

# Informed Health Decisions

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## C- reactive protein as a screening test for heart disease. How useful is it?

It has been well established that heart disease is related to certain risk factors. Some are not modifiable, such as age and male sex. Those that are modifiable include control of diabetes, control of hypertension, achieving ideal body weight, achieving normal cholesterol levels, avoiding tobacco smoke exposure, and exercising regularly. By modifying these risk factors, one can dramatically reduce the risk of heart disease. In fact, we have seen a dramatic decline in the frequency of heart attacks and strokes in the American population over the last two decades, although there is still great opportunity for improvement.

Despite understanding these risk factors, there are many people who will develop heart disease and have heart attacks (*myocardial infarction*) while being classified as relatively low risk. For that reason, investigators are looking for better ways to predict who is at risk for a heart attack.

It is now felt that before an artery supplying blood to the heart closes off (occludes), there is a period of inflammation that sets off a cascade of bad effects. Usually, this cascade affects a plaque, which is a build up of material that partially blocks an artery. The inflammation makes the plaque unstable, where it can expand in size quite quickly, thereby cutting off circulation to part of the heart muscle.

Scientists have looked at an old

test, called c-reactive protein, to determine whether it is a good predictor of who is at risk for a heart attack. The test, when specific used for heart disease, is modified and it called hs-CRP. The hs stands for high sensitivity. It turns out that the hs-CRP is actually a better predictor of who will get heart attacks than is cholesterol, which is one of our standards. While this all sounds good, there are a number of difficulties with the hs-CRP test that you should know.

First, we do not know precisely what a normal level is and hs-CRP can be affected by many factors, including the presence of diabetes, high cholesterol, and increased age, which are all risk factors for heart disease. Second, hs-CRP will be elevated by any condition that causes inflammation in the body, most commonly many types of arthritis and certain infections. So people who have another reason for high CRP would not be good candidates for the test. Third, there is lab and test to test variation. If one is following CRP over time, it is important to use the same lab. Finally, unlike hypertension and high cholesterol, it is unclear to what should be done if the test is positive. If one finds high blood pressure, high cholesterol, or any other modifiable risk factor for heart disease, we know that treating the condition lowers the risk. We do not know what to treat if we have a high CRP.

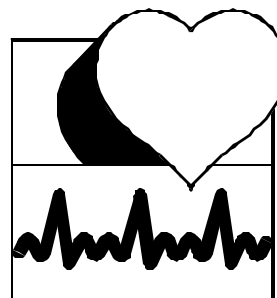
What does all this mean? CRP is not currently recommended as a



routine screening test like blood pressure and cholesterol. Perhaps it will be in the future as we understand more. If we do obtain a hs-CRP, we have to be careful as to how to interpret it. Also, we don't know what normal is in patients who have known coronary heart disease, so we should avoid it in those populations. Finally, it unclear how, in most cases, a positive CRP will change treatment, since we would want to lower modifiable risk factors anyway.

It does seem that hs-CRP may be useful in people with border-line risk factors in whom one is evaluating how aggressive to be, as it does appear to be a good prognostic indicator.

We should all stay tuned on this one, as the indications and usefulness of the test will become cleared over time.



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### High sensitivity c-reactive protein

- CRP is more accurate in predicting risk for heart attack than cholesterol
- CRP is not recommended as a screening tool for people at low risk
- CRP testing is not recommended for people with known coronary artery disease
- We don't yet know how to treat an elevated CRP

## Screening for Prostate Cancer– Should you be tested? (the answer may surprise you)

Most people are interested in detecting illnesses early, particularly cancer. We have excellent evidence that tests to detect colon cancer early save lives and improve the quality of life. The situation is a little more cloudy with breast cancer, but it is generally recommended for women over the age of 40.

What about prostate cancer? Prostate cancer is the second leading cause of death from cancer in men after lung cancer. The risk of developing prostate cancer in the next 10 years in men aged 50 is 2.01% and it is 6.46% in men aged 60. The incidence is higher in black men.

Prostate cancer, as opposed to prostate enlargement, has no symptoms in the early stages. Because there are no symptoms in the early stages, and because it is so common, there has been a lot of interest in screening and early detection.

Prostate specific antigen (PSA) is a test that has been available for about a decade. It is not diagnostic of prostate cancer and can be elevated for other reasons. However, results above 4.0 ng/ml are associated with cancer to a strong enough degree that a biopsy is usually recommended for people who have PSAs above 4. Often, it is recommended that PSAs be performed in conjunction with a digital exam of the prostate (PSA levels should be drawn before digital exams). The PSA is a blood test and is relatively economical.

Sounds like a no brainer! Every male should have a PSA test. But here are the problems. Whether PSA screening actually saves lives and improves the quality of life has been poorly studied.

There are other questions. *What age should we recommend screening?* (Most organizations advise those over age 50 but younger for those at high risk for prostate cancer.

*What should be the cutoff for normal?* Although most recommend 4.0, some experts recommend as low as 2.4 ng/ml

*How effective is the treatment?* Before tackling that, one should know that there appear to be two types of courses of prostate cancer. One can spread rapidly and can cause serious illness and death. This typically occurs in younger men. The other is a far more benign course. In fact, approximately ¾ of all men who get prostate cancer never have any symptoms and it never affects their quality or duration of life. Furthermore, although we have hints at the time of initial diagnosis, we cannot differentiate with sufficient accuracy between these two courses. Treatment for prostate cancer has improved dramatically in the last decade and will probably continue to improve in the future. Typically the choice is surgery vs. radiation. These are often supplemented by chemotherapy or hormonal manipulation. Despite the advances, there is a significant risk of side effects, most notably impotence and urinary incontinence. Some recent studies point to improved survival in patients who were diagnosed by PSA then treated with surgery, although the magnitude of the improvement was not great.

So it boils down to this. If one is tested with PSA and the results are greater than 4, one needs to be prepared for a cascade of tests and procedures that may lead to surgery or radiation therapy. The treatments hold the promise of some increase in survival, but also hold the risk of significant side effects.

For these reasons, most professional organizations recommend that patients understand the risks and benefits and then make an individual decision. If one is determined not to have treatment, no matter what the results are, then it is hard to recommend screening. On the other hand, if one wants to minimize the odds of dying from prostate cancer and would be willing to live with the potential side effects and would never consider "watchful waiting", then regular PSAs (between one and five years apart- another area of controversy) is probably a good choice for you.



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## Health Links of the Month

Our web-site, [eidushealth.com](http://eidushealth.com) has a lot of valuable health information, including printer friendly health content on a number of subjects. Because health information is such a broad area, no one web-site can be used for all purposes. In each edition, I will review a few web-sites that people may find very useful.

Dr. Greene's House Calls ([www.drgreene.com](http://www.drgreene.com)) is a physician sponsored web-site devoted

to child care and the health of children. It is well researched and the information in it appears to be supported by clinical evidence, rather than opinion. It has a breadth of topics ranging from bedwetting to nutrition to asthma and more.

Family Doctor ([www.familydoctor.org](http://www.familydoctor.org)) This site is sponsored by the American

Academy of Family Physicians. It covers many health conditions for men, women, and children. It is available in English and Spanish. The advice is practical and sound.

Heart Failure: For people with heart failure, two excellent sites are [www.ompro.org](http://www.ompro.org) and [www.hfsa.org](http://www.hfsa.org). In addition to the content on the site, both supply free monographs.



## What are Good Screening Tests?

Part of the emphasis on prevention is due to the possibility of diagnosing illness at an earlier stage, when it may be more treatable and when complications may be more likely to be prevented. One way to do this is by using screening tests for specific conditions. What tests are good as screening tests can cause a lot of confusion, and there are many advertisements and popular press articles that advocate screening tests which are not recommended by reputable medical organizations.

To be useful for health screening, a test should fulfill all of the following criteria:

- The condition should be common (however, if the condition is very serious, and can only be treated in the early stage, this can be modified– examples are certain hereditary illnesses such as PKU)
- The condition should be serious (screening for eczema would be out, screening for skin cancer would be in)

- The condition should have no symptoms for a significant period of time (arthritis is out, hypertension is in)
- The test should be able to detect disease when it is present and should be negative a high proportion of times when the condition is absent (minimize false positives and false negatives)
- The condition is amenable to treatment in the asymptomatic stage and early treatment should lead to improved outcomes ( examples of this include colon cancer and tuberculosis)

Tests that are not ordinarily recommended could be recommended for people at very high risk. For example, CT scans and chest x-rays are not recommended as screening tests for lung cancer, but they might be recommended if a person had exposure to asbestos, which would put him at a higher risk..



## Examples of some conditions that are and are not amenable to asymptomatic screening

Meets all criteria for screening	Meets some criteria for screen-	Not recommended unless
Screening for hypertension	Screening for Breast cancer	Chest x ray or CT scan for lung
Sigmoidoscopy or colonoscopy for colon cancer in people over age 50	PSA screening (individual patient's choice)	Total body scanning
Screening for osteoporosis in women over age 60	Screening for Alzheimer's Disease	Testing for ovarian cancer
Screening for cervical cancer	Screening for scoliosis in adolescents	Screening for diabetes in non-pregnant individuals
Screening for depression	Screening for thyroid disease (not recommended for most people)	Screening for urinary tract infections in non-pregnant women

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## Childhood Obesity– A new epidemic

Childhood obesity has become an epidemic, particularly in the United States. Some of the causes include reduced physical activity due to passive recreation such as TV, computer, and electronic games. In addition, the presence of considerable amounts of high-calorie, low-nutrition food such as fast food and the marketing of these products to children has fueled the increase in the percentage of

children who are overweight. It is estimated that 22% of children are overweight and 11% are obese to the extent that the obesity impairs their health.

Recent evidence shows a correlation between childhood obesity and adult obesity, orthopedic disorders, psychologic disorders, elevated cholesterol, and heart disease. The ten-fold increase in type II diabetes in children in the last decade is undoubtedly due

to the rise in incidence of childhood obesity. Obese people are also discriminated against and studies have shown that they earn less money as adults.

### What can be done:

*Doctors need to be more vigilant about detecting childhood obesity*

*Parents need to strongly encourage physical activity and proper nutrition*

*Schools need to refrain from taking physical education out of the daily program*





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Family Medicine: Care for Every Stage of  
Life



*Our practice is dedicated to creating a partnership with our patients in an atmosphere where they are treated with respect and dignity and where they join in making decisions concerning their health. We strive to make sure that health recommendations are based on sound medical evidence when available. Since medicine is an art as well as a science, we understand that each patient is unique and health care recommendations must be tailored to an individual's needs.*

*Understanding that our patients are busy people, our office respects your time as much as we respect ours. We reserve several spaces each day for same day appointments and we try to minimize waiting time and maximize time with the doctor.*

*As a family practice, we care for people within the context of the whole family. Since health care is a private matter, we respect privacy and confidentiality.*

## We are available by email

In order to serve our patients in a more timely and convenient manner. We are providing our patients access to our office by email. Those requests we will service by email include:

- Appointments
- Chronic medication renewals
- Requests for specialist referral
- Follow up status on recent appointments
- Follow up status of chronic health conditions that are being followed at this office- for example home blood pressure readings

We cannot service the following email requests, which must be done by appointment

- General medical advice
- New prescriptions
- Refills of medications given for a defined period (for example- antibiotics)
- Advice on any condition that has not been initially evaluated by the doctor
- Other conditions where a physical exam or testing is required to make a diagnosis

To request an appointment by email, please leave two or three possible times and dates, your name, and your phone number.

## New health plan participation

We currently participate in the following health plans

Medicare  
Aetna  
Horizon  
Cigna  
Oxford  
United  
Multiplan

Please remember to bring your health insurance information with you. In addition, if your health plan required you to select a primary care physician, please do so, selecting Dr. Eidus



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