



CT Calcium Scoring

AMA (ask me anything) with

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1. What is a calcium score?

This is a low-dose CT of the chest, with specific interest paid to the heart. Most coronary plaques are associated with calcium, which makes this test an excellent way to non-invasively determine if a person has coronary artery disease.

The result of the test is usually given as a number called an Agatston score. The score reflects the total area of calcium deposits and the density of the calcium. These numbers are provided for each coronary artery as well as the total number.

2. What does the number mean?

- A score of zero means no calcium is seen in the heart. It suggests a low chance of developing a heart attack in the next five to 10 years.
- When the calcium score is more than zero, that means coronary artery disease is present. The higher the score, the higher your risk of heart disease.
- A score of 100 to 300 means mild to moderate plaque deposits.
- A score greater than 300 is a sign of moderate to severe coronary disease and increases the heart attack risk.

You also may receive a percentile score, which indicates your amount of calcium compared to people of the same age and sex. A percentile score greater than 65% places that patient at a predictably increased risk for a cardiovascular event within the next five years.

3. Is a calcium score better than a stress test?

Yes and No. The calcium score is complimentary to the stress test. The calcium score picks up essentially any coronary disease which may be present, but is not a tool to detect physiologically important stenosis. The stress test is good to use to detect stenosis greater than 70%.

REMEMBER: You cannot order a stress test if the patient is asymptomatic and has no known coronary artery disease!

4. What do I do with the calcium score number?

- At a calcium score between one and 300, the patient should be considered for a moderate intense statin.

- At a calcium score above 300, the patient should be considered for a high intensity statin.
- At a calcium score above 100, the patient should be considered for low dose aspirin.
- Those patients with higher calcium scores or higher percentile scores should be considered for further cardiology review and testing.

5. Who should be referred for a calcium score?

The American College of Cardiology suggests that measuring a calcium score may be reasonable for asymptomatic patients with cardiac risk factors. It is also reasonable to perform a calcium score on a symptomatic patient in whom the diagnosis of coronary artery disease is uncertain.

6. Who should NOT be referred for a calcium score?

- Patients with known coronary artery disease*
- Patients with cardiac stents
- Patients with metallic cardiac valves
- Patients with coronary bypass grafts

*See Question 7

7. Should I repeat a calcium score and when?

- Patients who have a calcium score of zero but still has some risk factors, should have it repeated in five years.
- Annual calcium scores can be used to evaluate the efficacy of medical therapy in patients with coronary artery disease. With medical success, the calcium score should not increase more than 20% in a one-year period, and ideally would stay the same! An increase in the calcium score of more than 20% should lead to an intensification of the medical therapy.

8. Where can I get one and what is the cost?

- Patients can request a prevention screen at Cardiology Associates of North Mississippi office in Tupelo, Starkville, Columbus or Oxford for \$95. This includes an ECG, calcium score and lipid profile.
- Physicians can request a calcium score at any of the above Cardiology Associates offices for \$50.
- Insurance does NOT cover calcium scoring.

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