

IT'S TIME TO CHANGE THE WAY WE THINK

Atherosclerotic Vascular Disease is a condition that affects the arteries in your body. If the arteries are affected that surround your heart, then it is referred to as Cardiovascular Disease. If you developed a clog in one of the arteries that feed your heart, then you could have a heart attack. Most people will refer to this as having “heart disease” even though their heart is normal. When we treat cardiovascular disease, we are usually treating a problem that already exists. It is time we change the way we think and emphasize more on the treatment of preventing cardiovascular disease before it causes us a problem.

Atherosclerosis is a condition that causes a build up of plaque particles within the walls of the arteries. Your arteries take blood and deliver it to all parts of your body. Your veins bring blood from your body parts back to the heart and is not affected with atherosclerosis. There have been many things that have been associated with the development of plaque build-up but nothing better known than cholesterol. Plaque starts out small and over time will enlarge to completely occlude the artery. This is where a lot of confusion occurs. The plaque starts out thin causing maybe a 10-20% tightening of the artery. At this point in time, the plaque is soft and weak and is vulnerable to “Rupture”. This means that the inside lining of the artery develops a little sore on it and like any sore your body tries to heal it. Your body responds to this sore by clumping blood on the surface of the sore. The artery is around the size of a straw and you can realize how easily it can be clogged by a clump of blood. The blockage that develops suddenly is the culprit in causing problems. If the clog occurs in the coronary arteries that feed your heart, it is called a Myocardial Infarction (also referred to as a MI or heart attack). If the clog occurs in the arteries that feed your brain than it is called a Cerebral Vascular Accident (also referred to as a CVA or stroke). If the clog occurs in the arteries that feed your feet than it will cause what we refer to as Gangrene. When the blood is blocked from where it needs to go, then the tissues where the blood should go begins to die. If the flow starts up again, than the damage can be limited but once the tissue dies it will not function again. Since this clog is early in the plaque development there is usually not any warning signs. We have all heard of the person who appears to be in great shape and suddenly has a major MI or CVA. This is usually the reason for this unexpected occurrence.

If the plaque remains stable and does not rupture, then it will continue to grow gradually until it completely occludes the artery what we refer to as 100% clogged. If the artery occludes 100% than we are unable to open the artery with any surgical procedure. The longer the plaque exists the larger and harder the plaque is which makes it less vulnerable to plaque rupture. Often it is not until the artery is well-occluded (70-80%) before it will cause any types of symptoms that might bring someone to the doctor. It is at this point where a stent (a small tube inserted at narrowed area of artery to keep the artery open) or bypass surgery (a vein from your leg can be sewn around the blocked area of the artery) can be done to alleviate the blocked blood flow.

Atherosclerosis is a devastating disease and can change your life forever. This is why we must change the way we think about treating it. Once the plaque develops, it will be there forever. So if we want to be aggressive, than treating atherosclerosis should be preventing it before it develops. From above you can see that early disease can be

devastating so you cannot be in the mind-set that you can wait until it gets bad before you start doing something about it. I often hear from patients that they do not want to get on medicine to prevent something. You should have your doctor figure your risk of developing atherosclerosis and then decide how aggressive you want to be to maintain your health. The two types of risk are modifiable risk factors and non-modifiable risk factors. Non-modifiable risk factors are those that we cannot do anything about and include male gender and family history of atherosclerosis. Modifiable risk factors include high blood pressure, diabetes, hyperlipidemia (high triglycerides and cholesterol) decreased physical activity, obesity, and smoking. More recently there are new laboratory risk factors your doctor can run that have been associated with increased risk for atherosclerosis. Someone that has multiple risk factors should work with their doctor to develop an aggressive program to prevent disease from developing. Even if this means taking medication to help accomplish your goals. If you think taking a medicine or two is bad, let yourself have a heart attack and see how many medications you might have to take not to mention how your life will change. Don't say that it won't happen to you! Atherosclerosis is the leading cause of disability and death so chances are it will happen to you! So stop hoping it will not happen to you, find out your risk, and work with your doctor to do something about it before it starts. Be healthy.