

# YOUR CORONARY CALCIUM SCORE

## What It Means and What to Do Next



Over time, plaque can build up in the arteries that supply blood to the heart. As this plaque develops, it can contain small calcium deposits — an indicator of underlying atherosclerosis.

A Coronary Calcium (CAC) test is a quick, painless CT scan that detects and measures this calcium. For select men age 40+ and women age 45+, CAC tests are an early-warning system, helping your doctor and care team identify coronary artery disease earlier so you can make better decisions together, ideally before symptoms or events occur.

## UNDERSTANDING YOUR CAC SCORE

Your score is a number reflecting the amount and density of calcium found. Higher scores generally mean more plaque buildup, but your score is only one important piece of information. Your doctor and care team will weigh your score alongside everything else they know about your health to decide on your personalized course of treatment.

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|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>0</b><br><i>Risk: Absent</i>         | Your short-term heart risk is likely lower than estimates suggested. However, this is not a green light to ignore prevention. Focus on heart-healthy habits. If you don't have any major risk factors like diabetes, high cholesterol or smoking, your doctor may suggest holding off on medication for now and consider reassessment in 3–7 years. |
| <b>1–9</b><br><i>Risk: Minimal</i>      | A very small amount of plaque is present. Short-term risk remains low, but this confirms early atherosclerosis. Medication is usually not required but may be considered based on your overall risk profile. Prioritize and reinforce lifestyle measures and consider repeat CAC in 3–7 years.                                                      |
| <b>10–99</b><br><i>Risk: Mild</i>       | Early-stage plaque is present. Cholesterol-lowering medication (a statin) is often recommended based on your full risk picture — your age, cholesterol, blood pressure, and family history all play a role. Lifestyle changes are especially important now.                                                                                         |
| <b>100–299</b><br><i>Risk: Moderate</i> | Significant plaque is present. At this level, a statin is recommended, alongside lifestyle changes.                                                                                                                                                                                                                                                 |
| <b>300–999</b><br><i>Risk: Severe</i>   | Significant plaque is present with a high cardiovascular risk. High-intensity statin therapy is strongly recommended and your doctor may consider additional lipid-lowering therapy as needed. Close clinical follow-up is appropriate.                                                                                                             |
| <b>≥1000</b><br><i>Risk: Extensive</i>  | Very high plaque burden with very elevated risk. Intensive statin therapy is recommended often in combination with other lipid-lowering therapy. Comprehensive risk reduction of all modifiable risk factors is required and ongoing, proactive clinical management and follow-up is essential.                                                     |

# COMMON QUESTIONS ABOUT THE CAC TEST



## **What does the CAC test involve?**

A brief CT scan of your chest — usually 5–10 minutes. Your doctor and care team will evaluate the results and discuss your personalized follow-up plan with you.

## **Is the test safe?**

Yes. The radiation dose is very low — similar to a mammogram. There are no needles, no injected dye, and no recovery time.

## **Will I need to repeat it?**

Usually not for several years, if at all. If your score is zero, your doctor may suggest repeating in 3–7 years. If your score is high and treatment has started, repeating the test generally will not change your care plan.

## **What if my score is 0 — can I skip medication?**

Not necessarily. Your doctor will still consider other risk factors such as diabetes, a strong family history of heart disease, or smoking. A score of 0 is reassuring, but it doesn't override those other factors. Your care plan will be personalized based on your full picture of health.

## **PROTECTING YOUR HEART** **Steps you can take today with Life's Essential 8™**



**Eat Better** – Choose whole foods, fruits and vegetables, lean protein, nuts and healthy fats like olive oil.

**Be More Active** – Adults should get 150 minutes of moderate or 75 minutes of vigorous physical activity per week.

**Quit Tobacco** – Smoking is the #1 preventable cause of heart disease. Ask for help quitting.

**Get Healthy Sleep** – Aim for 7–9 hours per night. Poor sleep can raise blood pressure and heart risk.

**Manage Weight** – Achieving and maintaining a healthy weight helps lower your cardiovascular risk.

**Manage Cholesterol** – High cholesterol can affect heart and brain health. Keep track of your numbers and if high, take steps to reduce it.

**Manage Blood Sugar** – High blood sugar can damage arteries over time. Know your A1c or fasting glucose level.

**Manage Blood Pressure** – Keeping your blood pressure within acceptable ranges can keep you healthier longer. Levels less than 120/80 mm Hg are optimal and medication may be needed for control.

**No matter what your score is, these healthy habits make a real difference — and work even better alongside medication if it's been recommended. Life's Essential 8™ are the key measures for improving and maintaining cardiovascular health. Learn more at [Heart.org](https://www.heart.org).**