



Experts: Screen Most Older Adults to Prevent Heart Attacks

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MONDAY, July 10 (HealthDay News) -- Mass screenings that would include most American men over 45 years of age and most women over 55 could prevent 90,000 deaths from heart attack a year, according to an expert panel recommending just such a program.

The proposed screening would examine the arteries of men ages 45 to 75 and women ages 55 to 75 with no symptoms of heart disease, according to a report published Monday in a special issue of the *American Journal of Cardiology* from the SHAPE Task Force.

The acronym stands for Screening for Heart Attack Prevention and Education. The task force report estimated that universal screening would reduce the number of Americans who have suffered heart attacks, currently estimated at 13.2 million, by 25 percent and would save more than \$21.5 billion a year in medical costs by identifying people at risk much earlier than they are spotted now.

Besides saving lives, a mass screening effort should also educate Americans that heart disease can be a silent threat, one expert said.

"SHAPE will make people aware of the importance of understanding that this is the number one killer and that it grows in many people without symptoms," said Dr. Valentin Fuster, director of the Cardiovascular Institute at Mount Sinai Medical Center in New York, who wrote an editorial accompanying the report.

The SHAPE proposal goes beyond current criteria such as obesity, smoking and cholesterol levels that doctors use to assess a person's odds of heart attack, stroke and other cardiovascular diseases. According to Dr. Morteza Naghavi, chairman of the SHAPE Task Force, those factors are effective at assessing an individual's long-term risk of cardiovascular disease.

Instead, the task force advocates a closer look at the arteries of apparently

healthy people, specifically at levels of arterial plaque. These plaques are comprised of fatty deposits that can build up over time in arteries and cause heart attack or stroke.

"Now, we have created a new concept -- of the vulnerable patient," said Naghavi, who is also head of the Association for the Eradication of Heart Attack, which created the task force. "The conventional risk factors are good at estimating risk over the next 10 to 20 years. They do not identify the patient who has an immediate risk. We would look at the subclinical [hidden] presence of disease," he said.

Specifically, the guidelines call for assessment of plaque build-up in the coronary arteries and thickness of the wall of the carotid artery, the main blood vessel leading up the neck to the brain.

"Until SHAPE, there have been no national guidelines for screening subclinical coronary heart disease," Naghavi said in statement. "We encourage hospitals, diagnostic clinics and physicians to comply with SHAPE standards and provide their patients with state-of-the-art preventive care."

According to Fuster, the new approach is necessary, because there has been a failure in educating people about the importance of the standard risk factors.

The kind of screening recommended by the task force would be especially useful in persons with known risk factors, he said. "Half of all smokers develop cardiac disease, but half do not," Fuster pointed out.

Regular arterial screening could let doctors know which of their smoking patients are in the most immediate danger, and a small trial in another group of high-risk diabetics is already under way to test the concept, Fuster added.

More information

For more on the SHAPE task force and the recommendations, head to the [Association for Eradication of Heart Attack](#).