

YOUR COACH'S PLAN · FREE WITH THE ARTICLE

The Lp(a) Cheat Sheet

For anyone with early heart disease in the family, a high LDL, or a nagging sense that a normal cholesterol panel is not telling the whole story. Every line below restates a claim verified against Tier-1 medical sources. Nothing here is invented, and nothing is for sale.

✓ CHECKED AGAINST HARVARD HEALTH & THE NHLBI (NIH)

1 in 5

Carry a high level

Roughly 20 to 30 percent of people worldwide, per the NHLBI, and most feel nothing.

2 to 3x

Higher heart attack risk

How much a high Lp(a) can raise it, Harvard Health reports, on top of stroke and aortic valve risk.

Once

Testing for life

Levels are genetic and stay stable, so the NHLBI says one screening is usually enough.

1

Ask Whether Lp(a) Fits Your Picture

Add one test to your next blood draw

WHY IT MATTERS

A standard cholesterol panel never measures lipoprotein(a), so a high level can hide behind numbers that look perfectly normal. Harvard Health says the test earns its place if you have **early heart disease, a family history of it, an LDL of 190 mg/dL or higher, or a relative with a known high Lp(a).**

SAY THIS TO YOUR PROVIDER

"Early heart disease runs in my family. Should I get a one-time lipoprotein(a) test added to my next blood draw?"

☐ Family history of early heart disease ☐ LDL 190 mg/dL or higher ☐ Relative with a known high Lp(a)

SOURCE: HARVARD HEALTH

2

Read a High Number as a Signal, Not a Sentence

Elevated means higher risk, not certainty

WHY IT MATTERS

Both the NHLBI and Harvard Health stress that an elevated level raises your risk but does not guarantee an event. Because Lp(a) runs in families, a high result is also a prompt to tell your **siblings, parents and children** to get tested.

SAY THIS TO YOUR PROVIDER

"A high level is not a diagnosis. How aggressively should we treat everything else, and should my close relatives test too?"

☐ Elevated is risk, not destiny ☐ Tell siblings, parents, children ☐ Consider a cardiology consult

SOURCE: NHLBI & HARVARD HEALTH



Push Hard on the Risks You Can Move

You cannot train Lp(a) down, so aim elsewhere

WHY IT MATTERS

Lifestyle barely changes the particle itself, so the strategy is to lower everything around it: **LDL cholesterol, blood pressure, a plant-forward diet, regular activity, sleep and no tobacco.**

Harvard Health says a high Lp(a) may warrant more intensive LDL lowering with statins or PCSK9 inhibitors.

SAY THIS TO YOUR PROVIDER

"Since I can't lower Lp(a) with lifestyle, what LDL target should we aim for, and does a statin or PCSK9 inhibitor make sense for me?"

☐ Lower LDL to your target ☐ Blood pressure in range ☐ Plant-forward diet and activity ☐ No tobacco

SOURCE: HARVARD HEALTH & NHLBI

THE EVIDENCE, AT A GLANCE

WHAT THE EVIDENCE SUPPORTS

- ✓ A separate Lp(a) blood test, since a standard panel misses it
- ✓ One-time screening for most people, because levels stay stable
- ✓ More intensive LDL lowering with statins or PCSK9 inhibitors when advised
- ✓ A plant-forward diet, exercise, sleep and no tobacco for overall risk

WHAT WILL NOT MOVE LP(A)

- ✗ Diet and exercise alone, which barely change the particle
- ✗ Waiting for symptoms, since most people have none
- ✗ A routine cholesterol panel, which does not measure Lp(a)
- ✗ Assuming a normal LDL means you are in the clear

FULL SOURCES

Harvard Health Publishing, "The latest on lipoprotein(a), an inherited cause of early heart disease" ([health.harvard.edu](https://www.health.harvard.edu)). National Heart, Lung, and Blood Institute (NHLBI, NIH), "Lipoprotein(a): What to know about elevated levels" ([nhlbi.nih.gov](https://www.nhlbi.nih.gov)). Educational use only; consult your physician before making changes.

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