

BY PAUL E. LEMANSKI, MD, FACP

Founder and Director, Center for Preventive  
Medicine & Cardiovascular Health  
400 Patroon Creek Blvd. • Albany, NY 12206  
518 618-1100  
www.CenterForPreventiveMedicine.com



SUCCESSFUL PREVENTION

## QUESTION & ANSWER Q&A

### Nigel asks, “What is hs-CRP? Who would benefit from this test?”

Hs-CRP is a blood test which indicates inflammation in the arteries of the body caused by cholesterol deposition and the body’s response to that deposition. The response may vary for different individuals and for the same individual with different co-existent conditions. Inflammation appears to be necessary to cause a cholesterol plaque to become unstable and cause a heart attack. A number of observational studies have suggested that individuals with elevated hs-CRP are at increased risk for a heart attack or stroke independent of the blood cholesterol level.

More recently, the Jupiter Trial, a large randomized prospective clinical trial, has corroborated this view. Additionally, the trial showed that a statin drug used in individuals with low cholesterol but elevated levels of hs-CRP, achieved a risk reduction similar to

that seen with a statin drug in those individuals with high cholesterol but low hs-CRP. What this may mean is that there is a new group of patients with low or near normal cholesterol who still harbor cardiovascular risk, and the risk may be identified with the hs-CRP blood test.

It is probably reasonable for all individuals to discuss the test with their personal physician to see if some benefit may be obtained. If elevated, the test should be repeated to ensure a similar result. Sometimes the hs-CRP may be elevated by a slight cold or viral illness and therefore a lower follow up test value would be accepted as the true value, reflecting the inflammation caused by plaque in the arteries rather than infection or illness.



*Marie asks,*  
“How can I lower my  
hs-CRP?  
I smoke, have elevated  
cholesterol, and I am obese.”

Hs-CRP may be lowered by statin drugs 20-45%. Other cholesterol lowering drugs will lower hs-CRP but, generally, by somewhat lesser amounts. More importantly, a number of non-pharmaceutical means are available to lower hs-CRP. Smoking cessation will lower hs-CRP as will weight loss. In obese patients with pre-diabetes, weight loss may lower hs-CRP by 30%. Indeed, many, if not most, of currently proposed means for reducing cardiovascular risk will lower hs-CRP and this may be used as a way for an individual to quantify and follow a broad array of risk reduction strategies.

While lower is better with hs-CRP, in terms of absolute targets, one should attempt to reduce hs-CRP to less than 0.6 mg/L.