

## Cardiac Risk Factors:

- **C Reactive Protein (CRP):** This is a marker for inflammation. Traditionally it has been used to assess inflammation in response to infection. However, Private MD uses a highly sensitive C Reactive Protein to predict vascular disease, heart attack or stroke. The best treatment for a high C Reactive Protein level has not yet been defined; however, taking statin drugs and/or niacin, losing weight, quitting smoking, and exercising all appear to improve C- Reactive Protein levels.
- **Homocysteine:** This amino acid is normally found in small amounts in the blood, where higher levels are associated with increased risk of heart attack and other vascular diseases. Homocysteine levels may be high due to a deficiency of folic acid or Vitamin B12, due to heredity, older age, kidney disease, or certain medications. Men tend to have higher levels. Our lab normals are 4 - 15 micromole/l, but if you have had previous vascular disease, we may recommend medications to reduce it below 10. You can reduce your homocysteine level by eating more leafy green vegetables and fortified grain products or cereals. The usual treatment is folic acid with or without Vitamin B-12.
- **Lipoprotein (a) or Lp(a):** Elevated concentrations are associated with premature coronary heart disease (CHD). The exact mechanism is not yet clear, but it appears that there is a strong genetic component to elevated Lp(a) levels that correlates with coronary disease. Those with diabetes and a high Lp(a) level appear to be at increased risk of asymptomatic coronary disease.

Note that a few insurance companies refuse to pay for cardiac risk factor testing. As of this writing (in early 2008), Aetna stands out as a company that refuses to cover testing for homocysteine or Lp(a) on the basis that it is "experimental" or "investigational." Private MD has requested a comprehensive review of their policy since it deviates from the norm.