

## **James L. Holly, M.D.**

### **Women's Preventive Health Screenings - Colon Cancer, High Blood Pressure, Diabetes, and Hyperlipidemia By: Norma Duncan, RN, MSN, CFNP**

In primary care medicine, we offer many types of health screenings. In a previous article, we spoke of pap smears, mammograms, and bone density. Today I'll explain the "when" and "why" of screening for colon cancer, hypertension, diabetes, and hyperlipidemia, which may be better known as "high cholesterol."

Colon cancer is a preventable cancer like cervical cancer. In preventive health screenings, your healthcare provider looks to find colon cancer markers before the true disease develops.

Hypertension is widely known as the "silent killer". Finding it early and treating it aggressively (which does not always mean drugs) is essential.

Diabetes is a sneaky disorder that invades every organ system in the body with devastating results. It is often not found until several years of damage have already occurred. The only way to avoid this is through preventive health screenings. As I often tell my patients with diabetes, diabetes is only a number when I diagnose, it but the danger lies in what that number (the blood sugar) is doing to their blood vessels.

High cholesterol, more appropriately known as hyperlipidemia, sends a signal to us that all may not be well in the lining of your blood vessels. This lining is the "endothelium" and it is the largest organ in your body. The endothelium is where all the action takes place in vascular disease. We can't see the lining well, even with invasive procedures, so we try to reduce the risk of endothelial problems by treating hyperlipidemia aggressively.

#### **Colon Cancer Screening**

Let's begin with colon cancer screenings. "Screening" means we are checking for something that we don't know actually exists. We do know that there are increased chances of colon cancer the older you get. We know that if you have two primary relatives (mother, father, brother, or sister) with polyps or colorectal cancer then you should have an initial screening colonoscopy by your early 20's, or ten years prior to the earliest diagnosis of a family member with the disorder, whichever comes first.

#### **Colonoscopy**

Colonoscopy is not the only diagnostic tool, but it is the most sensitive and specific screening for colon cancer. It also allows for any lesions to be sampled for biopsy and removed at the same time. Many different health care providers are skilled at performing colonoscopy but most often it will be performed by a Gastroenterologist.

What if you have no special risk or any present signs and symptoms that would indicate a problem in the colon or rectum? Then, you can expect most primary care providers to screen with stool cards at age 40. Digital rectal exams also become standard during this decade. When you become 50, your provider will talk to you about a screening colonoscopy. Unlike many expensive “screening” tests, colonoscopy has become so useful and has proved so helpful, that most legislatures have mandated that if a person requests a “screening colonoscopy” insurance carriers are obligated to provide the test for them.

When I recommend a colonoscopy for my patients they usually respond with the following question: “Are they going to knock me out for that?” The test involves using a small fiberoptic camera that is inserted through the rectum. The most important part of the procedure is proper preparation on your part. The bowel must be cleaned out so that any polyps may be seen and removed. If you don’t participate in this part as the doctor asks, then you won’t get the full advantage of this powerful preventive procedure. So listen carefully and do the prep well.

Will they “knock you out” for the colonoscopy? No, you are not “out” for this. The Gastroenterologist will use what we call “conscious sedation” which means you will be alert enough to respond but you will be very relaxed. Most of the time the doctor uses a drug that induces amnesia about the procedure. This means that not only do you not feel in pain, you will not remember the procedure.

## Blood Pressure

Blood pressure should be measured at every office visit. Those office visits should increase in frequency as you age. Most pediatricians will begin to measure blood pressure by at least the age of five. There are some notable changes in our consideration of what is acceptable blood pressure.

For most of us a blood pressure of 140/90 or more is considered high. A single reading does not diagnose it. Your doctor may ask you to keep a blood pressure diary. If the only time the blood pressure is up is when you are in our office then we may ask you to wear an ambulatory blood pressure monitor. We look at trends, not a single reading. However, if you visit me and I find a pressure of 180/110 or something similar, be assured we will begin treatment on the spot, even with this singular but dangerous reading.

Elderly patients used to find us accepting high “top” number readings. That is no longer the case. Research has shown us that we must control the “top number” or “systolic” reading to protect them from stroke and heart attacks. My target blood pressure for most of the people I care for is 130/80, when they’re happy, when they’re sad, when life is good, when life is bad—130/80.

Most of the hypertensive patients I care for have other risk factors. Getting to this number is especially important in those with diabetes and known cardiovascular disease. Anyone with a diagnosis of diabetes is now expected to already have cardiovascular disease.

## Diabetes Screening

Blood sugars should be measured every five years in a person with no risk factors. You will find me sticking your finger for a blood sugar if you have had large babies (mostly > 9 lbs), have a lot of abdominal fat, or repeat skin infections. If you were diagnosed with gestational diabetes (diabetes during pregnancy) I may stick your finger every time I see you. I will try to get a fasting blood sugar.

If your blood sugar is high (close to 100) I will ask you to allow me to stick your finger 2 hours after a high carbohydrate meal. Our instructions in this are “Go to (insert fast food restaurant) and knock yourself out eating lots of carbs!” We check your blood sugar 2 hours after the meal to see if your body can handle the sugar load. This technique can “bring out the worst” and allow us to diagnose and treat diabetes early. Early treatment revolves around lifestyle modification which is code for eating properly and exercising vigorously daily.

## Cholesterol Screening

Hyperlipidemia means high blood fats. These high readings along with hypertension and high blood sugars can wreck the lining of your blood vessels making plaques (yes you have them) unstable which may mean a heart attack or stroke may be in the offing.

With minimal or no risk factors, I will usually get a lipid profile sometime in your twenties.

With a primary family history of early death from heart attack or stroke, I will do them earlier and more frequently.

An obese child will often get their lipid profile along with a fasting blood sugar measurement.

In your thirties, we will usually measure the lipids every five years if you have no risk factors that would dictate more frequent readings.

To get accurate lipid measurements you must be fasting at least 10-12 hours. Fasting means that you have no calories during this time. It does not mean that you skip medications and you can drink water or black coffee. I have many elderly people who come in dehydrated with high blood pressure because they withhold water and medications when they fast for lipid and blood sugar testing. Fasting for lab is different than fasting for a surgical procedure. We are only asking for some blood for labwork, so drink water and take your medications as prescribed.

## Cholesterol – Four Numbers and What They Mean

When you receive your readings from the lipid profile you will commonly get four numbers.

The first one usually listed is serum cholesterol, which is the general amount of cholesterol. We want it less than 200 generally. However, we are much more interested in the next three readings. These are the specific kinds of lipids.

The first one would be the HDL. It is highly desirable, it is the happy cholesterol, and you are happy if it's high. This is my way of teaching the patient that this lipid is protective of your blood vessels.

The next component is the low-down, bad boy, least desirable cholesterol known as the LDL. Generally speaking we want it low because it messes with the lining of the blood vessels, the endothelium, making the plaques unstable and inflamed. We will aim for the lowest LDL in patients with known coronary disease and diabetes.

The next component is the triglycerides. These are the building blocks of the LDL. Many times they herald the coming of diabetes or low thyroid functioning. Triglycerides are also the most sensitive to a bad diet. This is a diet with lots of sugar and white flour. Triglycerides may also be high with a high alcohol intake.

This information is given to countless patients by countless doctors and nurse practitioners like me every day. Preventing disease or detecting it before it can do damage is what we like best. However, we have to see you to do this effectively. Make that appointment for a "well visit" today.

Remember it is your life and your health.