


PATRICK MALONE & ASSOCIATES, P.C.

From Tragedy To Justice - Attorneys For The Injured



We win exceptional verdicts and settlements for our clients in cases of brain injury, medical malpractice, wrongful death and other severe injuries.

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A Healthy Heart: Unlocking the Key to Long Life

Dear Patrick,

The heart of the matter is this: The single organ of our bodies that most rewards attention with a long and healthy lifespan is the heart. Flip side of this equation: Heart disease is the No. 1 killer in America, by a long ways.

This month, we go to a top authority for good advice on the key ingredients of medical care for your heart. The lesson faithful readers will see is that healthy people should stop worrying, but the first sign of any heart-related symptoms needs to be pursued aggressively. Read on for more.

A Maintenance Plan for the Heart

Two heart experts at the Cleveland Clinic, surgeon Marc Gillinov and cardiologist Steven Nissen, have a new book: "[Heart 411: The Only Guide to Heart Health You'll Ever Need](#)." A recent story in [USA Today](#) interviewed the authors. Here is an excerpt from the Q&A.

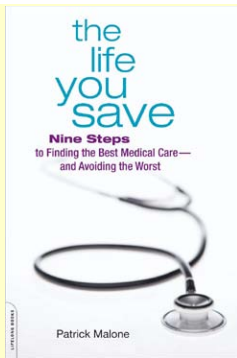
Q. Your book mentions that some tests are more useful than others. Which do people really need?

A. You need these tests in order to "know your numbers:"

- Blood pressure: Check it every year.
- Weight: Check your body mass index (a measure of body fat based on height and weight; [click here for a calculator](#)) every year.
- Cholesterol test (lipid profile): Get your first check by age 20. If results are normal, check again in five years.
- Fasting blood sugar: Check this annually if you are overweight.

Q. What tests should people avoid?

A. The problem with over testing (and here's a [recent story on over testing from the Patrick Malone patient safety blog](#)) is that "the more



Learn More



Read our [Patient Safety Blog](#), which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



you test, the more you find." We suggest avoiding:

- Heart calcium scans. They expose patients to excessive radiation and have not been demonstrated to save lives.
- Total body CT scans. They examine the heart and other organs throughout the body, involve huge doses of radiation and have not been shown to improve outcomes. The FDA has warned the public about this procedure.
- Exercise stress tests, or treadmill tests, in people without symptoms. The chances of a false positive (i.e., abnormal) test are high. (An abnormal result -- as we've noted on the Malone blog before for any medical test -- brands you as a "patient" and puts you on the medical assembly line. It often leads to unnecessary heart catheterization, an invasive procedure in which long tubes are inserted through the blood vessels.)
- Some ultrasound examinations (echo tests). They should not be performed on healthy individuals, only on people with other signs of heart disease, such as a heart murmur or heart failure. Carotid ultrasounds are sometimes ordered for healthy people to determine if they have thickened walls of the artery. But this screening test can lead to unintended consequences. We strongly prefer to get a medical history, then measure the well-validated risk factors such as cholesterol and blood pressure.
- Fancy cholesterol tests. Well-meaning physicians frequently order special cholesterol tests that measure cholesterol "particle size," sometimes known as VAP or NMR cholesterol tests. They are expensive and do not improve outcomes. They are unnecessary.

Q. Should everyone over 40 be on a statin or taking a daily baby aspirin?

A. No. There is little or no evidence supporting use of aspirin by individuals who do not already have heart disease. In fact, aspirin slightly increases the risk of bleeding, including bleeding into the brain. Unless you have known coronary heart disease, have had a stroke or have many risk factors for heart disease, you shouldn't take aspirin on a daily basis.

Statins are powerful drugs. They are very safe, but no drug should be given to everyone. There are no well-controlled trials demonstrating that statins improve outcomes in otherwise healthy people.

Q. What should patients know about heart health, hospitals and heart surgery?

A. Not all doctors and hospitals are the same. Most people spend more time researching a new car than they do a heart surgeon. Ask questions. Get a second opinion ([see the Malone newsletter devoted to understanding the psychological forces behind the reluctance to get a second opinion](#), and how to overcome them). Make sure that you get the best for your health. And don't be worried about offending a doctor

by going elsewhere for a second opinion. If the doctor becomes angry, he is the wrong doctor.

Heart Risk Factors You May Not Know

Here is more from the USA Today interview with Drs. Nissen and Gillinov on heart risk factors worth knowing about.

Q. What are some surprising risk factors for heart disease?

A. We have a whole list of what we describe as "emerging" risk factors. Scientific evidence links them to the development of heart disease, although the strength of the evidence is not as solid as the evidence for the links between heart disease and high blood pressure, smoking or elevated LDL cholesterol.

People with rheumatoid arthritis, lupus, psoriasis and inflammatory bowel disease tend to have increased risk of developing coronary heart disease. Inflammation contributes to the development of artery-blocking plaques, and may facilitate rupture of these plaques, which is the main cause of heart attacks.

Other less well-validated factors linked to heart disease include gum and periodontal disease, sleep apnea, insomnia, air pollution and emotional stress. People with poor dental hygiene and gum disease are 20 to 40 percent likelier to develop coronary heart disease than those with good dental health, probably because of the inflammation caused by gum infection. We recommend that everyone brush and floss regularly.

Some Interesting Health Care Blog Posts

Here are some of the posts on our [patient safety blog about heart disease](#) that might interest you.

And here's another recent blog entry in our ongoing effort (hopefully gentle) to teach some basics about [medical statistics to help you make intelligent choices about what tests to submit your body to](#).

This one talks about how even doctors misunderstand the difference between statistics of survival rates and statistics of death, and why you need to understand death stats if you want to be truly educated on the pros and cons of medical testing. (Short answer: Some tests can improve "survival rates" by doing nothing more than pushing backwards the date of diagnosis of a dread disease, without any ultimate improvement in death rates.)

Past issues of this newsletter:

Here is a quick [index of past issues of our Better Health Care newsletter](#), most recent first.

To your continued health!

Sincerely,



Patrick Malone

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