



MISSION CONCIERGE CARE

Dr. B. Grant Marshall · Titusville, FL



September Is the Start of Your Best Health Quarter.

Routines are back. The heat is breaking. This issue is about using that momentum: knowing your cholesterol numbers, understanding the two heart scans everyone asks about, and building the strength that protects your independence.

Observation	When	Why It Matters
Healthy Aging Month	All September	Aging well is being active and engaged
National Cholesterol Education Month	All September	Know your numbers. They tell a story.
Prostate Cancer Awareness Month	All September	Early detection saves men's lives
Suicide Prevention Month	All September	Mental health is health. Full stop.
Grandparent's Day	Sep 13, 2026	Honoring the generations who built us
Falls Prevention Awareness Week	Sep 21 - 27, 2026	Strength and balance protect independence
World Heart Day	Sep 29, 2026	The perfect close to Cholesterol Month

Message from Dr. B. Grant Marshall



Newsletter Highlights

A MESSAGE FROM DR. B. GRANT MARSHALL

CELEBRATING THIS MONTH: GRANDPARENTS, CHOLESTEROL & MENTAL HEALTH

MONTHLY FOCUS: KNOW YOUR NUMBERS - LETS TALK CHOLESTEROL PANEL

THE THINK PIECE: CALCIUM SCORE VERSUS CT ANGIOGRAPHY - WHICH ONE AND WHEN?

HEART-HEALTHY RECIPE: SPINACH STUFFED BAKED SALMON

MONTHLY FITNESS: FALL INTO STRENGTH - RESISTANCE BAND PLAN

September always feels like the true new year to me. The routines return. The heat finally begins to loosen its grip. The pace of life finds its rhythm again.

Last month I told you that August was the time to prepare for your best health quarter. September is where that preparation starts paying off.

This month is National Cholesterol Education Month, and I want to take that seriously with you. Not with a lecture, but with clarity. In these pages we will walk through what your cholesterol panel actually means, and then go one level deeper into a question: What is the difference between a calcium score and a CT angiogram, and which one should I get? The answer matters, and the research behind it is some of the strongest in preventive cardiology.

We will also talk about strength this month. Not gym-culture strength. The kind of strength that keeps you steady on your feet, carries your groceries, lifts your grandchildren, and protects your independence for decades. Falls Prevention Awareness Week lands in late September, and the best fall prevention program ever devised is a stronger body.

As always, my door and my phone are open. If anything in this issue raises a question, that is exactly what your next visit is for.

Dr. B. Grant Marshall
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To Every Grandparent. To Every Number. To Every Silent Struggle.



Grandparents Day — September 13

Grandparents occupy a place in family life that no one else can fill. They are the memory keepers, the steady hands, the ones who love without conditions and worry without limits.

The best gift a grandparent can give their family is more healthy years. At Mission Concierge Care, we consider it a privilege to help make that possible: the extended visits, the proactive monitoring, and the direct access that keep grandparents present for the moments that matter. If your parents or grandparents do not have that kind of care, this is a lovely month to start the conversation.

National Cholesterol Education Month — All September

Nearly 86 million American adults have elevated cholesterol, and most of them feel completely fine. That is the entire problem. High cholesterol has no symptoms. It does its damage quietly, over decades, until the day it does not.

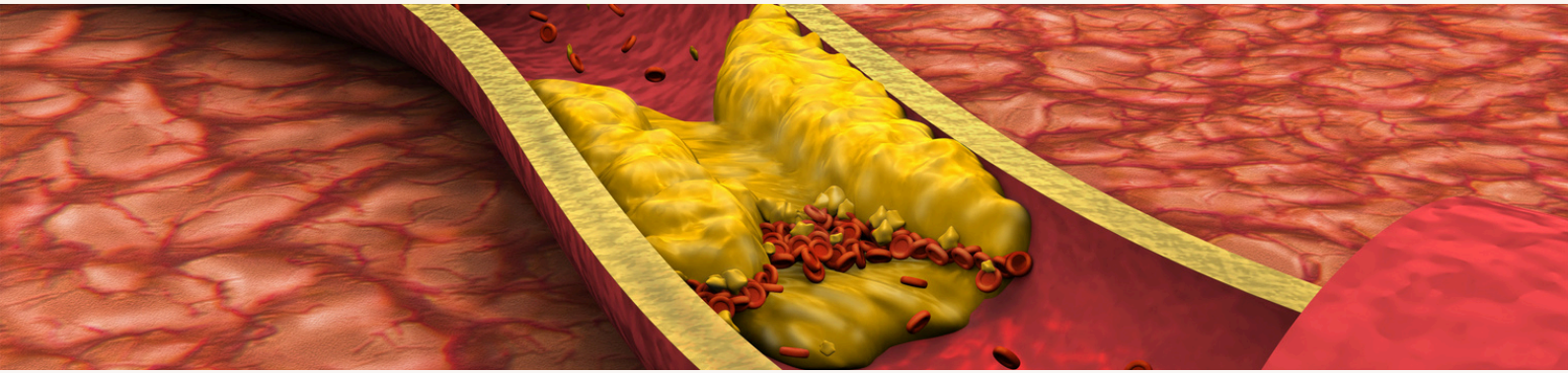
This month, the ask is simple: know your numbers. If you have not had a lipid panel in the past year, schedule one. The Monthly Focus and Think Piece in this issue will make sure you understand exactly what those numbers mean once you have them.

Suicide Prevention Month — All September

Mental health is health. There is no asterisk on that sentence.

Depression and suicidal thoughts are medical conditions, not character flaws, and they respond to care the way medical conditions do. If you or someone you love is struggling, the 988 Suicide and Crisis Lifeline is available 24 hours a day by call or text. And within these walls, no concern you bring to me is off the table. The whole person is the patient. That has always included the mind.

Know Your Numbers: The Cholesterol Panel, Explained



Every year your lab report hands you a set of numbers, and every year most patients file it away without a translation. Here is the translation.

- **LDL cholesterol (the priority number):** the particle that deposits cholesterol into artery walls. Lower is better, and for most adults the target is below 100 mg/dL, with higher-risk patients aiming below 70. This is the number your treatment decisions are built around.
- **HDL cholesterol:** the return shuttle that carries cholesterol away from the arteries. Above 40 for men and 50 for women is the floor, and higher generally signals better protection.
- **Triglycerides:** the fat your body stores from excess calories, especially sugar and refined carbohydrates. Below 150 is the goal. Elevated triglycerides often travel with insulin resistance.
- **Non-HDL cholesterol:** total cholesterol minus HDL. A simple, powerful summary of every artery-damaging particle in one number. Target: below 130 for most adults.
- **Lipoprotein(a):** a genetically determined particle that standard panels skip. It is worth measuring once in your lifetime, because an elevated Lp(a) changes how aggressively we manage everything else.
- **Apolipoprotein B (ApoB):** the protein riding on every particle capable of depositing cholesterol into your artery walls. Where LDL measures how much cholesterol is circulating, ***ApoB counts the actual number of atherogenic particles doing the damage. For patients where the standard numbers don't fully explain the risk, this is often the test that makes sense of the picture.***

When to Test

For most adults, a fasting lipid panel once a year is right. If your numbers are being actively managed, or your family history is significant, we test more often. And if you have never had Lp(a) or ApoB checked, ask me about it at your next visit.

Your cholesterol panel is not a report card. It is a roadmap.

And the next page is about what we do when the roadmap raises a question.

Calcium Score vs. CT Angiography: Which Heart Scan, and When?

Two heart scans come up in my exam room conversations. Patients hear about them from friends, from podcasts, from headlines. They sound similar. They are not. Here is what each one is, what the research says, and how to know which one belongs in your care.

The Calcium Score: A Snapshot of Your Lifetime Risk

A coronary artery calcium (CAC) scan is a fast CT scan of your heart. No dye, no needles, about ten to fifteen minutes. It measures one thing: the amount of calcified plaque sitting in the walls of your coronary arteries, reported as an Agatston score. Zero means no detectable calcified plaque. Scores from 1 to 99 indicate mild disease, 100 to 399 moderate, and 400 or above extensive.

Why does that number matter so much? Because it is one of the most powerful predictors of future heart attack risk medicine has ever validated. The landmark Multi-Ethnic Study of Atherosclerosis followed more than 6,800 adults and found that calcium scoring predicted coronary events more powerfully than standard risk factors alone, across every ethnic group studied (Detrano et al., New England Journal of Medicine, 2008).

The flip side is just as important. A calcium score of zero is one of the most reassuring results in preventive cardiology. Follow-up analyses from the same study population found that patients with a score of zero had very low event rates over the following decade, a finding researchers now call the power of zero (Blaha et al., Circulation 2016). For a patient on the fence about starting a statin, a zero can reasonably support waiting, while a high score settles the question in the other direction.

This is exactly how the guidelines use it. The 2018 AHA/ACC cholesterol guideline recommends calcium scoring for adults aged 40 to 75 at intermediate risk when the decision to start statin therapy is uncertain (Grundy et al., Circulation, 2019). It is a tiebreaker test, and a remarkably good one.

The CT Angiogram: A Live Look at Your Arteries

A coronary CT angiography (CCTA) is a different instrument. Contrast dye is injected through an IV, and the scanner captures detailed images of the arteries themselves: the channel the blood flows through, the plaque narrowing it, and critically, the soft, non-calcified plaque that a calcium score cannot see at all.

The evidence here is equally strong, but for a different patient. The SCOT-HEART trial randomized 4,146 patients with stable chest pain to standard care with or without CCTA. At five years, the patients whose care was guided by CCTA had a significantly lower rate of death from coronary heart disease or nonfatal heart attack: 2.3 percent versus 3.9 percent (SCOT-HEART Investigators, New England Journal of Medicine, 2018). Seeing the arteries changed the treatment, and changing the treatment saved lives.

The PROMISE trial, with over 10,000 patients, established that CCTA performs at least as well as traditional stress testing for evaluating chest pain (Douglas et al., New England Journal of Medicine, 2015). On the strength of this evidence, the 2021 AHA/ACC Chest Pain Guideline gives CCTA its strongest class of recommendation for evaluating intermediate-risk patients with chest pain (Gulati et al., Circulation, 2021).

So Which One Should You Get?

The honest answer is that the right test depends on one question: do you have symptoms?

- No symptoms, uncertain risk: the calcium score is your test. You are 40 to 75, your cholesterol is borderline, and we are deciding together whether prevention medication earns its place. The CAC score turns that conversation from a guess into a data point.
- Symptoms: chest pain, chest pressure, or shortness of breath with exertion that is new for you changes everything. That is CCTA territory, because now the question is not future risk. The question is what is happening in your arteries right now.
- Neither test is routine for everyone. A calcium score adds little for patients already on statin therapy with known disease. A CCTA involves contrast dye and is not a screening test for symptom-free, low-risk patients.

	Calcium Score (CAC)	CT Angiography (CCTA)
What it is	A quick CT scan with no dye that counts the calcified plaque in your heart arteries	A CT scan with contrast dye that shows the arteries themselves, including soft plaque and narrowing
What it measures	Calcium score (Agatston score): 0, 1-99, 100-399, 400+	Degree of blockage, plaque type, and artery anatomy
Who it is for	Adults 40-75 with no symptoms, when the statin decision is uncertain	Patients with symptoms: chest pain, pressure, or unusual shortness of breath with
Time and prep	About 10-15 minutes, no dye, no fasting	20-30 minutes, IV contrast, heart-rate medication sometimes given
What it cannot see	Soft (non-calcified) plaque	Not the first test for someone with zero symptoms and low risk
The bottom line	Answers: should I be on prevention medication?	Answers: is something blocking my arteries right now?

The right scan is the one that answers the question your heart is actually asking.

If you are unsure which question that is, that conversation belongs in your next visit. I will help you decide, and I will coordinate the imaging.

References: Detrano et al., N Engl J Med 2008;358:1336-1345; Blaha et al., Circulation 2016;133:849-858; Grundy et al., Circulation 2019;139:e1082-e1143 (2018 AHA/ACC Cholesterol Guideline); Newby et al. (SCOT-HEART Investigators), N Engl J Med 2018;379:924-933; Douglas et al. (PROMISE), N Engl J Med 2015;372:1291-1300; Gulati et al., J Am Coll Cardiol 2021;78(22):e187-e285 (AHA/ACC Chest Pain Guideline); CDC, High Cholesterol Facts, [cdc.gov/cholesterol](https://www.cdc.gov/cholesterol).

From the American Heart Association Kitchen

September's recipe leans into fall: warm maple, sharp Dijon, and omega-3 rich salmon, the fish the AHA recommends eating twice a week for cardiovascular health.



Spinach-Stuffed Baked Salmon

25 MIN TOTAL

SERVES 4

OMEGA-3 RICH

Why This Recipe Works for Heart Health

Salmon delivers EPA and DHA omega-3 fatty acids, associated with lower triglycerides and reduced cardiovascular risk. This recipe pairs it with a spinach, roasted red pepper, and walnut filling, adding fiber, plant nutrients, and additional omega-3s from the walnuts. It is an official American Heart Association Heart-Check recipe, reprinted here from [recipes.heart.org](https://www.heart.org/recipes).

Ingredients

- 1 teaspoon extra virgin olive oil
- 2 oz spinach (about 1/2 cup)
- 1 teaspoon grated lemon peel
- 1/4 cup chopped roasted red bell peppers, drained and rinsed if bottled
- 1/4 cup fresh basil, coarsely chopped
- 2 tablespoons chopped walnuts
- 4 salmon fillets (about 4 oz each)
- 2 tablespoons Dijon mustard (lowest sodium available)
- 2 tablespoons plain dry bread crumbs (lowest sodium available)
- 1/2 teaspoon dried oregano, crumbled
- 1/2 teaspoon garlic powder
- 1/8 teaspoon pepper

Directions

1. Preheat the oven to 400°F. Line a baking sheet with foil and lightly spray with cooking spray.
2. In a large skillet, heat the olive oil over medium heat, swirling to coat the bottom. Cook the spinach and lemon zest for 2 minutes, or until the spinach is wilted, stirring constantly.
3. Transfer to a medium bowl. Stir in the roasted peppers, basil, and walnuts. Let cool for 5 minutes.
4. Cut a lengthwise slit in the side of each salmon fillet to make a pocket, being careful not to cut through to the other side.
5. With a spoon, carefully stuff a scant 1/2 cup of the spinach mixture into each fillet.
6. Spread the Dijon mustard over the outside of each stuffed fillet. In a small bowl, combine the bread crumbs, oregano, garlic powder, and pepper, then press the mixture onto the mustard-coated salmon.
7. Place on the prepared baking sheet and bake for 15 minutes, or until the salmon flakes easily with a fork.

Fall Into Strength: The Resistance Band Plan

Last month we built the base with bodyweight training. This month we add resistance, and with it, a second goal that matters more with every passing year: balance.

Falls Prevention Awareness Week runs September 21 through 27, and here is the truth behind the awareness campaign: falls are the leading cause of injury among adults over 65, and the single best protection against them is a body strong enough and stable enough not to fall in the first place. Strength training is fall prevention. Balance work is fall prevention. This month's plan is both.

All you need is a set of resistance bands, a sturdy chair or counter, and 30 minutes.

Why Bands, and Why Balance

- **Resistance bands build strength safely**, with smooth tension that is gentle on joints and scales to any fitness level.
- **Strength training preserves muscle mass and bone density**, the two physical reserves that determine how well we age.
- **Balance work trains the stabilizing muscles and reflexes** that catch you when the ground surprises you. It is trainable at every age, and it fades without practice.
- **The combination protects independence**, which is the real goal behind every rep.

Week 1: Learn The Band	Band rows, band chest press, band squats: 3 sets of 12 each. Band pull-aparts, 2 sets of 15. Finish with a 30-second single-leg stand per side, holding a counter if needed. 3x this week.
Week 2: Build The Pull	Increase to 4 sets. Add band overhead press and band deadlifts, 10 reps each. Single-leg stand now 45 seconds, fingertips only on the counter. 3-4x this week.
Week 3: Add Balance	Full circuit with minimal rest: rows, chest press, squats, overhead press, deadlifts, pull-aparts. Add heel-to-toe walking, 20 steps forward and back. 4x this week.
Week 4: Own Your Stability	Full 30-minute circuit 4-5x this week. Single-leg stands with no support, 30 seconds per side. You have built strength and balance that protect your independence.

If you have joint concerns, cardiovascular history, or are just returning to exercise after a break, please reach out before beginning. Dr. Marshall can help you build a plan that is safe and appropriate for exactly where you are right now.

Strength, in Scripture, is never something we manufacture alone. It is renewed, restored, and given for a purpose. The strength we build in the gym and the strength we receive in the waiting are not so different: both prepare us to run the race in front of us without growing weary. This September, we are building both.

"But they that wait upon the LORD shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; and they shall walk, and not faint."

Isaiah 40:31 - KJV



Quote of the Month

"We are what we repeatedly do. Excellence, then, is not an act, but a habit."

Will Durant

Questions about your cholesterol numbers, the right heart scan for you, or anything else from this newsletter?

Schedule a Visit or Reach Out

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If you believe you received this in error, please contact us at
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