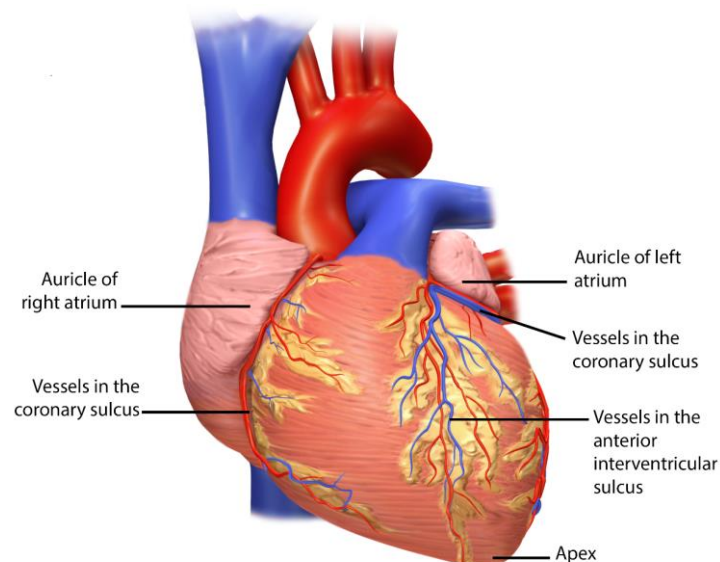
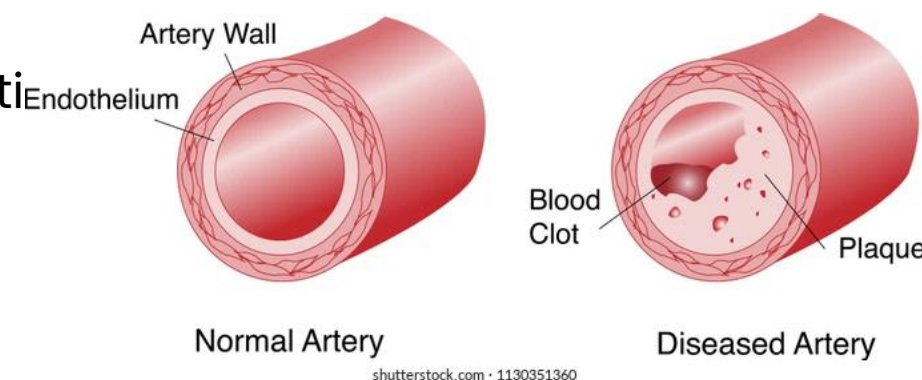
- Privilege to grow old
- Not just grow older, but “*grow up well*”
 - Really the same goals as when we are younger, and the same tools, but used in a different way



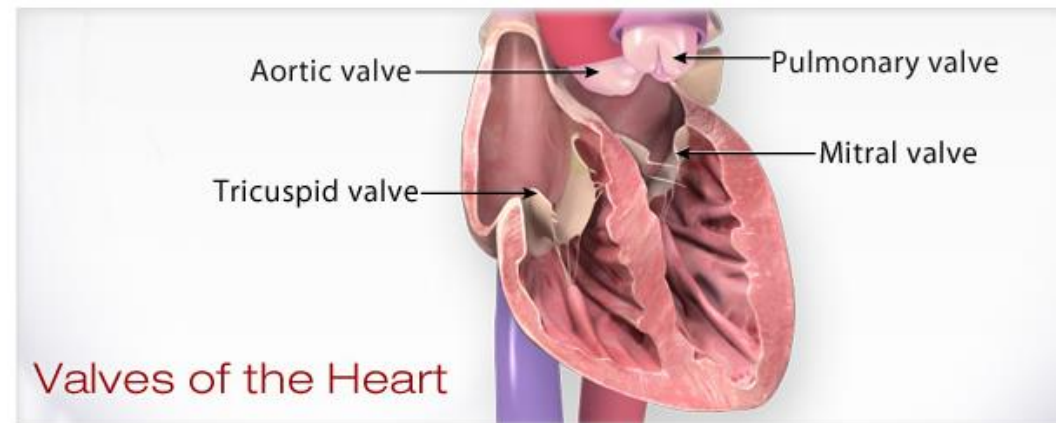
- Want to maintain optimal cardiovascular (CV) structure and function, minimize the risk of CV disease and preserve lifespan
 - Quality of life often more important to individuals than quantity of life

Aging is associated with:

- Progressive changes in the heart and vasculature (blood vessels)
 - Stiffening of the arteries
 - Endothelial (artery lining) dysfunction
 - Increased inflammation
 - Molecular alterations




A. Anterior View



What NOT to do:

- Smoking
- Recreational Drugs
- Leave medical conditions untreated
 - Cardiac or otherwise
- Stop taking your medications without informing or discussing with the physician who prescribed them
- Pay for unproven treatments that cost a lot and may add no benefit but could add significant risk



What can you do for cardiovascular health?

A Lot!

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Key Factors in CV Wellness in Older Adults

- Ideal levels of:
 - Blood pressure
 - Cholesterol
 - Body mass index (weight)
 - Sugar control
 - Physical activity
 - Healthy dietary patterns
 - Adequate sleep
- Early detection of problems and intervention

Blood Pressure

- Blood pressure goal of **< 130/80 mmHg** is generally accepted as a good range
- Can accept higher blood pressure numbers if multiple medical issues, multiple medications, frail, side effects
 - In some older patients it is acceptable to target blood pressure to < 140/90 or even 150/95 mmHg



If you have high Blood Pressure

- Important to start with **lifestyle changes**:
 - Limit sodium (salt) → 1.5 – 2.5 grams of sodium
 - ½ to 1 teaspoon of TOTAL salt per day
 - DASH or Mediterranean diet
 - Weight loss → lose 5% to 10% of baseline body weight, gradually
 - Regular aerobic and resistance exercise
 - Moderate alcohol intake → ≤ 2 drinks/d for men, ≤ 1 drink/d for women
 - 12 oz beer, 5 oz wine, 1.5 oz distilled spirits
 - Screen for sleep apnea

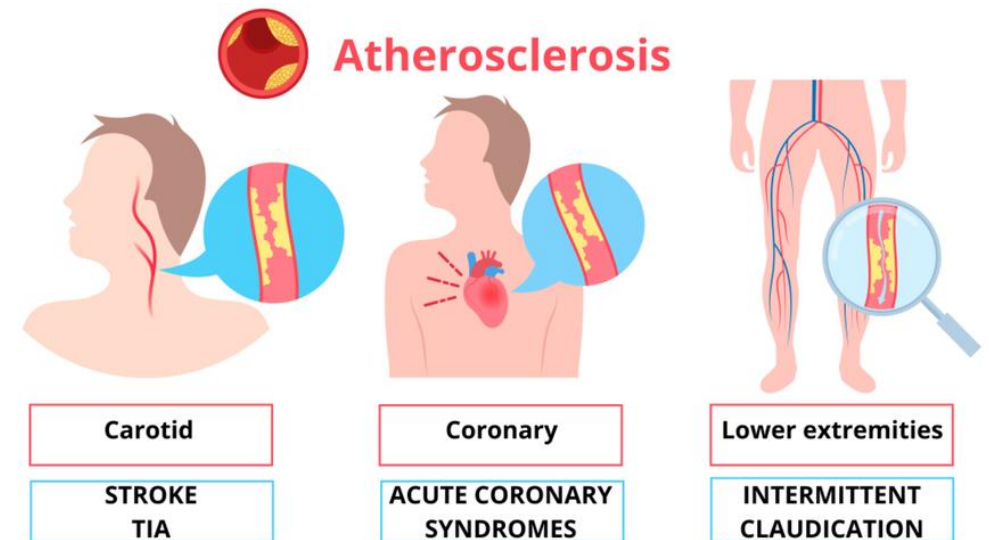
Blood Pressure

- Lifestyle changes are limited in lowering blood pressure in those over 80 years of age
- Medications often needed if lifestyle changes are insufficient
 - Average person needs 2 medications for treating blood pressure alone
 - Many require 3 or 4, especially if they have other medical problems
 - There are many good medications available – lots of options
 - If side effects to one or more, there are alternatives
 - Many medications come in combinations, so fewer pills



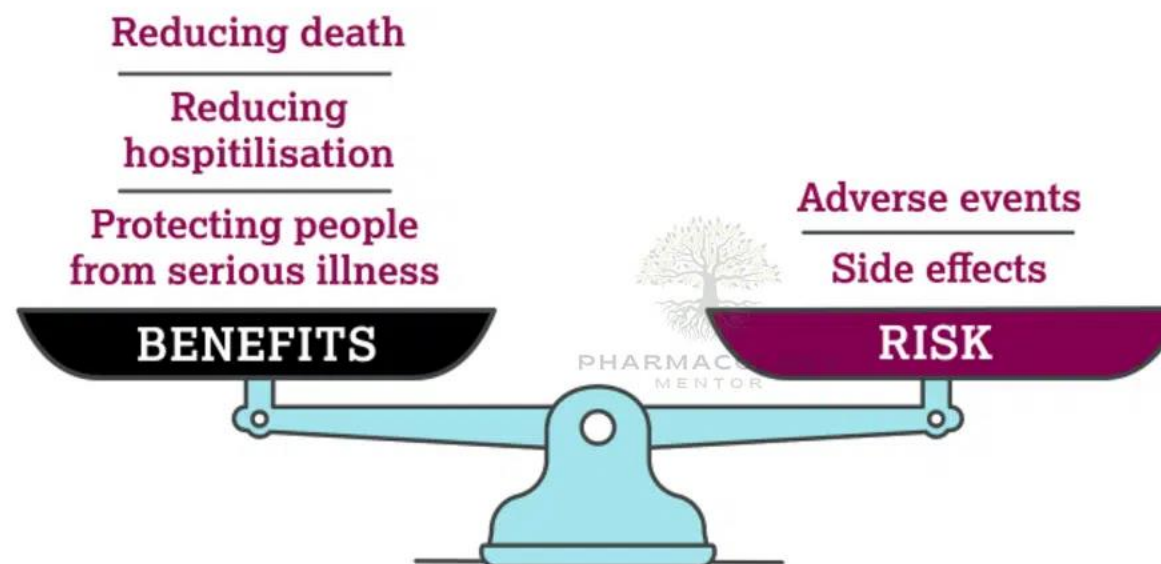
Cholesterol

- No universally established cholesterol targets specifically for elderly patients
 - Management is individualized based on comorbidities, functional status, life expectancy and patient preference
- We do know that in patients who have had a heart attack, angina, stroke or established plaque/arterial blockages anywhere, there is significant benefit to treating the cholesterol
 - Fairly aggressive in lowering the cholesterol



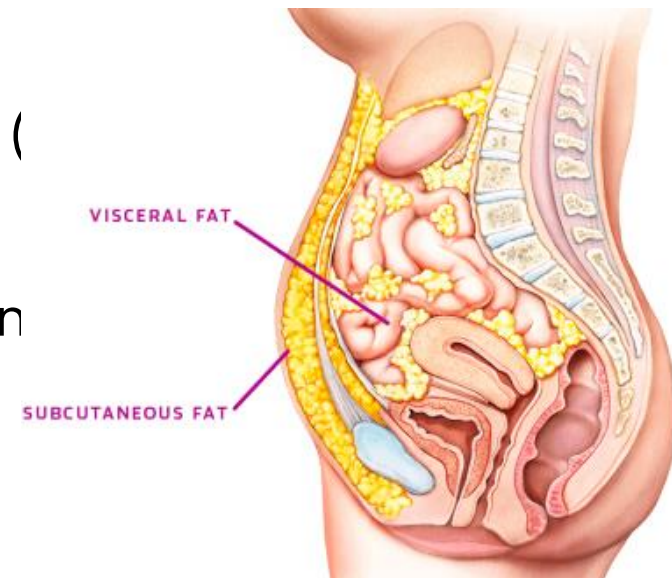
Cholesterol

- Also know there is benefit to starting treatment if the cholesterol is elevated without established blockages
 - Don't have a specific target but some medication is better than none
 - There are circumstances in which stopping cholesterol medication may be better (very frail, lots of other illnesses, limited life expectancy)



Body Mass Index

- Measure of weight relative to your height
- **Healthy BMI** for aging patients is generally considered **23 to 28 kg/m²**
- In aging patients being underweight (BMI < 23) and obesity (> 33) is associated with increased death and disability
- BMI is affected by bone mass, muscle mass, fat composition etc
 - Different for different individuals
- Not a perfect measure but is easy to calculate and cost-effective
 - Factors such as where fat is distributed can be more risky than how much fat
 - Fat around the abdomen and involving the internal organs in the abdominal cavity is worse than fat elsewhere



August 18, 2025

Body Mass Index (BMI) Calculator



You may have heard of body mass index (BMI), but what exactly is it? And what does it have to do with diabetes?

The Basics of BMI

Every body has its own unique size and shape. BMI is a simple calculation that uses a person's height and weight to designate a classification. The formula is $BMI = kg/m^2$; kg is a person's weight in kilograms and m^2 is height in metres squared.

BMI does not determine body fatness or general health. Body composition and distribution of body fat in people with similar BMIs can vary widely. It's important to know that the BMI calculation is one of many used mostly by healthcare professionals to determine a person's risk of developing health problems. Research suggests that a BMI above or below the normal weight range is associated with an increased risk of developing different chronic conditions.

A person's level of risk, together with other assessment measures, will help guide recommendations for managing health. Measuring waist size (also known as waist circumference) is useful, since having a lot of fat around the waist is linked to greater health risks. Bottom line: **BMI alone is not the measure of how healthy you are.**

Calculate your Body Mass Index

Weight: lbs [v](#)

Height: [v](#) or cm [v](#)

Calculate BMI

Your Body Mass Index is _____. This is considered _____.

Sugar Control

- Diabetes definitely needs to be treated
 - If you are diabetic it is very important to take your medication
- Not as aggressive with sugar control in the elderly
 - HbA1C of 7.5% - 8% is appropriate in the elderly
 - Very important to avoid low blood sugar
- If you are *not* diabetic, it is still important to control your sugar intake
 - High sugar is associated with increased CV disease, fatty-liver disease, certain cancers, chronic inflammation, increased death
 - Highest risk with added sugars and sugar-sweetened beverages
 - Benefits vs risks of artificial sweeteners is not clear
 - (?increased CV and cancer risk)



Sugar Control

- **Ozempic**—category of drugs: GLP-1/GIP Drugs
 - Ozempic, Wegovy, Mounjaro, etc
 - Used for diabetes or weight loss or **reducing cardiovascular risk**
 - Recommended for patients with diabetes and
 - atherosclerosis (blockages)
 - those at high risk for atherosclerosis
 - Now used in patients with **heart failure**
 - Potential benefits for
 - Cognitive function
 - Gait disturbances



Physical Activity

- Regular **aerobic and resistance** exercise
- Aerobic exercise
 - Minimum 150 minutes per week → at least 30 minutes most days of the week
 - At 65% – 75% of heart rate reserve
 - Heart Rate Reserve (maximum predicted HR – resting heart rate)
 - Moderate intensity: brisk walking, swimming, cycling, rowing



Physical Activity

- Resistance exercise
 - 6 exercises, 3 sets per exercise, 10 repetitions per set
 - Lightweights, handgrip exercises, resistance bands



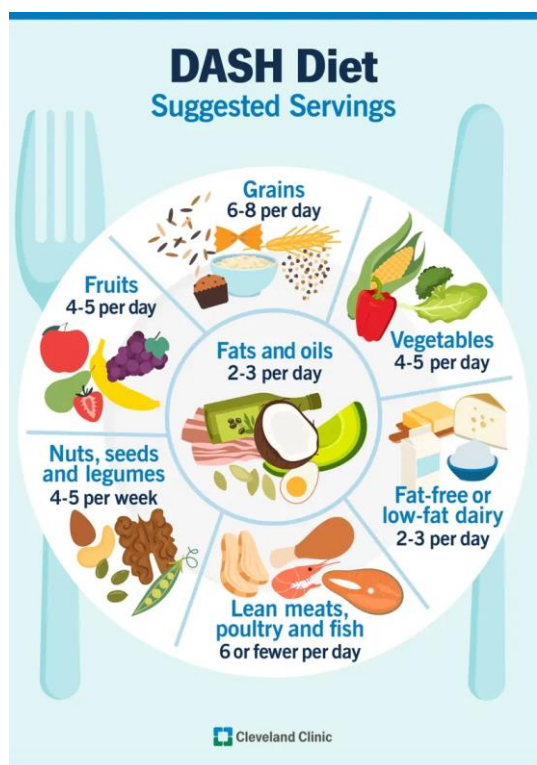
Physical Activity

- Consider low-cost or free exercise classes at senior or community centres
- Think outside the “box” or “gym”
 - Dancing classes, dog-walking group
 - If you can't do an activity for a prolonged period of time break it up into 4 or 6 5-minute sessions through the day
 - Total steps per day → 7,000 – 8,000



Healthy Dietary Patterns

- DASH (Dietary Approaches to Stop Hypertension) Diet
 - For high blood pressure and for CV health
 - Recommended as the first dietary strategy for elderly patients with high BP



Adequate Sleep

- 7–8 hours of sleep recommended for the elderly
 - Less than 5 hours and more than 8 hours associated with CV disease (there is variability)
- Sleep does become more fragmented as we age
 - Fewer hours of sleep
 - Take longer to fall asleep
 - More nighttime awakening
 - Difficulty maintaining sleep
 - More urination
- More sleep disorders as we age
 - Sleep apnea
 - Restless legs/periodic limb movement



Adequate Sleep

- To help cope with the changes in sleep that come with age:
 - Maintain a regular sleep schedule
 - Limit daytime naps
 - Increase daytime physical activity
 - Optimize the sleep environment (turn off devices an hour before bed, darkened room with black-out blinds/curtains, minimize noise, cooler temperature, etc.)
- Only if absolutely necessary should medication be considered
 - Sleep is important – for severe chronic insomnia can be helpful
 - Melatonin, Magnesium
 - Avoid benzodiazepines



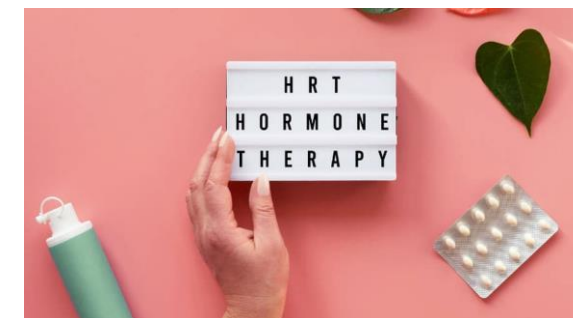
Stress Reduction

- Many stressors as we get older:
 - Health – individual, partner, family
 - Family or social circle dynamics changes
 - Finances
 - Coping with change – downsizing, buying/selling property or assets, inability to drive
 - Social isolation
- Can be challenging to address these, particularly if limited family/friends or other social supports are available
- Try to build social connections
 - Reach out to family and friends
 - Get engaged in community activities
 - Join classes – many are free



Areas of Ongoing Research

- **Hormone Replacement Therapy in Women:**
 - Complex relationship between HRT and CV health
 - Effects depend on timing of initiation
 - HRT started *before age 60 or within 10 years of menopause onset* may reduce CV disease without increasing the risk of cancer, blood clots or stroke
 - HRT started *after age 60 or more than 10 years of menopause onset*, or in those with established *atherosclerosis (blockages)* may get no CV benefit or may even have *increased risk*
- HRT is NOT recommended for CV disease prevention
- If initiated for another reasons (menopausal symptoms) early, it does not appear to increase and may decrease CV risk



Areas of Ongoing Research

- **Testosterone Replacement in Men:**
 - No data that there is CV benefit
 - In men with low levels of testosterone it does not increase of heart attack, stroke or CV death
 - May be associated with increased risk of certain arrhythmias (atrial fibrillation) and pulmonary embolism (blood clot)
 - Needs individual assessment and close monitoring
- Testosterone is NOT recommended for CV disease prevention
- If initiated for another reasons (low testosterone symptoms) it does not increase risk of some CV disease, but may increase the risk of others



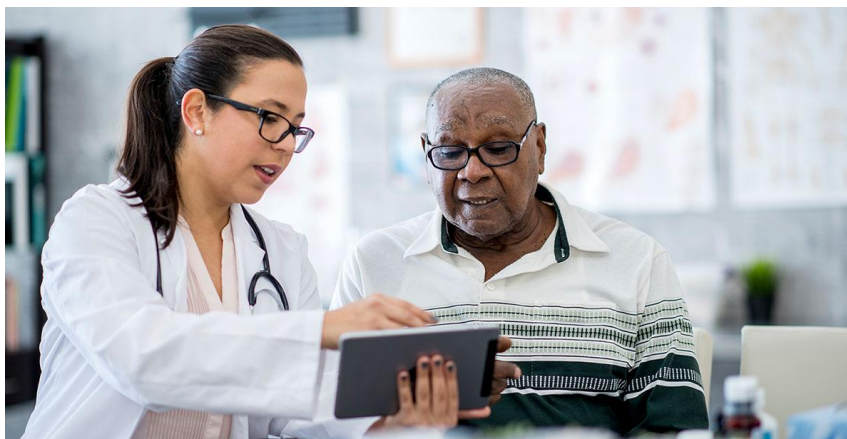
Other Supplements

- **No vitamin or mineral supplement is broadly recommended for CV health**
 - Should only be used if there is a specific deficiency or clinical need
- American College of Cardiology and American Heart Association:
 - ***Emphasis should remain on a diet rich in vegetables, fruits, whole grains, legumes, nuts, and lean proteins***
- No recommended anti-aging supplements
- There is a down-side:
 - Could have negative reactions with medications
 - Can have side effects (some serious)
 - Cost a lot of money for no real CV benefit



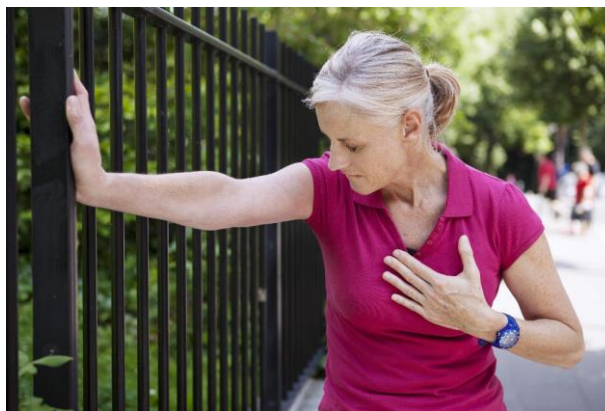
Regular Health Check-Ups

- See your family doctor regularly
 - At least once a year but as you get older may need to be every 6 months or less
 - Get blood pressure, cholesterol, sugar levels checked and other health screening
- Find a family doctor if you don't have one
 - Google searches
 - Contact the College of Physicians and Surgeons of Ontario
 - Resources for Finding a New Doctor



Regular Health Check-Ups

- Don't ignore symptoms – chest pressure, shortness of breath, fatigue



- Have a brief list of your medical conditions, medications and allergies in your wallet
- Get vaccinated
 - Examples: flu, pneumonia, RSV, Covid, shingles



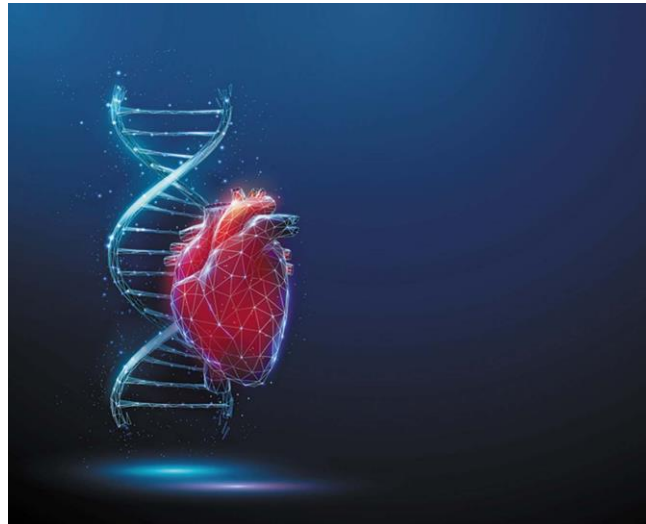
Positive Outlook – especially Optimism

- *Associated with improved CV health and reduced CV disease*
- Ability to adapt to age-related changes *positively*:
 - Other illnesses
 - Frailty
 - Functional decline
 - Important to acknowledge these and positively approach change
- Consider:
 - Seeking social networks and support
 - Bolster relationships with family and friends
 - Counselling or therapy for unresolved issues



Future

- Emerging approaches targeting the molecules that impact aging
- Gene-based tests and treatments – highly individualized
- AI medicine – AI algorithms that use all available data to calculate your risk and suggest treatments to reduce that risk



Most Importantly...

- Optimizing cardiovascular health is a **LIFETIME** pursuit
 - Important at ALL stages of life



Questions?

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Thank you for joining us!

Next session:

Join us in November for Wills and Estate Planning

Visit **supportstjoes.ca/agingwithinsight** to learn more.



Get in Touch!

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