

LIPOPROTEIN(a): What you need to know

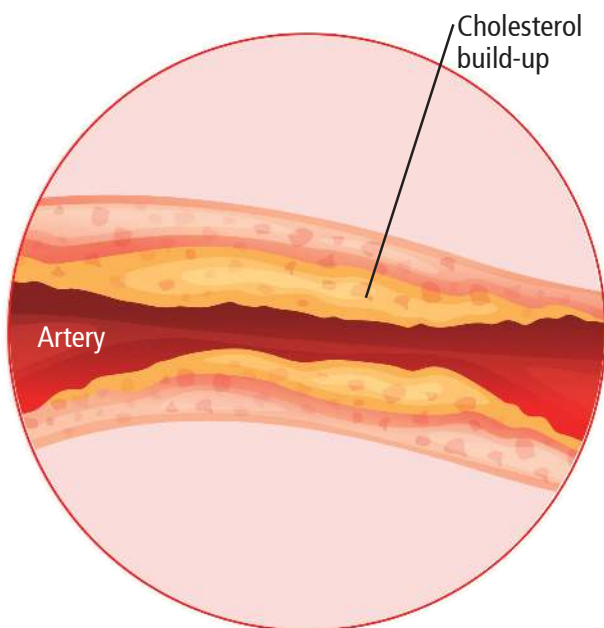
What is Lipoprotein(a)?

Lipoprotein(a), also known as Lp(a), is a particle in your blood that carries cholesterol.

Levels of Lp(a)

The amount of Lp(a) your body makes is inherited and is already determined by the time you are born. Lp(a) does not change very much during your life and is not affected by diet or exercise.

High levels of Lp(a) increase your risk of heart attack and stroke by increasing cholesterol build-up.



About 20% of people, or 1 in 5, have high levels of Lp(a). Some ethnic backgrounds put you at higher risk for Lp(a). You might also have higher Lp(a) if you have had a heart attack or if you have been diagnosed with unstable angina or kidney disease. In women, menopause may increase Lp(a).



Testing for Lp(a)

A simple one-time blood test can measure your Lp(a) level, but it is not included in the standard set of cholesterol or lipid panels.

Levels of Lp(a) are reported in different units, either mg/dL or nmol/L. Lp(a) levels greater than 50 mg/dL or 100 nmol/L are considered high.

Here are some reasons your healthcare provider may suggest that you get an Lp(a) blood test:

You or a family member had a heart attack or stroke at an early age.

You have multiple risk factors, such as high blood pressure (especially at an early age), coronary artery disease, diabetes, or smoking.

Someone in your family has high Lp(a).

You have high levels of a type of cholesterol called LDL, even while taking medicine to treat it.

You have had a recent heart attack or stroke.

You or a family member have a history of familial hypercholesterolemia, also known as FH.

If a parent has high Lp(a), genetic testing may be helpful for their children. Testing may also be helpful for parents of a child that has high Lp(a).

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What can you do?

If you have high levels of Lp(a), your provider will identify what treatments might work best for you. There is not one treatment that works for all patients.

A healthy lifestyle is important to reduce your overall risk for cardiovascular disease and stroke. Prescribed medicines and medical procedures are still very important to help you manage risk factors.



What can you do about lifestyle?

- Eat a healthy diet.
 - 4-5 servings per day of vegetables and whole fruits
 - Whole grains instead of simple carbohydrates
 - Limit sweets and sugary drinks
 - Limit foods high in saturated and trans fats
- Aim for 30-60 minutes of physical activity every day.
- Stop smoking. Visit smokefree.gov or call 1-800-QUIT-NOW.
- Aim for a healthy weight.
- If you drink alcohol, less is better. Limit yourself to 1 drink per day for women and 2 drinks per day for men.
- Manage stress with regular physical activity and relaxation exercises, such as yoga or meditation.

Resources

- American Heart Association: heart.org
- The Foundation of the National Lipid Association: learnyourlipids.com/lipid-disorders/a-word-about-lipoproteina/
- Preventive Cardiovascular Nurses Association: pcna.net
- Family Heart Foundation: thefffoundation.org/what-is-lpa

What about medications and procedures?

- It is important to manage all your risk factors. Take prescribed medicines for lowering:
 - High cholesterol
 - High blood pressure
 - High blood sugar/diabetes
- There is not currently a medicine available that is specifically for lowering Lp(a). The good news is that lowering LDL cholesterol will lower your risk of heart attack and stroke, even if you have high Lp(a).
- Medicines called statins work mainly to lower LDL cholesterol.
- Other cholesterol medicines, called ezetimibe and bempedoic acid, may also be used to lower LDL.
- Injectable medicines, called PCSK9 inhibitors, are used to lower LDL cholesterol, and an additional benefit is that they lower Lp(a).

Medical procedures

In certain cases, a procedure called apheresis may be used to filter the blood to remove LDL cholesterol and Lp(a). The effects are temporary and often need to be repeated every 1 to 2 weeks.

Future treatments

Scientists are still studying why people with high Lp(a) levels are more likely to have heart attacks and strokes. They are also exploring how best to treat high Lp(a) levels, including new medicines that keep your body from making Lp(a) instead of lowering the amount of Lp(a) your body has already made.