

FAQ's about Plaque

I was told I have plaque in my arteries on my screening ultrasound. What does this mean?

Atherosclerosis, or plaque in the arteries, results from fatty material collecting in the inner lining of the artery walls. When plaque ruptures the result is a heart attack or stroke, the leading cause of death in women. Plaque can occur when only a mild amount of plaque is present.

Do I need additional vascular testing?

Yes. A "Diagnostic" ("Duplex") Carotid Artery Ultrasound will determine the type of plaque (soft or calcified) and the amount of stenosis (narrowing) of your arteries. This examination will establish a "baseline" for future comparison and serves as a measurement of success of medical management. This diagnostic exam is a covered benefit of medical insurance plans.

Is some amount of plaque normal at my age?

No. Plaque is not normal at any age. However, as atherosclerosis is the leading cause of death in American women, plaque is a *common* finding. Some medical professionals are not concerned about the presence of plaque unless it is causing a significant blockage of an artery. However, clinical evidence supports that aggressive treatment for primary prevention is successful in reducing the risk of the first heart attack or stroke.

How can I have plaque if I have "normal" cholesterol levels?

40-50% of people who suffer a heart attack will have normal cholesterol levels. Atherosclerosis is a complex process involving more than just blood cholesterol levels. Other risk factors for plaque formation and progression include inflammation, diabetes, family history, high blood pressure, age and lifestyle habits.

Does plaque in my carotid (neck) or femoral (thigh) arteries mean I have plaque in my heart arteries?

Most likely, yes. Studies indicate a correlation between plaque in the carotid arteries and the coronary arteries in the heart.

How is plaque treated?

The goal in treatment is not only to reduce blood cholesterol levels, but also to *prevent* the complications that result from plaque rupture (heart attack, stroke and death). Regular exercise, a low saturated fat diet, strict control of blood pressure, and control of diabetes and other risk factors may reduce new plaque formation. Additionally, statin medications are usually required to reduce both cholesterol and inflammation, *and* to stabilize existing plaque, making it less likely to rupture. Even patients with normal cholesterol that take statins have a dramatic reduction in the incidence of heart attacks and strokes. Low dose aspirin is advised to reduce the risk of blood clot formation.

What are the risks and side effects of Statins?

Statins are a very safe and well-tolerated class of drugs. The most common side effect is muscle soreness, which occurs in only 5% of patients. Liver enzyme elevation occurs in less than 1% of patients and is reversible with discontinuation of the medication. There is no evidence that statins increase the risk of liver cancer. Serious side effects, such as severe muscle disease, are extremely rare.

Can my plaque be reversed?

Yes! With aggressive treatment, plaque formation can be slowed, stopped and even reversed as demonstrated in over 1000 patients enrolled in the WOW Program at the Gunn Towbin Center.

Please visit our web site at www.gunntowbincenter.com for more information on the WOW Program, Cholesterol, Inflammation (HS-CRP) and Heart Disease.