

FAQ's about Atherosclerosis

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

Atherosclerosis, or plaque in the arteries, results from fatty substances collecting in the inner lining of the artery walls. Plaque and plaque rupture are the cause of heart attacks and strokes, the leading cause of death in adults. Plaque spontaneously ruptures, causing a cascade of events including a blood clot that suddenly reduces the blood flow through the artery.

Do I need additional testing?

Yes. To determine the type of plaque (soft or calcified) and the amount of stenosis (narrowing) of the arteries, a full "Diagnostic" or "Duplex" Carotid Artery Ultrasound is recommended. This test will establish a "baseline" for future comparison and is a covered benefit of most medical insurance plans.

Is some amount of plaque normal at my age?

No. As this is the leading cause of death in American women, plaque is *common*; however, no amount of plaque is *normal* and should be treated as a disease. Some healthcare professionals are not yet following the updated guidelines for cholesterol and plaque management; however, increasing evidence supports aggressive treatment to prevent a future heart attack or stroke.

How can I have plaque even though I have normal cholesterol levels?

30-50% of people that suffer a heart attack have normal cholesterol levels due to a sudden rupture of cholesterol plaque in their arteries. Atherosclerosis is a complex process involving more than just blood cholesterol levels. Other risk factors include inflammation, diabetes, family history, high blood pressure, age and lifestyle habits.

Does plaque in the carotid (neck) arteries mean I have plaque in other arteries?

Most likely, yes. Studies indicate a high 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 the cholesterol levels, but also to *prevent* the complications of plaque rupture (angina, heart attack, stroke and death). Statin medications reduce cholesterol and inflammation, *and* have a direct effect on the plaque itself. Statins significantly reduce the incidence of heart attack, stroke and death by stabilizing plaque, making it less likely to rupture and cause a blood clot. Even patients with normal cholesterol that take statins have a dramatic reduction in heart attack and stroke rates. Low dose aspirin is used to reduce blood clot formation. In addition to regular exercise and a low saturated fat diet, strict control of blood pressure, diabetes and other risk factors will further reduce the chance of new plaque 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 approximately 5% of patients. Liver enzyme elevation occurs in less than 1% 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 and are far outweighed by the benefits.

Can plaque be reversed?

Yes! With aggressive treatment, plaque can be slowed, stopped and even reversed. We have demonstrated this with many of our own patients at the Gunn Towbin Center. The field of cardiology is continually changing as technology has allowed us to understand the behavior of atherosclerosis in living people. It is encouraging that we can now prevent heart disease and take a more proactive approach to our cardiac health.

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