

## **Why Wellness Measurement is Needed to Address the Impending Health Care Delivery Crisis in the United States**



*My name is Richard Dowell. My grandfather died from a heart attack at age 67 [the same age his father had died]. My father had a stroke at age 72 and died 3 years later after 18 months in the intensive care unit at Walter Reed Hospital. His death certificate listed the cause of death as "arteriosclerotic heart disease and hypertensive cardiovascular disease."*

*In 2002 an examination at Walter Reed Hospital confirmed extensive calcification of my heart [Coronary Heart Disease – CAD]. One of the recommendations was to start taking antioxidant supplements. Two years later I found out that the supplements I was taking were not working and I changed to those that increased my body's defenses against serious disease. I also started taking the first anti-aging gene-resetting internal supplements. That product targets resetting the youth gene clusters for three dimensions of youthful vitality: physical vigor, mental acuity and sexual health.*

*Had it not been for that prescription of antioxidants **AND** a means to measure their effectiveness, I do not think I would be around today.*

*Today I consider myself a healthy 77 years young male having a projected life expectancy of over 20 years.*

*Read on to find out what can be done to promote wellness through a measured, results-oriented path to long term health and wellbeing.*

My father, Cassius M. Dowell, retired from the United States Army in 1943. He had enlisted at the turn of the century, earned a commission, served on General "Blackjack" Pershing's Staff in WWI and was a Regimental Commander in General Doug MacArthur's Rainbow Division at the end of the War. In his distinguished 43 years of service to our country he rose to the rank of Colonel.

He raised me to go to West Point and I joined the Class of 1956 in June 1952. During my four years at the Academy my classmates and I learned lifetime fitness sports such as golf and tennis. I was a member of the varsity swimming team and an active participant in intramural sports. By graduation I was totally sold on the idea of fitness for life.

Another factor contributing to my commitment to fitness was my enrollment in the *Coronary Artery Disease West Point Study*, the longest recorded longitudinal heart

disease study. The study plan was for members of my West Point class to give blood samples every two years to be analyzed for the presence of coronary artery disease.

The dominant goal of the study was to identify how to predict candidates who were the best risks for flying training. Selection of such candidates would decrease the loss of aircraft because of heart attack.

NOTE: the existence of the study confirms that standard health risk assessments did not then, nor do they now, identify the presence of heart disease. Indeed, the only know way to determine that at the time was through autopsy. Today it can be identified thorough a calcium scan.

Given my interest in fitness, after returning from Vietnam in the late 60s I began running as my principal exercise and later participated in 3 Marine Corps marathons. When I moved to Charleston in 1997 I participated in three Bridge runs until late 2001 when I stopped running because of knee pains.

I did not immediately begin an alternate exercise program. Several months later after putting on about 20 extra pounds I experienced some chest pains. Given my family history, I realized that I was heading for a serious cardiac event. I knew what I needed to do from my flying physical days when my exam results were out of limits.

In July I started a serious Pilates exercise program and a low carb diet. In sixty days I had lost over twenty pounds. In October that year, at the urging of my wife and her daughter [an anesthesiologist in Charleston, SC)] who worried over my rapid weight loss, I had a physical examination and the results were excellent.

Thanks to the *West Point Study* and my post-retirement medical records I now have a complete record of my health over those years to the present. These include results from those two year blood study-connected examinations, a comprehensive final examination conducted at Brooks Air Force Base in September 2000, a study culminating Heart-View EBCT conducted at Walter Reed Army Medical Center in November 2002, and subsequent follow up examination results.

The final *West Point* study examinations documented that I had significant heart disease evidenced by extensive calcification of my heart. Here are the data\* from my EBCT exam:

Weight 177

*"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."*

- Charles Darwin

Calcium score: 492

Total cholesterol: 168

HDL ("good" cholesterol): 82

LDL ("bad" cholesterol): 73

Triglyceride: 62

\*NOTE: Except for the Calcium score, the other numbers are excellent – exactly the same as my October 2001 MUSC visit a month before. Indeed, according to my 2002 MUSC exam my HDL score of 82 indicates "reduced cardiac risk."

Please see the attached copies of the results recommendations my EBCT.

These were the recommendations:

**Prevention measures:**

- Watch your weight. Decreasing weight can lower you cholesterol and blood pressure [my ideal weight then was 162 - my actual weight now is ~160].
- Increase your amount of/or level of aerobic exercise. [Continuing]

**Diagnostic tests and treatments:**

- Lower and remeasure your cholesterol and triglycerides. [n/a]
  - Blood pressure.
  - Fasting blood sugar.
- Exercise stress test, standard treadmill test and/or thallium nuclear stress test and/or echo stress test [have had three exercise stress tests since, the latest March 12, 2012, and all have had normal results. In my latest exam I did better [lasted longer on the treadmill and had better prognosis] than my last which was in 2003].
- Homocysteine and Lp (a) levels. NOTE: Too much Homocysteine can increase risk of CAD. Lipoprotein (a), or Lp(a), is a type of LDL cholesterol. Lp(a) levels are determined by genes and generally not affected by lifestyle. [Here's a very important change in the wellness environment: we now have the ability to change the way our genes express themselves.]

## Additional Treatment Options:

- Daily aspirin. [yes – now taking two baby]
- Consider oral antioxidants or supplements. [Yes, see references below]
- Consider Cholesterol or triglyceride lowering medication. [Not needed]

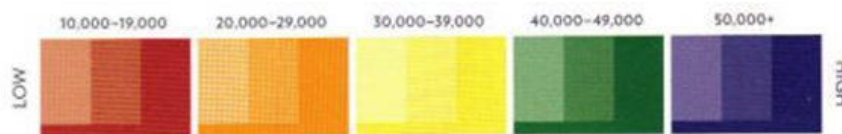
Upon my return from Walter Reed I increased my weekly exercise sessions and started taking C and E supplements plus a daily baby aspirin.

I continued my new lifestyle for the next 18 months and regained long term lost flexibility in my shoulders [since 1991] and no longer had persistent back pains [starting in late 80s]. In May 2004 my personal fitness trainer told me about a new scientific instrument that non-invasively measured the level of antioxidants in the body – the Pharmanex BioPhotonic Scanner.

I followed his advice and my first scan score was just 15,000 out of a possible 100,000 where higher means more protection against free radicals which are bearers of serious disease [see graphic presentation below]. I was well below the national average and what the score told me was that the antioxidant supplements I was taking were not working.

Having such a below average score was a shock to me at the time. Over my lifetime I had always scored much better than the mean scored for my Class in the health risk assessments from my *West Point Heart Study* blood samples [see page 13].

## BioPhotonic Scanner Wellness Validation Scores



DIETARY HABITS	• Low consumption of fruits and vegetables	• Moderate consumption of fruits and vegetables	• High consumption of fruits and vegetables
SUPPLEMENTATION	• Irregular or no supplementation	• Regular supplementation	• Optimal supplementation
LIFESTYLE CHOICES	• High BMI ( $\geq 28$ ) • High stress • High sun and pollution exposure • Smoker (including 2 <sup>nd</sup> hand smoke)	• Medium BMI (24–27) • Moderate stress • Moderate sun and pollution exposure	• BMI in the ideal range (19–23) • Low stress • Low sun and pollution exposure

Red = F      Orange = D      Yellow = C      Green = B      Blue = A

I immediately switched to supplements listed in the Scanner literature [also included in the Physicians' Desk Reference – see <http://PDR.net> - LifePak®]. Within 65 days my score was 25,000 and 45 days later 35,000. In the past two years my scores have ranged from 42,000 to 57,000.

Here are other benefits. Since mid-2004 I've rarely had a cold and, except for one instance [when I was not taking one of my supplements], the symptoms have been very mild. And even then where I had been exposed to an international audience for over three days plus airline flights to/from, my discomfort was milder than any of my past routine colds during flu season.

Additionally, and quite unexpectedly, 18 months ago I had to change my eyeglass prescription to less correction. And I just received another new prescription for glasses with my distance vision correction back to my original 20/20 – needing glasses now only for reading.

And here's a final indication of my current health status. Over a year ago my periodontal disease readings reversed for the first time since I was 25 years old [I've been having dental cleaning every 4 months for many years to attempt to control gum recession].

Given the state of our national health care system and what I thought I had learned [convinced that I had reversed my own heart disease] I decided to dedicate myself to spreading the word that using a very inexpensive test can give physicians and other health care professionals a much better measure of wellness and the ability to track progress and the effectiveness of prescriptions/recommended actions.

When I told my wife what I planned to do she suggested an additional step - get a follow up calcium test as recommended by Walter Reed in 2002. Her reasoning was that if I could document that what I had done had reversed my heart disease, such evidence might get the attention of the medical community – and others.

So I scheduled a physical examination with a Board Certified Internal Medicine M.D. After reviewing my complete medical history and an office examination, he scheduled me for a complete set of labs, a Vascular Carotid Procedure [sonogram check of my neck arteries] and a Calcium scan [producing an equivalent to the EBCT examination I had in 2002 at Walter Reed]. He also prescribed taking 2000 mg of Vitamin D3 [am taking 6000 mg], two baby aspirins [already was taking one] and Fish Oil anti-oxidants [was already taking 1850 mg twice a day].

My sonogram results were, according to my Internist were "not bad" [16-49% blockage], but my labs came back with an abnormally high – 44.439 - Thyroid reading indicating hypothyroidism for which he prescribed .025mg daily Synthroid medication. NOTE: I have not experienced any of the symptoms – but since October 2010 I have been taking the first anti-aging gene expression resetting product in the marketplace. The product improves three dimension of vitality: physical vigor, mental acuity and sexual health by promoting corresponding youth gene cluster activity].

Later that day my new Calcium score was reported to be 1020, over twice my 2002 reading. My Internist scheduled a Radiation Stress Test to be given prior to my next office visit two weeks later.

Before discussing the results, I want to mention two things that are important additions to my evolving story.

### **Puppy Brinsley**

The first is about our 11 year old 6.5 pound Yorkie named Brinsley, my wife's close canine companion. Soon after we moved to a new home some 8 years ago Brinsley went through a number of medical emergencies including a near death experience at the Emergency Vet.

Afterwards she started slowing down and developed a number of symptoms my wife, after extensive research, thought correctly were Cushing's disease caused by too much adrenaline.



Sandy holding Brinsley and me.

In short, when the adrenal gland overproduces the results are premature ageing and associated diseases (diabetes, heart disease, cancer, etc). The fix is to kill the secretions and medicate with supplements, testing periodically to ensure the adrenalin levels are in range.

Brinsley now has lived two years past her projected life expectancy with Cushing's and continues as loved companion in our household.

Similarly, my Internist will watch my response to my medication, modifying my dose when appropriate.

## **Cancer Post Treatment Therapy**

Soon after my test results were in we visited close friends, the husband being my classmate from West Point who was recovering from successful cancer radiation/chemotherapy treatment. He told me about his post treatment therapy sessions and showed me a daily dietary supplement package of core nutrients he was taking which included magnesium, Vitamin D3, CoQ10, fish oil and saw palmetto

He also let me review a recommended book that he was reading, *Life Over Cancer, The Block Center Program for Integration Cancer Treatment* by Keith I. Block, M.D. with foreword by Andrew Weil, M.D. [of healthy eating through an anti-inflammatory diet fame].

My mind started racing – it appeared that post cancer therapy was going to look very much like the wellness program approach I had been formulating since 2004 when I learned from my antioxidant level scan that my body was not absorbing antioxidants either from foods or the supplements I started taking after my 2002 EBCT examination [in retrospect, a genetic condition].

Indeed, the Dr. Block program involved focused on three areas: (1) improving your lifestyle, (2) boosting your biology [immune system and bio-chemistry through supplements], and (3) enhanced disease specific [cancer] treatments. NOTE: just substitute “aging” for “cancer” in my approach to wellness.

You see, what I had come to understand about wellness is this. If the primary cause of aging related diseases is oxygen free radicals, then bolstering the body’s defense against them would serve as a powerful wellness program foundation. If my approach would “fit” for cancer recovery prevention program, would it not also work for a coronary artery disease recovery program – and others?

I then did a Google search for “reverse coronary artery disease” [without quotes] and found “Track Your Plaque Heart Disease Prevention and Reversal Online.”

I signed up and soon learned that my annual calcium score growth was only 8.1% which confirmed that I was doing worked! Further, my best estimate based on my own scanner scores, improved eyesight and reversal of gum disease meant that my calcium buildup most likely had stopped, or possibly reversed, by the beginning of 2011.

## **Radiation Stress Test Results – March 12, 2012**

Perhaps you might wonder how I viewed this impending test. Well, was to be my 4<sup>th</sup> in a lifetime – and none of the others contributed to a better understanding of

my heart disease. So, – I did not expect this one to be any different. Indeed, even though I knew the purpose was to induce a near cardiac event, I was not hyped at all. Indeed, on the treadmill my first blood pressure reading was 115/62!

Let me just go back and record what I have learned from my experience since 1952 as a part of the *West Point Heart Study*, as a military pilot with annual Flight Physicals, every other of which included my *Heart Study* blood work, my comprehensive exam at Brooks Air Force Base in 2000, my EBCT at Walter Reed and since then.

- (1) Blood work, the equivalent of the exams given to today's health risk assessments and typical annual physicals in my day, associated with wellness programs today, are not useful measures of wellness. They do not tell you the presence of any serious disease nor do they give you any measure your defense against serious disease in the future. In my flight exams I always knew I could correct any out of tolerance readings through some extra exercise and the loss of a few pounds.
- (2) We now can measure the presence of heart disease and when conditions warrant, and a calcium scan should be provided as an insurance covered exam.
- (3) Antioxidant scanning should become a routine procedure in all annual wellness checks and should be covered by all insurance policies.
- (4) Wellness education should be routine and should be mandatory for all federally and state supported health care insurance programs.

Of course, the results of my stress test were completely negative. But, let the record convey that I did better in this stress test than any of the previous three starting in my class examination in 2000 when there was a competition on who could stay on the treadmill the longest. When the treadmill stopped my blood pressure was 200/80 – and not too much longer later 140/70.

### **Moving Forward – Helping Others with What I Have Learned (I invite you to help me).**

Having been member of the Wellness Council of America (WELCOA) since 2003 through my Wellness Committee at the Rotary Club of Charleston [and an active participant in their *Wellness University* certificate programs], I have come to understand that health risk assessments given at annual physical examinations and in employee wellness programs do not assess either the presence or the future defense against serious disease [e.g., note my scores from my EBCT above in which all traditional scores were excellent in spite of extensive heart disease – the possibility of which was fully shown from my EBCT scan and later corroborated by a very low scanner score].

There have been over 11 million Bio-Photonic scans administered world-wide and analysis of the collected data [see the video <http://wellness-biomarker.wellness-results-now.com>@ 6:53 minutes] confirms a significant correlation between scanner scores and traditional health risk measures such as obesity, smoking, and fruit and vegetable consumption. In addition, numerous scientific studies have concluded that the measurement of carotenoid levels in the body is the best single measure of antioxidant levels in the body. Accordingly, scanner scores are a clinically proven wellness bio-marker.

My conclusion from my own experience and research has led me conclude that the health care community should include scanner scores in annual wellness examinations and in wellness program health risk assessments.

I now better understand that standard health risk assessments do not test for the potential existence of serious disease or the levels of defense against future serious disease.

In retrospect it appears that my genes precluded me from readily absorbing antioxidants from a balanced diet of fruits and vegetables and off-the-shelf antioxidant supplements.

Here are some of the immediate benefits:

- Patients will be able measure the results of prescribed measures to improve overall wellness and reduce risk of serious disease.-
- Physicians receive more patient referrals.
- Physician staffs receive additional compensation.
- Physicians regain a viable retirement exit strategy from their practice.
- Hospital systems receive substantial and growing annual residual income to offset growing operating costs and to fund additional community health and wellness initiatives.
- Affordable employee wellness programs become available to businesses of all sizes.
- The nation, for the first time, would have a self-funding path to reversing the looming health care crisis.
- More and more physicians are freed to conduct more medical research making possible a much sooner achievement of the vision of the Mayo brothers – a world without the need for physicians.

Here are some additional stories which illustrate the need for wellness measurement in health care.

- Hundreds of physicians and other health care professionals around the country already have included the scanner into their practices achieving results as reported in the video at <http://physician-wellness-forum.wellness-results-now.com> typical [@ 35:20 minutes]. Every story I have heard from these professionals tells of a similar discovery about ineffectiveness [low scanner score] of the supplements they had been taking.

NOTE: Although the national nutrition guideline is to eat 6+ servings of fruits and vegetables a day, Dr. Joe Chang in his presentation referenced a recent scientific study which documented that not a single individual achieved that level of intake. The reality in the United States is that we must supplement our diets with antioxidants to achieve and maintain a suitable level of wellness. In addition, the latest scientific study on the incidence of serious disease was conducted in 2009 in Europe and found that of those who included antioxidant supplements on a daily basis in their diets were at a 48% lower risk of heart disease and a 45% lower risk of overall serious disease.

In addition, one physician who now is participating in the program set up 4 different test groups with his staff: (1) taking the prescribed nutritional supplements, (2) taking another company's best products, (3) eating 8 servings of fruits and vegetables, and (4) continuing with their same diet.

Results: #1 outdid #3 by a wide margin; #2 was a distant 3<sup>rd</sup> and #4 very similar to #2.

NOTE: my own EBCT examination results included the recommendation to consider adding antioxidants to my diet. What I learned is that the types of supplements that you take make a big difference in the results you will achieve. That is why I believe the use of the scanner is so important. It is the ultimate nutritional lie detector test.

- Invariably when I find a low scanner score there is a reason. In most cases it is from low servings of fruits and vegetables and little or no supplementation. When I encounter a very low scanner score I always advise the individual to schedule a checkup with their physician as soon as possible.

Very recently one of my associates scanned the husband of a friend and the score was very low. She made the same recommendation as I do. A month later she learned that the individual had died of a heart attack.

That same associate scanned a young lady last year and she also had a very low score. When my associate recommended a physician visit the lady admitted that she had cancer.

- In 2005 a friend who attended Pilates classes with me had also started taking the antioxidants. Several years later he told me that he had stopped taking the supplements because he had had some reactions to it [I have now learned that such a reaction was probably an indicator of some underlying problem that needed to be addressed].

Four months ago he told me he had been diagnosed with Parkinson's disease. I shared with him the research about Parkinson's and the use of glutathione injections to relieve symptoms. I then suggested he get a scan because I knew of a supplement that could raise glutathione at the cellular level in the body. His scan score was 15,000, very low. NOTE: glutathione is the body's master antioxidant. Low levels of glutathione are common numerous serious diseases including Parkinson's.

- The WELCOA Well Region Charleston, SC started in 2006 and now has over 20 leading organizations participating in/reporting results from continuing workplace wellness programs following the WELCOA wellness model. Last year I contacted the Wellness Director of one those organizations to review a WELCOA Wellness University session about **Best-In-Class Workplace Coronary Health Intervention Programs [CHIP]** we both had attended.

When I asked her what she thought of the presentation [by those conducting the leading CHIP program in the nation] she told me this.

Her organization had instituted a wellness program as a part of the WELCOA Charleston Well Region initiative. In designing and implementing the program she carefully followed the WELCOA model including conducting periodic health risk assessments [a prominent feature of CHIP]. She expressed frustration with the CHIP presentation because in the previous year three of her female employees had been diagnosed with breast cancer and that completely blew their Blue Cross insurance budget.

I mentioned to her then that had she included scanner scores in her health risk assessments those employees would have had very low scanner scores which would have alerted the need to take follow-up actions including having Mammograms,

NOTE the following abstract from the scanner Patent application: "A method and apparatus are provided for the determination of levels of carotenoids and similar chemical compounds in biological tissue such as living skin. The method and apparatus provide a noninvasive, rapid, accurate, and safe determination of carotenoid levels that in turn can provide diagnostic information regarding cancer risk, or can be a marker for conditions where carotenoids or other antioxidant compounds may provide information. Such early diagnostic information allows for the possibility of preventative intervention."

Attachment 1 – Richard Dowell West Point Study Blood Results Data

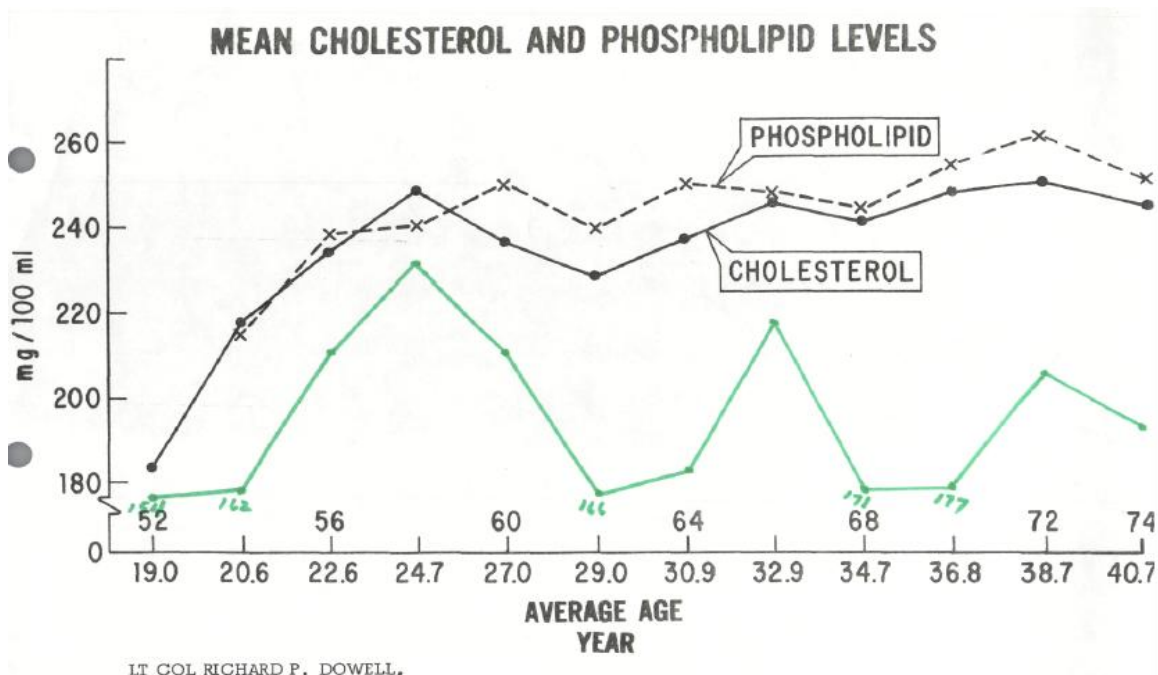
### Richard Dowell West Point Heart Study Scores

Brooks Air Force Base 14:50 Wednesday, September 1, 1993 582 Brook

NAME: DOWELL RICHARD SUBJECT: 112 DOB: 21APR1934

Year	Weight Lb	Chol, Mg/dl	Bld. Press Sys//Di
1952	172	127	/
1954	175	134	/
1956	175	174	/
1958	180	193	72
1960	184	175	110/ 70
1962	174	137	118/ 68
1964	185	151	128/ 84
1966	181	180	106/ 76
1968	185	141	132/ 82
1970	177	146	106/ 66
1972	178	169	104/ 70
1974	182	160	124/ 82
1976	167	159	122/ 74
1980	189	232	116/ 84
1982	184	190	124/ 76
1986	178	205	104/ 72
1988	186	207	110/ 70
1991	177	197	130/ 75

### Richard Dowell Cholesterol Scores [green] v. Class mean





**DEPARTMENT OF THE ARMY  
WALTER REED ARMY MEDICAL CENTER  
WASHINGTON, DC 20307-5001**

**Heart-View EBCT  
Recommendations**

Radiology Results for  

LTC Richard Dowell	11/4/2002
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41 Hasell Street Charleston, SC 29401	
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**Electron Beam Computed Tomography Section**  
 Rm 1X0506, Department of Radiology  
 Building 2, Hester Pavilion, WRAMC  
**Chief of Radiology:** COL Michael P. Brazzile, MD  
**Clinical and Scientific Director:** Irwin M. Feuerstein, MD  
**Dr. Feuerstein's E-mail:** irwin.feuerstein@na.amedd.army.mil  
**Chief Nurse Counselors:** Robin O'Neil, RN; Edith Schiffer, RN  
**NDICs:** SGT Monique Stack, SSG Gary Phillips; **Technologists:**  
 Patricia Muenzer, RT, **Senior:** SPC A. Maurice McNair, SPC Arde Oliver  
**Medical Clerks:** Marsha Newby, **Lead Clerk:** Tawana Jones  
**Phone:** 202-762-5106, 5111, 9125, 9113, 8934, 0888  
**Fax:** 202-762-4195, **General E-mail:** ebct@yahoo.com  
**WWW:** <http://www.wramc.amedd.army.mil/department/ebct>

Sir or Madam,  
 Thank you for coming to Walter Reed Army Hospital Heart-View electron-beam computed tomography (EBCT). The attached Heart-View EBCT Results report should indicate your EBCT calcium scores, and give you an assessment of your risk of heart attack. We are not your primary physician, and may not be aware of your total clinical situation. However, based upon your calcium score and modifiable risk factors as we know them, we suggest you contact your physician and discuss the considerations below and come to a final plan, if any. It is very important that you speak to your physician about these results and recommendations, and you should not implement any changes without consultation with your doctor first.

**Your Cholesterol and Triglyceride CheckList**

Your calcium score is:	<input type="text" value="492"/>	Desirable cholesterol and triglyceride levels are: Total cholesterol levels below 200, definitely below 240. HDL cholesterol levels above 40, definitely above 35. LDL cholesterol levels below 130, definitely below 160. Triglyceride levels below 200, definitely below 250.
Your total cholesterol is:	<input type="text" value="168"/>	
Your HDL ("good" cholesterol) is:	<input type="text" value="82"/>	
Your LDL ("bad" cholesterol) is:	<input type="text" value="73"/>	
Your triglyceride level is:	<input type="text" value="62"/>	

- Your calcium score indicates that no change need be made from your current medical plan as defined by your physician. You may still need to work on cholesterol/triglycerides or blood pressure as per your physician\*\*.
- Your calcium score and cholesterol/triglyceride/ratio values indicate that you should discuss with your physician:
  - Improvement in diet, exercise, weight management, and other conservative measures.
  - Implement changes, and repeat cholesterol levels in three months. If you cannot achieve acceptable lipid levels within a reasonable time period, say 6months, then you should consider medical treatments.
  - The results suggest that you should consider cholesterol / triglyceride lowering, plaque stabilizing medication now. Please speak to your physician about the many options available to you.

\*\* Depending on your cholesterol and other circumstances, your physician may opt to recommend cholesterol lowering medication despite a low calcium score. Discuss this with your physician.

While at Walter Reed Heart-View EBCT, please feel free to ask questions or to avail yourself of our literature. We have a large amount of interesting and informative reading material, much of it from the American Heart Association. If you have questions for us after you leave Walter Reed, you may reach us by phone, fax, or e-mail at the numbers above. Also, please contact your primary health care provider with specific questions about your particular medical conditions or concerns. The United States Army wants to keep you healthy, so avail yourself of our comprehensive preventative medical, dietary, and surveillance services.



DEPARTMENT OF THE ARMY  
WALTER REED ARMY MEDICAL CENTER  
WASHINGTON, DC 20307-5001

**Heart-View EBCT**  
**Recommendations**

Radiology Results for

LTC Richard Dowell	11/4/2002
41 Hasell Street Charleston, SC 29401	

**Electron Beam Computed Tomography Section**

Rm 1X06/08, Department of Radiology  
Building 2, Heaton Pavilion, WRAMC  
Chief of Radiology: COL Michael P. Brazalis, MD  
Clinical and Scientific Director: Irwin M. Faurestein, MD  
Dr. Faurestein's E-mail: irwin.faurestein@na.amedd.army.mil  
Chief Nurse Counselors: Robin O'Neil, RN; Edith Schiffer, RN  
NCOICs: SGT Monique Sinek, SSG Gary Phillips; **Technologists:**  
Patricia Muenzer, RT, Senior; SPC A. Maurice McNair, SPC Aida Oliver  
Medical Clerks: Marsha Neely, Lead Clerk; Tawana Jones  
Phone: 202-782-5108, 5111, 5128, 5113, 6834, 6895  
Fax: 202-782-4165; **General E-mail:** ebct@yahoo.com  
WWW: <http://www.wramc.amedd.army.mil/departments/ebct>

Sir or Madam,

Thank you for coming to Walter Reed Army Hospital Heart-View electron-beam computed tomography (EBCT). The attached Heart-View EBCT Results report should indicate your EBCT calcium score, and give you an assessment of your risk of heart attack. We are not your primary physician, and as such cannot treat you. However, we recommend that you discuss the following diagnostic and therapeutic options with your primary care giver. It is very important that you speak to your physician about these results and recommendations, and you should not implement any changes without consultation with your doctor first.

Your CheckList of Suggestions to Discuss with your Physician

**Prevention measures to discuss**

- Quit smoking! The Army has smoking cessation programs to help you.
- Watch your weight. Decreasing weight can bring lower your cholesterol and blood pressure. *cont.*
- Increase your amount and/or level of aerobic exercise. *add walking*

**Diagnostic tests and treatments to discuss**

- Lower and re-measure your:
  - cholesterol and triglycerides, including HDL ("good" cholesterol) and LDL ("bad" cholesterol).
  - blood pressure.
  - fasting blood sugar.
- Consult a nutritionist for both assessment and dietary recommendations.
- Exercise stress test, either standard treadmill test and/or thallium nuclear stress test and/or echo stress test.
- Repeat your EBCT in 2 years. Repeat examinations are done only with your doctor's referral.
- Homocysteine and Lp(a) levels.

**Additional Treatment options to discuss**

- A daily aspirin. One suggested regimen of aspirin is one-half or one whole adult 325 milligram tablet per day. *cont.*
- Consider oral antioxidants or supplements, which include vitamins such as C, E, folate, red wine, garlic, or selenium. *cont.*
- Consider cholesterol or triglyceride lowering medication. *folic acid*
- Consider blood pressure medication.
- Talk with your physician about estrogen replacement after menopause. Women who are at risk for breast or uterine cancer, or who have these conditions, may not want to take hormone replacement.