

A Simple Scan Can Help Patients Avoid Heart Disease

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“Heart disease is still the leading cause of death in the United States,” even during COVID, said WWMG Cardiologist Dr. Michael Duong. For patients already diagnosed with heart disease, statins are lifesaving medications.

But when heart disease is a risk — rather than a diagnosis — for patients with no symptoms, not everyone is ready to commit to daily medication. In such cases, coronary artery calcium scans can be an invaluable tool for deciding whether heart medication is

really necessary for a patient.

Coronary Artery Disease Can Lead to Heart Attacks

“When we use the term heart disease, we usually refer to coronary artery disease, which is cholesterol plaque buildup in heart arteries. This is the principal mechanism by which people end up having heart attacks,” said Duong.

“There are actually no official screening guidelines for coronary artery disease. When primary care providers see patients, they are trained to look for risk factors and work on treating them to reduce the risk of heart disease and stroke,” said Duong.

Patient Risk Factors for Heart Disease

Healthcare providers identify a patient’s risk factors by conducting a thorough medical history that looks at the patient’s:

- Age
- Diabetes risk
- Blood pressure
- Blood cholesterol levels
- Smoking history
- Family history of heart issues, and
- Lifestyle habits, including diet and exercise.

These factors are entered into an equation to calculate the 10-year estimated risk of the patient having a heart attack. The resulting score is rated as low, medium, or high risk for heart attack.

Heart disease, also called atherosclerosis, often goes undiagnosed and untreated for many years, so if you have any of the risk factors listed above, don’t wait to get checked.

Treatment Options for Patients at Medium Risk

Patients who have already experienced a cardiac event and those with a high score are typically prescribed statins. But for many medium-risk patients, the decision to take medication can be more complicated.

On the one hand, lifestyle changes like daily exercise and eating a plant-based diet can partially reverse heart disease. “But that’s not possible for most people to do nowadays,” Duong said, because committing to lifestyle changes can be difficult.

Many medium-risk patients resist medication as a preventative measure, but if needed, “statins are among very, very, few medications that have been conclusively shown through large, randomized, controlled studies to save lives,” said Duong.

For patients at medium risk who are in good health and hesitant to take statins, a coronary artery calcium scan (CAC) can help determine if medication is necessary.

Coronary Artery Calcium Scans

In recent years, CAC testing has become a common screening method for medium-risk heart patients, especially for those who have no symptoms.

“Calcium scanning is a powerful method of screening for coronary artery disease. It’s cheap, it’s safe, it’s easy to do, and it provides a lot of information. This test will answer the question ‘Do you have atherosclerosis?’ with either a definite yes or a soft no,” said Duong.

He explains, “When you develop cholesterol plaque in your arteries, the majority of the time, calcium builds up too.” That calcium provides an indirect measure of plaque buildup.

If a CAC scan shows any presence of calcium, it serves as a positive diagnosis for heart disease. The resulting score, ranging from normal to severely abnormal, indicates the severity of the buildup.

Duong recommends statins to most patients with any calcium deposits, but for those with high scores, the prescription is critical. Since CAC scans only identify the presence of calcium without mapping the location, high risk patients would also be referred for more testing to locate blockages in the coronary arteries.

“A zero-calcium score does not exclude atherosclerosis. You can have what’s called ‘soft plaque’ with no calcium,” Duong said. But the absence of calcium *does* downgrade a patient’s risk classification. For this reason, Duong does not recommend CAC testing for people whose medical histories already indicate low risk.

Who Should Get Screened for Coronary Calcium Deposits

“We recommend screening for people who are age 40 or above, who are at medium risk for coronary disease. Middle aged people who are feeling well but might have borderline indications often have a lot of hesitancy about medication, and this is where CAC scanning is very helpful,” said Duong.

“There is something psychological about having X-ray evidence that there’s a problem with your heart that helps people acknowledge risk and the need to take care of themselves.”

Getting Tested

Coronary artery calcium scans are quick, easy, and noninvasive. Scanning doesn’t require any needles or medications and takes only five to 10 minutes in a medical scanner that uses X-rays to detect calcium deposits in the heart.

Unfortunately, because there are no official standards for who should be screened, insurance rarely covers the test, which can cost around \$200.

CAC scans are not the only way to screen for heart disease. EKG is a very common test that provides an electrical image of the heart, but it can fail to detect heart disease. There are also different stress tests that are usually reserved for patients who are experiencing symptoms.

“Atherosclerosis, if you leave it untreated, will continue to worsen and worsen and at some point, it will catch up with you,” said Duong.

Where to Seek Help

If you have any of the risk factors for heart disease, visit your WWMG Primary Care provider to evaluate your risk and determine if a CAC or other screening method is right for you. They can also provide support with diet and lifestyle modifications and medication, or refer you to a Cardiologist for further assessment.

If you’ve already suffered a coronary event, or know you’re at high risk, contact WWMG Cardiology to schedule an evaluation. They’ll work with you to create an individualized treatment plan to manage your risk and support your heart health for many years to come.