

Calcium scores: what the number means and what it doesn't

A calcium score measures plaque build-up in your artery walls over the years — it is a risk number, not a blockage detector.

Understanding the diagnosis

Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

A coronary calcium score is a number, taken from a CT scan, that measures how much calcium has built up in the walls of your coronary arteries over the years.

Calcium in an artery wall is a footprint of plaque — the same material that can narrow or block a pipe over time. So the score is a useful way to ask: how much plaque has my heart's plumbing accumulated? But the number is regularly misunderstood, and the misunderstanding causes both needless fear and needless relief.

What the number actually measures

The scan looks at the walls of the pipes, not the space inside them. It counts calcified plaque — plaque that has hardened with calcium. It does not see soft, younger plaque, and it does not measure how much blood is getting through today.

Score	What teams usually take from it
0	No detectable calcified plaque. A reassuring result for most people — but not a promise. Soft plaque can still exist, and the scan says nothing about tomorrow.
1–99	Some plaque present. For most people this is a low burden — a nudge to keep risk factors well managed.
100–399	Moderate burden. Usually the trigger for a more serious conversation about risk and prevention.

Score	What teams usually take from it
400 or more	High burden. A strong signal that prevention and treatment matter — usually a conversation about medicines and lifestyle, sometimes further tests.

Most scoring systems group scores roughly like this. The exact cut-offs vary slightly between systems — let your team interpret your number.

What the number does NOT tell you

- Where a blockage is — the score is a whole-heart total, not a map. A high score does not say which pipe, and a low score does not rule out a narrowing somewhere.
- Whether an artery is blocked today — a blockage is about the space inside the pipe; the score is about the wall.
- Whether you “need” a stent or bypass — calcium scoring is a risk tool, not a referral for intervention.
- Your future — a high score is a warning, not a sentence; a zero is good news, not a guarantee.

What it means for real people

For most people the score answers one question: how hard should I work at prevention? A score of zero is a reason to keep doing what you are doing. A high score is a reason to have a serious prevention conversation — and many people find that conversation, however uncomfortable, is exactly the push that changed their health. The number is a photograph of the past; what matters is what you and your team do from here.

What to ask your team

- What does my score mean for my personal risk, alongside my other risk factors?
- Does it change anything about my medicines or my lifestyle plan?
- Should anyone in my family be checked too — especially if heart disease runs in the family?
- Is there any reason to repeat the scan, and if so, when?

Take it to your team

Bring the scan report itself to the appointment, not just the number you remember. Ask them to put the score in context — the number alone means little without your blood pressure, cholesterol, diabetes, smoking and family history.

Call for help if

You get chest discomfort, pressure or pain — especially with effort — that lasts more than a few minutes. A high calcium score is a reason to take symptoms seriously, not to wait for the next scan.

The score is a tool your team uses; it is not a verdict. Let them interpret it for you, in the context of your whole picture, and let the decision-making stay where it belongs — with you and your team.

Questions to take to my team

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☐ Does it change anything about my medicines or my lifestyle plan?

☐ Should anyone in my family be checked too — especially if heart disease runs in the family?

☐ Is there any reason to repeat the scan, and if so, when?

For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.