Understanding High Lipoprotein(a)

CardioSmart
AMERICAN COLLEGE of CARDIOLOGY

Info sheet

Lipoprotein(a) – What it is and how it might affect your heart health

You've likely heard of low-density lipoprotein (LDL) cholesterol. But what about lipoprotein(a) – also called Lp(a) or "L-P-little-A"?

Though not as well known or talked about, Lp(a) is a type of lipid particle called a lipoprotein that can affect your heart health. Lipoproteins carry cholesterol through the blood.

High Lp(a) is linked to:

- A buildup of fat and cholesterol, called plaque, which can clog the arteries that supply blood to your heart (**coronary artery disease**), eventually slowing or blocking normal blood flow
- **Heart attack**
- **Stroke**
- **Peripheral artery disease (PAD)** – when plaque builds up in the walls of the arteries in your limbs, most often the legs, narrowing blood flow
- **Aortic valve disease** – the aortic valve is one of four valves, or doorways, in the heart that keep blood flowing through the heart in one direction to the body and brain

Lp(a) can also promote inflammation and blood clots, which can be harmful.

All adults should have their Lp(a) checked at least once in their lifetime.



By the Numbers

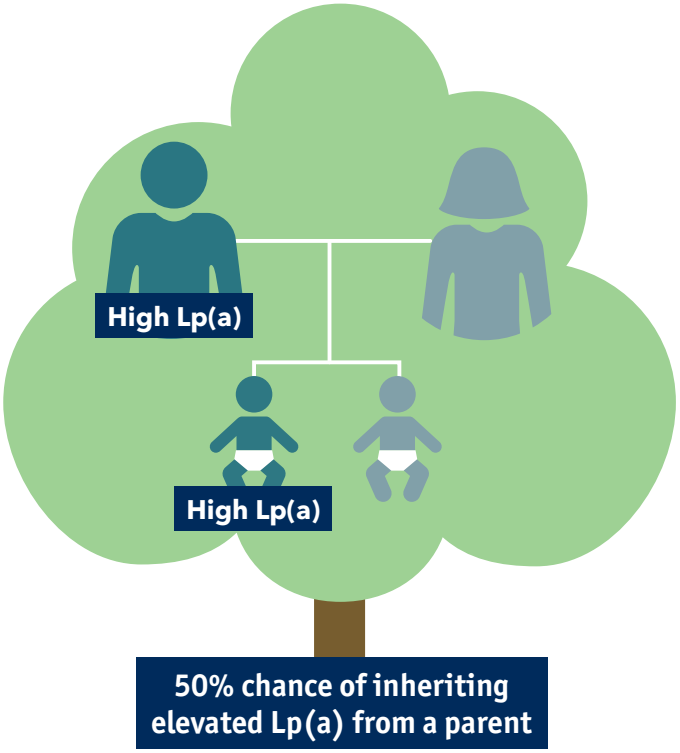
1 in 5 adults
have a high Lp(a)

1 in 3 people with Familial Hypercholesterolemia
have high Lp(a)

Lp(a) can raise one's chance of having a heart attack or stroke

Key things to know about Lp(a)

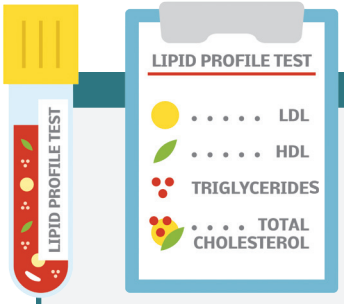
Measuring Lp(a) gives you and your care team more information about your future heart health and ways to protect it. Researchers are quickly learning more.



It's inherited or passed down in families. In most cases, your genes determine how much Lp(a) you make. The amount you have in your body usually stays the same starting in childhood.

It's unrelated to what you eat or other lifestyle choices. Lp(a) levels generally don't change much over time.

High Lp(a) can speed up the buildup of plaque, and lead to narrowed arteries. It increases your risk of heart attack and stroke even when your other cholesterol and blood lipid tests are normal.



A **lipid panel** is a routine blood test used to check your cholesterol levels and help assess your risk of heart and blood vessel disease (cardiovascular disease). It measures your total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides.

Lp(a) – which every adult should have checked at least once – isn't included in a routine cholesterol/lipid panel. It's a separate blood test that measures the amount of lipoprotein(a) in your blood. Because Lp(a) levels tend to stay the same over a lifetime, most people only need to have it checked once.

Knowing your Lp(a) number

Knowing your Lp(a) level will give you and your health care team one more piece of information to help you better understand your cardiovascular risk – how likely you are to develop heart disease or have a heart attack or stroke.

This is especially important if:

- Your LDL cholesterol is still high, even though you take medicine to lower it.
- You've had a procedure to open blocked arteries, a heart attack, or stroke at a young age.
- You have an inherited condition called familial hypercholesterolemia, or FH, which causes dangerously high levels of LDL cholesterol beginning early in life.
- You have a close family member (parent, child, brother or sister) who at an early age had heart disease, a heart attack, or stroke (before age 55 for males, and 65 for females).

Understanding the test results

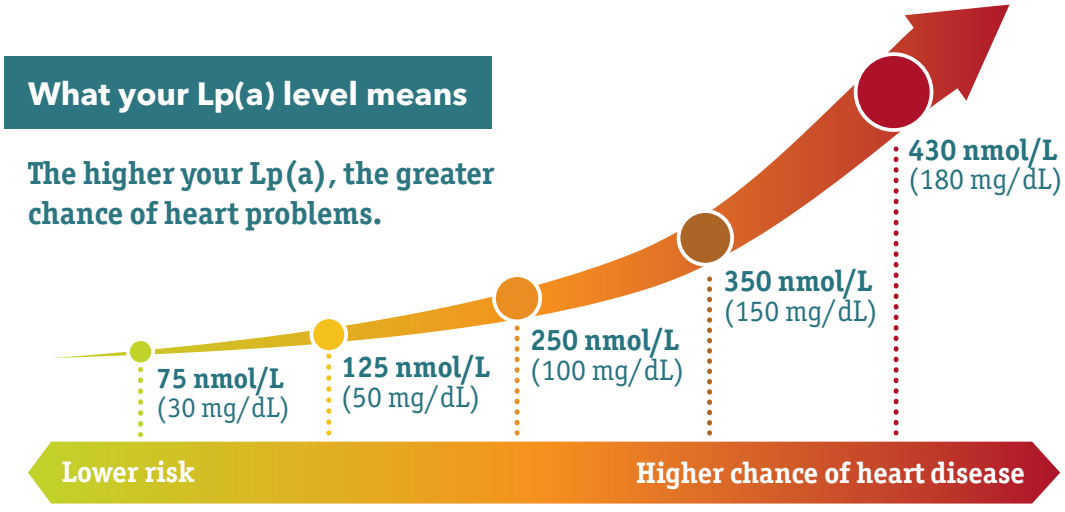
Lp(a) is measured and reported in one of two ways – either in mass units (mg/dL) or in molar units (nmol/L), depending on the lab you use. Levels at or above 125 nmol/L (50 mg/dL) raise your risk of problems. Lp(a) measures of 250 nmo/L (100 mg/dL) and higher have been associated with a 2- to 4-fold greater risk of heart disease.

Although Lp(a) levels tend to be roughly similar over time, we are learning that certain things can influence Lp(a) and affect the results. Examples include:

- Menopause
- Certain medications, such as estrogen supplements, hormone replacement or fertility treatments
- Kidney disease
- Thyroid disease
- PCSK9 inhibitors

In these cases, repeat Lp(a) testing may be useful. Ask your health care team.

If Lp(a) is elevated, added testing may help refine your risk for heart disease and stroke. For example, a coronary artery calcium (CAC) test can measure the amount of calcium in the heart's arteries.



Treating high Lp(a)

Clinical studies are testing treatments that lower Lp(a).

While there aren't any treatments available yet, knowing if your Lp(a) is high is important. It can help you team up with your primary care provider and cardiologist to:

1. **Step up efforts to follow and stick with a healthy lifestyle.**



Eat healthy | Move your body more – for at least 30 minutes most days | Maintain a healthy weight | Quit smoking | Lower stress

2. **Take stronger actions to control other conditions that make heart disease more likely.** For example, managing high blood pressure, high LDL cholesterol, and diabetes.
3. **Talk with family members who might also benefit from getting their Lp(a) checked.**

Questions to ask

- If my Lp(a) is normal or borderline, do I need to get tested again?
- What does my Lp(a) level mean for my chance or risk of heart attack, stroke or other problems?
- How might knowing my Lp(a) affect my other treatments (for example, LDL cholesterol, diabetes)?
- How can I do more to prevent having a heart attack or stroke? Where can I get more guidance on physical activity and healthier meal planning?
- When are treatments to specifically lower Lp(a) expected? Are there medications that can help lower my risk now?
- How does high Lp(a) differ from high LDL cholesterol?
- What should I tell my family about Lp(a)?
- Who would benefit from an Lp(a) test?
- Are there other tests I need to get if my Lp(a) is elevated?



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