



My Experience with an Executive Physical

After my wife, Marion, died in March of last year I wrote two letters updating friends and clients on how my kids and I were doing and how I was thinking about my future (both are available on my firm's website <https://bravefamilyadvisors.com/> and on my [LinkedIn profile page](#)). One of the things I mentioned in both was getting an executive physical to see where my health genuinely stood to avoid a similar surprise as what had stricken my wife. I continue to get a lot of follow-up interest and questions on that process so decided to write this piece to describe in detail (HIPAA be damned!) what my experience was like, what I learned, and subsequent developments. The exams are not cheap and unfortunately are not covered by health insurance. I paid approximately \$7,000 for my exam which is obviously a lot of money, but what is the value of potentially saving one's own life? I hope that sharing my experience will cause others to go through the same type of examination which could reveal important information about their health situation that could extend their life and/or improve their quality of life.

Background

Marion and I had both gotten executive physicals in October 2006 at Princeton Longevity Center (PLC) <https://princetonlongevitycenter.com/> in New Jersey (there are many companies that perform these kinds of tests and I am not endorsing PLC). Probably the most notable finding from that experience was that we both had calcium scores of zero meaning that neither one of us had any detectable plaque in our arterial systems. We had discussed multiple times in recent years scheduling follow-up exams to get updated readings on our health. During the holiday season of 2022, we vowed to stop procrastinating and get them done in 2023. Sadly, we did not get those appointments made prior to March 11, the day that she was stricken by cardiac arrest which led to her death eight days later.

The cardiologist who conducted the procedure to stent her right coronary artery after her heart attack informed me that the artery was 100% blocked and that she had multiple blockages in other arteries. While sitting in the waiting room of the Intensive Care Unit still digesting the shock of what had happened, one of my first thoughts was that her death was completely detectable and treatable had she gotten the correct diagnostic examination prior to that fateful day. One of my other thoughts was, "In what condition are my arteries if she and I had lived together and ate most meals together in the intervening 16 ½ years since our zero calcium scores if she was now full of plaque?". If anything, she ate a healthier diet than me.

The only prescription drug that I was on at that time was a daily dose of 50 milligrams of Losartan to help control my blood pressure. I had a history of mild hypertension going back to my late teens. Both of my parents, who were otherwise healthy had needed medication after a certain point in their lives to treat high blood pressure. For a number of years I could control mine through diet and exercise, but had finally agreed to start taking the medication a few years earlier when I was no longer able to naturally keep it consistently below 130/90.

The day after Marion died, I went online and booked an appointment for an executive physical at PLC for April 18. I was nervous the four weeks leading up to the appointment as I wondered what the exam was going to reveal about my arteries as well as any other issues that might have developed in those intervening years that had not been detected by my annual physical examinations. I attempted to calm myself by telling myself that it was better to know there was an issue and attempt to treat it than to not know particularly given that I was now a single parent of three twenty-somethings.



The Exam

The exam was in Shelton, CT, just outside of New Haven and I was instructed to fast after midnight the night before and to report at 7:30am wearing workout clothes and expect to be there for 6-8 hours. The facility was quite modern with six staff members and managed by a doctor. They schedule a maximum of three patients per day, but I was the only patient that day. Upon arrival I was shown to a locker/bathroom/shower area to store my belongings.

After completing some paperwork, I was taken to the phlebotomist to have my vitals measured and my blood drawn. My blood pressure was quite high with the systolic reading in the 150s which had been typical since Marion had passed. The next test was a Dexa scan which is purported to be the gold standard in body composition and bone density measurement. One lies on a table while a scanner moves over various areas of the body using low dose X-ray beams to measure bones and soft tissues. From there I was given a standard stress test on a treadmill while connected to numerous electrodes across my upper body. The gradual increase in incline and speed of the treadmill intensifies the exertion required while blood pressure, heart rate, and respiration are continually measured. A light breakfast followed at which I also ordered my lunch from a menu of healthy choices at a nearby Italian restaurant.

I was then taken by golf cart to a neighboring building where I was given a computerized tomography (CT) imaging scan of my upper body. One lies down on a table which moves your body into a doughnut-shaped imaging machine. The machine takes X-ray pictures of the torso which are then combined by computer into 3-D images of the organs and other tissues and can identify calcification, tumors, and stones. The next procedure was an ultrasound of my carotid arteries. This was an optional test that I added to the standard package because I have known a couple of people who had issues with plaque buildup in their carotids. The procedure was similar to the ultrasound test performed during pregnancy except that the focus was the sides of my neck.

I was taken back to PLC's offices and had vision and hearing tests. These were followed by a 30-minute Zoom call with a nutritionist. It was requested that I provide a seven-day diary of my eating and drinking prior to that day, but I did not do that because I was in the process of changing my diet so felt that it would not have been representative. Instead, I took the opportunity to get the nutritionist's thoughts on various diets that seem to be in conflict with each other. For example, vegan versus keto or intermittent fasting versus eating multiple small meals throughout the day. Her view was that no diet is perfect, and they all have their advantages and disadvantages. She believed that everyone needs to find a diet that works with their specific metabolism and, most importantly, that they can stick with. My next appointment was with a physiologist who had me perform a series of exercises to measure my strength and flexibility. He prescribed a daily regimen of movements to address the shortcomings that he detected. The last appointment was with the doctor for a full physical examination which was more thorough than the ones I experienced annually with my primary care physician.

Having completed all of the testing scheduled for my visit I was escorted to the lounge where my lunch awaited me. The takeout food was excellent, and I had access to Wi-Fi and cable television while I enjoyed it.



The Moment of Truth

Following lunch, I was taken back to the physician's office for a review of the day and to discuss any questions I might have. Remarkably, he had already reviewed all of the results from the various tests and had written a thorough report in preparation for our discussion.

He began by telling me that the tests had revealed nothing of serious concern which was an immediate relief! There were no tumors or stones detected; my aerobic capacity was in the 92nd percentile for my age; and my calcium score was below 6, which he explained is a very low score. He commented that I had the arteries of a 42-year-old! He showed me 3-D images of my arteries on his computer and identified a very small spot of plaque. He explained that all our bodies will eventually begin building plaque in our arteries if we live long enough. For some people it begins in their teens and for others it starts in their elder years. The speed at which one accumulates plaque also varies greatly. He advised that I continue working to lose fat and gain muscle as my body composition measurements suggested that despite going from 213 pounds the morning of Marion's heart attack to 203 pounds the morning of the exam that I still had approximately 20 pounds of fat to lose. My total cholesterol was 211 which was down significantly from my all-time high reading of 290 in September of 2020. In the wake of Marion's death I had been very diligent about exercising regularly and reducing my intake of red meat and dairy. He explained that in his opinion the level of one's cholesterol was virtually irrelevant; the critical factor was how our body deals with whatever amount of cholesterol is in our system. He claimed that more people with low cholesterol have heart attacks than people with high cholesterol.

I also had a number of questions about what had happened to Marion. She had passed a stress test ten days before her heart attack...how could that be? His response was that a standard stress test doesn't reveal arterial blockages. According to him she could have potentially passed that stress test the day she had the heart attack. A nuclear stress test which involves the injection of a radioactive tracer into the patient's blood stream and then using imaging machinery to detect the blood flow through the arteries could have revealed her blockages. I wondered how she could have been in her condition when her parents lived to the ages of 97 and 101 and eight of her nine older siblings were alive and seemingly healthy. He explained that genetics are important, but not totally deterministic. Plus, she had smoked cigarettes much of her life and that is a known cause of plaque buildup as well as increasing the likelihood of a rupture in the plaque which potentially can lead to a complete blockage of a narrowed artery. She had exhibited none of the typical "heart attack symptoms"...no complaints of pain in her chest or arm or jaw. She had suffered from acid reflux for several weeks and for the twelve hours prior to the heart attack had been vomiting, which she and I had both attributed to food poisoning. He said that symptoms in females often do not present in the "traditional" manner and often are mistaken for digestive issues.

Treatment Options

In terms of recommendations, the doctor suggested that I do another CT scan in 2-3 years to determine the speed at which my body produces plaque. He recommended doubling the dose of Losartan that I was taking until my blood pressure declined to 110/80 before returning to my original dosage. I asked him about the efficacy of statins which I had always resisted taking despite my high cholesterol levels because of the lack of plaque 16 years earlier. He confirmed that statins do reduce cholesterol levels, but referred back to his belief that the level of cholesterol is not correlated with the incidence of heart attacks. However, he said that he believed that statins definitely had a positive impact on heart attack prevention by preventing plaque becoming brittle which makes it more likely to rupture. This was likely what had caused Marion's cardiac arrest. He offered that given my plaque level that he would normally be unlikely to prescribe a statin. But considering my stated interest in doing everything I could to extend my life now that



I was a single parent, he suggested that I take the lowest dose of Lipitor as a preventative measure. I agreed to begin taking 10 milligrams daily.

Subsequent Developments

Following the exam, I decided to continue working on getting healthier. I am still taking the higher dose of Losartan because my blood pressure remains above the target range despite the medication. I have continued with the daily dose of 10 milligrams of Lipitor. My cholesterol has been tested twice in the last year and both readings were in the 150-160 range with virtually all the reduction being in the low-density lipoprotein (LDL) component, or the “bad cholesterol. I have experienced no side effects from taking the statin. I sometimes wish that I had held off starting it so that I would know how much of this last significant reduction was due to continued lifestyle changes versus the drug. I lost an additional ten pounds in the two months after the exam and have maintained my weight in the 193-196 pound range which is approximately 20 pounds less than I weighed on March 11 of last year. I plan to make a push later this year to get to my “ideal weight” based on the body scan would require the loss of another ten or so pounds. I will return for another exam in the spring of 2026 to monitor developments.

Conclusion

The biggest lesson I learned from living through the death of my wife was that we all must take responsibility for our own health care. Our doctor(s) may be competent and well meaning, but they are constrained in their scope and speed of diagnosis and treatment by health insurance companies’ approvals and access to tests and specialist doctors. Had Marion and I taken things into our own hands and scheduled a thoracic CT scan privately rather than waiting for the wheels of our health care system to slowly turn, I am certain that her condition would have been detected, she would have been treated immediately, and she quite likely would have lived another couple of decades.

I hope this very personal journey of mine over the last fifteen months might help you and your family.

Scott