



Photo by Gage Skidmore

LUKE PERRY'S STROKE: WAS IT PREVENTABLE?

BY DR. SUSAN MAPLES

It's reported that Luke Perry, actor and '90's heartthrob, died suddenly from his first ischemic stroke, with no history of cardiovascular disease (CVD). That report is inherently wrong! Of course, he had a history of CVD—it just wasn't detected early enough.

Some would say Luke was lucky, since a stroke isn't always deadly—it's the number one cause of disability in our country. Survivors often lose the ability to speak, swallow, walk, drive and live independently, long before they die.

But like Luke, most of us don't know we are diseased until we have a CVD event—a stroke or heart attack. Both are caused by a clot that blocks blood flow (and oxygen) to the organ. A stroke means a small part of the brain dies and disturbs function. The first sign might interrupt your balance, eyesight, facial expression, arm strength, or speech. Many mini-strokes have symptoms that come and go on their own, so one might ignore it, allowing the threatening conditions to get worse.

Long before a stroke, men might be lucky (and unlucky) enough to have the early warning sign of erectile dysfunction (ED), microvascular damage of the penis. If they rely on a little pill to increase blood flow, they might ignore ED as a sign of CVD. Women, on the other hand, might not notice microvascular deterioration until they show signs of dementia.

CVD is our number one worldwide disease, affecting 1 in 3—and projected to affect 1 in 2 by 2050. Every 40 seconds someone has a stroke and another has a heart attack. One third of Americans hospitalized for stroke are under age 65.

And why? For many years, we thought it was primarily from elevated cholesterol. Now we know that *inflammation* is the cause of arterial disease, not cholesterol! With chronic inflammation, the circulating cell-to-cell mediators damage the lining of our blood vessels, allowing the entry of enemies such as small dense particles of cholesterol, bacteria and inflammation fighting cells. The quality of plaque is also a factor (soft is worse than hard), not

just the quantity. This can be measured by a Carotid Intima-Media Thickness Test (CIMT)—an amazing non-invasive technology to help us qualify and quantify our arterial plaque and create a strategy to reduce it.

Let Luke Perry be your wake-up call. To prevent a stroke, learn more about inflammation and reduce yours! That means tackle such disorders as Obstructive Sleep Apnea, Vitamin D deficiency, Periodontal Disease (which affects most adults), insulin Resistance/Diabetes, obesity, food sensitivities/allergies, smoking and the list goes on.

Last, but not least, choose an interdisciplinary medical/dental team that is constantly on the lookout for all aspects of chronic inflammation—it's 100% treatable if you know you have it. ■



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