

Room for a view

Much ado about cholesterol

I'm just off to my pharmacy to pick up my prescription for Lipitor. Given my age, my cardiologist has decided that this retired obstetrician–gynecologist needs to have his “cholesterol numbers” reduced. You might infer that since I am being treated by a cardiologist there is something wrong with my heart. 'Tain't necessarily so. A few years back a “routine” ECG at the behest of my KOFP (kindly old family physician) showed a “possible irregularity.” A lot of investigation at that time failed to prove that I had a bad heart. But suspicion remained. Indeed, it does not require a towering intellect to sus-

pect that there might be plaque in the coronary arteries of a 78-year-old man. Hence the cardiologist.

Yesterday, he punched into his handheld calculator my age, weight, blood pressure (normal, presumably as a result of the medication I'm on already), my nonsmoking status (for 15 years now), the fact that I am not diabetic and my “cholesterol numbers.” He did not include the fact that my father died at age 85 of coronary artery disease, or that my mother died at age 99 of not really wanting to live any more.

The little calculator told him that my risk of dying in the next 10 years of

heart disease was increased by 32%. (Over what?) I did not fall into a dead faint at this announcement, since I had already guessed that the odds of my dying in the next 10 years were pretty high anyway. (Say, 50–50?)

However, the cardiologist felt that I should take an anticholesterol medication. My wife takes a similar drug and, according to my pharmacist, so does a high percentage of the over-65 population. He said there was only about a 2% chance of the medication “blowing out” (his words) my liver or kidneys. Since exploding my liver or kidneys didn’t sound like a bad way to go, I agreed. Also, I am supposed to let our Westie, MacDermott, take me for a walk every day. And I must not eat anything I enjoy.

But I need to clarify this whole cholesterol thing. Before my retirement, when we lived in the city, the favourite conversational gambit when we dined at other folk’s houses seemed to be cholesterol one-upmanship. “You think *that’s* high! My cholesterol is *twice* as high, and my *bad* cholesterol is even worse than yours!” But, now that we’ve moved to the country, we attend many of the roast beef suppers put on by the local churches. We often sit across from a grizzled, horny-handed old farmer who pours gravy with reckless abandon over his mashed potatoes and generous helpings of meat. Nor is he fazed by the carrots swimming in butter. His wife, no slouch herself in the *avoirduois* department, turns down a

fourth helping of pie in favour of cheesecake and, for her coffee, produces a packet of Sweet ’n Low from her pocket rather than use the sugar that the church sinfully provides.

Now, I will admit that if I looked out the window I might well be able to see the farmer’s brother slumbering peacefully under the green turf of the churchyard, warmed by the October sunshine.

If so, God bless him. Bless both the brothers, actually.

You see — in company, I suspect, with most folks my age — I am neither worried nor frightened about being dead. Death is inevitable. But I am scared silly about the manner of my going. I want to leave while I can still think. I want to be on my way before the front of my pants is any more stained with dribbled urine than it currently is. I don’t want to wear a bib to eat. (My wife says I need one already.) I want to be able to wipe my own bum to the very last. Hey, I wouldn’t even mind leaving before I need to pop Viagra.

In short, I am much more concerned about the quality of my remaining years than about their number. So, does lowering my blood cholesterol offer me any assurance about this? The cardiologist didn’t talk about that, only about my chances of dying. Is there evidence about quality of life? Or, as seems quite probable, will I have more years during which I need to be cared for — as a result of taking the drug?

I’m not complaining. Indeed, I am grateful to the pharmaceutical industry for contributions to health and happiness that I now enjoy and have enjoyed. And I am grateful that modern research has produced medications that can lower the cholesterol level of my 48-year-old son and, I hope, increase his lifespan. Now, if they could find a drug that would reassure me about the quality of my remaining years, I would thank them for that, too. But they can’t.

Can they?

William G. Green

Retired obstetrician–gynecologist
Townsend, Ont.