

The tests you should ask your doctor for

- 1. Particle Size Test
 - Although LDL cholesterol is known as “bad” cholesterol, the fact is that it comes in different shapes and sizes, as does HDL cholesterol, so called “good” kind.
 - These different subtypes of cholesterol behave very differently
 - Test are available that measure LDL particle size, and that’s the information you really want to have.
 - NMR LipoProlife
 - Lipoprint
 - Berkeley
 - VAP
 - LPP
- 2. C-Reactive Protein (CRP)
 - CRP is a marker for inflammation that is directly associated with overall heart and cardiovascular health.
 - CRP has been identified as a protein predictor of future cardiovascular health- and in our opinion, one that is far more reliable than elevated cholesterol levels.
 - There is a simple test that your doctor can conduct to find out how much CRP is in your blood.
 - (hs-CRP)
- 3. Fibrinogen
 - Fibrinogen is a protein that determines the sickness of your blood by enabling your platelets to stick together.
 - Fibrinogen has been identified as an independent risk factor for cardiovascular disease and is associated with the traditional risk factors as well.
 - Two ways to test for fibrinogen
 - Clauss method
 - FiF
 - Is the better one because it shows a stronger association with cardiovascular disease than the clause method does.
- 4. Serum Ferritin
 - Iron is a weird substance because having too little is bad and having too much is also bad.
 - Iron is highly susceptible for oxidation
 - Iron levels in the body are cumulative and unless iron is lost through menstruation or by donating blood, over the years toxic levels can build up in the system.

- Iron overload can contribute to heart disease
- Researcher's measure iron in the blood by measuring a form of it called ferritin.
- If your ferritin levels are high, consider donating blood ever so often
- 5. Lp(a)
 - Is a type of cholesterol – carrying molecule that contains one LDL molecule chemically bound to an attachment protein called *apolipoprotein(a)*.
 - in a healthy body Lp(a) isn't a problem
 - The more repairs you need on your arteries, the more LP (a) is utilized, and that's when things get ugly.
 - Lp(a) concentrates at the site of damage, binds with a couple of amino acids within the wall of a damaged blood vessel, dumps its LDL cargo, and starts to promote the deposition of oxidized LDL into the wall, leading to more inflammation and ultimately to plaque.
 - Lp (a) promotes formation of blood clots on top of the newly formed plaque, which narrows the blood vessels even further.
 - Elevated Lp(a) is a serious risk factor
 - A very high percentage of heart attacks happen to people with high Lp(a) levels.
 - Dr. Sinatra thinks Lp (a) is one of the most devastating risk factors for heart disease and one of the hardest to treat.
 - Stating drugs can sometimes raise LP (a) levels!!!
- 6. Homocysteine
 - Is an amino acid by-product that causes your body to lay down sticky platelets in blood vessels
 - Having some is normal but an excess might affect your cardiovascular health.
 - Evidence shows that homocysteine contributes to atherosclerosis, reduces the flexibility of blood vessels, and helps make platelets stickier, thus slowing blood flow.
 - Fortunately there is an easy way to bring down homocysteine levels. You have to do is give the body the three main nutrients it needs to metabolize homocysteine back into harmless compounds
 - Folic acid
 - Vitamin B12

- Vitamin B6
 - If you've had a heart attack or other cardiovascular event; if you have a family history of early heart disease; or if you have hypothyroidism, lupus, or kidney disease, consider asking your doctor to test your homocysteine levels
- 7. Interleukin-6
 - is important because it stimulates the liver to produce CRP
 - The Iowa 65+ Rural Health Study demonstrated that elevated levels of interleukin-6 and CRP were associated with an increased risk of both cardiovascular disease and general mortality in healthy older people.
 - Dr. Sinatra's recommendation for an optimal interleukin-6 level is 0.0 to 12.0 pg/mL).
- 8. Coronary Calcium Scan
 - Calcium is great as long as it stays in the bones and teeth.
 - Coronary calcification is one of the major risk factors that predict coronary heart disease and future heart attacks.
 - The more calcium present, the greater the risk of suffering a heart attacks.
 - A test for coronary calcification
 - Agatston Test
 - The American Heart Association and the American College of Cardiology provide guidelines for coronary calcification testing, available online, www.ahajournals.org/misc/sci-stmts_topindex.shtml