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Heart Attack Tests For Everyone?



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It's time to change the way doctors predict heart attacks and stroke, says a group of prominent cardiologists. They call for routine use of CT scans to directly measure artery-clogging plaque, or ultrasounds to directly measure narrowing of the arteries.

Nearly every man aged 45-75, and nearly every woman aged 55-75, would get at least one of these tests under a new recommendation from the Association for Eradication of Heart Attack (AEHA). The group's Screening for Heart Attack Prevention and Education (SHAPE) task force came up with the proposal.

Reliance on the new testing technology would be a big change from current medical practices.

Doctors now estimate a person's risk of heart attack by looking at a combination of so-called risk factors. Those factors include high blood pressure, high cholesterol levels, smoking, age, diabetes, and a family history of stroke or heart disease.

But that's old hat, says AEHA.

AEHA founder and president Morteza Naghavi, M.D., chaired the SHAPE task force. "For a long time in cardiology, we dictated to individuals based on risk factors in large populations — which is inaccurate," Naghavi tells WebMD. "Now we have ways to evaluate a person's risk of heart attack. We have the means to look into the heart and see plaque. We now have individualized risk assessment."

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The new guidelines will change health care, predicts another SHAPE task force member, Prediman K. Shah, M.D., head of cardiology at Cedars-Sinai Medical Center and professor of medicine at UCLA.

"It is a sea change in practice," Shah tells WebMD. "Since heart attack risk starts in arteries, we should be looking there. If you can identify plaque in a patient, then this individual — regardless of risk factors — is actually at risk. If you want to identify people with heart disease, don't look at risk factors. We say, look directly at where the plaque is."

Do Guidelines Promise Too Much, Too Soon?

The SHAPE guidelines appear in the July 10 issue of the American Journal of Cardiology. The authors include a long list of prominent heart specialists.

But some other prominent specialists aren't signing on, arguing the technology can not yet do what the AEHA group suggests. One is Eric J. Topol, M.D., chair of cardiology at Cleveland's Case Western Reserve University, and one of the world's 10 most-cited biomedical researchers.

"This organization is taking a very aggressive approach," Topol says. "It says we are ready to screen the arteries directly," he tells WebMD. "They want to noninvasively detect plaques days, weeks, or months before they will cause trouble. But no technique can do this. They are not even close yet."

"Many years from now this may be possible. But we are not there yet," says Topol.

No Change In Official Guidelines

The SHAPE recommendations won't change official U.S. guidelines, says Diane Bild, M.D., deputy director of the division of epidemiology and clinical applications at the National Heart, Lung, and Blood Institute of the National Institutes of Health in Bethesda, Md.

"What we really need for [federal] guideline recommendations is just not available yet," Bild tells WebMD. "This is a laudable effort to move preventive cardiology forward. But it occurs with a lack of the complete and clear information that we need to make guidelines."

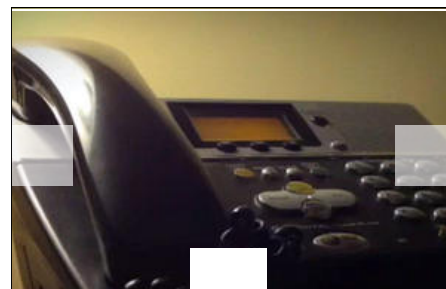
"The tests are out there. They are being used," Bild says. "It is just not clear what the value of these tests really is — and whether treatment should be targeted based on those tests."

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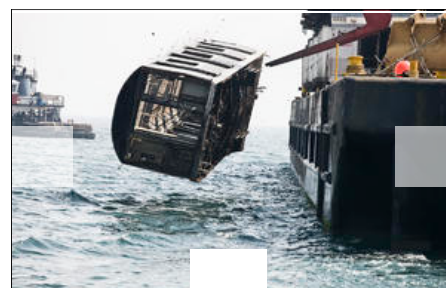
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