

## Questions about Preventive Screenings in General

### Which screenings are offered in a community-based setting?

Typically, the following screenings will be offered in a community-based setting as they are non-invasive and easy to do in a non-hospital setting. Screenings test for:

1. Carotid Artery Blockage, which can constrict or stop blood flow to the brain and lead to stroke. The stroke screening visualizes fatty plaque buildup and measures the velocity of blood flow to the brain.
2. Peripheral Artery Disease (PAD), or hardening of the arteries. The Ankle Brachial Index screening checks for PAD, a condition in which the arteries that carry blood to the arms or legs become narrowed or clogged, slowing or stopping the flow of blood. PAD is closely linked to coronary artery disease. Identifying individuals with PAD can help prevent heart attack and stroke.
3. High Blood pressure (hypertension) which is when the pressure in your arteries is too high and puts stress on them and on your heart.
4. Abdominal Aortic Aneurysms, which can lead to a ruptured abdominal aorta that generally causes death. This screening scans for enlargements or weak areas in the main blood vessel that carries blood from the heart to the rest of the body.
5. Osteoporosis, a bone weakening disease that afflicts both women and men and often leads to broken bones and disability. The screening is performed with a quantitative ultrasound bone densitometer, using the heel as a measurement site. This test compares the participant's bone density to World Health Organization guidelines.
6. Blood testing: Life Line Screening offers blood testing to screen Americans for risk factors associated with coronary heart disease, stroke and diabetes. The laboratory-accurate lipid panel, which can include total cholesterol, LDL, HDL and triglycerides; blood glucose; and high sensitivity C-reactive protein, is available in most states.
7. Atrial Fibrillation, which is an abnormal heart beat (arrhythmia) that affects the atria - the upper chambers of the heart - and is the most common form of sustained arrhythmia. 2.5 million Americans have been diagnosed with atrial fibrillation, and the condition is more common in adults over the age of 60.
8. Biometrics such as height, weight, waist circumference and body-mass index.

**The United States Preventive Services Task Force does not recommend carotid artery screening or peripheral arterial disease screening. Are you saying they are wrong?**

The carotid artery statement from USPSTF is widely misinterpreted. It is true that the USPSTF does not recommend routine hospital-based carotid artery screening for the purposes of treating the stenosis

(blockage) with surgery. This expensive scenario (hospital screening coupled with surgery as the only possible treatment option) is indeed costly and most likely does not benefit many people. The Task Force, however, does not review community-based screening for those at-risk whose treatment is lifestyle changes and medical management. Screening to identify the presence and progression of atherosclerotic disease can lead to interventions such as lifestyle changes and medical management which are less costly and have the possibility of forestalling a stroke or heart attack altogether.

Peripheral arterial disease screening is becoming increasingly more common and has wide support from the medical community. Your risk for heart attack and stroke is increased 5 times if you have peripheral arterial disease so knowing if you have this type of cardiovascular disease is very important. There are good treatments for PAD and it is easily detected with a simple test called an ankle-brachial index (ABI). The ABI takes only a few minutes to perform and is completely painless. Note that the American Diabetes Association recommends a PAD exam for every person with diabetes over the age of 50.<sup>1</sup>

Screenings of the type Life Line Screening provides are recommended by the Society for Vascular Surgery<sup>2</sup> and the Screening for Heart Attack Prevention and Education (SHAPE) Task Force.<sup>3</sup> A study published in the UK specifically states that community-based carotid artery screening is beneficial, saying "Community-based vascular screening programs play a key role in early vascular disease detection and accurate diagnosis can potentially be cost effective and in longer term, promote health and increase life-expectancy."<sup>4</sup> (Please see the end of this document for these and additional for references.)

**Isn't promoting vascular screening just playing on fears and promoting needless anxiety?**

Vascular screening is a part of health promotion, awareness and education. Screenings for many diseases are routinely accepted as part of a personal prevention and wellness program.

Our health system routinely does mammograms, pap smears, prostate screenings and colonoscopies in an effort to catch disease early. People want choice and want to know their health status and how they can modify risks. Cardiovascular disease is the number one cause of death in the United States. Stroke, by itself, is number 3. What we are doing isn't working. We need to use every tool available to us to make a dent in these statistics and screening is a part of that process.

**Is it okay to trust a "for-profit" screening company?**

Most doctors, hospitals and pharmacies are "for-profit." The key is finding a service provider that can do a quality screening at a reasonable price at a location, date and time that is convenient to you.

**If I needed this wouldn't my doctor order the tests?**

Possibly, but typically these screenings are not covered by insurance, and therefore not offered by your doctor, if you are not symptomatic. It is a good idea to be checked when you have risk factors but are not yet sick.

**Can my physician do this type of preventive health screening as part of my routine physical?**

No. There is a gap in the healthcare system: If you are asymptomatic, meaning you are not yet sick and feel well, but have risk factors such as age, family history of disease or certain health conditions, our nation's system is not well designed to help you keep from becoming sick. We are quite good at treating

illness once symptoms occur; but for many diseases like stroke, the first symptom is a stroke. Four out of five stroke victims have no apparent symptoms or warning signs.

Likewise, osteoporosis is painless in early stages and most people are completely unaware of the condition until a fracture occurs. That's why we offer simple, low-cost screenings to help you identify a problem as early as possible. Once you have our screenings, your doctor can use our results to determine next steps, including ordering insurance-covered diagnostic testing and treatment if necessary.

**Does Medicare or insurance cover professional health screenings?**

Medicare does not currently cover most of these screenings. Medicare currently covers a one-time abdominal aortic aneurysm (AAA) screening at their "Welcome to Medicare" physical for men only, at age 65, if they have a history of smoking. Please check with your doctor to see if you are eligible for this test.

**How often should I have these general health screenings?**

This is a personal decision based on your risk factors and previous screening results. Many people incorporate yearly screenings into their preventive healthcare regimen to complement their regular physicals.

**How long do the screenings take?**

Typically a set of screenings like this take 60-90 minutes, depending on the number of tests, the level of disease, your vascular anatomy and your body type.

**At what age should I be screened?**

This is a personal decision, based on your risk factors and family history. For example, the National Stroke Association states that your risk of stroke increases with age and doubles every decade after age 55. It is generally recommended that vascular screening begin at age 50; however, if you have diabetes, or a family history of stroke, heart disease, or AAA, you may want to start at age 40.

**These screenings can't detect all causes of stroke. Can't I get these screenings and still have a heart attack or stroke.**

Yes, that is true. Nothing is 100%. These screenings screen for the leading causes of stroke, including carotid artery disease and atrial fibrillation (irregular heartbeat), as well as for common stroke risk factors such as high cholesterol, high blood sugar, high blood pressure and elevated C-reactive protein. This provides a very good chance of finding signals that something is wrong, but nothing can guard 100% against stroke or heart attack. There are causes that these tests don't screen for.

**Aren't men the most at-risk for stroke? Why should women get these screenings?**

Stroke is often seen as a man's problem. But in fact, it is a major concern for women. Twice as many women die from stroke than breast cancer every year. In addition, women overwhelmingly shoulder the burden of caring for individuals after a stroke.

References:

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2. SVS -- see <http://www.vascularweb.org/patients/screenings/screenings.html> and click on Position Statement
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5. Wyman RA, Fraizer MC, et. Al. Ultrasound-detected carotid plaque as a screening tool for advanced subclinical atherosclerosis. *Am Heart J.* 2005 Nov; 150(5): 1081-5.
6. SVS – see [http://www.vascularweb.org/Media/JVS\\_Releases/Screening\\_Aids\\_Early\\_Detection\\_of\\_Vascul.html](http://www.vascularweb.org/Media/JVS_Releases/Screening_Aids_Early_Detection_of_Vascul.html)
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## Frequently Asked Questions About Vascular Disease, Osteoporosis and Life Line Screening

### **Q. What is the objective of preventive health screenings?**

A. Preventive health screenings are an affordable and effective way to identify hidden disease risk. For many people, getting screened is the first step in early intervention to prevent potential health events later in their lives. It helps people understand their risks so that they can consult with their doctor and take the right steps towards a healthier future.

### **Q. Who is Life Line Screening?**

Life Line Screening is a wellness and health promotion company that empowers individuals age 50 and older, and those at risk, to protect their independence, health and vitality. The company does this by offering non-invasive, affordable, painless and easy-to-obtain preventive screenings to identify risk of stroke, vascular diseases and osteoporosis. The goal is to identify disease early enough for their physician to begin preventive procedures.

Established in 1993, and based in Cleveland, Ohio, we have grown to become the nation's leading provider of community-based preventive health screenings, and we are committed to partnering with physicians and hospitals to provide quality, preventive procedures. Our highly trained ultrasound teams are on staff across the nation to bring preventive screenings to convenient locations in local communities for area residents.

Preventive health screenings for stroke, vascular disease and osteoporosis uncover more disease than breast and colon cancer screenings combined. Since our inception, we have screened more than 6 million Americans and found significant signs of vascular disease in about 8%.

### **Q. Are the screenings given by Life Line Screening 100% accurate?**

A. Life Line Screening is aware of the concerns surrounding the quality of preventive public health screenings and has taken every measure to ensure our screenings are of the highest quality. No test is 100% accurate, but our results are comparable to those you would receive in an accredited hospital vascular lab.

Life Line Screening uses state-of-the-art ultrasound technology and highly skilled sonographers to perform our screenings. As part of our strict quality control, all results are then reviewed by board-certified physicians to ensure accuracy. Written reports are mailed to the participants within 21 days, and they are encouraged to share the reports with their physicians.

We are also engaged in ongoing research with first-tier medical institutions to help advance the understanding of the causes of vascular disease and to further our public health initiatives.

### **Q. I have a doctor. Why do I need Life Line Screening?**

A. Your doctor is our partner, and they often recommend screenings as they recognize the important role we can play in augmenting the role of your doctor. We help you get the information you and your physician need to work toward improving your health.

### **Q. Where does Life Line Screening conduct screenings?**

A. We have teams that provide local screenings in communities across all 48 contiguous US states. We

also provide screenings in the United Kingdom. We use rooms in facilities such as places of worship, senior centers, civic buildings, community centers and corporations.

**Q. Is Life Line Screening a for-profit or not-for-profit organization?**

A. We are for-profit, just like your doctor or dentist. Our goal is to make preventive health care affordable and available to people everywhere.

**Q. I work during the day. Can I schedule a screening later in the day?**

A. We try to accommodate people's work schedules with check-in times that are early in the day or during lunch. We also often offer later weekday screenings as well as some screenings on Saturdays.

**Q. When will I receive my health screening results?**

A. Your results will be mailed within 21 days. However, if we find a condition that requires immediate attention, we will notify you on the day of your screening. If you take a finger-stick blood screening, those results will be available in 10 minutes.

**Q. Why does it take up to 21 days to get the results?**

A. Your results will be reviewed by our board-certified physicians, and then be sent on for processing and mailing. However, if we find a condition that requires immediate attention, we will notify you on the day of your screening.

**Q. Who reviews the health screening results?**

A. All screening results are reviewed by board-certified physicians who are licensed in your state. Our team of doctors includes vascular surgeons, cardiologists and radiologists.

**Q. Will I receive the results of my general health screenings or will they be given directly to my doctor?**

A. Your screening results will be reviewed by one of our board-certified physicians. Within 21 days of your appointment, you will receive a detailed report of your results in the mail. If we recommend you have further evaluation, we will include printed images of your carotid artery, AAA and atrial fibrillation (irregular heartbeat) screening results to share with your doctor.

**Q. How long has Life Line Screening offered these services?**

A. Life Line Screening has been in operation since 1993 and provides services throughout the contiguous United States with expansion abroad. Since inception, we have screened over 6 million people, and perform approximately 1 million screenings annually at about 16,000 events nationwide.

**Q. What type of equipment is used?**

A. For all of our screenings, we use the same state-of-the-art technologies that are standard in hospitals across the country. We are continually evaluating new equipment to ensure that our equipment is the most advanced.

**Q. What kind of training have your ultrasound technologists received?**

A. Our highly skilled, experienced sonographers and medical technologists have all completed formal

medical and ultrasound programs, clinical rotations and specialized training. We employ over 700 highly trained healthcare professionals, more than any other screening company in the United States.

**Q. How can you assure the consistency and reliability of your machines?**

A. All machines perform a self-diagnostic check and continually recalibrate throughout the day. They also undergo regular maintenance check-ups.

**Q. Can I have the health screenings if I have a pacemaker?**

A. Yes, with the exception of the atrial fibrillation screening. All other screenings are appropriate.

**Q. Why are your screenings shorter than those performed in hospitals?**

A. Our aim is to identify the presence of an undetected health problem and to encourage those with significant disease to follow up with their personal physician for a more detailed evaluation. We do this by offering simple, accurate, affordable screenings that detect whether or not the more costly comprehensive exam is necessary.

**Q. How can your company afford to do these professional health screenings for such a low cost?**

A. By working in partnership with local institutions such as places of worship, YMCAs and other community organizations that act as our host sites, we do not have to maintain a brick-and-mortar building in every community we serve, which cuts down on our cost. Because we are the nation's leading provider of preventive health screenings, we also do a large volume of screenings, so the cost of equipment and staff is spread across a large number of people.

**Q. I am concerned about privacy. How private is the screening area?**

A. We take your privacy seriously, which is why we always use privacy screens to separate the screening area from the waiting area. You need not remove any clothing for our screenings other than your shoes and socks.

**Q. Can I eat or drink anything before these screenings?**

A. It depends on which screening you are having. Once you register for a screening, you will receive specific instructions. It is important for you to follow those directions in order to get the most accurate results. You can also find the instructions for all our different screenings listed on our website [www.lifelinescreening.com](http://www.lifelinescreening.com).

**Q. Why should I have these screenings done if I have no symptoms?**

A. Many people are at risk for diseases such as stroke and heart disease but experience no symptoms. Early detection and control can prevent major consequences down the road.

**Q. How accurate are your health screenings?**

A. By adhering to strict protocols, hiring highly qualified healthcare professionals and using state-of-the-art equipment, we are dedicated to providing you with the most accurate results. In fact, in clinical studies, Life Line Screening results were shown to be comparable to those you would receive in accredited vascular labs.

**Q. Will I get my screening pictures back?**

A. You will receive printed images of your screenings only if we are recommending that you see your physician for further evaluation. However, you will always receive a detailed written report.

**Q. Are you affiliated with any hospital?**

A. We are a non-referral vascular screening service. We partner with many local hospitals across the country, but your medical information is kept private. All information and preventive health screening results are sent directly back to you to share with your own physician.

**Q. Why don't your results give more detailed information?**

A. Our screenings are designed to screen for problems, not to measure the severity of a condition. If our screenings alert you of a problem, you will need to consult with your physician about having more comprehensive testing.

**Q. What happens when a problem is identified?**

A. If your results are not normal, you will receive a detailed report of the findings along with instructions to see your physician for further evaluation.

**Q. Should patients who have had a stroke or heart attack have the carotid artery screening?**

A. Yes, but they may want to check with their doctor first, as insurance may cover the cost of their diagnostic studies.

**Q. Can I get rid of plaque?**

A. Lifestyle changes and medical management are effective at slowing the progression of atherosclerotic disease and preventing stroke, but the main option for removal of atherosclerotic plaque buildup is surgery. However, you would not be a candidate for this procedure unless the disease was determined to be advanced enough by your doctor.

**Q. If I have an abnormal result for the carotid artery screening, does this mean I will need surgery?**

A. No. An abnormal finding for this study means that a problem exists, which your physician needs to know about in order to conduct further diagnostic testing. You may need medication or lifestyle changes, as well as yearly follow-ups. If the disease is advanced enough, your physician may refer you to a vascular surgeon.

**Q. Why should I be screened for atrial fibrillation (irregular heartbeat) in addition to carotid artery disease?**

A. Atrial fibrillation and carotid artery blockage are both significant risk factors for stroke. Having both screenings will provide a more complete stroke risk assessment.

**Q. What is atrial fibrillation?**

A. Atrial fibrillation is the most common type of heart arrhythmia (irregular heartbeat).

**Q. How can I reduce my risk for atrial fibrillation?**

A. You can reduce some atrial fibrillation risk factors by:



- Not smoking
- Avoiding heavy alcohol consumption
- Avoiding caffeine consumption
- Controlling high blood pressure
- Controlling hyperthyroidism

**Q. I had an EKG performed by my doctor, why should I be screened for atrial fibrillation?**

A. Atrial fibrillation can be intermittent (can come and go), so it may not be detected during a routine EKG (electrocardiograph).

**Q. Will I be required to take off my clothes for this screening?**

A. No, this is not a full EKG. It is also known as a 6-lead EKG, which means we will apply electrodes to your wrists and ankles. A full EKG is not required to screen for atrial fibrillation.

**Q. If I have an abnormal result for my atrial fibrillation screening, what will I need to do?**

A. If you have an abnormal result, you will need to see a physician for further diagnostic testing. Atrial fibrillation can be treated with medications to prevent blood clots and to control the heart rate. In some cases, surgery may be required. Treatment depends on the underlying cause, your symptoms and your medical history.

**Q. What is an aneurysm?**

A. An aneurysm is the enlargement of a blood vessel. Aneurysms pose a major health threat because they can rupture (tear). A ruptured aneurysm in the brain causes a stroke and a ruptured abdominal aortic aneurysm can cause blood loss, shock and death.

**Q. What causes aneurysms?**

A. Several new theories have developed over the last 15 years. It appears that the disease probably has a genetic component, as it tends to run in families. Plaque buildup, smoking and high blood pressure are also believed to be contributing factors.

**Q. Who is at greatest risk for an aneurysm?**

A. Abdominal aortic aneurysm (AAA) occurs more commonly in men than women and typically appears after the age of 50. Aneurysms are the 10<sup>th</sup> leading cause of death in men over the age of 55. Research indicates that women aged 65 and older with cardiovascular disease risk factors, such as high blood pressure and tobacco use, are also at increased risk.

**Q. Why is an AAA so dangerous?**

A. An AAA poses a threat because it usually doesn't show symptoms until a medical emergency occurs. Because of this silent threat, AAA has been called a "U-Boat," describing that it is silent, deep, deadly and detectable by sound waves.

**Q. How can I find out if I have an AAA?**

A. If you are thin and have a moderately large-sized AAA, you or your doctor may be able to feel it below your rib cage. The majority of AAAs are discovered as a result of medical imaging for other conditions. A Life Line Screening AAA ultrasound can easily detect this condition.

**Q. If I have an aneurysm, what is the risk of death from rupture?**

A. Once an aneurysm reaches 5 to 6 cm in diameter, the risk of rupture is very high. If rupture occurs, there is approximately an 80 to 95% chance of death. Therefore, the majority of vascular surgeons would agree that a 5 to 6 cm aneurysm should be repaired immediately, unless other medical factors make surgery risky.

**Q. What is peripheral arterial disease (PAD)?**

A. PAD, more commonly known as hardening of the arteries, is a condition in which the large and medium-sized arteries supplying blood to the legs become narrow or clogged, constricting the flow of blood. PAD is caused by atherosclerosis, a gradual process in which cholesterol and scar tissue build up, forming a substance called plaque that clogs the artery.

**Q. Can participants with blood clots in their legs have an ankle-brachial index (ABI) screening?**

A. No. If a participant has a history of blood clots and is unsure if the blood clots have been resolved, we require a note from his or her physician stating that the participant has no known blood clots in the legs. We cannot perform the screening without this verification.

**Q. Can a participant who has had a mastectomy have an ABI?**

A. Yes. We take the pressure in the other arm and use that to formulate a ratio. We do this because when a patient has had surgery for breast cancer, usually lymph nodes under the arm are removed as well. Compression of the lymph system of the arm can lead to painful swelling for a long time.

If you've had a double mastectomy, we will perform the screening on whichever arm you use to have blood pressure taken. You may want to check with your doctor before your screening to find out which arm is preferable.

**Q. What does it mean if the arteries do not compress?**

A. Non-compressibility is due to vascular disease of the walls of the vessels. This leads to the participant receiving an abnormal reading. It is most commonly seen in people who have diabetes, although it may also happen in individuals who do not.

**Q. Can a participant with heart disease have an ABI?**

A. Yes. This is a very good reason to have the screening done. People who have heart disease are at higher risk for peripheral arterial disease. Likewise, people who have an abnormal ABI are 3 to 5 times more likely to have coronary artery disease.

**Q. Does a lower ratio mean more severe arterial disease than a higher abnormal ratio?**

A. Yes. The lower the ratio, the more severe the arterial disease is.

**Q. Can the ABI show any problems with venous disease (deep venous thrombosis, phlebitis, varicose veins)?**

A. No. The ABI screens for peripheral arterial disease only. We do not conduct venous disease testing.

**Q. What is heart disease?**

A. Heart disease includes a group of diseases and conditions affecting the heart. It is one component of cardiovascular disease, which also includes diseases of the vascular system (blood vessels). The leading type of heart disease is coronary artery disease. It is caused by the gradual buildup of fatty plaque deposits in the coronary arteries—a process called atherosclerosis.

**Q. How common is heart disease?**

A. Around 17 million Americans have heart disease (coronary artery disease). Cardiovascular disease (including heart disease and stroke) claims more lives each year than the next 4 leading causes of death combined: cancer, chronic lower respiratory diseases, accidents and diabetes.

**Q. Can I reduce my risk of developing cardiovascular disease?**

A. Yes. There are several established risk factors for heart disease that are controllable. These include smoking, high cholesterol, high blood pressure, physical inactivity, obesity and diabetes. Some risk factors are not controllable, including family history of heart disease, increasing age and male gender.

**Q. Which Life Line Screening blood screenings check for heart disease risk factors?**

A. Life Line Screening offers 3 finger-stick blood screenings and 1 ultrasound screening that identify key risk factors for heart disease: the complete lipid panel screening, high-sensitivity C-reactive protein screening, the ankle-brachial index screening (for peripheral arterial disease) and the glucose screening (for type 2 diabetes). Blood test availability varies by state.

**Q. How accurate is the Life Line Screening complete lipid panel screening?**

A. We use the Cholestech LDX<sup>®</sup> system for our blood tests. FDA-approved and certified by the Cholesterol Reference Method Laboratory Network, this system meets the optimal standards outlined by the Centers for Disease Control and Prevention, and the National Cholesterol Education Program. Cholestech equipment is used nationwide in physician offices, hospitals and pharmacies.

**Q. What is diabetes?**

A. Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert food into energy. Type 2 diabetes is the most common kind among adults. Over time, the high glucose (blood sugar) levels caused by diabetes can damage organs like the eyes and kidneys, and increase risk of stroke and heart disease.

**Q. How common is diabetes?**

A. 23.6 million Americans (8% of the population) have diabetes. An estimated 17.9 million have been diagnosed, but 5.7 million do not know they have the disease. Diabetes is more common in older adults. Among people 60 and over, 12.2 million (or 23.1%) has diabetes.

**Q. How do I know if I have diabetes?**

A. You may not know you have diabetes for many years. But taking a test such as the fasting plasma glucose screening, which measures your blood sugar level, will provide you with valuable insight.

**Q. How do you screen for diabetes?**

A. We conduct a simple finger-stick blood screening to measure blood sugar levels following 8 hours of fasting.

**Q. What is osteoporosis?**

A. Osteoporosis is a disease in which bone becomes extremely fragile.

**Q. Why do you measure my heel for the osteoporosis risk assessment screening?**

A. Life Line Screening uses ultrasound to measure the bone density of your heel. We measure the heel because its bone most closely matches that of your hip and it is a weight-bearing bone. The objective of this screening is to identify your risk for bone loss and therefore your risk for future bone fracture based on the bone mineral density of your heel.

**Q. Will this screening tell me if I have osteoporosis?**

A. If your results fall in the categories of mild/moderate risk or high risk for bone diminishment, this does not absolutely mean that you have bone loss, although it is a possibility. Osteoporosis is a complex disorder, and no single risk factor should be used for diagnosis. Your physician will use your bone mineral density measurement along with your other clinical risk factors (gender, age, fracture history, family history, medications, smoking, exercise, calcium intake, and general health status) as an aid in deciding if you should have a DEXA scan—the gold standard in the diagnosis of osteoporosis.

**Q. Why should I have the Life Line Screening osteoporosis risk assessment? Shouldn't I just get a DEXA scan?**

A. If you are among the 50% of those we screen who are at low risk for bone diminishment, you will not need a DEXA scan. Our screening is a much lower-cost, radiation-free, logical first step in helping you identify your risk for osteoporosis.

**Q. How accurate is the Life Line Screening osteoporosis risk assessment?**

A. It is approximately 90% accurate. Since we are screening your heel and not your hip, and since osteoporosis is not uniform throughout the body, false positives may occur.

**Q. Are there clinical studies showing that ultrasound bone densitometers that measure the heel are accurate enough to benefit me?**

A. Yes. The National Osteoporosis Risk Assessment (NORA) Study, published December 12, 2001, in the *Journal of the American Medical Association*, assessed osteoporosis in 200,000 postmenopausal women using peripheral bone densitometers including the model used by Life Line Screening. The authors concluded that, while osteoporosis and low bone mass are reaching epidemic proportions, the conditions remain largely under-diagnosed. Because DEXA is an expensive and limited option for many, ultrasound remains an effective and practical screening tool for the population at large.

An additional study, published in the July, 2008 edition of the journal *Radiology* found that quantitative ultrasound, along with additional risk factors, was an effective predictor of women at higher risk for osteoporotic fracture compared to those at lower risk.

**Q. Is your osteoporosis screening equipment FDA-approved?**

A. Yes. Our ultrasound bone densitometers have been approved by the Food and Drug Administration (FDA) in the same way drugs are approved, with specific indications for use. The Center for Devices and Radiological Health of the FDA approved the use of this device to:

"Perform a quantitative ultrasound measurement of the calcaneus (heel bone), the results of which can be used in conjunction with other clinical risk factors as an aid to the physician in the diagnosis of osteoporosis and medical conditions leading to reduced bone density, and ultimately in the determination of fracture risk."

**Q. If I have already had a DEXA scan and have been on medication, should I have the Life Line Screening osteoporosis risk assessment to see if I have improved my bone density?**

A. No. Our screening device is not FDA-approved to monitor your response to therapy. You should ask your physician about having another DEXA scan.

**Q. How will my doctor use the information from the Life Line Screening osteoporosis risk assessment?**

A. If our osteoporosis screening finds you are at risk for osteoporosis, your physician may recommend dietary and lifestyle changes, schedule a DEXA scan or even prescribe a drug therapy to increase your bone density.