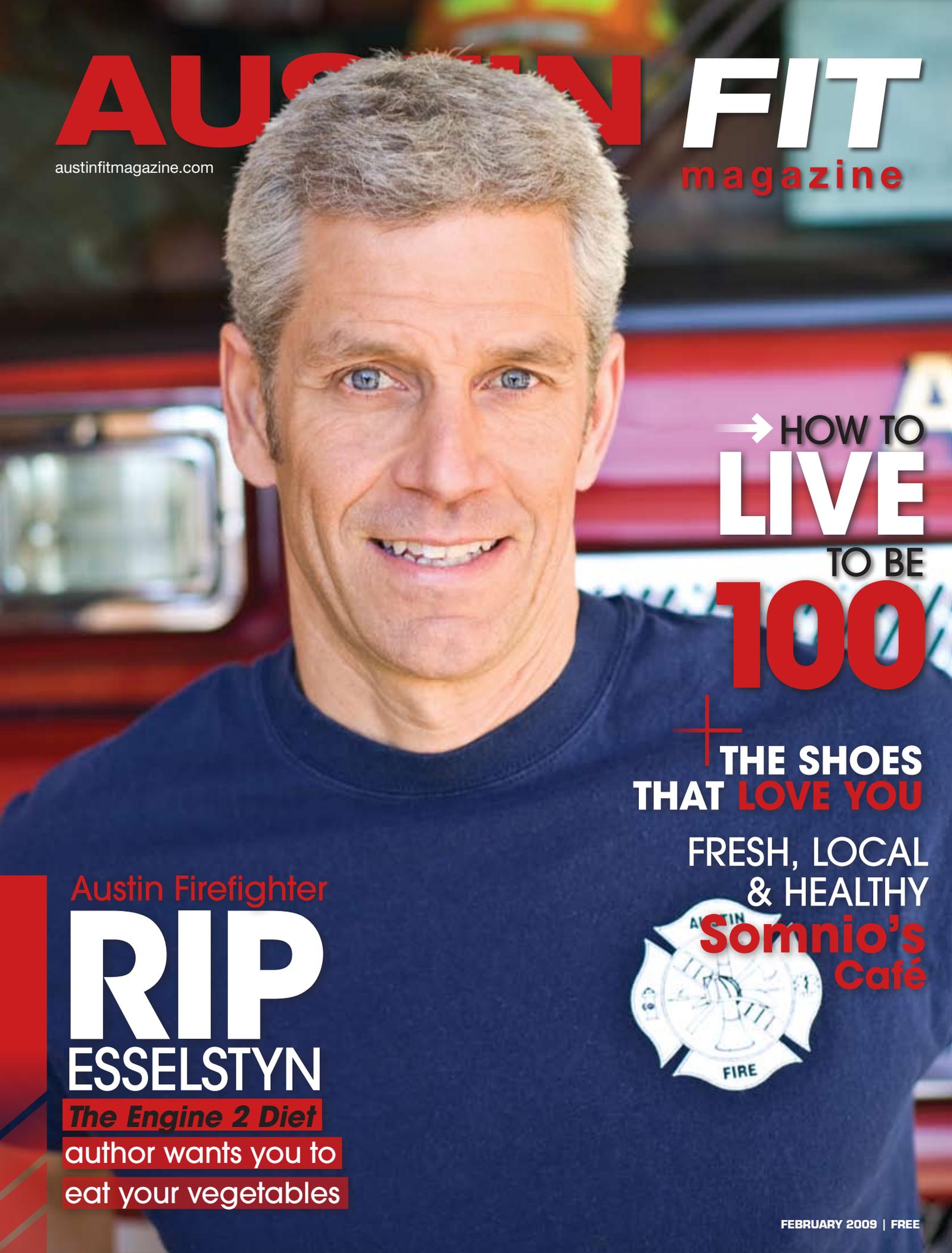


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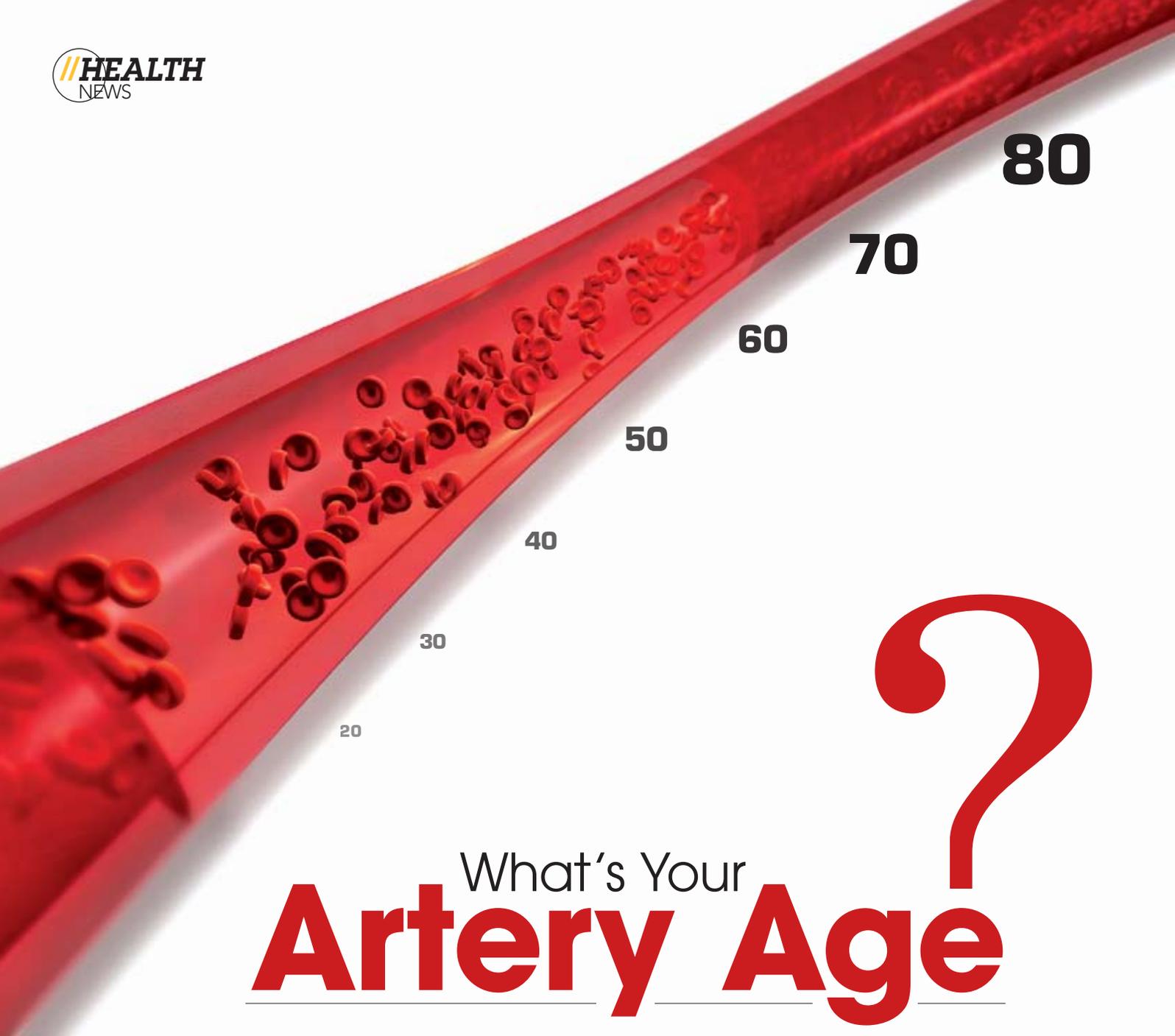
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What's Your Artery Age

by Karen Little

→ **LAST YEAR ABOUT 13 PERCENT OF THE TEXAS POPULATION WAS DIAGNOSED WITH HEART DISEASE.** From that, approximately **80 PERCENT SURVIVED.**

While running a marathon, Gary Thompson, a 21-year veteran runner, had a heart attack. He had six non-invasive tests prior to the event — all of which indicated he was healthy and risk-free. But Thompson also had a rampant family history of heart disease, which automatically put him at higher risk.

“I helped bury my father at 46 who had no prior symptoms,” says Thompson. “I also helped bury my three brothers and grandfather.”

Thompson grew wary about his approaching birthday, so he spent \$5,000 dollars on various non-invasive tests, including treadmill procedures to test blood flow and heart activity. After staying on the treadmill for 35 minutes and still showing no symp-

toms or rising heart rate, the doctors told him he was not at risk.

[According to the doctors], “I was as healthy as a horse,” he says. “I was really pleased with the results, because I was the first male Thompson to reach age 50.”

However, six days after his 50th birthday, Thompson ran the LA Marathon. At mile 15, he started having back pains, and by mile 20, he was literally having a heart attack. Thompson lost 48 percent of his heart muscle that day. This motivated him to find a more effective screening process for heart disease.

“I began a quest to find what was out there that

might be a better device to identify people at risk and help treat them as well,” says Thompson.

Soon after, he visited California Institute of Technology and its NASA Jet Propulsion Laboratory. The lab was performing a trial test that originated from the way NASA processed images of Mars. The test determined a patient’s coronary health. Not telling them his cardiovascular disease history, Thompson took the test. He was advised to see a doctor immediately, because results showed a 501 percent chance of an event. He was impressed; this was the first time a technology correctly diagnosed his condition.

“The test gave an instantaneous, high risk percentage,” he says. “I thought it could be a really valuable tool, and could save a lot of lives.”

One year later Thompson started Medical Technologies International; and with the partnering of NASA, introduced the non-invasive procedure to the public under the name Arteriovision.

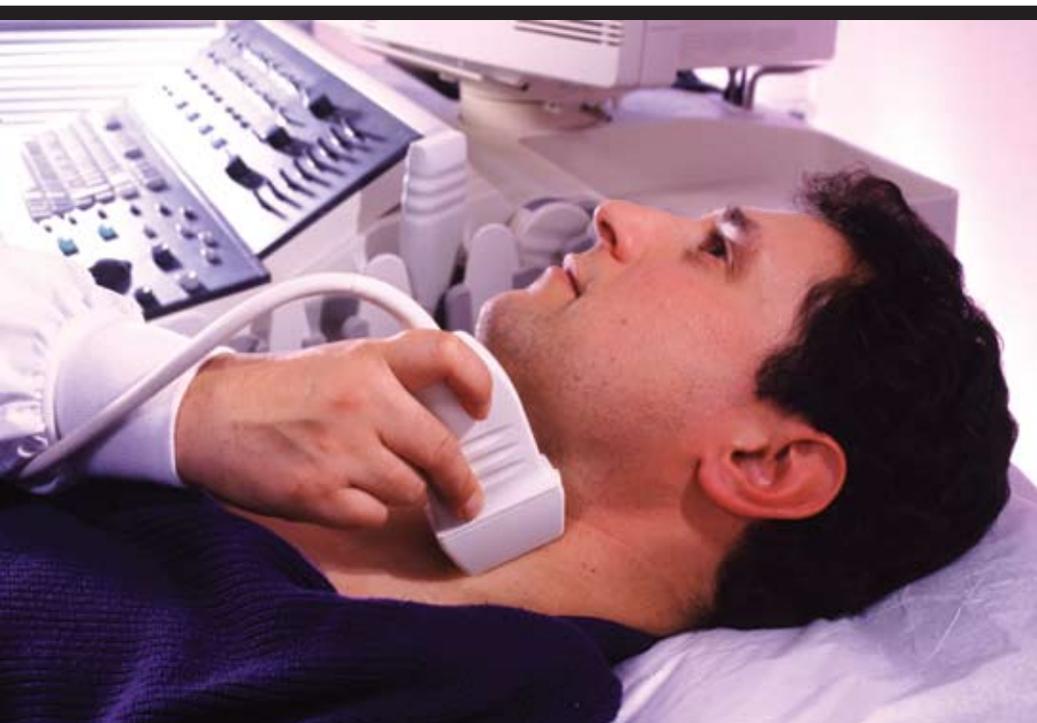
Texas Diabetes and Endocrinology has been using Arteriovision for the past two years, and is currently

the only Austin location offering this carotid intima-media thickness (CIMT) test.

“We were looking for a company to do what we thought was the most accurate, reproducible reputable test — a company diligent on getting a test this accurate,” says Dr. Thomas Blevins, founder of Texas Diabetes and Endocrinology. “It’s a very sophisticated test. It measures down to very tiny numbers, which is very possible to do with the proper software and person doing the test.”



Gary Thompson,
Medical Technologies
International



It’s easy and painless. The non-invasive CIMT uses ultrasound to measure the thickness of his carotid arteries.

HOW IT WORKS

A CIMT test measures the thickness of the carotid artery’s first two layers. The carotid artery supplies oxygenated blood to the heart and lungs. This test helps catch atherosclerosis (hardening of the arteries), which is the underlying cause of heart attack and stroke. From there, the test determines the patient’s vascular age from their artery’s condition.

“This test is looking for the earliest sign of disease,” says Ann Kapusinski, RD and ultrasonographer at Texas Diabetes and Endocrinology. “A HeartSaver CT (x-ray) gives similar results by measuring a calcium score. (Arteriovision) measures even earlier than that.”

An x-ray test called computed tomography (CT) checks the buildup of calcium, or more commonly known as

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HOW IT WORKS CONTINUED...

plaque, and calculates a calcium score. While this is an effective method for bettering coronary health, a CIMT test goes a step above a calcium score.

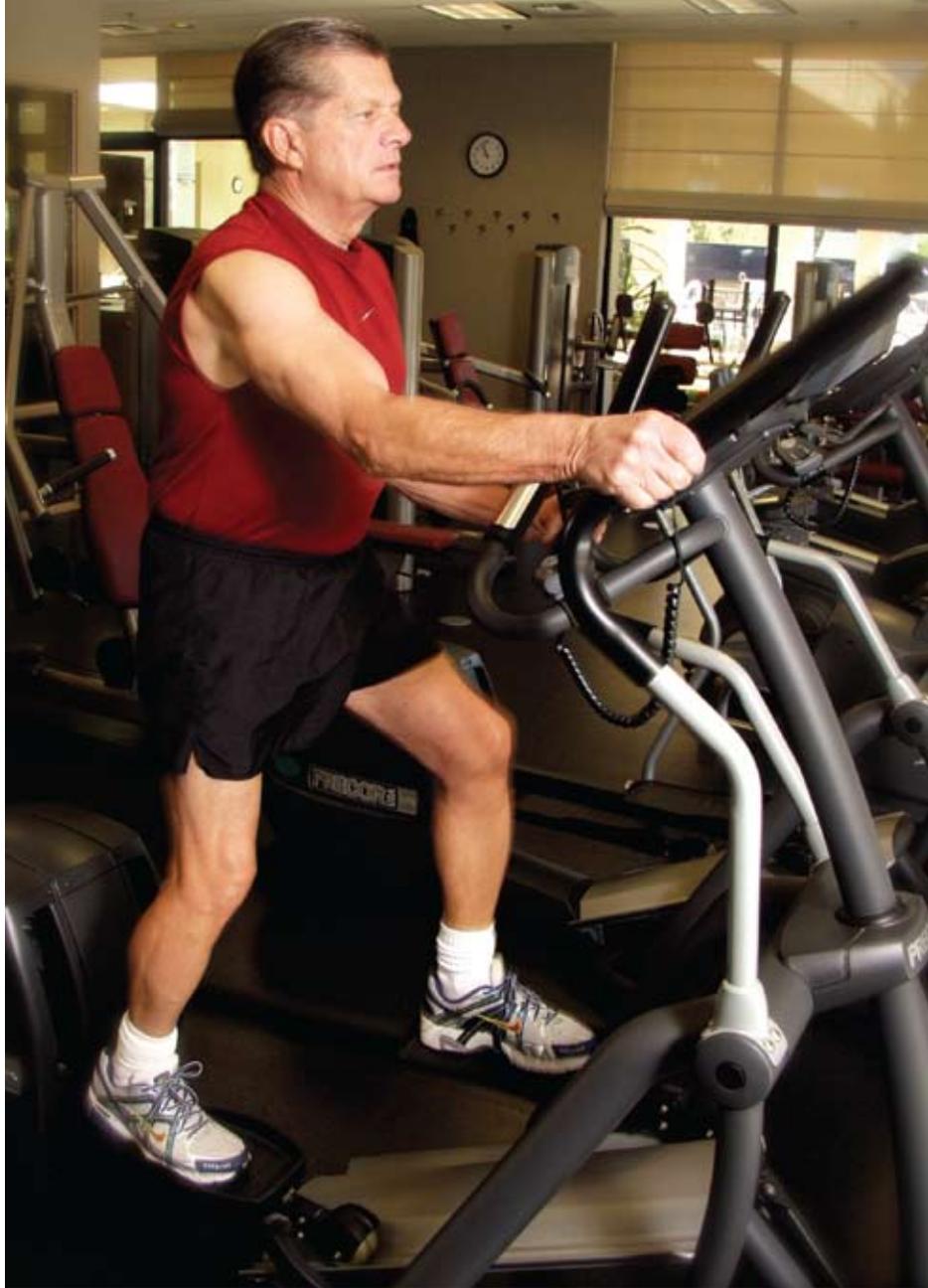
The truth is, no test is fool-proof. Catching the problem in its earliest form is the best chance of reducing the chance of an event — which is exactly what ArterioVision offers.

“The software that we use references a database that’s been the norm on lots of people,” says Ashley Davila, Clinical Nurse Specialist at Texas Diabetes and Endocrinology. “It gives an increased risk based on where you are compared to other people your age that did not have heart disease. Depending on how much thicker (your arteries) are than those people, that’s how it predicts your risk.”

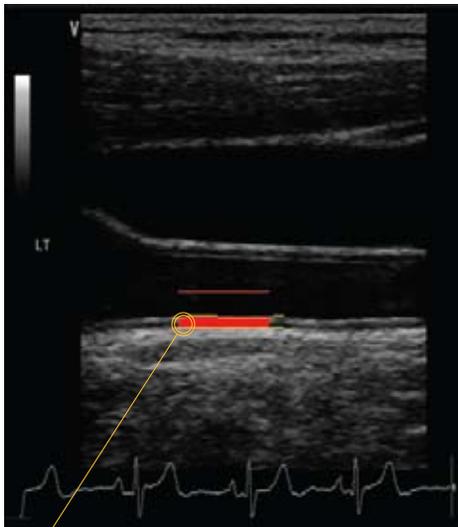
AFTER YOU HAVE YOUR SCORE, WHAT CAN YOU DO TO IMPROVE IT?

It’s not easy to adapt to a different lifestyle, especially patients at the age of 40 or 50 — prime candidates for the test, along with individuals who have a family history of heart disease, high blood pressure, cholesterol or are overweight.

“If you know you could do something to help your health, why wouldn’t you?” asks Kapusinski. “It’s hard to make those changes; it’s hard to start going to the gym, and it’s hard to stop eating meat and potatoes. Once you start seeing positive results, it will reinforce that behavior.”



Gary Thompson as he exercises on the elliptical machine to reduce his risk of another myocardial infarction (MI). This, along with a healthy diet, helps keep him safe from heart disease.



CIMT TEST RESULTS As shown above, CIMT measures the thickness of the artery wall, which is what ultimately determines your artery age. Using ultrasound, it takes a picture of the neck arteries.

“THROUGH A LIFETIME OF FITNESS, I WAS ABLE TO SURVIVE.”

Davila says that just because thickening is recognized doesn’t exactly signify there is already a disease present; it’s merely to prepare someone for the future.

“Thickening doesn’t mean there’s progressed, advanced disease,” she says. “It means there are early changes that predict disease. Maybe we’ll get on top of it a little bit earlier. For those folks out there who just want to know, this is a better way to assess their risk than just looking at numbers.”

Now 12 years after that marathon, Thompson’s intima-media thickness has lowered one vascular age each year, dropping from 92 to 80. Because of healthy habits, being proactive and motivated, he has progressively lowered his risk for CVD.

“Through a lifetime of fitness, I was able to survive,” says Thompson.

Whether or not someone believes they are vulnerable for heart attack, stroke or in poor coronary health, it’s important to know the facts. Once that knowledge is gained, it’s up to the individual to make the necessary changes.

“No matter what the results are, we’re still talking about prevention,” says Davila. “Now we know where we are, what we need to do and how corrective we need to be. We’re looking at the real artery, not a number on a screen. Some people need to see their artery. It becomes less abstract and a little more concrete.”

→ **For more information** about ArterioVision, visit www.i-mti.com/the_technology.htm