



The Value of LongevityQuest®

*A Physician's First Hand Account of How
myLQAnalysis® Could Benefit His Clients*

By Dr. Michael Murray

As a practicing physician myself, I am excited to make the Complete **myLQAnalysis**® available for my clients. Actually, one of my clients helped create the service and brought me an example of how the *Analysis* could help me in detecting otherwise unknown mortality concerns about my clients' health.

Here is a real life example he shared with me—a female age 52 who had never smoked and had no significant medical history.

He provided me with these test results and asked my opinion of the risk from a mortality perspective. I took a quick look at the results and didn't see anything that was a real concern—cholesterol and LDL were high but with such a good HDL the ratios were fine. The GGT marker was a little high but everything else looked ok—other liver markers, urine tests, BMI, blood pressure, everything.

Sex: Female Weight: 135 Urine Tests: Normal
Age: 52 BMI: 23.2 BP Syst: 100
Tobacco: No HIV: Negative BP Dias: 72
Height: 5'4" Hepatitis: Negative Pulse: 72

RESULT	NORMAL	ABNORMAL	REFERENCE
Glucose	83		60 - 109
Fructosamine	1.4		1.2 - 2.0
BUN	13		7.0 - 22
Creatinine	0.6		0.6 - 1.3
ALP	47		30 - 125
Bilirubin	0.3		0.2 - 1.2
AST	10		0 - 33
ALT	4		0 - 45
GGT		55	0 - 45
Total Protein	6.1		6.1 - 8.2
Albumin	3.6		3.6 - 5.0
Globulin	2.5		2.1 - 3.9
Cholesterol		230	140 - 199
HDL	65		35 - 100
LDL		137	0 - 129
TC/HDL	3.54		< 5.0
LDL/HDL	2.1		0.6 - 4.3
Triglycerides	141		0 - 150

Perhaps you, like me, took a quick look and felt like there are a few concerns but nothing serious so I replied "She seems fine to me, perhaps even a preferred risk. But I know you come from the life insurance industry and you are conservative so you might not agree."

His response was that these results were for a life insurance application and the underwriter had concluded that she was a preferred risk—and they issued her a preferred risk policy.

Then she died within 6 months of the tests. I was stunned.

He said that had she gone through their *Analysis*, she would have been placed in a very high mortality group—and ranked very low in longevity relative to others her age—in fact she would have been in the 23rd percentile. I was shocked—how could that be and what did I miss?

He then showed me the **myLQFactors®** part of the Complete *Analysis*. When I saw those factors that were deemed to be indicators of extra mortality risk, I perceived there might be a cancer issue involved due to the low protein levels and AST/ALT/ GGT combination. And in fact, he said she died of pharyngeal cancer.

“I perceived there might be a cancer issue involved due to the low protein levels and AST/ALT/SGGT combination, and in fact, this patient died of pharyngeal cancer”

myLQFactors®

BLOOD PRESSURE	-1%	ALP/SGGT	-57%
PULSE	-6%	AST / ALT	-104%
HEIGHT / WEIGHT	0	LIPID PANEL	+1%
CREATININE	-8%	UR PH	0
ECCR	0	UR PROT / CREATININE	-5%
PROTEIN PANEL	-257%	SER CREAT / UR PROTEIN	0
SERUM GLUCOSE	0	UK LEUKOCYTES	0
FRUCTOSAMINE	-7%	UR HEMOGLOBIN	0
BILIRUBIN	-9%	UR DIURETIC	0
BLOOR UREA NITROGEN	-5%	UR GLUCOSE	0

Contributing factors have been limited to the laboratory tests performed and physical measurement data collected. Percentages are relative to a person's peer group as defined by age and gender. Negative percentages indicate a negative effect on longevity; positive percentages indicate a positive effect on longevity.

They did not know she would die of cancer, only that her profile was associated with significantly increased mortality.

She could have taken her *Factors* report to her physician immediately for further tests and review. Perhaps her life could have been spared or extended with an earlier diagnosis.

Of course, most of my clients will not have such a life-threatening, hidden risk but this new tool can help identify those who do. I have made the Complete *Analysis* available to all my clients and find the report to be a valuable tool for the client's annual review and physical.

ABOUT THE AUTHOR

Dr. Murray attended Auburn University and The University of Alabama School of Medicine in Birmingham. He completed his residency in Internal Medicine at Carraway Methodist in Birmingham, and then moved to Selma, Alabama, where he practiced for twelve years. In 1993, Dr. Murray moved back to Birmingham to begin a sabbatical in Sports Medicine. After completing the sabbatical, he remained in Birmingham, and continues to enjoy his career of over thirty years in Internal Medicine with the last several years as a concierge physician.

Dr. Murray feels strongly about giving back to the community. This includes the indigent care clinic he opened a few years ago in rural Alabama, in the hometown of his grandfather, whom he never had the pleasure of meeting. He gives his time to the clinic on a regular basis, and enjoys working with the community there.

The information provided is intended for general use, and is not designed to diagnose, prevent, treat or cure any condition or disease. Longevity Quest uses biomedical data to analyze and calculate expected longevity and related information based upon mortality estimates. While such information might point to a potential medical issue, any and all such diagnoses should always be performed by a qualified health care provider. The information provided is for demonstration purposes only, and in no way does such information constitute a warranty, representation, recommendation, or validation regarding your physical health or wellbeing.

About LongevityQuest®

LongevityQuest® encourages and empowers people to pursue a long, good life. LongevityQuest's innovative *myLQAnalysis*® reports provide individuals with a personal longevity projection, patented ranking against others, and comprehensive analysis of risk factors that may be subtracting from or adding to longevity—all from the convenience and confidentiality of home. For more information please email info@mylongevityquest.com.