

Managing Your Dyslipidemia



What is dyslipidemia?

Dyslipidemia is the buildup of an abnormal amount of lipids (cholesterol and/or fat) in the blood. This imbalance can increase the risk of heart disease, including heart attacks and strokes. Doctors usually measure three types of lipids:

Low-density lipoprotein (LDL)—Also called “bad cholesterol.” LDL is linked to the buildup of plaque (a thick, hard deposit that can clog arteries). Too much LDL increases the risk of heart disease.

High-density lipoprotein (HDL)—Also called “good cholesterol.” HDL particles help remove bad cholesterol from the body. High HDL cholesterol levels mean you have a lower risk of heart disease; low levels mean you have a higher risk.

Triglycerides—A kind of fat in the blood that can add to the buildup of plaque in the arteries. High levels signal an increased risk of type 2 diabetes and heart disease.

What causes dyslipidemia?

Some factors that play a role in lipid problems can't be changed, like genes, family history, aging, and male sex. However, other factors, like eating a diet high in saturated fat and not getting enough exercise, can be changed.

Who is at risk?

You may have a higher risk of dyslipidemia and heart disease if you:

- Eat an unhealthy diet
- Are overweight or obese
- Are not active
- Drink too much alcohol
- Have diabetes



The American College of Cardiology/American Heart Association offers an easy-to-use tool to help you measure your risk of heart disease. This risk calculator (available at <http://tools.cardiosource.org/ASCVD-Risk-Estimator>) determines your 10-year and lifetime risk of having a heart attack or stroke.

The components include:

- Age
- Sex (male or female)
- Race
- Total cholesterol level
- HDL cholesterol level
- Systolic blood pressure (treated or untreated)
- Current smoking status
- Presence of diabetes

How do I know if my lipid levels are healthy?

A simple blood test will show the amount of lipids in your blood. The American Heart Association recommends that all adults aged 20 years or older have their cholesterol levels checked every 4 to 6 years. Levels in the following ranges are considered healthy:

- Total cholesterol—Less than 200 mg/dL
- LDL cholesterol (“bad” cholesterol)—Less than 100 mg/dL
- HDL cholesterol (“good” cholesterol)—40 mg/dL or higher
- Triglycerides—Less than 150 mg/dL





How can I keep my lipid levels at a healthy level?

You can improve your lipid levels and lower your risk of heart disease by learning more about your risk factors and following a healthier lifestyle, including:

- **Eating healthy food**—Cut down on or do not eat foods that are high in saturated fat, like fatty meats, fried food, whole milk, cheese, and butter. Eat more foods that are low in saturated fat and high in fiber. Include a variety of fruits, vegetables, whole grains, lean meats, and fish high in omega-3 fatty acids (such as salmon or trout). If you are overweight, talk with your healthcare team about a plan to lose weight.
- **Exercising more**—Aim for about 3 hours of moderate exercise each week. Walking is a great choice.
- **Managing other key risk factors**—Get help to stop smoking and limit the amount of alcohol that you drink. If you have high blood pressure or diabetes, ask your healthcare team about how to manage these conditions.



Are there medications that can help?

In addition to making lifestyle changes, some patients will need medications to further lower their cholesterol levels. The major types of cholesterol-lowering medicines and how they work are listed below. Each type has a specific target, and they work in different ways. Some people may need more than one treatment.

Commonly Prescribed Medications for Dyslipidemia

TYPE OF MEDICATION	EXAMPLES	PURPOSE
Initial Therapy		
Statins	Lovastatin Pravastatin Simvastatin Fluvastatin Atorvastatin Rosuvastatin Pitavastatin	Blocks cholesterol from being made in the liver; especially good at reducing LDL cholesterol
Fibrates	Gemfibrozil Fenofibrate	Lowers triglycerides in the blood
Other Therapy Options		
Cholesterol absorption inhibitors	Ezetimibe	Helps prevent the body from absorbing cholesterol (both from food and cholesterol made by the body)
Bile acid sequestrants	Cholestyramine Colestipol Colesevelam	Works in the intestines to reduce the amount of cholesterol absorbed from food
Nicotinic aids	Niacin	Works in the liver to lower blood fats, triglycerides, and LDL and to increase HDL
PCSK9 inhibitors	Evolocumab Alirocumab	Blocks a protein in the liver to remove more LDL-C from the blood

Because these drugs work differently, they may cause different types of side effects. Statins, the best and most commonly used lipid-lowering drug, may cause constipation, stomach pain or cramps, and gas. Patients taking statins must watch for serious side effects, such as muscle pain. If you think a medication is causing side effects or just not working, talk with your doctor about other choices.

Once you have a plan that works and are seeing results, it is important to stick with that plan and have regular follow-ups with your doctor. Your risk level depends on factors that change over time, like age, activity level, diet, and other medications you use; thus, it is important to talk about these factors with your doctor at each follow-up visit.

Even if you are taking medication, it is important to follow a healthy lifestyle. Continue to eat a healthy diet, exercise, and work toward or maintain a healthy weight.



What is the key to success for managing lipids?

Lipids and heart disease risk must be managed for life, which can be difficult at times. Your approach may depend on many things, like your willingness to change, how much time you can spend planning and preparing meals, and your ability to exercise.

The key is to take control, use an approach that meets your needs, and accept help if you need it. Work together with your doctor and others to help you meet your goals. You may need extra help at times, like from a nutritional counselor, a coach to help you stop

smoking, or a behavioral or mental health therapist; many health insurance plans cover these services. You may also need help from your family members and friends. A successful health program takes teamwork.

Resources

The more you learn about dyslipidemia and cardiovascular risk, the more you can take control. Check out these organizations for more information:

National Heart, Lung, and Blood Institute: www.nhlbi.nih.gov

American Heart Association: www.heart.org

National Lipid Association: www.lipid.org/recommendations



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