

Do you have a healthy heart?

3 out of **10** people die from cardiovascular disease.

In fact, cardiovascular disease is responsible for 29% of deaths among men and 30% among women. Cardiovascular disease is one of the leading causes of death and disability in Canada.

Cardiovascular disease affects the heart (cardio) and blood vessels (vascular), triggering angina or heart attacks (myocardial infarctions), as well as strokes (cerebral vascular accidents) that can result in major paralysis.

The health of your heart is in your hands.

Take the
1 test

2 Assess your
risk level

3 Take
action



Do you have a healthy heart?

- This test is designed for adults. Pregnant women and breastfeeding mothers should wait until the baby has been weaned to take the test.
- For each question, circle the score that best corresponds to your situation and write the corresponding number in the pale check box on the right.
- For questions 7, 8 and 9, a space has been provided to write your results. These results can be obtained from your doctor or as the result of a screening test.



A

1 Age

I am:	
Under 40	0
40 to 49	2
50 to 59	5
60 to 69	8
70 and over	10

2 Gender

I am a man (under 40 years old)	0
I am a man (40 years old and over)	8
I am a non-menopausal woman*	0
I am a menopausal woman* (for 10 years or less)	4
I am a menopausal woman* (for over 10 years)	8

* A woman is menopausal if menstruation has stopped for at least one year. She will remain menopausal for the remainder of her life.

3 Heredity

Is there a history of cardiovascular disease (angina, heart attack, coronary bypass surgery, stroke) in your family? (birth father, mother, brothers or sisters)	
No	0
Yes: at what age?	
• Under 60*	8
• 60 and over*	4

* If two answers are possible, choose the one with the highest score.

YOUR A TOTAL

Add up your scores for questions 1 to 3 and copy your total on page 4.

B

4 Physical activity

In general, how many days per week are you physically active for at least 30 minutes?*

(walking, dancing, sports, workout, etc.)

5 days or more per week	0
3 or 4 days per week:	
• high intensity (e.g., jogging, cycling at over 20 to 25 km/h)	0
• light to moderate intensity	3
1 or 2 days per week	6
Less than once per week	8

* Does not have to be a continuous 30 minutes.

5 Tobacco

I don't smoke	0
I don't smoke but I am regularly exposed to second-hand smoke	3
I only smoke cigars or a pipe	3
I smoke 10 cigarettes or less per day	4
I smoke 11 to 20 cigarettes per day	7
I smoke more than 20 cigarettes per day	10
For women who smoke and take hormonal contraceptives:	
If you are under age 35, add	4
If you are aged 35 or over, add	10

YOUR B TOTAL

Add up your scores for questions 4 to 9 and copy your total on page 4.



6 Weight and waist circumference

My height: cm or ft in.

My weight: kg or lb.

Refer to the weight chart on [page 11](#) to identify your current weight zone:

Zone 1 — underweight	0
Zone 2 — normal weight	0
Zone 3 — overweight	2
Zone 4 — obese	4

My waist circumference: cm or in.
(measured at belly button level)

Women:

• Less than 80 cm (32 in.)	0
• 80 to 87.9 cm (32 to 34.9 in.)	3
• 88 cm (35 in.) or more	6

Men:

• Less than 94 cm (37 in.)	0
• 94 to 101.9 cm (37 to 39.9 in.)	3
• 102 cm (40 in.) or more	6

7 Diabetes

My blood sugar level: mmol/L

Have you ever had a blood test to determine if you have diabetes?

No, and there are no diabetics in my family (birth father, mother, brothers or sisters)	4
No, but there are diabetics in my family (birth father, mother, brothers or sisters)	8
Yes, and I am not diabetic	0
Yes, and I was told I am at risk of becoming diabetic (slightly elevated blood sugar level: pre-diabetic or glucose intolerant)	10
Yes, and I am diabetic	20

8 Blood pressure

My reading: / mm Hg

My blood pressure is:

• Normal: less than 130/85	0
• High normal: 130/85 to 139/89	2
• Less than 140/90 (but I take medication to lower it)	4
• Slightly elevated: 140/90 to 159/99	6
• High: 160/100 or higher	10

I don't know what my blood pressure is 4

9 Cholesterol and triglycerides

My total cholesterol level: mmol/L

My HDL cholesterol level: mmol/L

My cholesterol ratio (total cholesterol/HDL cholesterol):

My cholesterol ratio (total cholesterol/HDL cholesterol) is:

• Less than 5.0 (but I take medication to improve it)	4
• Less than 5.0	0
• 5.0 or higher	8

My total cholesterol level is:

(Include these points only if you don't know your ratio.)

• Less than 5.2 mmol/L (but I take medication to improve it)	4
• Less than 5.2 mmol/L	0
• 5.2 to 6.1 mmol/L	4
• 6.2 mmol/L or higher	8

I don't know my levels 3

My triglyceride level: mmol/L

My triglyceride level is:

• Less than 1.7 mmol/L (but I take medication to improve it)	2
• Normal: less than 1.7 mmol/L	0
• High: 1.7 mmol/L or higher	4

I don't know my triglyceride level 1

There are certain factors that put you at greater risk of developing cardiovascular disease. The more risk factors you have, the higher your risk.

YOUR A TOTAL

is your score for the **3 non-modifiable risk factors**. It is recognized that risk increases with age, that women are affected later than men, mainly after the onset of menopause, and that certain families are more prone to cardiovascular disease.



YOUR B TOTAL

is your score for the **6 modifiable risk factors**. Your lifestyle choices can play an important role.



YOUR A+B TOTAL

YOUR A + B TOTAL  YOUR RISK LEVEL

0 to 11

very low risk

12 to 21

low risk

If your level of risk is very low or low:

Congratulations! To maintain this level throughout your life, be sure to keep the modifiable risk factors under control.

22 to 30

average risk

If your level of risk is average:

You can improve your score through changes to your lifestyle. Look at how your points are distributed among the modifiable risk factors and take action to increase your chances of staying healthy.

31 to 42

high risk

43 or more

very high risk

If your level of risk is high or very high:

We suggest you talk to your physician. In the meantime, look at your highest scores among the modifiable risk factors, and start thinking of ways to lower your risk level.

Important: This test is intended to raise awareness of the main risk factors for cardiovascular disease. It does not constitute a diagnosis nor does it take the place of an assessment by your physician.

BEWARE!

- If you have already had a heart attack, stroke or episodes of angina, your risk level is considered **very high**, whatever your results to this questionnaire. The scores show which factors to control in order to lower the risk of a new attack.
- If you don't know your blood pressure, your cholesterol levels, your triglyceride or blood sugar levels, we recommend you **see your physician, especially if your risk level is high or very high.**

No **time?** Too much **trouble?**

It's not always easy to take action. Have you ever asked yourself what's stopping you from making the health of your heart a priority? There could be several reasons. Identifying them is a step in the right direction.

Maybe you think you'll have to give up things you enjoy in order to be healthier. But think of all the good things you'll get out of it—a better quality of life, more energy, and you'll be in better shape—today and tomorrow!

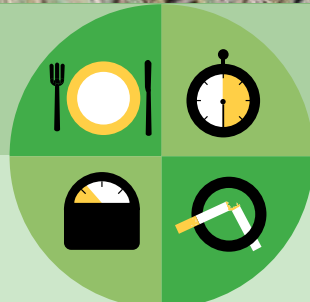
Your **heart** is in your hands

Age, gender and heredity are risk factors that cannot be modified. The good news is there are six other factors that are largely under our control.

4 WINNING STRATEGIES

EAT HEALTHY

**MAINTAIN
OR REDUCE
YOUR WEIGHT**



**BE ACTIVE
ON MOST DAYS**

DO NOT SMOKE

TO ACT ON THE 6 MODIFIABLE RISK FACTORS OF CARDIOVASCULAR DISEASE.

1. physical inactivity
2. tobacco
3. excess weight
4. diabetes
5. high blood pressure
6. elevated cholesterol and/or triglyceride levels

Understanding the 6 modifiable risk factors

Physical inactivity (Question 4)

Being physically active is as beneficial to your heart as not smoking.

Sports are certainly a good way to be more active but learn to take advantage of other activities that encourage you to move, such as walking, cycling, taking the stairs or playing outside with the kids.

Ideally, you should be active for at least 30 minutes most days of the week. Exercising for longer periods or more vigorously will increase the benefits of physical activity.

CAUTION: If your test indicates a high or very high risk level, or if you already have heart problems, see your physician before undertaking an intensive exercise program.

ONE OF **4** WINNING STRATEGIES



BE ACTIVE
ON MOST DAYS

Tobacco (Question 5)

Choosing to quit smoking is one of the best decisions you can make for your health and, as far as your heart is concerned, the risk of cardiovascular disease drops the moment you quit.

For women, combining hormonal contraceptives and cigarettes significantly increases the risk, particularly for those aged 35 and over. Living and working with smokers also increases the risk of health problems in non-smokers.

There are now many methods and resources available to help you quit. When you decide to quit smoking, good preparation and the use of pharmaceutical aids — such as nicotine replacement therapies (patches, gum, lozenges, and inhalers) and certain prescription medications — can increase your chances of success. Consult your physician or pharmacist to find out which treatment best suits your needs. And remember: **the only way to fail is to stop trying!**

ONE OF **4** WINNING STRATEGIES



DO NOT SMOKE

Excess weight (Question 6)

Excess weight, especially **around the waistline**, increases the risks of cardiovascular disease. The weight chart on page 11 indicates the range of acceptable weights according to height that are associated with the lowest health risks (zone 2). It's up to you to determine the weight that suits you best within that range. As for your waistline, it should be less than 102 cm (40 in.) for men and 88 cm (35 in.) for women. Certain international specialists recommend that these measurements should even be 8 cm (3 in.) less.

Losing some weight is a good idea as long as you don't gain it back (and more!), which is generally the case with crash diets and "miracle" weight-loss products. The best way to lose fat — not muscle — is to do it gradually, by watching what you eat and maintaining a good level of physical activity.

If you are significantly overweight, you don't need to reach your normal weight category in order to benefit from the positive effects on your health. Losing 5% to 10% of your current weight often improves the control of diabetes, cholesterol and blood pressure. It is far better to set a realistic goal that you can re-assess once you've reached it.

When your weight is normal, maintaining that weight over the years is the best goal to set. Weighing yourself on a regular basis can help you avoid having to lose 10 kilograms all at once. It is much easier to lose one or two kg over a few days. Plus, increasing your level of physical activity could help you shed a few cm off your waist — even if you don't see a difference on the scale. And that's just as good for your health.

ONE OF **4** WINNING STRATEGIES



MAINTAIN OR REDUCE YOUR WEIGHT





The three risk factors on this page are health problems in which heredity plays an important role. It is, however, possible to prevent, delay or control them by adopting the 4 winning strategies on page 5, as well as by following the advice on healthy eating on pages 8 and 9. If you must take medication, take it as prescribed. Don't change it without consulting your physician or pharmacist.

Diabetes (Question 7)

The risk of cardiovascular disease is up to three times greater for diabetics than non-diabetics. In the long run, diabetes can lead to other complications such as vision impairment and kidney problems.

Measuring the level of sugar in your blood (glycemia) makes it possible to detect diabetes. It is even more important to know what your level is if there are diabetics in your family or if you are overweight. Diabetes does not develop overnight: if your physician tells you that your blood sugar is slightly above normal, steps can be taken to delay the onset of diabetes.

High blood pressure (Question 8)

Hypertension works silently: often, there are no symptoms. The situation must be corrected, however, to avoid complications to the heart, brain or kidney.

The only way to know your blood pressure is to have it checked. Since blood pressure can fluctuate, it's necessary to have readings taken at different times before hypertension can be diagnosed.

According to experts, 140/90 mm Hg or higher indicates hypertension. It's better, however, if your blood pressure is less than 130/85 mm Hg, and 120/80 mm Hg is even better.

Elevated Cholesterol (Question 9) and/or triglyceride levels

Cholesterol is a fat found in the blood. Your body needs it to produce hormones, bile, and cellular membranes. The problem starts when there's too much of it, which is the case for almost 4 out of 10 Canadians.

To travel in the blood, cholesterol needs carriers. There are two main kinds: good carriers (HDL) and bad carriers (LDL), often referred to as "good" and "bad" cholesterol.

The good carriers (HDL) bring cholesterol to the liver to be processed. **The higher the HDL level in your blood, the lower the risk of cardiovascular disease.**

Conversely, the bad carriers (LDL) deposit cholesterol inside artery walls, causing a narrowing of the arteries called atherosclerosis. **The more LDL in the blood, the greater the risk of cardiovascular disease.**

Generally, the desirable total cholesterol level is below 5.2 mmol/L. If the level is higher, it's a good idea to check the total cholesterol/HDL cholesterol ratio. For most people, the recommended ratio should be below 5.0.

There is also another type of fat found in the blood called **triglycerides**. They also increase the risks of cardiovascular disease, especially when other cholesterol levels are abnormal or if the waistline measurement is above normal.



Eat healthy



MAKING WINNING CHOICES

Every day, ideally at every meal, make winning choices from the four food groups. These foods are full of vitamins, minerals, antioxidants, fibres, and should be the basis of your diet.

Make more
room for them
in your diet



Vegetables and Fruit

EAT 7 TO 10 SERVINGS A DAY

Eat at least one dark green vegetable (broccoli, spinach, green peas, etc.) and one orange vegetable (carrots, sweet potatoes, etc.) every day.

Enjoy main courses that are full of vegetables such as stews, couscous, stir-frys, and salads.

You haven't had your fruit at mealtime? Have it for a snack!

Grain Products

OPT FOR WHOLE GRAIN PRODUCTS

Discover the many breads made from whole wheat and other grains, as well as whole wheat pasta, brown rice, oat or bran breakfast cereals, etc. They are an excellent source of energy and are naturally low in fat.

Favour
lighter choices



Milk and Alternatives

CHOOSE MILK AND YOGURT THAT CONTAIN 2% OR LESS M.F.

You can also try calcium enriched soy beverages.

Cheese at 20% M.F. or less is a better option. Even at 20%, go easy if you have a cholesterol or a weight problem.

Meat and Alternatives

VARY YOUR SOURCES OF PROTEIN

Choose leaner cuts of red meat and poultry without the skin; opt for small servings.

Have fish at least 2 or 3 times a week; don't shy away from fatty fish that contain good omega-3 fat.

Legumes ... and even tofu can be interesting alternatives to meat.

As for unsaturated fat...

Certain high-fat foods should be part of our diet because they are a source of unsaturated fat (mono and poly-unsaturated, including omega-3) whose health benefits have been widely recognized.

CHOOSE AMONG:

- vegetable oils such as canola, olive, nut, etc.
- non-hydrogenated soft margarine
- nuts and seeds
(don't forget ground flaxseeds)
- avocado

CAUTION!

These foods are high in fat and calories. They should be eaten regularly but **in moderation**, especially if you have to watch your weight.

Eating healthy is a must to reduce the risk of cardiovascular disease, manage your weight, the levels of cholesterol and triglycerides in your blood, your blood pressure and diabetes. And don't forget that eating well is a source of energy and pleasure!

MANAGING FAT, SUGAR AND SALT

MANAGE DOES NOT MEAN ELIMINATE.

It's all in the frequency and the quantity!

↓ FAT

Reducing high-fat foods, especially those **rich in trans fat or saturated fat**, is highly recommended for individuals with elevated levels of cholesterol or triglycerides and for diabetics. Managing your fat intake also helps in controlling your weight.

Processed foods containing partially hydrogenated or modified oils or **shortening** are major sources of trans fat. They are also rich in fat and calories:

- high-fat baked goods (pastries, croissants, pies, cakes, cookies, muffins)
- fried foods (French fries, chips, doughnuts, breaded foods)
- hydrogenated margarine, shortening

Fatty dairy products and meat are the major sources of saturated fat and cholesterol:

- butter, cream and ice cream
- high-fat cheese
- high-fat meat
- high-fat deli meats, sausages, bacon and pâté

If your blood cholesterol level is elevated, it is better to limit certain foods high in cholesterol:

- fancy meats (liver, kidney, brain, sweetbread)
- egg yolks (no more than 2 to 3 times a week)
- shrimp and calamari (especially breaded)

↓ SUGAR

Reducing sweets is strongly recommended for diabetics and individuals whose blood triglyceride level is elevated.

- sugar
- honey
- brown sugar
- syrup
- jams

These foods can add a sweet note to nutritious foods such as plain yogurt, milk-based or fruit desserts or home-made muffins but, it is best to limit the quantity.

- soft drinks
- fruit flavoured beverages

These beverages only offer sugar and calories, without nutritional value.

- pastries
- cakes
- pies
- cookies
- chocolate
- frozen desserts

These foods are often very sweet and very rich in poor quality fat and calories.

↓ SALT

Reducing the intake of salt and **salty foods** is recommended for individuals with high blood pressure.

More than 75% of the salt we eat is hidden in processed foods:

- fast food
- ready-to-eat meals
- deli meats
- canned soups
- commercial sauces and broths
- chips, pretzels and other salty snack foods

Replacing salt

Herbs, pepper, lemon, garlic or ginger can add even more flavour than salt.



LISTEN TO YOUR BODY!

Eating only when hungry and stopping when satisfied, are good ways to avoid overeating.

ONE OF **4** WINNING STRATEGIES



Questions of the

Alcohol

For men over 40 and postmenopausal women, moderate alcohol consumption can be beneficial to the heart. By moderate, we mean **no more than 1 or 2 drinks* per day** for a maximum of 14 per week for men and 9 for women. But don't start drinking or increasing your alcohol consumption to have a healthy heart! Individuals with high blood pressure or a high level of triglycerides should be more mindful of their alcohol consumption. Pregnant women should avoid alcohol altogether. Individuals who are watching their weight shouldn't forget that alcohol is a source of calories.

* One drink =

- Regular beer (340 mL / 12 ounces)
- Regular wine (150 mL / 5 ounces)
- Spirits (45 mL / 1 1/2 ounces)

Stress

More and more, current research is showing a direct relationship between stress levels and cardiovascular disease. Stress can certainly have an impact on the health of your heart when it leads you to eat poorly, smoke more often and neglect physical activity.

Depression, anxiety and a lack of support can also have a negative impact on your heart. These factors can affect your ability to follow a treatment, or to acquire and maintain a healthy lifestyle. While they are not the only factors responsible for a heart attack or stroke, these psychological factors should be taken into consideration in the prevention and treatment of cardiovascular disease.

Women's heart

Many women don't consider cardiovascular disease as an important threat to their health. Yet cardiovascular disease is an "equal opportunity" disease. In fact, it is responsible for approximately 29% of deaths among men and 30% among women, and is the leading cause of death among Canadian women.

It is true that before menopause, women benefit from better natural protection than men. The risk increases gradually after menopause, however, because of reduced estrogen production. Generally, women are affected by cardiovascular disease 10 to 15 years later than men, the critical point being after age 65.



When medication becomes necessary

For everyone, the vital first step in the battle against cardiovascular disease is to acquire and maintain healthy lifestyle habits. In some cases, however, lifestyle won't be enough to control an abnormal cholesterol level, elevated blood pressure or diabetes. Under these circumstances, **your physician will decide with you whether medication is an option.**

As these conditions generally don't produce any symptoms or make people feel ill, 50% of patients stop taking their medication and put their health—even their life—in danger. We now have very effective medication with far fewer side effects than in the past. If you experience side effects, your physician can usually adjust the dosage or suggest alternatives. It is important to **follow the prescription** and not change it without first talking with your physician or pharmacist.

WHAT ABOUT NATURAL PRODUCTS?

Just because something is natural, doesn't mean that it's not dangerous. Some products can cause side effects, interact with other medication or must be avoided in the case of certain illnesses. Unlike medication, these products are not subject to rigorous testing prior to being marketed. Before buying or taking natural products, it is therefore wise to talk to your physician or with a pharmacist who is familiar with your medical file.

Weight chart

- 1 Find your height (in centimetres or feet and inches) in the blue column.
- 2 On the same line, find your current weight zone (in kilograms or pounds).

This weight chart is based on BMI* and is designed for adult men and women aged 20 to 65. It does not apply to children, adolescents or pregnant women. If you are very muscular or over 65, your weight can slightly exceed the suggested limit without necessarily increasing your risk level.

* BMI = body mass index (kg/m²).

HEIGHT		WEIGHT							
		ZONE 1 Underweight BMI: under 18.5		ZONE 2 Normal weight BMI: 18.5 to 24		ZONE 3 Overweight BMI: 25 to 29		ZONE 4 Obesity BMI: 30 and over	
cm	(ft.in.)	under						over	
		kg	(lb.)	kg	(lb.)	kg	(lb.)	kg	(lb.)
145	4'9"	39	86	39-53	86-117	53-63	117-139	63	139
148	4'10"	41	89	41-55	89-121	55-66	121-146	66	146
150	4'11"	42	92	42-56	92-123	56-68	123-150	68	150
152	5'0"	43	94	43-58	94-128	58-69	128-152	69	152
155	5'1"	44	98	44-60	98-132	60-72	132-159	72	159
158	5'2"	46	102	46-62	102-137	62-75	137-165	75	165
160	5'3"	47	104	47-64	104-141	64-77	141-170	77	170
162	5'4"	49	107	49-66	107-146	66-79	146-174	79	174
165	5'5"	50	111	50-68	111-150	68-82	150-181	82	181
168	5'6"	52	115	52-71	115-156	71-85	156-187	85	187
170	5'7"	53	118	53-72	118-159	72-87	159-192	87	192
172	5'8"	55	120	55-74	120-163	74-89	163-196	89	196
175	5'9"	57	125	57-77	125-170	77-92	170-203	92	203
177	5'10"	58	128	58-78	128-172	78-94	172-207	94	207
180	5'11"	60	132	60-81	132-179	81-97	179-214	97	214
183	6'0"	62	136	62-84	136-185	84-100	185-221	100	221
185	6'1"	63	139	63-86	139-190	86-103	190-227	103	227
188	6'2"	65	144	65-88	144-194	88-106	194-234	106	234
190	6'3"	67	147	67-90	147-198	90-108	198-238	108	238
193	6'4"	69	152	69-93	152-205	93-112	205-247	112	247

Source: Health Canada. Canadian Guidelines for Body Weight Classification in Adults, 2003.

The **warning signs** of cardiovascular **disease**

To be able to act quickly when a heart attack or stroke occurs, you must know how to recognize the warning signs. Of course, you don't have to rush to the hospital at the slightest symptom, but if you have

one or more of the signs described below, go to the hospital emergency **QUICKLY**. Being admitted within a maximum of two hours following the appearance of symptoms could save your life.

ANGINA

This is a **partial blockage** of a heart artery that prevents blood from nourishing the part of the heart usually served by this artery. This can cause the following warning signs:

- different types of chest pain
- with or without pain in the arm, neck or jaw
- lasts a few seconds to a few minutes
- occurs most often with physical effort or strong emotions
- generally relieved within 5 or 10 minutes by rest or nitroglycerine taken under the tongue or by spray.

WOMEN

For many women (and also for certain men), angina can happen while at rest. Some may feel more pain in the neck or lower jaw, or they may feel out of breath, nauseated or tired instead of or in addition to having chest pain.

HEART ATTACK

This is a **total blockage** of a heart artery that completely prevents blood from nourishing the part of the heart usually served by this artery. This can cause the following warning signs:

- severe chest pain, taking different forms: a feeling of tightening, pressure, heaviness or burning, etc.
- may be accompanied by the following symptoms:
 - pain that spreads to shoulders, arms, neck, jaw or back
 - dizziness, paleness, difficulty breathing, sweating, nausea, vomiting or anxiety
- usually lasts more than 10 minutes
- not relieved by rest or by 2 or 3 doses of nitroglycerine
- can sometimes occur silently, with none of the above symptoms.

WOMEN

For many women (and also for certain men), this classic list of symptoms is replaced by more vague symptoms:

- pain in the neck, jaw or arms
- heaviness in the shoulder blades, back or the pit of the stomach
- feeling out of breath, tired, sweating, nausea, vomiting.

An estimated 50% of heart attacks in women cause no severe pain.

STROKE

This is a blockage of an artery in the neck or head that prevents blood from nourishing the part of the brain usually served by this artery. This can cause the following warning signs:

- sudden weakness or loss of sensation of the mouth, arm or leg, on only one side of the body
- sudden reduction or loss of vision
- difficulty or inability to speak
- dizziness or loss of balance.

Note that these symptoms can sometimes be more vague, particularly among the elderly. Watch for a sudden change in behaviour, like unusual slowness, indifference or an inability to dress or feed oneself.

YOU COULD SAVE A LIFE

Rapid intervention to assist a victim of a heart attack — within the first few minutes — can save a life. To learn how to do cardiopulmonary resuscitation (CPR), contact the Heart and Stroke Foundation toll free at: 1 888 473-4636.

Certain symptoms listed in these descriptions may not be linked to a cardiovascular problem. When in doubt, it is better to let the physician be the judge rather than to diagnose yourself.

This publication is for information purposes only and should not take the place of advice from a doctor or health care professional.

The series on cardiovascular health was developed by **ACTI-MENU**.

We would like to thank the following experts who were consulted: **Beth Abramson**, Internist and Cardiologist, St Michael's Hospital, Toronto; **Philip Barter**, Cardiologist, Heart Research Institute, Sydney, Australia; **Huguette Bélanger**, Medical Advisor, Direction de santé publique de la Montérégie; **Johanne Blais**, M.D., CHUQ, Hôpital Saint-François d'Assise, Québec; **Greg Bondy** and **Jiri Frohlich**, Medical Biochemists, St. Paul's Hospital, Vancouver; **W. Virgil Brown**, Cardiologist, VAMC, Georgia, United States; **Jean Davignon**, Internist, **Robert Dufour**, M.D. and **Chantal Blais**, Dietitian, Clinical Research Institute of Montreal; **Jean-Pierre Després**, Ph.D., Exercise Physiology, Institut de cardiologie de Québec; **George Fodor** and **Ruth McPherson**, Internists, University of Ottawa Heart Institute; **Jacques Genest** and **Allan Sniderman**, Cardiologists, Royal Victoria Hospital, Montreal; **Gaston Godin**, Ph.D., Behavioural Sciences, Laval University; **Pavel Hamet** and **André Lacroix**, Endocrinologists, Centre hospitalier de l'Université de Montréal; **Martin Juneau** and **Marc-André Lavoie**, Cardiologists and **Élise Latour**, Dietitian, Montreal Heart Institute; **Gilles Paradis**, Epidemiologist, Direction de santé publique de Montréal; **Raymonde Pineau**, M.D., Direction de santé publique de la Capitale-Nationale; **George Steiner**, Endocrinologist, Toronto General Hospital; **James Stone**, Cardiologist, University of Calgary; **Guy Tremblay**, Cardiologist, Hôpital du Saint-Sacrement, Québec.

Professionals and companies can order this document at www.actimenu.ca/en/publications.php or from their AstraZeneca representative.

References available upon request from actimenu@actimenu.ca.

© ACTI-MENU - 1993 for the first publication.

© ACTI-MENU - 2012 for this publication. All rights reserved. Commercial use forbidden.

Legal deposit — Bibliothèque et Archives nationales du Québec, 2012.