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GYNECOLOGY • UROLOGY • WOMEN'S WELLNESS

FAQ's about Plaque

I was told I have plaque in my screening carotid ultrasound. What does this mean?
Atherosclerosis, or plaque in the arteries, results from 'sticky' small LDL-cholesterol collecting in the inner lining of the artery walls due to inflammation within the artery. When plaque ruptures the result is a heart attack or stroke, the leading cause of death in men and women. Plaque rupture 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 both American women and men, plaque is a *common* finding. In spite of new research some medical professionals are still 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 my cholesterol levels are normal?
40-50% of people who suffer a heart attack have normal cholesterol levels. Atherosclerosis is a complex process involving more than just blood cholesterol levels. Newer proprietary lab tests (Boston Heart Diagnostics) are available to determine other risk factors for plaque formation and progression, including HDL Mapping, Cholesterol Balance Tests, inflammation markers, pre-diabetes, and genetic testing. Family history, weight, blood pressure, age and lifestyle habits all play an important role.

Does plaque in my carotid 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 and simple carb diet, strict control of blood pressure, and control of diabetes and other risk factors can reduce new plaque formation. Additionally, statin medications are frequently 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.

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 or pain, which occurs in less than 10% of patients. There is no evidence that statins increase the risk of liver cancer. Serious side effects, such as severe muscle disease, are extremely rare. Further, Boston Heart Diagnostics tests for the gene that is associated with side effects.

Can my plaque be reversed?
Yes! With dietary and lifestyle changes and aggressive medical management, plaque can be slowed, stopped and even reversed and heart attacks and stroke prevented!