

March 2020 ISSUE

# CV Edge

The Official  
Publication of



*Current Issues & Trends in  
Cardiovascular Disease Prevention & Rehabilitation*

## A Message from the President

Welcome to our newest edition of CV Edge. We are excited to have a Canadian publication for Canadian cardiac rehabilitation professionals. Our goal is to provide the membership with research based information and knowledge translation tools that help support the delivery of cardiac prevention and rehabilitation programming. I would like to thank Dr. Mampuya and the editorial team for their work on revitalizing this publication. I would also like to thank our members and readers for their ongoing submissions and support as we strive to increase the body of knowledge around the benefits of Cardiac Rehabilitation and the prevention of cardiac disease in various subpopulations. I hope you enjoy this edition, and that you attain a new clinical pearl that you can share with others involved in the delivery of your programming.

In other news, CACPR is having the fifth annual Spring Conference, themed Innovation in Prevention and Rehabilitation. This event is being hosted in Toronto and will take place on June 5-6, 2020, and will include the TK Lecture. We would like to thank Dr. Oh and his team for hosting the event. I hope you will consider joining us, as we have some great speakers lined up for the event, and a workshop component for day two.

We recently re-launched our webinar series! The information for webinars can be found on the [CACPR website](#), [Facebook](#) or [LinkedIn](#). The next session is happening on March 11, 2020, the topic is Keto Diet and Intermittent Fasting: What is the Evidence? Kathleen Turner will be the presenter.

I would encourage you to visit the CACPR website and review the products and services that we offer, and if you like what you see, please share our page with a colleague. If you have suggestions or ideas on how we can improve our products or services, we are always looking for members on various committees.

Sincerely,

Tracy Selway, MN, RN  
CACPR President

## Inside this Issue

*Message from the President*  
PAGE 1

*Letter from the Editor*  
PAGE 2—3

*Education Sessions*  
PAGE 2—4

*Conference Sponsors - Thank You*  
PAGE 4

*Abstracts*  
PAGE 5—8

*2020 Spring Conference*  
PAGE 8

*CACPR Membership*  
PAGE 8

*Webinars*  
PAGE 9

*Advanced Training Modules*  
PAGE 9

# Educational Sessions

## *Cardiac Rehabilitation Throughout the Lifespan: From Paediatrics to Geriatrics*

**Topic:** Exercise prescription for cardiovascular health: how close (or how far) are we from getting it right?

**Speakers:** Juan Manuel Murias (University of Calgary) and Daniel Keir (University of Toronto)

**Moderator:** Claudine Gauthier (Concordia University)

### **Brief Explanation of the Topic**

Exercise training interventions are known to produce a multitude of positive effects within the cardiovascular system. Even though this is a well-accepted position, some experimental data have indicated that there might exist responders and no responders to exercise. Against the idea of no responders to exercise, some evidence indicates that participants who engage in sufficiently long or intense exercise always show positive cardiovascular adaptations.

Exercise intensity is a critical component in the prescription of aerobic training. However, the optimal exercise intensity prescription needed to produce positive cardiovascular adaptations remains elusive. Thus, this scientific café aims to discuss different approaches by which appropriate intensity of exercise can be prescribed in order to obtain the desired benefits from an exercises training program.

### **Speakers' Bio/Research Interests**

**Juan Murias** is an Associate Professor in the Faculty of Kinesiology, at the University of Calgary. Juan's research has two main focuses: 1) Identifying the dose-response relationship of exercise that elicits optimal cardiovascular adaptations to improve cardiovascular function in older individuals, in order to reduce the likelihood of becoming dependent in this population; 2) Establishing exercise intensity boundaries for appropriate exercise prescription to improve cardiovascular fitness for health and performance. Juan leads the Exercise and Aging laboratory, where he is currently the main supervisor of 5 PhD, 3 MSc, and 3 undergraduate students, as well as 1 Postdoctoral Fellow. The lab examines the effects of acute and chronic exercise on the oxygen transport system, with focus on the peripheral re-distribution of blood flow to support a given metabolic demand.

**Daniel Keir** received his PhD in integrative physiology of exercise from the University of Western Ontario. His research expertise includes measurement, analyses, and interpretation of breath-by-breath pulmonary gas exchange, end-tidal gas pressures and ventilation. His current research applies these techniques to control the partial pressures of blood and tissue O<sub>2</sub> and CO<sub>2</sub>, manipulate input to the central and peripheral chemoreceptor reflexes, and investigate their impact on sympathetic, circulatory and ventilatory control in healthy humans and individuals with reduced heart function. He also has a longstanding interest in quantification of aerobic exercise intensity and its application for individualized exercise prescription.

.....



*Dr Warner Mampuya, MD PhD FRCPC*

## **MESSAGE FROM THE EDITOR**

Dear friends and colleagues,

In this issue of CV Edge, we bring you the highlights from workshops and abstracts presented at the CACPR fall Meeting which was held October 25th and 26th, 2019 in Montreal during the annual conference of the Canadian cardiovascular society.

During this conference, CACPR presented 7 educational sessions and 19 posters.

The educational sessions included the 26th annual Terry Kavanagh award & lecture presented by Dr Mark J.F. Haykowsky from The University of Texas Arlington.

The topic of his presentation was: Upper limits of human performance in heart transplant recipients. In his presentation, Dr Haykowsky shared his work experience with highly trained individuals. Specifically, he talked about his group's collective experience working with highly trained endurance athletes who developed end-stage heart failure necessitating heart transplant and then regained high levels of aerobic power and athletic capability following successful heart transplant.

The other topics discussed during educational sessions included: Youth cardiac rehabilitation, Cardiac rehabilitation for pediatric congenital heart disease, Women cardiac rehabilitation, Older adults cardiac rehabilitation, Cardiovascular guidelines update and Cardiac rehabilitation throughout the lifespan (presented in a scientific café format at Concordia university).

The educational sessions provided a great opportunity to learn from the experts.

We present in this highlight edition summaries of some educational sessions (Women cardiac rehabilitation, youth cardiac rehabilitation, Older adults cardiac rehabilitation and Cardiac rehabilitation throughout the lifespan).

# Women Cardiac Rehabilitation

## Protecting Women's Hearts: Unique Considerations Across the Lifespan

**Sponsored by:** Cardiometabolic Health, Diabetes, and Obesity Research Network (CMDO)

**Speaker:** Paula Harvey - University of Toronto / Wom-en's College Hospital

**Moderator:** Tracey Colella

This presentation will focus on the CIRCUIT program (Centre pédiatrique d'interventions en prévention et en réadaptation cardiovasculaire) of the CHU Sainte-Justine, a multidisciplinary, personalized intervention for children with cardiovascular risk. This 24 months program includes a comprehensive evaluation of the child's lifestyle habits (including sedentary behaviours, current activity practice, preferences, parental availability to be active with their child, etc.), motor skills, fitness level, and physical activity patterns using wearable sensors (including accelerometer, heart rate monitor and GPS), in order to tailor an intervention to increase physical activity levels and reduce sedentary behaviours within the child's environment (i.e. home, school, usual destinations). A kinesiologist creates a personalized plan in conjunction with the family. Participants are contacted on a monthly basis by the kinesiologist to determine their progress and address any challenges, and children return every 6 months for an evaluation and comprehensive adjustment of the intervention plan. Families also participate in 4 group workshops, that each include a nutritional component focusing on dietary behaviours, and a psychosocial component aiming to address the challenges of obesity and empower families and youth. Families can equally participate in monthly group activities, generally centered on enhancing physical activity levels but also reducing sedentary behaviours and connecting families with each other.

---

## Youth Cardiac Rehabilitation Preventing Cardiometabolic Risk in Childhood: Lessons Learned From the CIRCUIT Programme

**Speaker:** Melanie Henderson - Université de Montréal / St. Justine Hospital, Montreal, QC

**Moderator:** Warner Mampuya

This presentation will focus on the CIRCUIT program (Centre pédiatrique d'interventions en prévention et en réadaptation cardiovasculaire) of the CHU Sainte-Justine, a multidisciplinary, personalized intervention for children with cardiovascular risk. This 24 months program includes a comprehensive evaluation of the child's lifestyle habits (including sedentary behaviours, current activity practice, preferences, parental availability to be active with their child, etc.), motor skills, fitness level, and physical activity patterns using wearable sensors (including accelerometer, heart rate monitor and GPS), in order to tailor an intervention to increase physical activity levels and reduce sedentary behaviours within the child's environment (i.e. home, school, usual destinations). A kinesiologist creates a personalized plan in conjunction with the family. Participants are contacted on a monthly basis by the kinesiologist to determine their progress and address any challenges, and children return every 6 months for an evaluation and comprehensive adjustment of the intervention plan. Families also participate in 4 group workshops, that each include a nutritional component focusing on dietary behaviours, and a psychosocial component aiming to address the challenges of obesity and empower families and youth. Families can equally participate in monthly group activities, generally centered on enhancing physical activity levels but also reducing sedentary behaviours and connecting families with each other.

The complete list of all abstracts presented during the conference is provided here for your reference.

We would like to acknowledge the two award-winning abstracts of the conference. The first abstract was presented by Tamara Williamson, a PhD Student in Clinical Psychology from the University of Calgary. She presented the result of a prospective observational study evaluating the impact of a Cardiac Rehabilitation based education on coronary disease knowledge, beliefs and attitudes about cardiac rehabilitation and exercise attendance.

The second abstract was presented by Henry Lai from the Cardiovascular Physiology and Rehabilitation Laboratory at the University of British Columbia. His work looked at the impact of a community-based and Indigenous-led healthy lifestyle intervention in improving lifestyle behaviours.

These two award-winning abstracts are presented in full in this edition.

The program presented by the CACPR was excellent and we thank the organizing committee led by Dr Sandra Pelaez for their outstanding work!

We thank you for your continued contribution and support to the CACPR.

We appreciate your commitment to the advancement of cardiac rehabilitation and prevention in Canada and hope to see you in the upcoming spring conference in Toronto.

Sincerely,

Warner Mampuya  
*CV Edge Chief Editor*

# Educational Sessions—Continued

## Older Adults Cardiac Rehabilitation

### The Impact of Cardiac Rehabilitation in Cognitive and Brain Function

**Sponsored by:** Centre de recherche de l'institut universitaire de gériatrie de Montréal (CRIUGM)

**Speaker:** Louis Bherer - University of Montreal / Montreal Heart Institute and Institut Universitaire de Gériatrie de Montréal

**Moderator:** Paul Poirier

Statistics Canada (2016) predicts that seniors will represent 18,7% of Canada's population in 2021, in contrast to 14.4% in 2011. This will lead to a steep increase in the number of Canadians living with cardiovascular diseases, which are associated with cognitive deficit and dementia. This presentation will discuss evidence that physical activity and exercise can help reduce cognitive deficits and improve cognition in healthy older adults and patients at different stages of the cardiovascular disease continuum.

.....

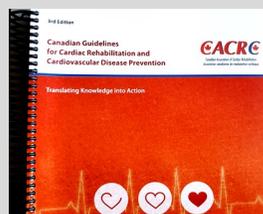
**Thank you to all of our 2019 Fall Conference Sponsors;  
we wouldn't be able to do it without you!**



## Canadian Guidelines for Cardiac Rehabilitation and Cardiovascular Disease Prevention: Translating Knowledge into Action

*A comprehensive, evidence-based resource for cardiovascular chronic disease care written for clinical, program, educational and research settings.*

**Get yours today! Members receive a 30% discount!**



**Purchase Guidelines**

## Abstracts Presented at the CACPR Fall Conference in Montreal

CACPR001 - EXAMINING THE RELATIONSHIP BETWEEN GENDER-ROLE ORIENTATION AND CLINICAL OUTCOMES IN PATIENTS WITH CORONARY ARTERY DISEASE ENROLLED IN CARDIAC REHABILITATION

**Katelyn Comeau**

CACPR002 - A SEX-DIFFERENCE EVALUATION OF AN AEROBIC INTERVAL TRAINING CARDIAC REHABILITATION PROGRAM IN ADULTS WITH HEART DISEASE

**Sol Vidal Almela**—*PhD Candidate in Human Kinetics at the University of Ottawa, Canada*

CACPR003 - THE EFFECT OF A SINGLE BOUT OF AEROBIC EXERCISE ON CENTRAL ARTERIAL STIFFNESS AND HEMODYNAMICS IN ADULTS WITH DIABETES: A RANDOMIZED CONTROLLED CROSS-OVER STUDY

**Kimberley Way**—*University of Ottawa Heart Institute, Ontario, Canada*

CACPR004 - CONNECTING PATIENTS TO CARDIAC REHABILITATION: PRELIMINARY RESULTS FROM AN ATRIAL FIBRILLATION DEMONSTRATION PROJECT

**Rachel Caris** – *Atrial Fibrillation Patient Navigator, Cardiac Rehabilitation and Secondary Prevention Program, London, Ontario, Canada*

CACPR005 - A PROSPECTIVE COHORT STUDY OF WITHIN-PERSON CHANGES IN DEPRESSED MOOD AND ANXIETY AMONG PATIENTS WHO COMPLETE CARDIAC REHABILITATION

**Stephen Wilton** – *Clinical Assistant Professor, CHRS, Calgary, Alberta, Canada*

CACPR006 - SEX DIFFERENCES IN COMPLETION OF CARDIAC REHABILITATION IN PEOPLE WITH A HEART FAILURE DIAGNOSIS

**Ashley Huitema** – *PGY5 Adult Cardiology, University of Western Ontario, London, Ontario, Canada*

CACPR007 - INTERVAL VERSUS CONTINUOUS TRAINING MODALITIES (HIIT, MICT): DO RISK FACTORS MATTER FOR POST-PCI PATIENTS?

**André Arsenault**—*Sygesa, Longueuil, Quebec*

CACPR008 - KNOWLEDGE TRANSLATION IN CARDIAC PREVENTION AND REHABILITATION: DEVELOPING A GUIDEBOOK FOR CAREGIVERS OF PATIENTS WITH CARDIOVASCULAR DISEASE

**Karen Bouchard**—*Postdoctoral Fellow, University of Ottawa Heart Institute, Ontario, Canada*

CACPR009 - CORRELATION OF ANXIETY AND DEPRESSION WITH SLEEP QUALITY AND QUALITY OF LIFE IN ELDERLY PATIENTS WITH PERCUTANEOUS CORONARY INTERVENTION

**Xia Liu**

CACPR010 - CASE OF TRANSMETACARPAL AMPUTATION AFTER CORONARY ANGIOGRAPHY

**Ady Correa-Mendoza**—*Resident physician, VA Caribbean Healthcare System*

CACPR011 - RELATION BETWEEN KNOWLEDGE AND DEMOGRAPHICS, ANTHROPOMETRICS, AND CLINICAL CHARACTERISTICS IN PEOPLE WITH DIABETES: PRELIMINARY STUDY

**Lilian Pinto da Silva**— *College of Physical Therapy, Universidade Federal de Juiz de Fora, Juiz de Fora, Brazil*

CACPR012 - VALIDITY OF A TALK TEST INDIVIDUALIZED TREADMILL PROTOCOL TO CARDIORESPIRATORY ASSESSMENT OF CARDIOVASCULAR DISEASE PATIENTS

**Ariany Marques Vieira** —*Concordia University, Department of Health, Kinesiology, and Applied Physiology, Montreal, Quebec*

CACPR013 - IMPLEMENTING RECOMMENDATIONS FOR INPATIENT HEALTHCARE PROVIDER ENCOURAGEMENT OF CARDIAC REHABILITATION PARTICIPATION: DEVELOPMENT AND EVALUATION OF AN ONLINE COURSE

**Carolina Santiago de Araujo Pio** – *PhD Candidate, School of Kinesiology and Health Science, York University, Toronto, Canada, Toronto, Ontario, Canada*

# Abstracts Presented at the CACPR Fall Conference in Montreal – Continued

CACPR<sub>014</sub> - CHANGES IN EXERCISE CAPACITY FOLLOWING CARDIAC REHABILITATION PROGRAM IN PATIENTS WITH CORONARY HEART DISEASE: RESULTS OF THE "CARDI-O-FORME" PROGRAM

**Maxime St-Pierre**— *University of Quebec at Chicoutimi, Quebec*

CACPR<sub>015</sub> - DOES EXPLAINING CAUSAL LINKS AMONG ENDOTHELIAL PATHOPHYSIOLOGY, RISK FACTORS, SYMPTOMS AND HEALTH BEHAVIOUR INCREASE CARDIAC REHABILITATION ENROLMENT AND ADHERENCE? A RANDOMIZED CONTROLLED TRIAL OF PATIENT EDUCATION STRATEGIES

**Neville Suskin** – *Medical Director, Cardiac Rehabilitation and Secondary Prevention Program, CACPR, London, Ontario, Canada*

CACPR<sub>016</sub> - FACTORS ASSOCIATED WITH PHYSICAL ACTIVITY LEVEL MAINTENANCE FOLLOWING CARDIAC REHABILITATION

**Laura Banks** – *Research Fellow, Toronto, Ontario, Canada*

CACPR<sub>017</sub> - IMPACT OF PATIENT KNOWLEDGE OF INTAKE EXERCISE PERFORMANCE ON EXIT PERFORMANCE IN CARDIAC REHABILITATION

**Tharani Anpalagan** – *Research Student, Toronto, Ontario, Canada*

CACPR<sub>018</sub> - THE IMPACT OF PATIENT EDUCATION IN CARDIAC REHABILITATION: THE IMPART STUDY

**Tamara Williamson** – *PhD Student, University of Calgary, Calgary, Alberta, Canada*

CACPR<sub>019</sub> - HEALTH-RELATED BENEFITS OF A COMMUNITY-BASED AND INDIGENOUS-LED HEALTHY LIFESTYLE INTERVENTION ON REDUCING SEDENTARY BEHAVIOURS

**Henry Lai**— *Cardiovascular Physiology and Rehabilitation Laboratory at the University of British Columbia, Canada*

---

## The Impact of Patient Education in Cardiac Rehabilitation: The Impact

**Tamara M. Williamson<sup>1</sup>, B.Sc.; Tavis S. Campbell<sup>1</sup>, Ph.D.; Sandeep G. Aggarwal<sup>1,2,3,4</sup>, M.D.; Ross Arena<sup>4</sup>, Ph.D.; & Codie R. Rouleau<sup>1,2,4</sup>, Ph.D.**

<sup>1</sup>University of Calgary, Calgary, AB, Canada;

<sup>2</sup>TotalCardiology Rehabilitation, Calgary, AB, Canada;

<sup>3</sup>Libin Cardiovascular Institute of Alberta, Calgary, AB, Canada;

<sup>4</sup>University of Illinois at Chicago, Chicago, IL, USA

### Abstract

**Background:** Coronary artery disease (CAD) requires a complex behaviour change regimen, including cardiac rehabilitation (CR) attendance, to reduce the risk of morbidity and premature mortality. Patient education delivered during CR aims to enhance disease-related knowledge and improve program adherence. Few CR-based education programs have been empirically tested, and it remains equivocal whether increased knowledge about CAD translates to more positive attitudes toward CR and increased CR attendance.

**Objective:** This prospective observational study evaluated the impact of a CR-based education curriculum on CAD knowledge, beliefs and attitudes about CR, and CR exercise attendance.

**Methods:** Participants included CR patients with CAD scheduled to attend four, 2.5-hour, group-based education classes (covering cardiac physiology, risk factors, medications, exercise, nutrition, and stress) prior to starting a 12-week supervised exercise program. Validated measures of CAD knowledge assessed across five domains (medical condition, risk factors, nutrition, exercise, psychosocial risk) and beliefs and attitudes about CR (perceived necessity, exercise concerns, barriers, perceived suitability) were administered pre- and post-education, and at 12-week follow-up. Sociodemographic information was assessed pre-education and CR attendance determined by chart review upon CR completion.

**Results:** At baseline, one-in-two patients received a low score ( $\leq 75\%$ ,  $\leq 70/93$ ) on the CAD knowledge questionnaire ( $N = 70$ ). Overall CAD knowledge significantly improved pre-to post-education while statistically adjusting for patients' total years of education,  $F(4,47, 48.37) = 4.47$ ,  $\eta^2 = .06$ ,  $p = .019$ . When the sample was dichotomized into low ( $\leq 75\%$ ) vs. high ( $> 75\%$ ) baseline knowledge, there was a significant CAD Knowledge  $\times$  Time interaction [ $F(2,134) = 23.95$ ,  $p < .001$ ,  $\eta^2 = .26$ ] such that knowledge gains from pre-education ( $M=59.03$ ,  $SD=10.78$ ) to post-education ( $M=72.81$ ,  $SD=8.19$ ) were greater among patients with low baseline knowledge. When initial knowledge was high ( $M=79.05$ ,  $SD=4.21$ ), improvements in knowledge were non-significant (post-education  $M=81.92$ ,  $SD=5.02$ ). Knowledge gains were sustained at 12-week follow-up among patients with both low- and high-baseline knowledge [ $M(SD)=73.94(9.07)$  and  $82.34(5.54)$ , respectively]. Favourable attitudes toward CR increased from pre-education ( $M=23.13$ ,  $SD=6.47$ ) to post-education ( $M=21.20$ ,  $SD=6.73$ ) [ $F(2,138) = 5.31$ ,  $p=.006$ ,  $\eta^2 = .071$ ] and were maintained at 12-weeks.

**Conclusions:** Cardiac education classes delivered at the outset of CR were associated with improvements in disease-related knowledge and positive attitudes about CR, though patients with less baseline knowledge had the greatest benefit. Ongoing data analysis will examine whether improvements in knowledge and attitudes are associated with better CR attendance. These results will inform efforts to optimize CR-based education to promote program adherence.

## Health-Related Benefits of a Community-Based and Indigenous-Led Healthy Lifestyle Intervention on Reducing Sedentary Behaviours

*Henry P.H. Lai* <sup>1,2,3</sup>, *Rosalin M. Miles* <sup>2,3,4</sup>, *Shannon S.D. Bredin* <sup>2,3,5</sup>, *Kai L. Kaufman* <sup>1,2,3</sup>, *Charlie Z.Y. Chua* <sup>1,2,3</sup>, *Jan Hare* <sup>2,6</sup>, *Moss E. Norman* <sup>2</sup>, *Ryan E. Rhodes* <sup>7</sup>, *Paul Oh* <sup>8</sup>, and *Darren E.R. Warburton* <sup>1,2,3</sup>

<sup>1</sup> Cardiovascular Physiology and Rehabilitation Laboratory, University of British Columbia, Vancouver

<sup>2</sup> Indigenous Studies in Kinesiology, Faculty of Education, University of British Columbia, Vancouver

<sup>3</sup> Physical Activity Promotion and Chronic Disease Prevention Unit, Vancouver

<sup>4</sup> Indigenous Physical Activity and Cultural Circle, Vancouver

<sup>5</sup> Cognitive and Motor Learning Laboratory, University of British Columbia, Vancouver

<sup>6</sup> Indigenous Teaching Education Program, University of British Columbia, Vancouver

<sup>7</sup> Behavioural Medicine Laboratory, University of Victoria, Victoria

<sup>8</sup> Cardiovascular Prevention and Rehabilitation Program, Toronto Rehabilitation Institute, Toronto

### Abstract

**Rationale:** Finding culturally relevant and safe ways to increase physical activity and reduce time spent in sedentary behaviours are important areas of health and wellness research with Indigenous communities in Canada. There is growing evidence in support of physical activity and sedentary behaviour as independent variables of cardiometabolic disease prevention in community-based research. Additionally, current evidence indicates that physical activity participation is declining, while sedentary activity time is rising in Canadian Indigenous populations. As such, culturally safe and relevant prevention models that target healthy lifestyle behaviours in Indigenous communities are warranted, because a one-size-fits-all approach should not be applied within Indigenous communities.

### Objectives:

The purpose of this study was to examine the impact of a community-based and Indigenous-led healthy lifestyle intervention designed specifically to improve healthy lifestyle behaviours (i.e., reducing sedentary activity time and increasing physical activity levels) in adults ( $n = 15$ ).

### Methodology:

Working together with Indigenous community leaders we co-created a 13-week Indigenous led healthy lifestyle intervention incorporating individualized exercise prescriptions and knowledge sharing circles in a rural and remote Indigenous community. Sharing circles accommodated Indigenous histories and perspectives by drawing on Indigenous oral storytelling traditions unique to the community, and integrated evidencebased motivational interviewing strategies to promote healthy lifestyle behaviours using specific behaviour change techniques (i.e., Behaviour Change Technique Taxonomy (version 1)). Linear regression analyses were conducted to examine the relationship between physical activity (i.e., moderate-to-vigorous physical activity (MVPA) and sedentary behaviour time (7-day accelerometry and self-report)).

**Results:** Accelerometry-measured indices revealed a significant ( $p = 0.04$ ) decrease in the frequency of time spent in prolonged sedentary bouts lasting >60 minutes (pre:  $11.2 \pm 1.2$ , post:  $8.1 \pm 1.1$  per week). Self-reported sedentary activity time also decreased significantly ( $p = 0.003$ ,  $-24.5 \pm 6.3$  % change). The reduction in self-reported sedentary time was associated ( $p = 0.02$ ,  $r = -0.56$ ) with increased accelerometry-measured MVPA minutes. Accelerometry-measured MVPA minutes were above international recommendations ( $\sim 275$  min/week) following the intervention. Among the sedentary activities reported, weekly screen time activity decreased significantly ( $p = 0.002$ ) from  $3.5 \pm 0.4$  to  $2.4 \pm 0.3$  hr/day, and the strongest association ( $p = 0.03$ ,  $r = -0.67$ ) was observed between reduced computer/video game screen time and increased accelerometry-measured MVPA minutes.

**Conclusion:** This work demonstrates how an Indigenous-led and community-based healthy lifestyle intervention can provide a culturally safe and relevant strategy to reduce sedentary behaviour.

## 2020 Spring Conference



The Canadian Association of Cardiac Prevention and Rehabilitation is pleased to announce that the annual Spring Conference will be held in Toronto, June 5-6, 2020. The Terry Kavanaugh lecture will be presented at the Spring Conference. Day one (June 5) will be held at the DoubleTree by Hilton Hotel Toronto Downtown. Day two (June 6) will be held at the Toronto Rehab – Rumsey Centre for a cardio heavy day. This year's theme is **Innovation in Prevention and Rehabilitation**.

For more information, and to register, [visit our website!](#)

## Get your friends and colleagues to sign up for a CACPR Membership TODAY—Don't miss out!

CACPR is the National Body representing Cardiac Rehab programs in Canada, and has been incorporated since April 1991.

### **Top 5 Member Benefits**

1. Liaise with like-minded professionals
2. Opportunities to shape CACPR and Clinical Practice
3. Discounts to attend CACPR Conferences
4. Access to CV Edge and JCRP
5. Access to CACPR Educational Webinars and Modules

### **Who can join?**

Dietitians, Nutritionists, Physicians, Nurses, Pharmacists, Physiotherapists, Psychologists, Research Scientists, Exercise Rehab Professionals, Students and more!

**Sign up NOW!**

# CACPR Webinars



## Keto Diet and Intermittent Fasting: What's the Evidence?

PRESENTED BY: KATHLEEN TURNER

Wednesday March 11, 2020 at 12:00 PM EST

### Objectives:

- Define and discuss current diets including keto diet and intermittent fasting
- Discuss current recommendations for nutrition and heart health

Members receive a discounted rate! Sign up today for single webinars, or a yearly bundle!

**Register TODAY!**

## Advanced Training Modules

CACPR will soon be introducing Advanced Training Modules on numerous topics surrounding cardiovascular prevention and rehabilitation, with the first module being released at the 2020 CACPR Spring Conference!

Topics include:

- CV Risk Factors
- Psychosocial
- Patient Management
- Nutrition
- Physical Activity
- Medication Management



**Exclusive updates and discounts will be provided to members — *STAYTUNED!***

# CACPR Publication Editor and Associate Editors

Warner Mampuya, Chief Editor  
Carolyn Baer, Associate Editor  
John Buckley, Associate Editor  
Andrew Jeklin, Associate Editor  
Tasuku Terada, Associate Editor  
Danielle Smith — CACPR Secretariat, Formatting Editor



Proudly managed by:



Canadian Association of Cardiovascular Prevention and Rehabilitation

20 Crown Steel Drive, Unit 6, Markham, ON L3R 9X9 Canada

Telephone: 1 (905) 604-2119

Website: [www.cacpr.ca](http://www.cacpr.ca)

Email: [cacpr@secretariatcentral.com](mailto:cacpr@secretariatcentral.com)

*Disclaimer: The materials contained in this publication are the views/findings of the author(s) and do not represent the views/findings of CACPR. The information is of a general nature and should not be used for any purpose other than to provide readers with current research in the area.*