

Life Line Screening

Are You at Risk?

If you can reject a kinship to all of the following risk factors for stroke then no, you are not at risk: Age, Diabetes, Family History, High Cholesterol, Hypertension, Obesity, and Smoking.

Do we have your attention now? Good, because unless you are less than middle aged and have a family history of cancer only, odds are that you may be at risk for stroke and other cardiovascular disease. Read on...

Last February, the Society for Vascular Surgery (SVS), a non-profit org composed of 2,400 surgeons, issued this cautionary statement: "With the baby boomer population aging and expected to reach 87 million by 2015, raising public awareness about vascular disease and screening becomes critical. Vascular disease must become a national health care priority." Then in April, the SVS went on record recommending carotid ultrasound screenings for stroke, ankle-brachial tests to detect plaque build up and abdominal ultrasounds for aortic aneurysms, which was subsequently reported in the Wall Street Journal.

This was big news for Life Line Screening for several reasons; first, because the recommended screenings were those that the company provides, and second, and perhaps most importantly, the SVS statement signified a big step forward in the mindset of the medical community.

'Big step' because 70-80% of healthcare resources today still remain devoted to the management of symptom-based and advanced disease; a point which seems counterproductive in a climate of rising health insurance premiums and dwindling employee benefits. The bottom line when it comes to traditional medicine and our health is that our focus lends itself to treating disease, as opposed to preventing it.

To date, Life Line Screening (LLS) has screened more than 5 million people finding signs of cardiovascular disease in approximately 8% of them. "That doesn't mean that everyone in that population will have a stroke," says LLS CEO, Colin Scully, "but rather gives them the wherewithal to make health changes." When asked what he thought the biggest reasons were as to why too few people embrace prevention screenings, (his company's and others), Scully attributed the problem to "awareness", adding, "They don't understand screenings or the asymptomatic situation."

That 'asymptomatic situation' Scully refers to is the healthcare inertia that exists between proactive vs. reactive; asymptomatic action and symptomatic reaction. For example, doctors cannot order diagnostic tests and subsequent treatments without documentation of symptoms and most insurance coverage begins post symptomatically. Add to this our fear of the unknown, ignorance of the warning signs of disease and/or misdirected concerns about additional expense, and the forecast for high prevention par-

ticipation is not a pretty one.

When LLS first entered the business, back in the early 90's, consumers were hesitant as to the value of their tests and the medical profession scoffed at the quality and credibility of ultrasound mobility. "Today we use the most modern hospital-quality equipment available, that is also portable," says Life Line's Director of Clinical Operations, Rena Law, BS, RDMS, RDCS, RVT. "We work with the best manufacturers in the country to collaborate on equipment design to meet our needs. The machines we used to use were also of the best quality for the time, but they were larger and more cumbersome, weighing in the hundreds of pounds. Now our equipment is as light as a laptop."

Technological advances only add to the screening company's already impeccable logistical savvy. What is truly amazing is how they convert the space a screening host provides and create a highly viable healthcare environment. When you arrive at a Life Line Screening site, professional decorum is at an optimum, complete with medical technicians in scrubs and portable privacy screens.

Screening locations vary from, businesses and schools, to park district facilities and neighborhood churches. There are no fees assessed for hosting a screening event, however a minimum number of screening appointments must be met prior to crew arrival. The many elements involved in setting up a screening event are pulled together by the company's "Health Service Coordinators" (HSC) who, in addition to booking the screening sites, are also responsible

for promoting the event by providing education to the potential screening population via brown bag lectures, on site PSA's and other promotional activities. HSC, Susan Shapiro says the most rewarding part of her

job is when she has the opportunity to speak in front of groups to share the "powerful and compelling information" about the diseases LLS screens for which motivates people to make a choice to be proactive about their health. "Every person I'm able to reach who might not have otherwise made the decision to participate in these health screenings is a life I might literally save, or at the very least, improve," provides Shapiro. "My work truly allows me the possibility every day to make a difference in someone's life."

Getting the message out to a symptomatic thinking society makes education an integral part of the prevention biz. For Life Line Screening, it can be challenging at times. First hurdle; create public awareness:

- Stroke is the 3rd leading cause of death in the US and 2nd leading cause of death in the world.
- On average, someone suffers a stroke every 45 seconds and dies from having a stroke every 3 minutes in the US.
- More women die annually from cardiovascular disease than from breast and colon cancer combined: 483,000 vs. 43,000 respectively.

When you compare the total annual estimated

Diagnosing disease at the earliest possible stage when there can be many treatment options, is better medicine. It also makes simple economic sense.

— GE Healthcare



"Listening to Susan" convinced Bill Karlberg a 53 year old employee at Littlefuse in Des Plaines, to sign up for screenings. "You never think about something until it happens."

Pictured above: Health Service Coordinator, Susan Shapiro (seated) and Host Representative, Julie Beatty at the registration table of the Littlefuse screening.

cost of all cancers, 206.3 billion (last year), to the total estimated costs projected for stroke and cardiovascular disease this year, 431.8 billion, one would think "TIA" (transient ischemic attack) would be at the tips of everyone's tongues. Not so unfortunately, largely due to the fact that other highly promoted disease campaigns take center stage in the public eye.

"The medical community as well as the public have developed the perception that screening for vascular disease is not as important as screening for other diseases such as breast cancer or colon cancer," offers Life Line Screening's Medical Director, Dr. Andrew Manganaro. "Vascular disease does not have a champion of cause. There are few celebrity endorsements for stroke, abdominal aortic aneurysms (AAA), and peripheral arterial disease (PAD)."

The lack of public awareness is further exemplified in a study done by the Heart & Stroke Foundation of Ontario, Canada, where only 17.2% of adults could correctly classify stroke symptoms. Next hurdle; education...The warning signs of stroke are:

- Sudden numbness/weakness
- Sudden loss of balance, coordination
- Sudden problem with understanding
- Sudden loss of vision in one eye
- Sudden difficulty speaking
- Sudden dizziness

Any one or more of these symptomatic signs can be experienced during a 'TIA' or "mini-stroke", which lasts anywhere between 1-5 minutes before fading away leaving no permanent damage. A TIA occurs when a blood clot temporarily clogs an artery and part of the brain doesn't get the blood it needs; it can happen days, weeks or even months before a major stroke occurs. If you are lucky enough to have a TIA, 'lucky' because only 15% of those who have major strokes experience TIA's beforehand, it is paramount to recognize the episode when it occurs and seek treatment immediately before the advent of a major ischemic stroke.

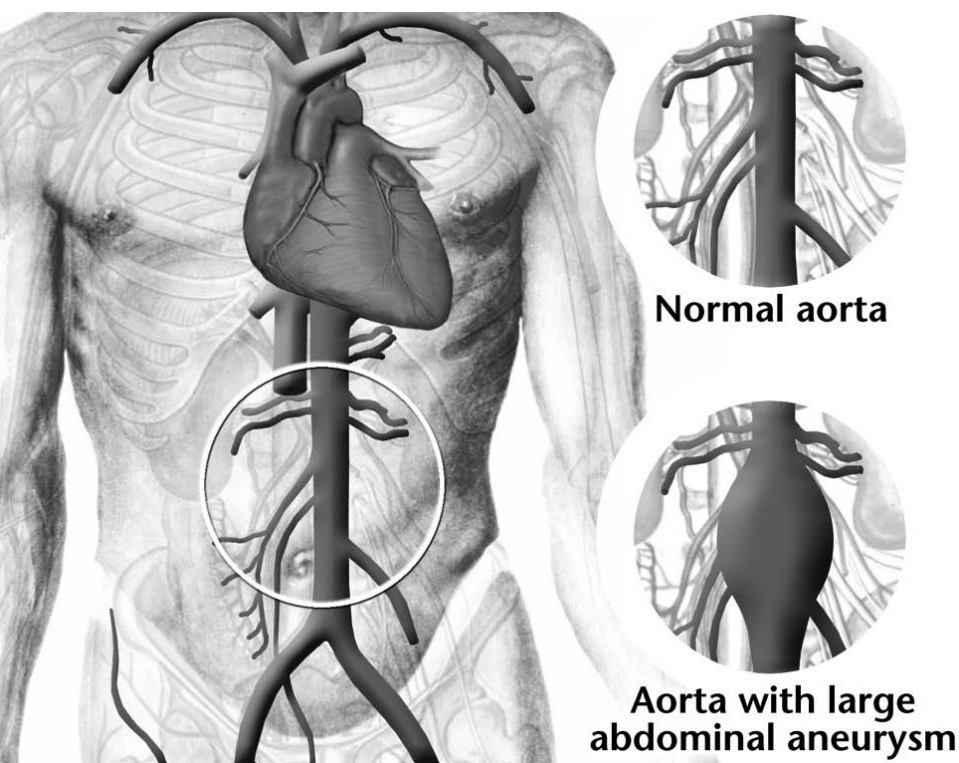
Ischemic strokes are the most common type of strokes accounting for about 88% of all strokes. They occur when a blood clot (thrombus) forms and blocks blood flow in an artery bringing blood to part of the brain. Blood clots usually form in arteries damaged by fatty buildups, called atherosclerosis. The LLS ultrasound screening provides a picture of blockage that may exist in the carotid arteries pre-emptive to a stroke occurrence. In those cases where severe blockage is detected, immediate treatment may ensue. At the very least, a base line is established for future tracking of vascular disease.

The company also performs two other vascular screenings, one for Abdominal Aortic Aneurysm, (AAA) and the other for Peripheral Arterial Disease, (PAD). Public notoriety for "Triple A's" and "PAD" is low, and while these vascular diseases are not as widely experienced as stroke and heart attack, they can be equally life threatening.



Ultrasound view on computer laptop

—Cover Story Photos by Lee Balgemann



An Abdominal Aortic Aneurysm (AAA) is a “ballooning” of the wall in the abdominal area of the aorta, (the main artery leading away from the heart), which is most often caused by atherosclerosis, like stroke. If this aneurysm ruptures, the survival rate is a dismal 20%.

What makes this condition even more frustrating is that most people experience no symptoms beforehand and the potential warning signs that can occur, tenderness or rigidity in the abdomen and back pain, can be easily misinterpreted and ignored. In addition to the risk factors associated with stroke, pre-existing heart disease and hardening of the arteries, may also contribute to the formation of Triple A's. Men are also more prone to this disease.

A recent study published in, *Circulation: Journal of the American Heart Association*, provided that 3 out of 4 people are not aware of Peripheral Arterial Disease. [See inset for more study results] PAD is present when arteries in the legs become narrowed or clogged with fatty deposits, reducing blood flow to the legs. Blocked arteries found in people with the dis-

ease can be a warning sign that other arteries, including those in the heart and brain, may also be blocked – increasing the risk of a heart attack or stroke.

The warning signs associated with PADs are:

- Poor wound healing in legs or feet
- Numbness or loss of sensation
- Pain in the legs after walking
- Pain in toes or feet at rest
- Burning or tingling

People who have PAD, may face disability, amputation and/or poor quality of life – they are also 2-3 more times more likely to have a stroke and 4-5 times more likely to die from heart disease.

Over the last decade or so, health screenings have become big business. The battle over wellness bucks between independent service providers and hospital conglomerates looking to increase income (and patient) streams has some critics suggesting the marketplace is flooded. While there may be some validity to these contentions, quality service providers stand out in the pack and Life Line Screening does so for several reasons. Ultrasound screenings require the professional skills of sonographers and

In a cross-sectional, population-based telephone survey of 2,501 adults over age 50, researchers found that public awareness of PAD (25%) is markedly lower than for other cardiovascular diseases such as stroke (74%), coronary artery disease (67%) and heart failure (67%). Yet, the risk for PAD is equal to or greater than the risk for these conditions.

Survey respondents were much more aware of relatively rare diseases that affect far fewer people, including Lou Gehrig's Disease (36%), Multiple Sclerosis (42%) and Cystic Fibrosis (29%).

Few Americans know that having PAD significantly increases the risk for heart attack, stroke, amputation and death, the survey showed. Only one in four adults who were familiar with PAD associate the disease with an increased risk of heart attack; only 28 % associate PAD with an increased risk of stroke; and only 14% link PAD with either amputation or death.

“Every day that PAD is undetected and untreated, we permit preventable heart attacks, strokes and death to occur,” said Alan T. Hirsch, M.D., chair of the National Peripheral Arterial Disease Coalition, also Professor of Epidemiology and Community Health at the University of Minnesota School of Public Health, and Director of the Vascular Medicine Program at the Minneapolis Heart Institute. “PAD can either represent a tragedy waiting to happen or the single best opportunity for this nation to take preventive steps to save limbs and lives.”

PAD affects both women and men and can strike adults of any age. The risk of PAD is increased in people over age 50, particularly in smokers and former smokers, and in people with diabetes, high blood pressure, abnormal cholesterol, a personal history of heart disease or stroke, and in African Americans.

Awareness of PAD was low in all sub-groups studied, including African Americans. “The risk of PAD in African Americans is twice what it is in other ethnic groups, and like other high-risk groups; African Americans should be a major focus of educational efforts about PAD,” said Michael H. Criqui, M.D., M.P.H., co-author and Professor of Family and Preventive Medicine at the University of California-San Diego.

“These findings show that awareness of a disease does not necessarily translate to knowledge. If the public is uninformed about the devastating consequences and causes of PAD, they will be less likely to take steps to avoid it,” said co-author Timothy Murphy, M.D., Professor of Diagnostic Imaging at Brown University in Providence. – Excerpted from the American Heart Association, Rapid Access Journal Report, September 2007.

cannot be performed by untrained personnel. This is particularly important when screenings reveal a life threatening condition. In the event of extremely severe readings, the screening participant will be informed of the situation on the spot and urged to seek immediate medical treatment.

The standard protocol LLS uses for processing test results is also top notch. Screening results are read by board certified physicians (vascular surgeons, cardiologists and radiologists) and then processed for mailing within 21 days. Results within the normal range are sent with a letter of explanation and a written report. When further evaluation is recommended, a letter explaining the results, written report of the screening results and the screening pictures are also included for personal physician follow up. The company further includes questionnaires and critique forms, for both participant and doctor, to monitor their quality and professionalism. When was the last time you saw a hospital do that?

Creating awareness and recognizing the symptoms and risk factors of disease accounts for 2/3 of the prevention pie; the last third being participation, which requires overcoming personal fears and reservations. “There are things you can do to help yourself,” Scully says. “It is a positive experience either way – you’ll have piece of mind if the test is clean, or you can do something about a situation ahead of time.”

The what-I-don't-know-won't-hurt-me approach toward health in reality, costs us physically and monetarily far more in the end. The moral of this story is: an oz. of prevention is worth a lb. of covered cure. - **CWM**

In addition to vascular testing, Life Line Screening also uses ultrasound to scan bone density levels in men and women for risk of Osteoporosis. Partial ECG screenings to detect Atrial Fibrillation (Afib), (heart arrhythmia) and a series of finger-stick blood tests for Lipid Panels, C-Reactive Protein and Glucose are also offered.

If you would like to inquire about hosting a screening event, please call: 800-897-9177, ext. 1911 or email: HostScreening@llsa.com. Log onto lifelinescreening.com for more information.

Numerous Life Line Screening events are currently scheduled throughout the Chicagoland area; below is just a sampling. To locate the screening nearest you, call: 800-697-9721. Gift certificates are also available.

November

11/16 Our Lady of the Brook Parish, Northbrook
11/19 Wayne Township Senior Center, West Chicago
11/30 Christus Victor Lutheran Church, Elk Grove

December

12/11 Word of Life Assemble Church, Naperville
12/17 Elmhurst Memorial Center for Health, Elmhurst
12/21 Rolling Meadows Community Center, Rolling Meadows

January

1/3 Lombard Park District, Lombard
1/15 St. Joseph's Hospital, Chicago
1/29 Warrenville Park District, Warrenville



Ankle Brachial ultrasound screening for PAD

Dear Life Line Screening,

After my wife insisted that I go and have the screenings, it showed a build up of plaque in my carotid artery. Life Line Screening recommended that I immediately contact my doctor to verify this condition, which I did. It was verified. I had surgery the following week. Life Line Screening saved my life. My doctor said I would have suffered a stroke. Thank you, Life Line Screening. I would like to recommend that all over fifty have Life Line Screening tests done. It saved my life.

Thank you again, Lindsey King, South Holland