Patient-Friendly Summary of the ACR Appropriateness Criteria: Asymptomatic Patient at Risk for Coronary Artery Disease

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There are many imaging tests that can detect the signs of early heart disease in people without any symptoms. Finding heart disease early can help doctors and patients treat it and may prevent future events. These imaging tests are usually not appropriate for patients if they have low risk scores on common heart risk assessment tests like the Framingham risk score or the Systematic Coronary Risk Evaluation.

For low-risk patients who don’t have any symptoms but have strong family histories of heart disease, it may be helpful to use CT to determine the coronary artery calcium score (CACS). The CACS is a measure of the calcium buildup on the walls of the arteries around the heart and has been found to be a good indicator of future cardiac events such as heart attacks. For intermediate-risk patients without symptoms, measuring the CACS is usually appropriate because it helps find people who are at higher risk than suggested by their calculated heart risk assessment scores.

There are several imaging tests that may be appropriate for people at high risk who don’t have any symptoms. This group includes people with type 2 diabetes, who have a higher risk for heart disease than people without diabetes. These tests include coronary CT angiography, a test that can detect blockages in the arteries around the heart, a heart stress test using MRI, myocardial perfusion imaging (a nuclear medicine test), and echocardiography, a type of ultrasound test of the heart.

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