

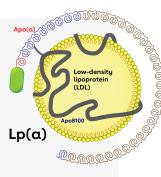
Lipoprotein (a): Myths Vs. Facts

Myth 1:

If I know my LDL cholesterol number, I don't need to have my Lp(a) tested

Fact: LDL and Lp(a) are different. Imagine your blood is like a river flowing through your body, with boats called lipoproteins carrying cholesterol and similar substances. Both lipoprotein (a) [Lp(a)] and low-density lipoprotein (LDL), or (bad) cholesterol, have a passenger called ApoB-100, but Lp(a) has an extra passenger called Apo (a). If there are too many Lp(a) boats in your blood, they can stick to the walls of your blood vessels, making the river narrower and harder for blood to flow smoothly. Doctors check for Lp(a) because having too much can increase your risk of heart disease.





You could have a normal LDL number and a high Lp(a) level. Since regular cholesterol tests don't check Lp(a), ask your doctor if you should have an Lp(a) test.

Myth 2:

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

Fact: A high Lp(a) level can cause plaque buildup, narrowing arteries and reducing blood flow. It also increases inflammation and blood clotting, making it harder to break down clots, which can cause plaque rupture. Both plaque buildup and rupture can end up blocking blood flow to important organs like the heart, brain, kidneys, and lungs. This can lead to serious conditions like heart attack, coronary artery disease, aortic stenosis, peripheral artery disease (PAD), and stroke. So, high Lp(a) can really harm your health.



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 genetic lipoprotein and a common risk factor for heart disease. If a close family member has high Lp(a), it's important to get tested and encourage other family members like parents, siblings, and children to do the same. Ask your doctor about genetic testing options like <u>cascade</u> screening.

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

Myth 3:

Fact: Many people don't have symptoms until they have a serious event such as a heart attack or stroke. Since Lp(a) levels are mostly genetic, you could have high Lp(a) even with a healthy lifestyle. Talk to your doctor if you have:

- Family or personal history of premature heart disease (meaning under 45 for men and under 55 for women)
- Known family history of high Lp(a)
- Diagnosis of familial hypercholesterolemia (FH) - an inherited condition where the body poorly recycles LDL or bad cholesterol

Myth 5:

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

Fact: The genes you inherent from your parents determine your Lp(a) level.

Lp(a) levels are set by age 5 and generally stay the same from then on. High Lp(a) in children is linked to a higher risk of early heart disease. Children with high Lp(a) should live a hearthealthy life and try to lower controllable risk factors, especially their LDL (bad) cholesterol.

Myth 6:

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

Fact: High Lp(a) levels happen in people of all races, but Black individuals of African descent and South Asian populations often have the highest Lp(a) levels. Women over 50 also tend to have higher Lp(a) levels than men.



Myth 7:

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

Fact: Although lifestyle changes can't lower Lp(a) levels, it's important to lower your overall risk of heart disease by:



- Taking your prescribed medications as directed
- Not using tobacco products
- Eating heart-healthy foods
- Exercising regularly
- Maintaining a healthy weight
- Limiting alcohol use
- Getting enough sleep

*New treatments to lower Lp(a) levels are being developed. Talk to your doctor for more information.

Myth 8:

No health insurance covers the Lp(a) test

Fact: Health insurance often covers Lp(a) testing, but if you're unsure, contact your insurance with the CPT code 83695 to check coverage. If not covered, your doctor may be able to help find affordable options.



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