

in November, 2002 that CRP was a stronger predictor of cardiovascular disease than cholesterol. The data from the study led its lead author, Dr. Ridker, to estimate that one-quarter of the US population has elevated CRP levels but will show normal or even low cholesterol values. Based on his study's conclusions, it is thought people may detect their risk earlier through having CRP levels drawn, and thus prevent a cardiovascular event. Research also continues on statin drugs, currently used to decrease cholesterol, which also appear to decrease elevated CRP levels.

Neither a recommendation to take statin drugs for lowering CRP nor having highly-sensitive CRP testing routinely done has been granted by the AHA or the Center for Disease Control, because of the lack of evidence that lowering elevated CRP levels actually decreases heart attack or stroke incidence. CRP testing may prove most useful for cases when someone is believed to have increased risk for heart attack over the next ten years based on other risk factors (high blood pressure, smoking, family history, obesity, diabetes, for example).

Another lab test of recent interest is Apolipoprotein B. The Insulin Resistance Atherosclerosis Study, published October 2003, examined the link between abnormal blood sugar metabolism and development of heart disease in 1,522 people. This study measured levels of both LDL cholesterol and Apolipoprotein B (ApoB), which is a sub-unit of the LDL molecule. High ApoB levels are linked with the smaller, more atherosclerotic LDL particles versus larger particles less likely to deposit on arterial walls. Just looking at a typical LDL level may not be as beneficial as looking at the size of these particles. Elevated ApoB means the

body is not metabolizing fatty acids correctly, which is thought, in part, to be responsible for development of heart disease. The AHA and National Cholesterol Education Program, however, do not recommend routine ApoB tests for the general public at this time. Research is showing that ApoB may also be treated with statin drugs.

What continues to become more rigid in the wake of higher type 2 diabetes diagnoses is the point for calling fasting blood glucose levels "impaired." Recently, the threshold for normal blood glucose dropped from 65-109 mg/dL to 65-99. This change in threshold is aimed at picking up more people at increased risk, in support of the research which shows we can prevent or delay impaired glucose tolerance from turning into diabetes. By intervening earlier with diet and activity, it is hoped future complications from diabetes and heart disease may be reduced as well. Having diabetes can increase the chance of heart disease four fold.

Bottom line, it appears if you have elevated risk for heart disease because of genetics or other strong risk factors such as high blood pressure, high cholesterol, diabetes or smoking, it is probably most beneficial to take the most possible measures to determine your risk. Further research still needs to be done before the entire adult population rushes to have CRP and Apo-B tests done. All adult Americans, however, can benefit from knowing their fasting glucose level. Lifestyle modification can mean lower risk of heart disease and diabetes if impaired glucose values are found early, rather than treating the problems and subsequent complications after they become history. — Julie Cox

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