

A cardiac score can range from zero to several thousand and based on the amount of calcification detected in the coronary arteries. The more calcium that is seen in the coronary arteries, the greater the score. This score is an indicator of your level of hard plaque burden. A very low score means that there is virtually no obstructive disease in the coronary arteries, whereas a high score indicates that the level of hard plaque burden is extensive and the risk of a future cardiac event is significant. The following chart outlines what specific ranges of scores mean and the recommendations a physician is likely to make based on these scores.

Score	Level of Hard Plaque Burden	Level of Significant Risk of CAD	Recommendations
0	None	Extremely low	Patient should maintain a healthy diet that is low in saturated fat and cholesterol, refrain from smoking, maintain ideal body weight, and exercise regularly.
1–10	Minimal	Very unlikely	All of the above PLUS close control of diabetes and high blood pressure, and possibly the use of statins for high cholesterol.
11–100	Mild	Mild to moderate	All of the above PLUS daily aspirin, statins for high cholesterol, and estrogen for postmenopausal women.
101–399	Moderate	Moderate to high	All of the above PLUS use of folic acid, and possibly stress testing for further risk assessment.
400 or greater	Extensive	High to very high	All of the above PLUS stress testing to assess extent of obstructive disease, and possibly cardiac angiography.

The odds ratios for developing symptomatic CAD based on cardiac scoring are as follow: 7:1 for scores greater than 50, 20:1 for scores greater than 100, and 35:1 for scores above 160. This means that a person with a calcium score greater than 50 is 7 times more likely to experience symptoms of CAD compared with a completely healthy individual. The ability of calcium scores to predict the risk of developing symptomatic CAD is particularly striking when compared with the predictive powers of traditional risk factors. For example, the likelihood of experiencing symptoms of CAD is 3.6 times greater for an individual with a smoking history and 1.8 times greater for a person with high cholesterol, compared with a healthy individual.

What calcium score is typical for a person my age?

	AGE						
	40-45	46-50	51-55	56-60	61-65	66-70	71 and older
PERCENTILE							
MEN							
10%	0	0	0	1	1	3	3
25%	0.5	1	2	5	12	30	65
50%	2	3	15	54	117	166	350
75%	11	36	110	229	386	538	844
90%	69	151	346	588	933	1151	1650
WOMEN							
10%	0	0	0	0	0	0	0
25%	0.1	0.1	0.1	0.2	0.5	1	4
50%	0.1	0.1	1	1	3	25	51
75%	1	2	6	22	68	148	231
90%	3	21	61	127	208	327	698

Percentile rank is calculated by adjusting calcium scores for age and sex. The following example illustrates how to read the above table: a 57-year-old man with a calcium score of 54 would be in the 50th percentile. This means that, in his age- and sex-matched group, 50% of men have calcium scores greater than his and 50% have scores less than his score. A 46-year-old woman with a calcium score of 2 would be in the 75th percentile. This means that compared with her age- and sex-matched peers, 75% have calcium scores less than hers and 25% have scores above her score of 2.