

DR. DAVID D'AGATE

Cardiologist,
Suffolk Heart Group/St. Francis Hospital
Smithtown



Credit: Suffolk Heart Group

“We have found that many times, having a coronary artery calcium scan can be a powerful motivator for people to adopt healthy lifestyle habits.”

— Dr. David D'Agate

HEART DISEASE

is the cause
of death for

1 OUT OF 3

Long Islanders.

Source: Long Island Health Collaborative,
lihealthcollab.org



HEART SCANS AS AN EARLY DETECTION TOOL

BY PAMELA BRILL

Approximately 805,000 Americans experience heart attacks each year, 605,000 of which are first-time occurrences, according to the Center for Disease Control and Prevention. With cardiovascular disease remaining the No.1 cause of death, doctors remain steadfast about the need for early detection and may order a coronary calcium scan to determine the proper treatment, including those patients that don't show any symptoms.

“The coronary calcium scan offers the ability to help screen people for cholesterol build-up years before they manifest actual disease,” says Dr. David D'Agate, a cardiologist with the Suffolk Heart Group/St. Francis Hospital. While this test has been around for the past 40 years, it made a resurgence in November 2018 when the American Heart Association and the American College of Cardiology recommended that physicians use these scores to determine whether or not patients should be on medication for heart disease. Also known as a heart scan, the coronary artery calcium scan is typically recommended for patients with risk factors including:

- High Cholesterol
- Diabetes
- Smoking
- Hypertension
- Family history of heart disease

‘MAMMOGRAM OF THE HEART’

D'Agate credits this non-invasive, low-dose radiation scan for providing valuable information, with no required preparation. “There is no IV or dye, and it takes a few minutes to complete,” he says. “We consider the coronary calcium scan to be the ‘Mammogram of

the Heart.’ ” Performed in an outpatient setting, the test begins with the technician attaching sensors (electrodes) to the patient's chest. “These connect to an electrocardiogram (EKG), which records your heart activity during the exam and coordinates the timing of X-ray pictures between heartbeats, when the heart muscles are relaxed,” says D'Agate.

As the patient lies flat, a picture of the heart is taken over the course of a few minutes. The scan is reviewed for calcium deposits in the coronary arteries, which are then translated into a calcium score. The higher the score, the more cholesterol build-up in the patient's arteries and the higher the risk of developing blockages.

UNDERSTANDING THE RESULTS

The scoring of the coronary calcium scan is measured on a scale of 0 to 400-plus. The ranges and their significance are as follows:

0 = No plaque present, very low risk of death
(less than 1% at 10 years)

1-100 = A small amount of plaque, low risk of death
(less than 10% at 10 years)

101-400 = A moderate amount of plaque, intermediate risk of death
(10-20% at 10 years)

Greater than 400 = A large amount of plaque, with more than a 90% chance that plaque is blocking at least one artery
(greater than 20% at 10 years)

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ADJUSTING YOUR LIFESTYLE

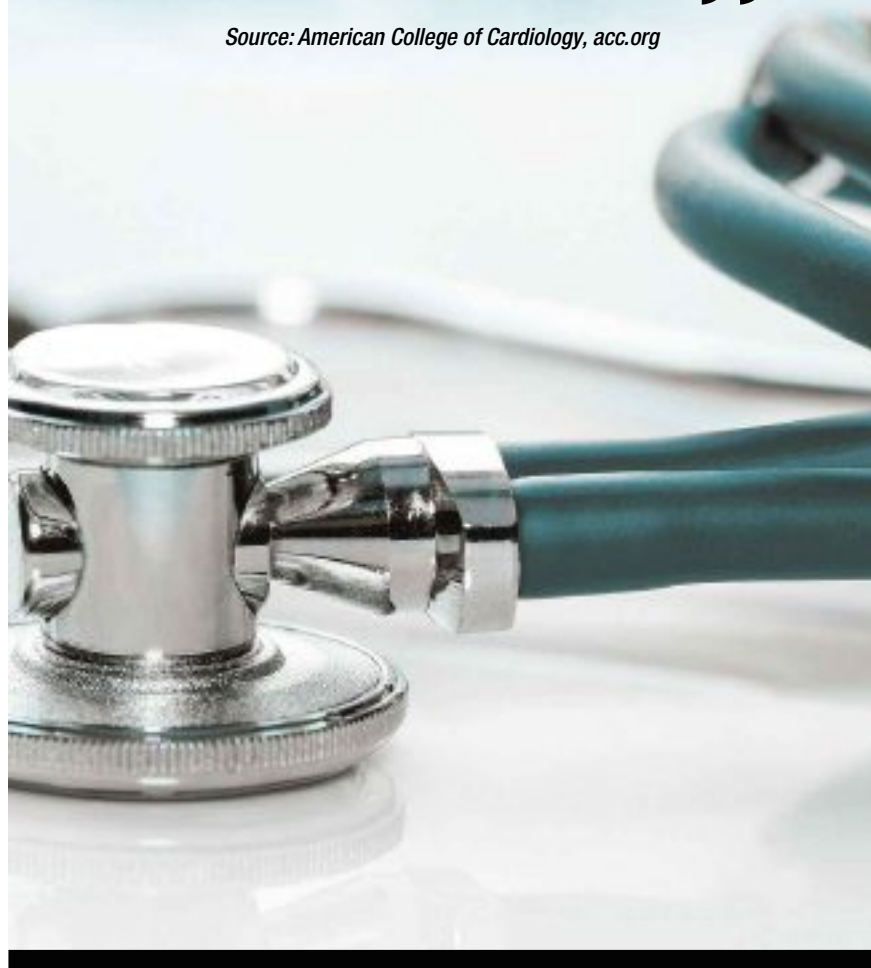
While a score of zero denotes a very low risk of heart disease, those patients that score higher need not fear the worst. "Just because you have an elevated coronary calcium score doesn't mean you are doomed or require invasive procedures," says D'Agate. "The good news is that most patients who do have coronary artery calcium buildup can be treated with lifestyle changes and sometimes medications." He notes that these scores can often serve as the motivator that some people need to adopt healthier habits. "Lifestyle is critical in helping to prevent additional cholesterol buildup and subsequent heart disease," adds D'Agate.

Recommended strategies for treating coronary calcium buildup (and overall heart health) include a whole-food, plant-based Mediterranean-style diet, avoiding all tobacco products, adequate sleep (six to eight hours per night) and stress reduction, such as yoga and/or meditation. Patients who have received medical clearance may also benefit from 30 to 60 minutes of moderate intensity aerobic activity at least five days a week, as recommended by the American Health Association.

Those patients with low scores may be a candidate for statin, a medication to help lower their blood cholesterol levels, along with low-dose aspirin. "We may also recommend a stress test or coronary angiogram, depending on the calcium score or the person's symptoms," says D'Agate.

“ Cardiovascular disease (CVD) remains the leading cause of death in the United States, responsible for 840,768 deaths in 2016. ”

Source: American College of Cardiology, acc.org



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