



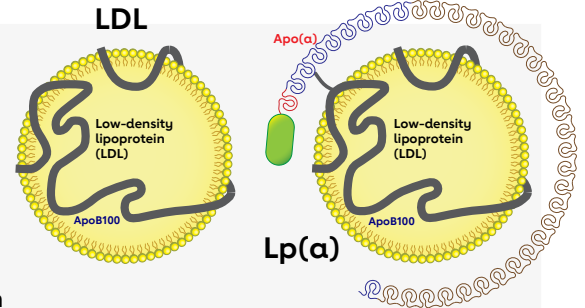
Lipoprotein (a): Myths Vs. Facts

Myth 1:

If I know my LDL “bad” cholesterol number, I don’t need to have my Lp(a) tested

Fact: Lipoprotein (a), commonly abbreviated as Lp(a), and LDL cholesterol are not the same. While both contain harmful or “bad” cholesterol, they are different in their composition and potential impact on increasing the risk of heart disease. LDL primarily consists of cholesterol esters and apoB protein on its surface; Lp(a) shares a similar composition with LDL but contains an additional protein called apolipoprotein(a) (apo(a)) attached to apoB. This difference in their structures introduces unique properties to Lp(a), potentially leading to increased plaque buildup, inflammation and blood clotting in the arteries due to the similarity of apo(a) to plasminogen, a protein involved in blood clotting regulation.

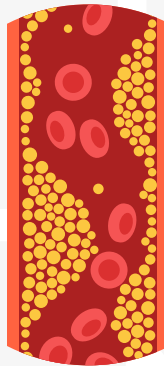
You could have a normal LDL number and a high Lp(a) level. Since the regular cholesterol test doesn’t include Lp(a), ask your doctor about getting an Lp(a) test.



Myth 2:

I don’t need to know my Lp(a) level because it doesn’t affect my health

Fact: Too much Lp(a) in your arteries can cause the accumulation of fatty deposits, known as plaques, which narrow arteries and reduce blood flow. If a piece of the plaque breaks free, it can block blood flow to vital organs such as the heart, brain, kidneys, lungs, and other parts of the body. This can lead to serious conditions including heart attack, coronary artery disease, aortic stenosis, peripheral artery disease (PAD), and stroke. Therefore, **having high Lp(a) levels can significantly impact your health.**



Myth 3:

I don’t have any symptoms, so I don’t need to get my Lp(a) tested

Fact: Many people don’t have symptoms until they experience a serious event such as a heart attack or stroke. Since Lp(a) levels are **mainly determined by genetics**, you could have high Lp(a) even if you maintain a healthy lifestyle and control all other heart disease risk factors. Talk to your doctor if you have:

- Family or personal history of heart disease or premature cardiovascular disease
- Known family history of high Lp(a)
- Diagnosis of familial hypercholesterolemia (FH) - an inherited condition where the body poorly recycles LDL or bad cholesterol, which increases the risk of cardiovascular disease

Myth 4:

Just because a close relative has high Lp(a), it doesn’t mean my Lp(a) level will be high too

Fact: Lp(a) is a genetically inherited lipoprotein and a common independent risk factor for heart disease. If anyone in your family has high Lp(a), it’s important to get tested, and encourage other family members to get tested as well. Early intervention is crucial in reducing the risk of heart disease. Ask your doctor about **cascade screening** and other genetic testing options for your specific needs.



Myth 5:

Children can’t get their Lp(a) tested; only adults can

Fact: The genes inherent from parents at birth determine the Lp(a) level.

Lp(a) levels are typically established around age 5 and remain consistent from then on. Previous studies have shown that high Lp(a) levels in children are linked to a higher, future risk of premature cardiovascular disease. Children with high Lp(a) levels should adopt a lifelong heart-healthy lifestyle and work on reducing all controllable risk factors, especially their LDL (bad) cholesterol.

Myth 6:

My ethnicity and sex do not impact my Lp(a) level

Fact: While high Lp(a) levels happen in people of all races, South Asian and Black individuals of African descent are more likely to have high Lp(a) numbers. Additionally, women aged 50 and older have been shown to have higher Lp(a) levels than men.



Myth 7:

I can reduce my Lp(a) through medication and lifestyle changes

Fact: Although there aren't any medications currently available to specifically reduce Lp(a), there is a lot you can do to improve your heart health. Even if a healthy lifestyle won't directly reduce your Lp(a) level, it will significantly reduce your risk of heart disease. If you have high Lp(a), it's very important to maintain a heart-healthy lifestyle for life and manage all other risk factors, particularly your LDL cholesterol. The following steps are recommended:



- Taking your prescribed medications as directed
- Not smoking
- Eating heart-healthy foods
- Exercising regularly
- Maintaining a healthy weight
- Limiting alcohol consumption
- Getting enough sleep
- Attending your follow-up appointments with your doctor to monitor and manage your risk factors

Exciting news. New treatments to lower Lp(a) levels are being developed and could become available within the next few years. Keep informed by discussing this with your doctor and staying updated on new developments.

Myth 8:

No health insurance covers the Lp(a) test

Fact: Health insurance often covers Lp(a) testing, but if you're unsure about your plan's coverage, contacting your insurance and providing them with the CPT code **83695** for the test can help clarify. If your insurance doesn't cover the Lp(a) test, your doctor may be able to assist you in finding affordable options.



Talk to your doctor about Lp(a) and how to reduce your risk of heart disease.

Learn more at heart.org/lpa

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