

# When should you get a cardiologist?

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As we get older, it's hard not to notice that an increasing number of our peers and older friends start having heart attacks.

This raises a disconcerting question: When will it be my turn? That naturally leads to: Should I go to a cardiologist to see whether I'm OK?

As it turns out, that actually leads to other questions, which we posed to

three cardiologists—David Becker at Temple Chestnut Hill Cardiology; Katie Berlacher, governor of the Western Pennsylvania Chapter of the American College of Cardiology (ACC); and David Fischman, co-director of the cardiac catheterization laboratory at Jefferson Health—and an Easton cardiac nurse practitioner, Carla Weidner, who is a member of the ACC's prevention section and leadership council.

They agreed about a few things that might let some of you—the ones who've taken really good care of yourselves and have lucky genes—relax a little. There is no magic age when everyone should see a cardiologist. Some people never need one.

"It's all about genetics and other [risk factors](#), and sometimes a little bit of luck," Becker said, "but you're not doomed to get [heart disease](#) as you get older."

That doesn't mean you're off the hook when it comes to having a doctor monitor your [heart](#) health. Your primary-care doctor—you definitely need one of those—is likely in a good position to flag people who need extra care.

If you see your primary-care doctor regularly, you may not even notice that he or she is always keeping an eye on your heart. That's why primary-care doctors look for [high blood pressure](#), high cholesterol, or diabetes. It's one of the reasons they mention those extra pounds, lack of exercise, or cigarettes. It's why they want to know whether one of your parents had a heart attack in midlife. Those are the biggest risk factors for the kind of heart disease that leads to clogged blood vessels and heart attacks. When the doctor listens with a stethoscope, that should catch heart murmurs, which can be a sign of valve problems.

People without any of those risk factors or symptoms can generally rest easy, the experts said.

And even people who have some risk factors probably don't need to go beyond their primary-care doctors if medications are keeping their numbers normal and they don't have symptoms.

## **Beyond primary care**

Things can get more complicated if your risk factors are not well-controlled, you're not happy with the drugs you've been prescribed, or you have symptoms. That's when you or your primary-care doctor may find input from a cardiologist helpful, the experts said.

People with a strong family history of heart disease, high cholesterol, or sudden cardiac death also may want to see a cardiologist to prevent future problems. Weidner would add people who were treated for congenital heart problems as children. They should get cardiac follow-up as adults.

"I would much rather do prevention than reaction to an event," Berlacher said.

Becker agrees that you don't necessarily want to wait until you have symptoms to see a cardiologist. "By the time you have symptoms," he said, "sometimes you're pretty far in the process."

The experts pointed out, though, that there are not enough cardiologists to serve all the worried well.

It's also a good idea to see a cardiologist if you're over age 40, have uncontrolled risk factors, and are starting a new exercise program, Weidner said. You may be asked to see a cardiologist if you have heart risk and are about to undergo a significant surgical procedure.

## Family affairs

Many people don't know what a family history that could suggest cardiac problems for you in midlife looks like, the doctors said. It does not mean your father had a heart attack at age 80. It means he had one under 55 or your mother had one under 65. Berlacher said many of her patients are motivated by a brother who just had a [heart attack](#) in his 50s.

Fischman, who is 61, has a [cardiologist](#) because his father developed heart problems in his 60s. He takes medicine to lower his cholesterol and tells his patients about it.

What ought to drive a cardiology visit, but doesn't, is smoking. "No one's going to refer themselves just because they smoke," he said. Yet smoking is the biggest risk factor for heart disease.

So, what are the symptoms that should send you to a doctor? You probably know about chest pain or burning or tightness. Doctors said too many people blame shortness of breath on obesity or lack of exercise. It can also be a sign of heart disease and should be checked. Palpitations, lightheadedness, or dizziness can be a sign of a heart rhythm disorder.

Women can have different symptoms of heart disease than men, including jaw and upper back pain. They're more likely than men to have shortness of breath, Becker said.

Berlacher, who is the director of the women's heart center at the University of Pittsburgh Medical Center, said that women who experienced certain problems during pregnancy—high blood pressure, preeclampsia, and gestational diabetes—are at higher risk for heart disease in midlife and should be monitored. Diseases such as lupus and [rheumatoid arthritis](#), which disproportionately affect women, also raise risk. Most rheumatologists know that, Berlacher said, but many primary-

care doctors do not. Women with polycystic ovary syndrome (PCOS) also are more prone to heart problems. Diabetes is a stronger heart disease risk factor in women than men.

Cardiologists said they can be helpful for patients who are having trouble managing their cholesterol. That can be tricky, Fischman said. Hearing about their risk from a heart doctor may also be a stronger motivator for patients than a talk with their regular doctor.

Asked whether people should request extra testing, the experts said the tests that primary-care doctors do are adequate for most people who don't have symptoms. They thought a coronary calcium scan could be useful in patients whose risk is unclear. This is an imaging test that measures buildup of deposits that contain calcium in blood vessels. A positive result on that test might lead doctors to treat a patient more aggressively. The tests can also get patients to pay attention to risk factors they can change, such as weight, diet, and exercise.

Because they require exposure to small amounts of radiation and are usually not covered by insurance, cardiologists don't recommend them for everyone.

Extra tests aren't there just to ease your mind. "We use tests to help sort out symptoms," Weidner said.

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