

TO YOUR HEALTH

Carleton-Willard Village Out-Patient Clinic

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Know Your Numbers?

By Susan Cusson, NP

The campaign to “Know Your Numbers” has been around for many years and promoted by several national organizations including the American Heart Association. The idea is to know what your cholesterol levels, blood pressure, blood glucose levels and body mass index are in order to promote health and prevent heart disease. The trouble is that the numbers don’t tell the whole story. Also, getting to the “right numbers” depends on many factors. Might having numbers that are out of range make you worry? Does that stress increase your risk in other ways? There are lots of questions and not so many straight forward answers. Recommendations change based on new research all the time, often leading to confusion among healthcare providers and controversy about the best approach.

Atherosclerotic Cardiovascular Disease (ASCVD) is the medical term for heart disease. The American College of Cardiology/American Heart Association (ACC/AHA) published the Guidelines to reduce ASCVD risk in adults in 2013. Since then newer research is steering clinicians towards a focus on discussions about individual risk and preferences. While numbers are still important and provide guidance, target numbers are less important than looking at overall reduction in risk.

High cholesterol is a known risk factor for heart disease. Typically, a fasting lipid profile is the test used to screen for hypercholesterolemia. The total number is



broken down into parts including LDL “the bad cholesterol”, HDL “the good cholesterol” and triglycerides. The goals or target numbers are based on individual risk factors. The table below outlines general recommended goals, but keep in mind that treatment goals should be personalized according to levels of risk.

<u>Risk Category</u>	<u>LDL Goal</u> (mg/dL)	<u>LDL Level at which to initiate</u> <u>Therapeutic Lifestyle</u> <u>Changes (TLC)</u> (mg/dL)
Cardiac Risk Equivalents (10-year risk > 20%)	< 100	≥ 100
2+ Risk Factors (10-year risk ≤ 20%)	< 130	≥ 130
0-1 Risk Factor	< 160	≥ 160

So if risk reduction is what it’s all about the first step is figuring out what your risk is. There are several calculators available to clinicians to assist in determining an individual’s risk of heart disease. Anyone with a history of a cardiovascular event including heart attack, stroke or TIA is considered high risk, and high dose statin therapy is a clear recommendation to reduce the risk of another event. For individuals with no such history, treatment for high cholesterol is more complicated. A recent study in JAMA Internal Medicine suggests statins may not benefit people over the age of 75 with no history of heart disease. Many factors need to be taken into consideration when calculating risk, including age, sex, diabetes, hypertension

and smoking history. A thoughtful discussion with your healthcare provider can help you decide whether cholesterol lowering medication is right for you.

The most commonly used medicine to lower cholesterol is statins. Some examples of statins are Lipitor (atorvastatin), Zocor (simvastatin), Pravachol (pravastatin) and Crestor (rosuvastatin). Niacin has fallen out of favor for treating high cholesterol in most cases. There is evidence that statins lower risk even if an initial LDL is low, therefore they are considered risk-reduction medications. Two people may choose different strategies and both be right based on their preferences. The key is that clinicians help inform choices rather than dictate treatment. Different people may choose differently, and all be correct for what is important to them.

Other numbers to be aware of include blood pressure (BP), body mass index (BMI) and if diabetic, your A1C. If your blood sugars are normal, there is no need to have an A1C test. The goal for A1C in older adults is typically between 7-8. This number represents an average blood sugar level over the past 3 months. Once again though, this goal might be different for some people. Talk with your healthcare provider about what's best for you.

Blood pressure is an easy measurement. In 2013 The Eighth Joint National Committee (JNC 8) established new guidelines for blood pressure goals by age. For individuals over age 60 the goal is to keep blood pressures below 150/90. For those under age 60 the goal is 140/90. Again, there are exceptions with certain medical conditions.

Lastly, body mass index or BMI. BMI is a person's weight in kilograms (kg) divided by his or her height in meters squared. BMI calculators are readily available online. A normal BMI in healthy adults is about 19-25. A low BMI can be as great a risk factor to your health as obesity. Studies show a lower mortality with BMI between 23-29 for older adults.

Numbers are important. They help guide medical care. There's also the stuff we can't quantify or prove that plays an important role in our health. Stress is a big one. Harder to quantify, sometimes we're not even aware of the impact stress has until we take a step back and take measures to reduce the stress in our lives.

In the end, a thoughtful conversation with your healthcare provider, along with some numbers as guidance, is what we all need to make sensible decisions about our healthcare.

Health Education Lecture

"The Vanishing Ulcer and Flourishing Acid Reflux"

**Carleton-Willard Village Resident
Dr. Peter Gibb, a retired Lahey
Gastroenterologist, will present this
interesting lecture.**

**Please join us on
Wednesday, September 13, 2017
10:30 am — 11:30 am
Auditorium Center**