

Score	Level of Hard Plaque Burden	Level of Significant Risk of CAD	Recommendations*
0	None	Extremely Low	Patient should maintain a healthy diet that is low in saturated fat and cholesterol, refrain from smoking, maintain ideal body weight, and exercise regularly.
1-10	Minimal	Very Unlikely	All of the above PLUS close control of diabetes and high blood pressure, and possibly the use of statins for high cholesterol.
11-100	Mild	Mild to Moderate	All of the above PLUS daily aspirin, statins for high cholesterol, and estrogen for postmenopausal women.
101-399	Moderate	Moderate to High	All of the above PLUS use of folic acid, and possibly stress testing for further risk assessment.
400 or greater	Extensive	High to Very High	All of the above PLUS stress testing to assess extent of obstructive disease, and possibly cardiac angiography.

\*A specific treatment plan will be determined by your referring physician

# CARDIAC CT for CALCIUM SCORING



## WHAT IS CARDIAC CT FOR CALCIUM SCORING?

Cardiac calcium scoring is a painless quick exam done without any x-ray dye (or contrast) injections, that measures the calcium build up within the coronary arteries of the heart using advanced CT technology. The "score" can be used as a marker for coronary artery disease. The higher the score the higher the risk of stenosis (blockage) exists. This exam is a screening exam to give your doctor additional information to determine the best course of action to manage early detection of coronary artery disease. Options may include clinical interventions, medications or lifestyle changes. This test is not intended to take the place of your usual doctor visits.

## Who should have a Calcium Scoring Screening?

The goal of calcium scoring is to determine if coronary artery disease is present in those patients that may not have symptoms but may be at risk for the disease. If you have 3 or more of the following risk factors, a Calcium Scoring Screening is recommended.

### Risk Factors:

- Age 45 or older if male
- Age 55 or older if female
- High cholesterol and triglycerides
- High blood pressure
- Diabetes or a family history of diabetes
- Tobacco use
- High stress lifestyle
- Family history of heart disease
- Being overweight and leading an inactive lifestyle

## What is the difference between a Cardiac CT Angiogram and Cardiac Calcium Scoring?

Calcium scoring is a screening test used to detect calcification in the coronary arteries and determine future risk of coronary artery disease before symptoms develop. More calcium suggests a greater likelihood of significant narrowing and a higher risk for future events.

CCTA is indicated for patients with symptoms suggestive of heart disease or abnormal test results that may be due to coronary disease.

CCTA is a non-invasive exam done in CT that requires the injection of contrast (dye) into the body through a vein in the arm to create a 3D image of the coronary arteries of the heart.

A CCTA requires additional screening, pre-medication, insertion of an IV and observation after the exam. Patients can plan on an appointment lasting up to 2 hours.

Cardiac calcium scoring however requires very little in exam prep time, no IV and rarely any post observation time. Patients can plan on an appointment time of 15-20 minutes.

## How do you schedule this exam?

Patients must have a signed prescription from either their primary care physician or a cardiologist to schedule the exam. Most insurances do not cover the Calcium Scoring exam. There is a \$100.00 fee, payable at the time the test is performed. Test results will be sent to the ordering physician within one week.

Those patients with a physician's prescription are requested to call IRMC's Central Scheduling Department at 724-357-7075 to schedule the exam.