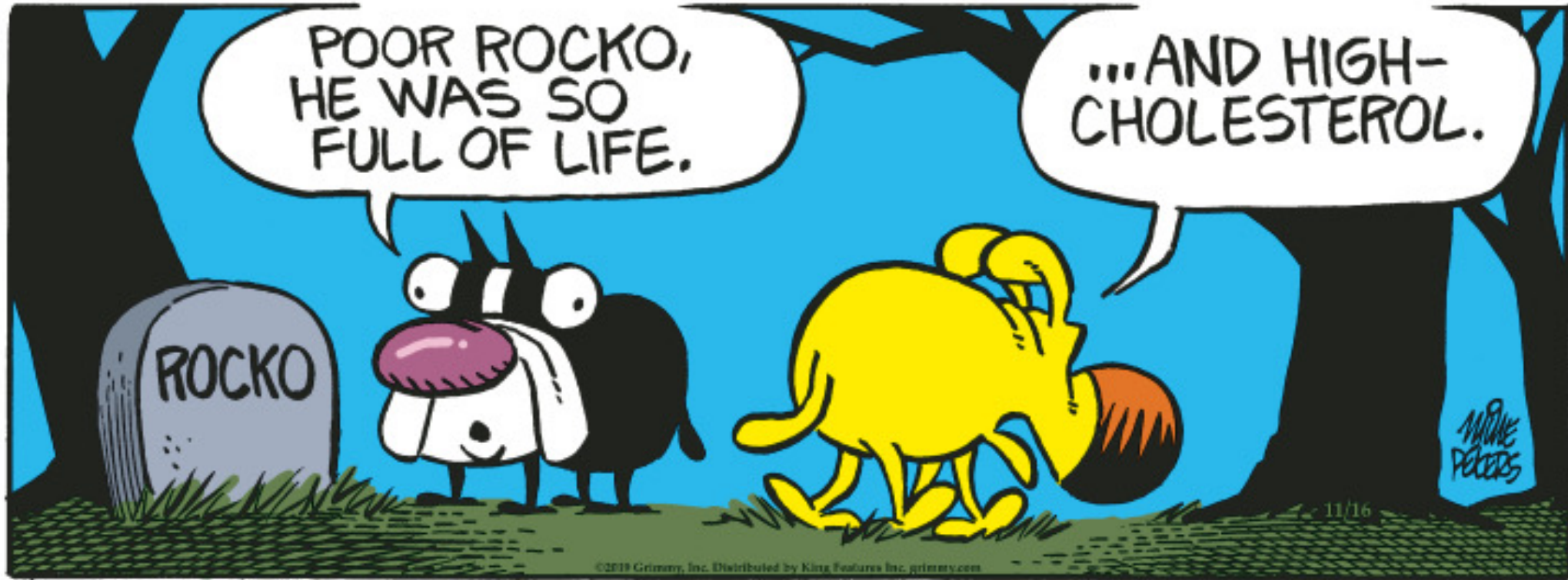


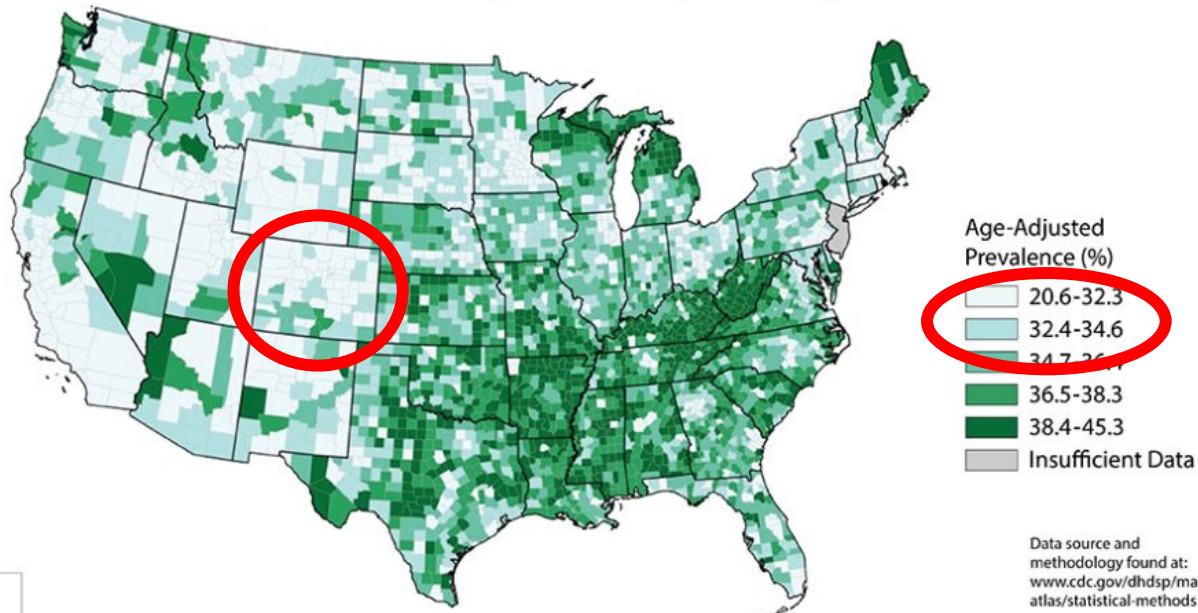
# Managing Your Cholesterol

Robert Shapiro, MD, MS-CR, FACC  
Boulder Heart  
720-853-3032



# Scope of the Problem

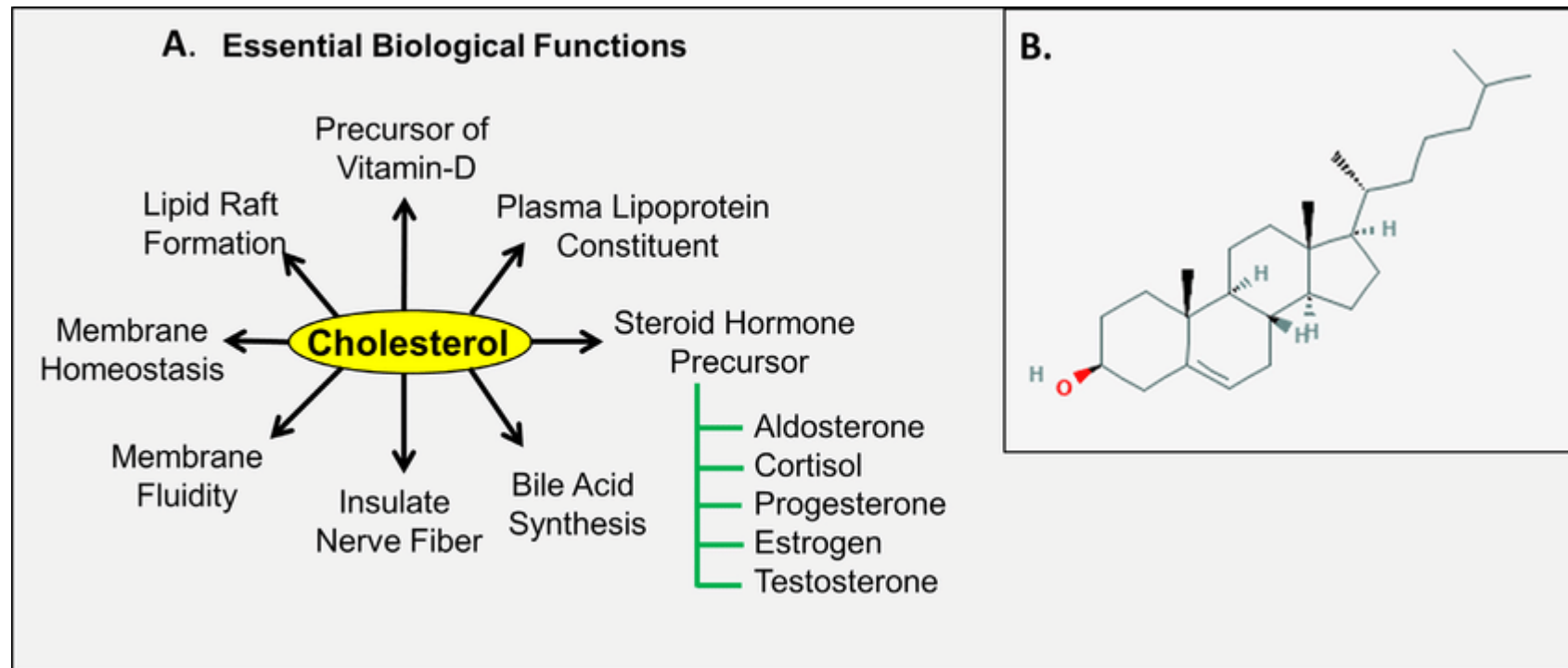
**High Cholesterol Prevalence, 2018-2020**  
Adults Screened, Ages 18+, by County



- 86 million American adults have high cholesterol.
- Only 47 million who could benefit from cholesterol medication take it. (54.5%)
- 33% of adults have not had their lipids checked in the last 5 years.

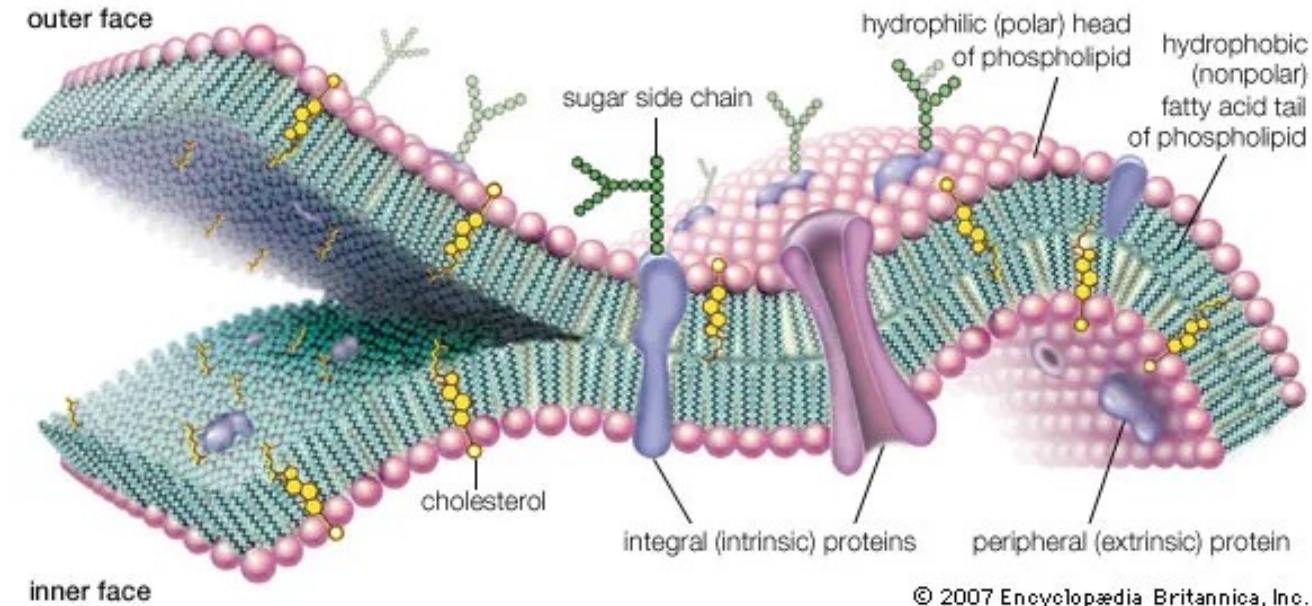
# What is Cholesterol?

- Waxy substance produced in the liver to be used throughout the body.



# Normal Function of Cholesterol

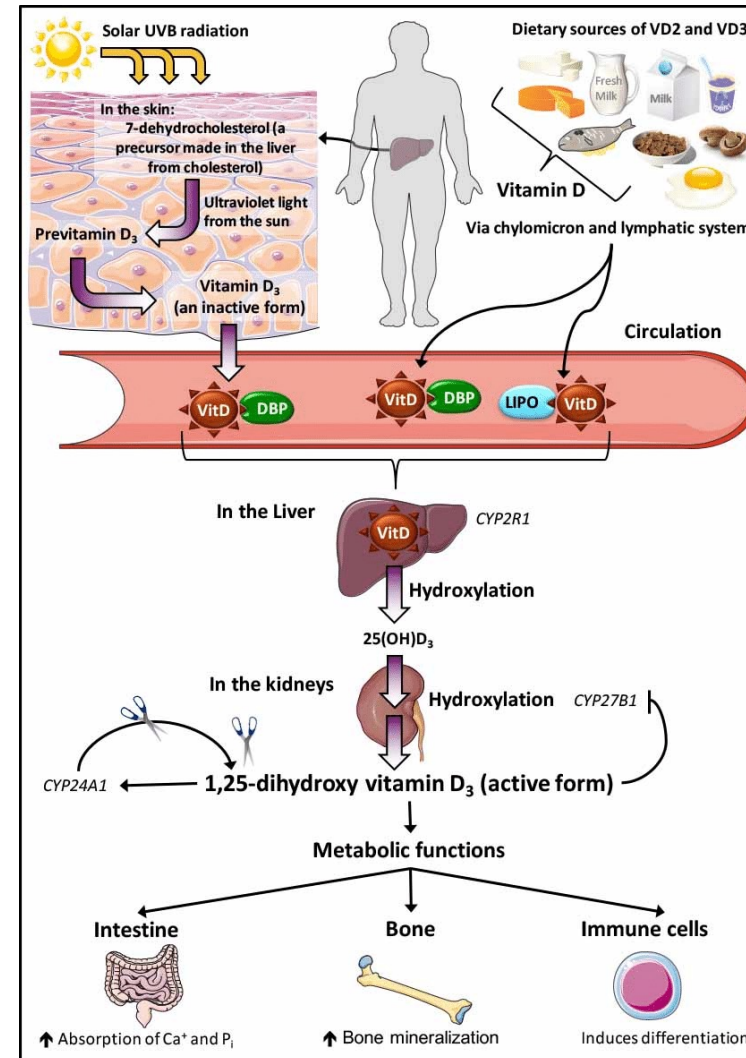
- Part of the cell membrane
- Membrane homeostasis
- Helps maintain the fluidity of the membrane



© 2007 Encyclopædia Britannica, Inc.

# Normal Function of Cholesterol

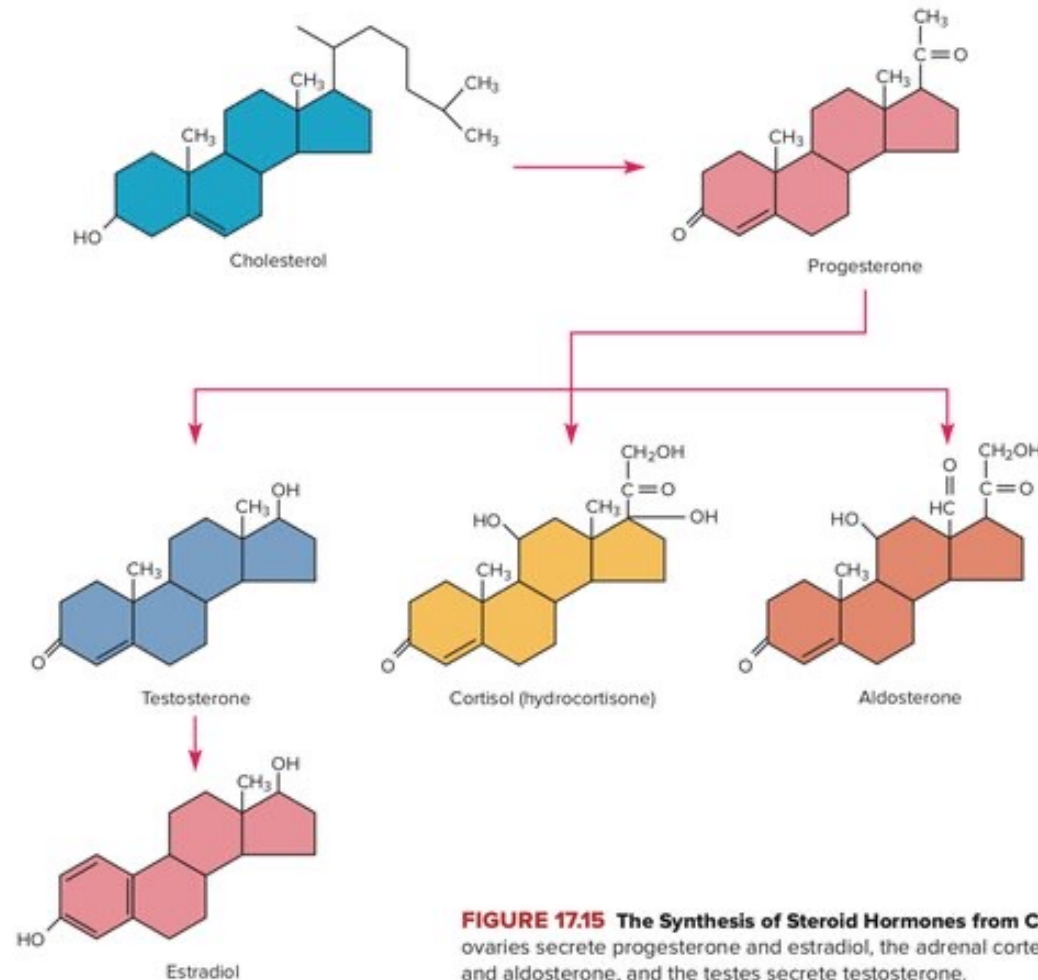
- Vitamin D synthesis
  - Bone health
  - Absorption of calcium and phosphorus
  - Immune health



[https://www.researchgate.net/figure/Basic-metabolism-of-vitamin-D-in-humans-Cholesterol-from-the-diet-undergoes-conversion\\_fig2\\_310458065](https://www.researchgate.net/figure/Basic-metabolism-of-vitamin-D-in-humans-Cholesterol-from-the-diet-undergoes-conversion_fig2_310458065)

# Normal Function of Cholesterol

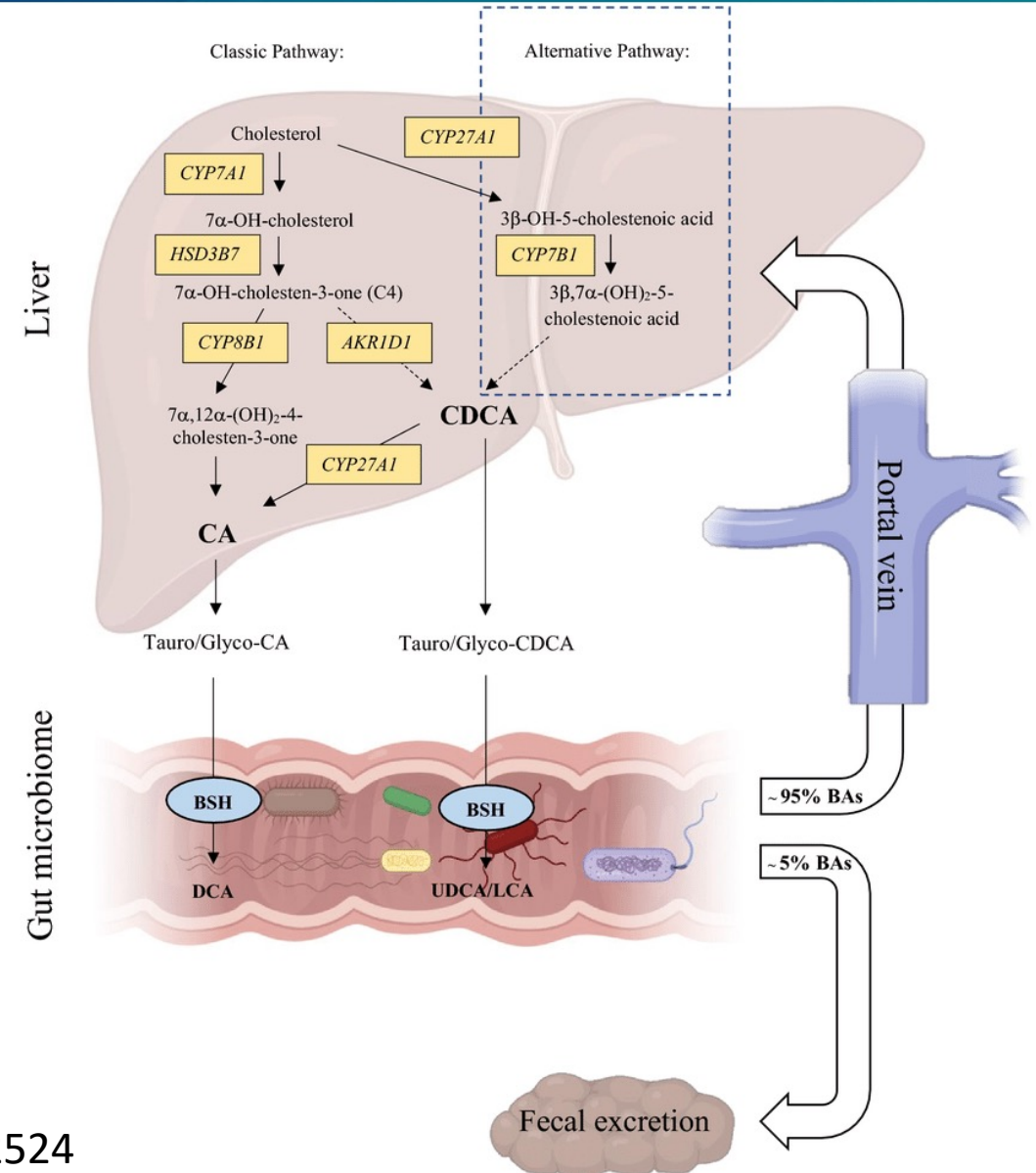
- Sex hormones
  - Progesterone
  - Testosterone
  - Estradiol
- Steroid hormones
  - Aldosterone
  - Cortisol



**FIGURE 17.15 The Synthesis of Steroid Hormones from Cholesterol.** The ovaries secrete progesterone and estradiol, the adrenal cortex secretes cortisol and aldosterone, and the testes secrete testosterone.

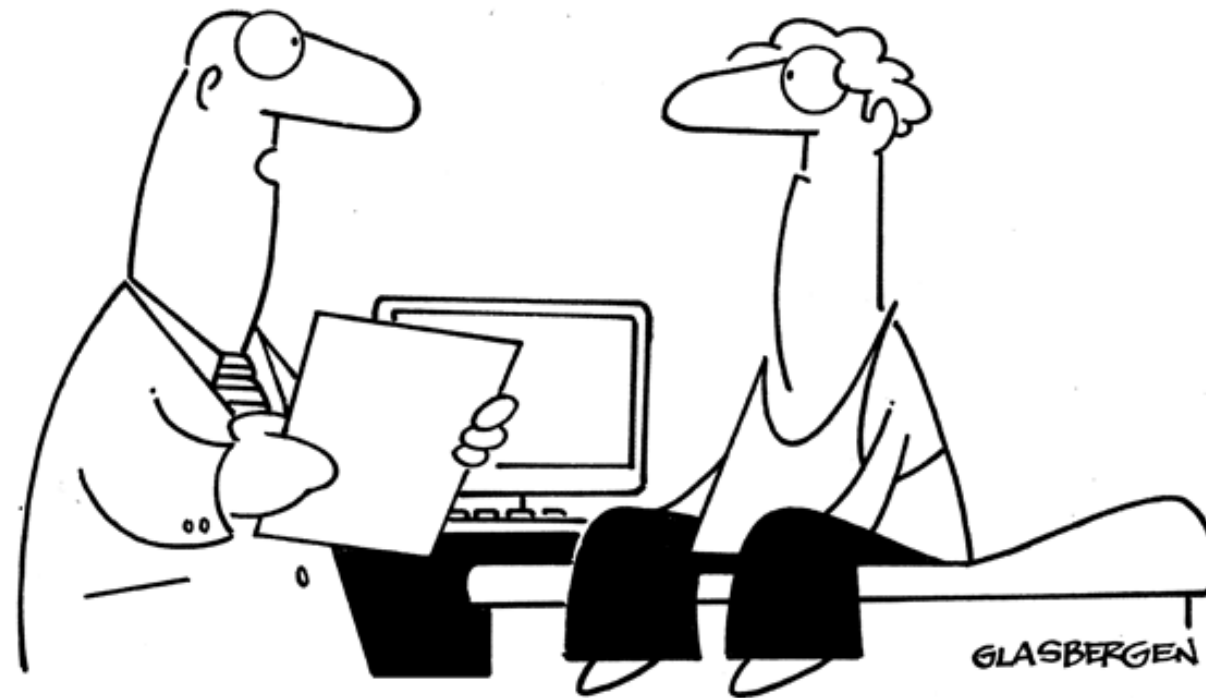
# Normal Function of Cholesterol

- Bile acid synthesis
  - 50% of daily cholesterol turnover
  - Emulsifier
  - Help with absorption of lipids and fat-soluble vitamins



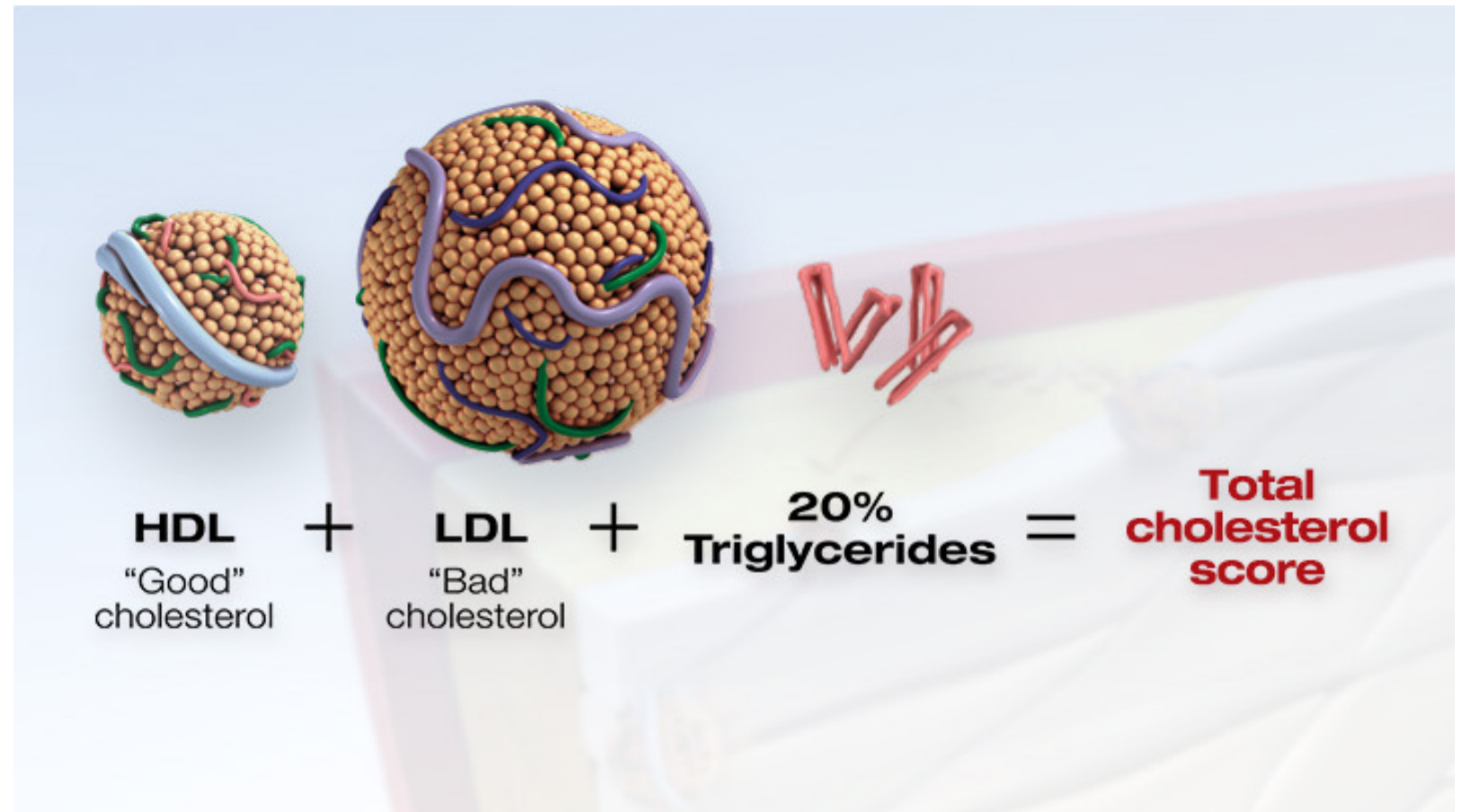


© Randy Glasbergen  
glasbergen.com

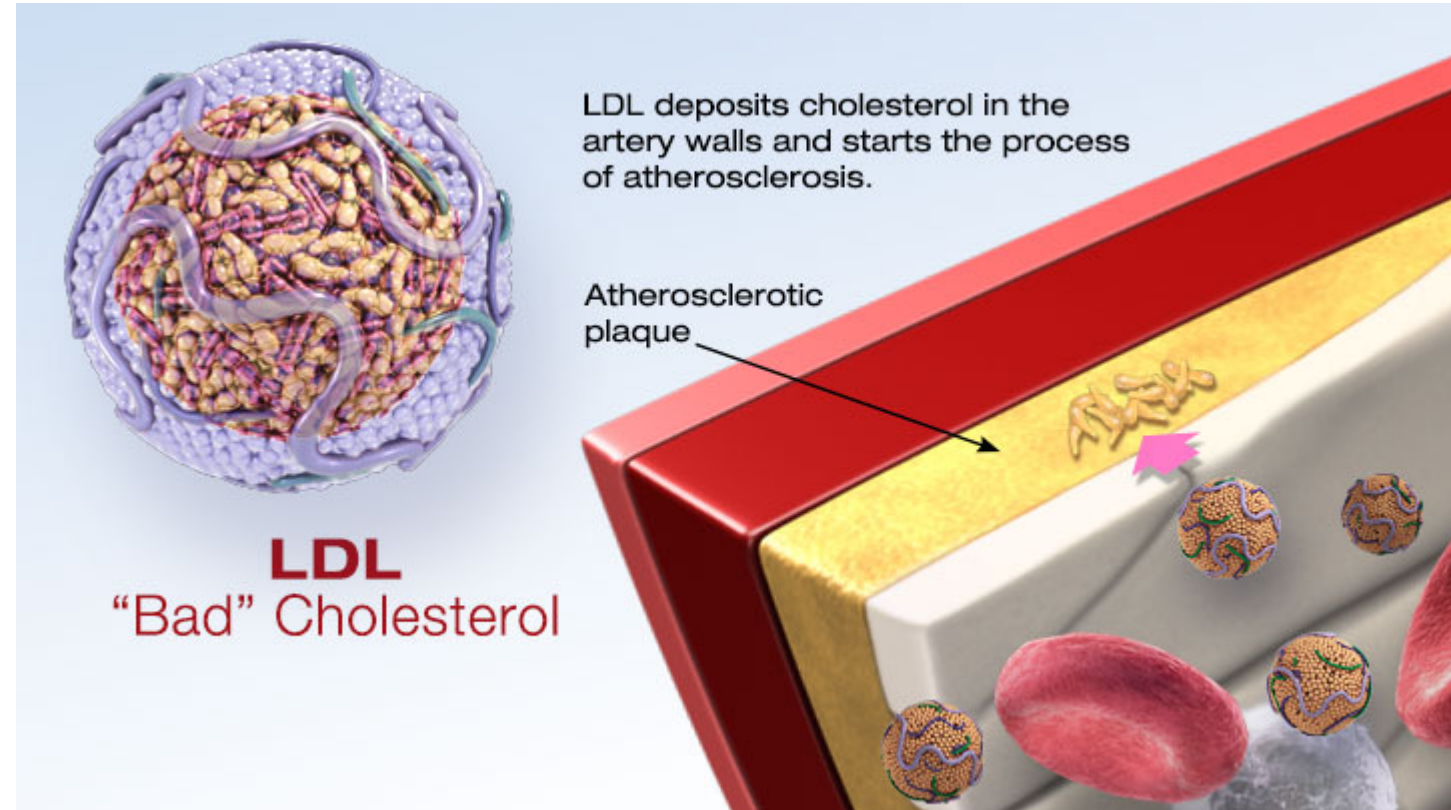


**“Your good cholesterol is fine, but your bad cholesterol is plotting to hack into your computer, empty your bank account and steal your wife.”**

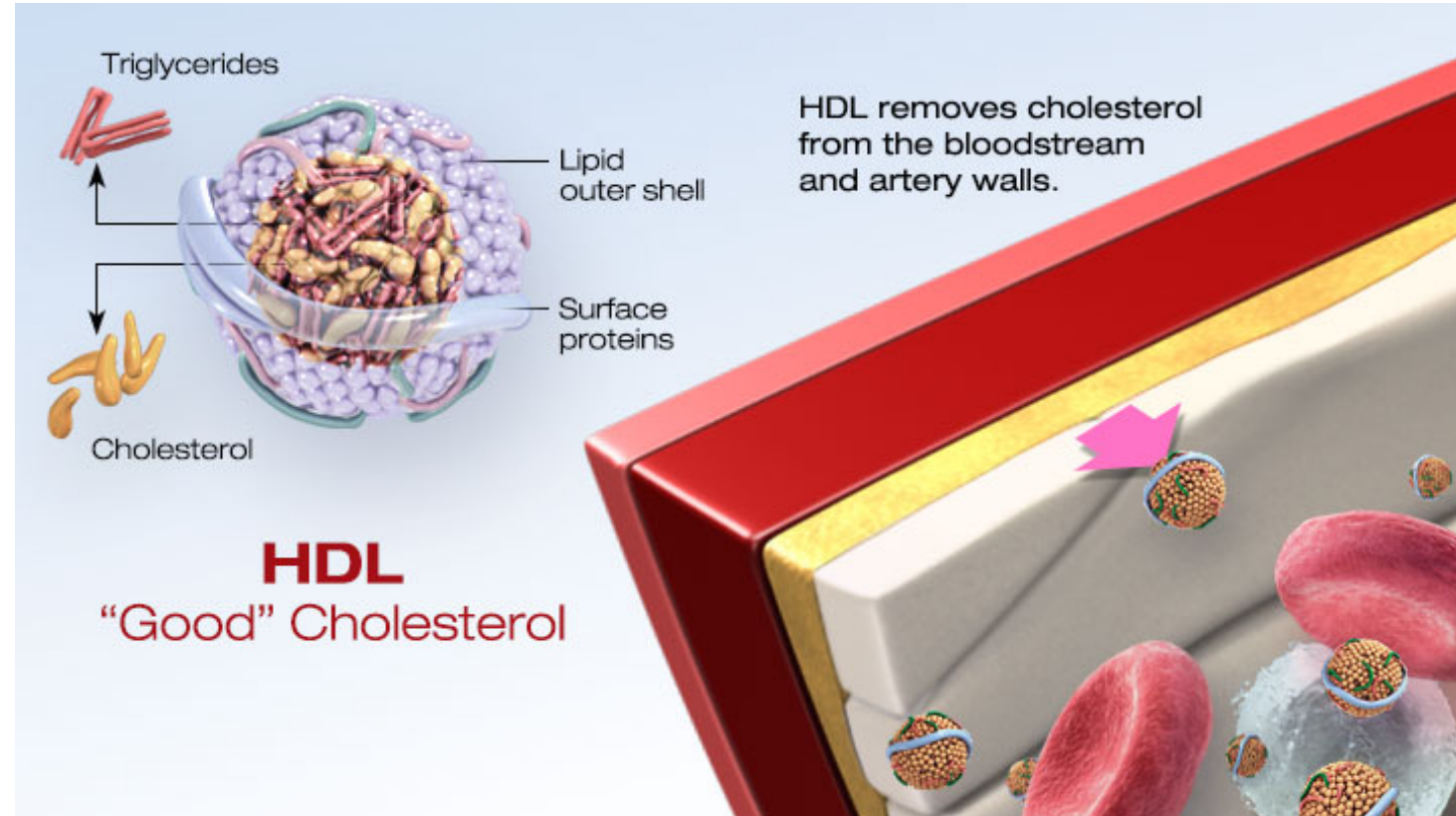
- Total cholesterol



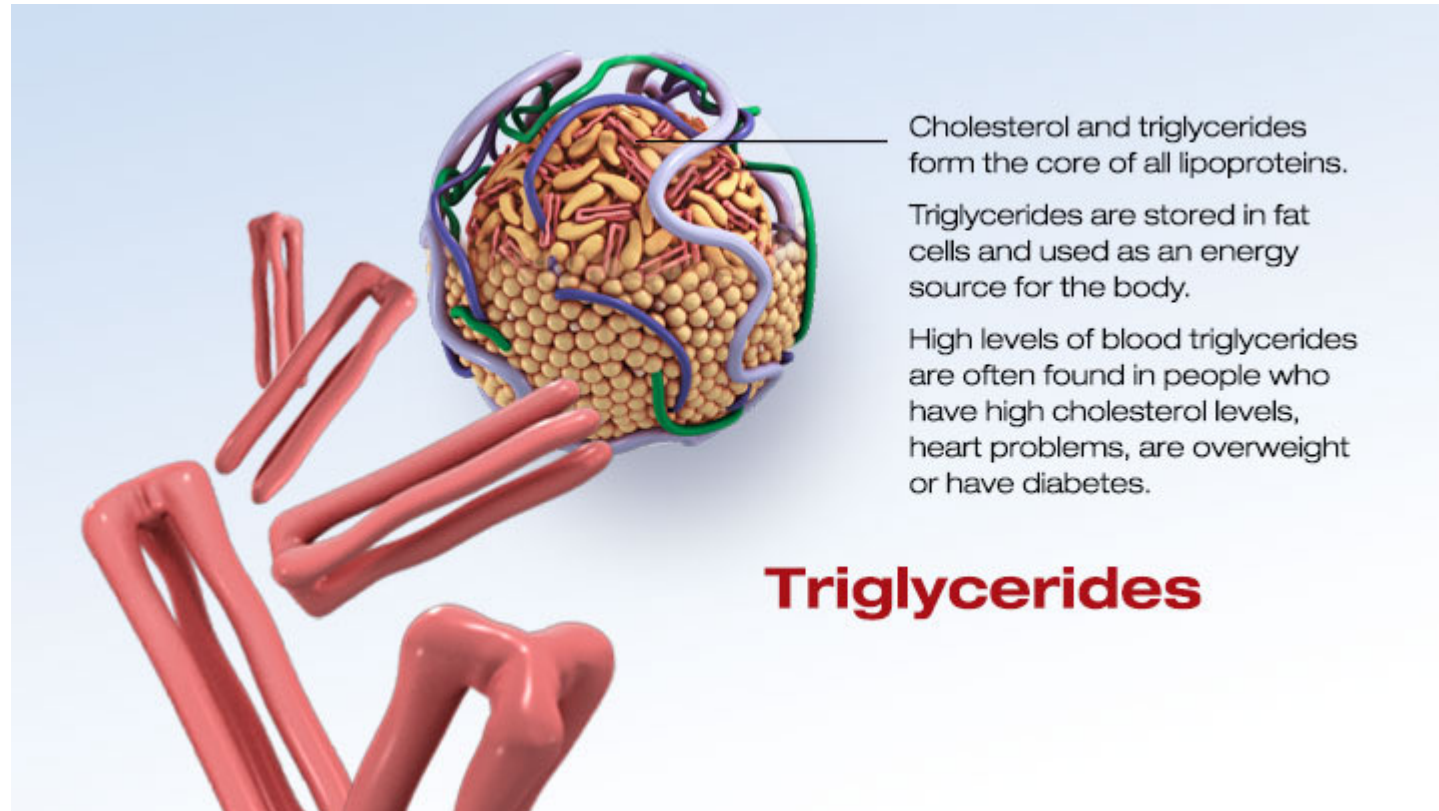
- LDL
  - “Bad” cholesterol
  - Can stick into the walls of arteries causing atherosclerotic plaque
  - Over time, can have progressive blockage which can lead to symptoms, heart attack, stroke, etc.



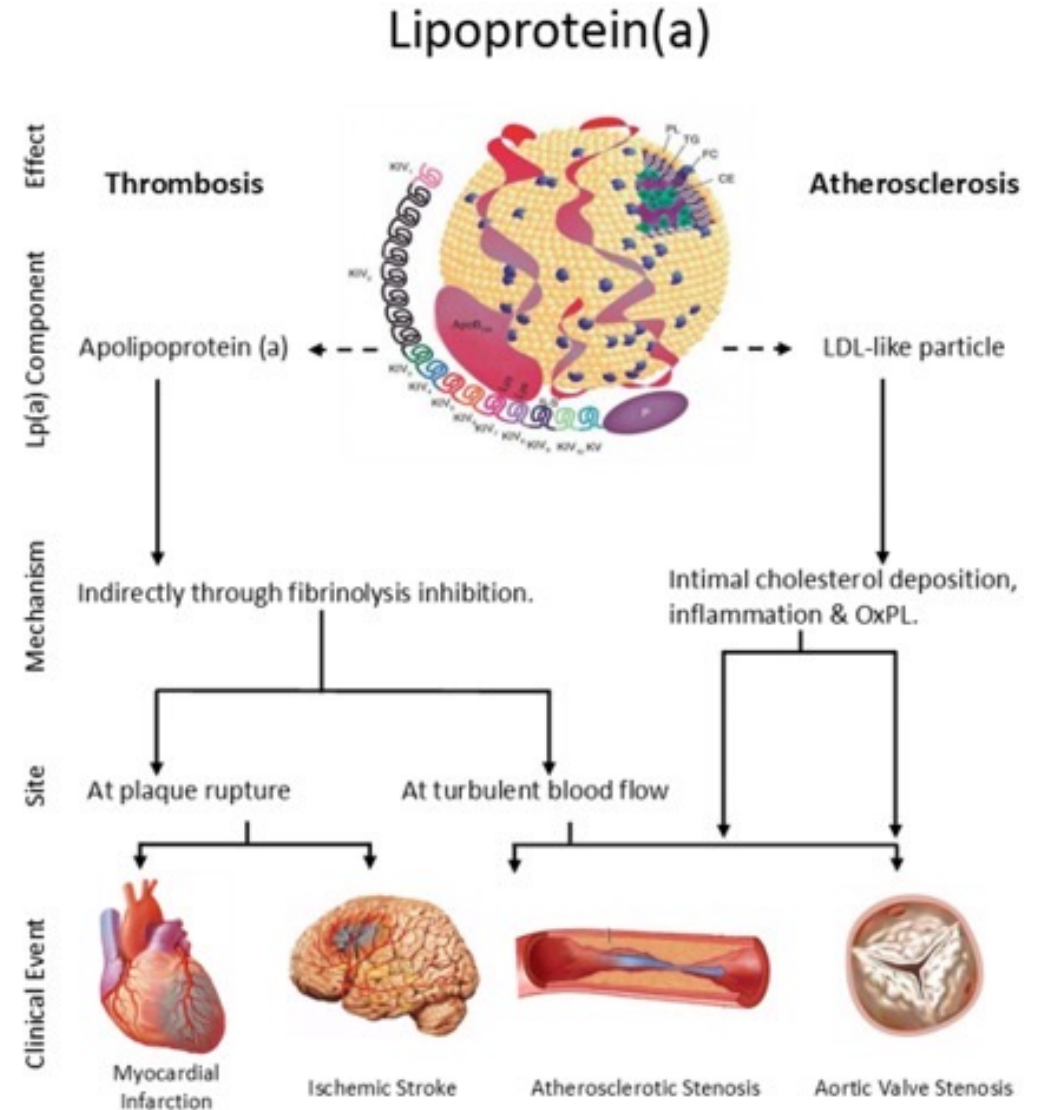
- HDL
  - “Good” cholesterol
  - Works to bring cholesterol out of arteries and blood and back to the liver
  - High levels can be protective with regards to cardiovascular events
  - Too high of a level is also associated with increased events



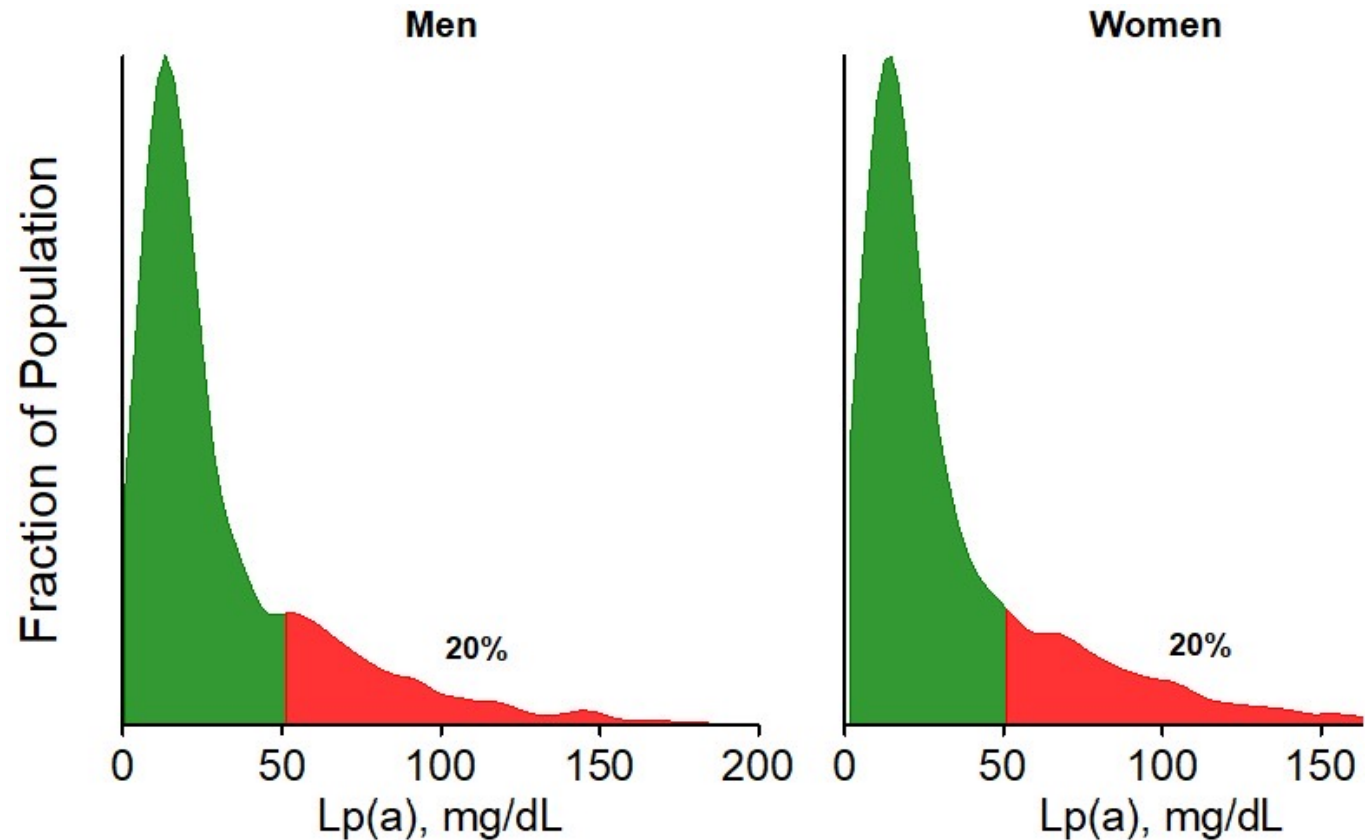
- Triglycerides
  - Used for energy
  - High levels also associated with stroke/heart attack
  - Very high levels can cause pancreatitis
  - Most sensitive to diet
    - Sweets, simple carbohydrates, beer, etc.



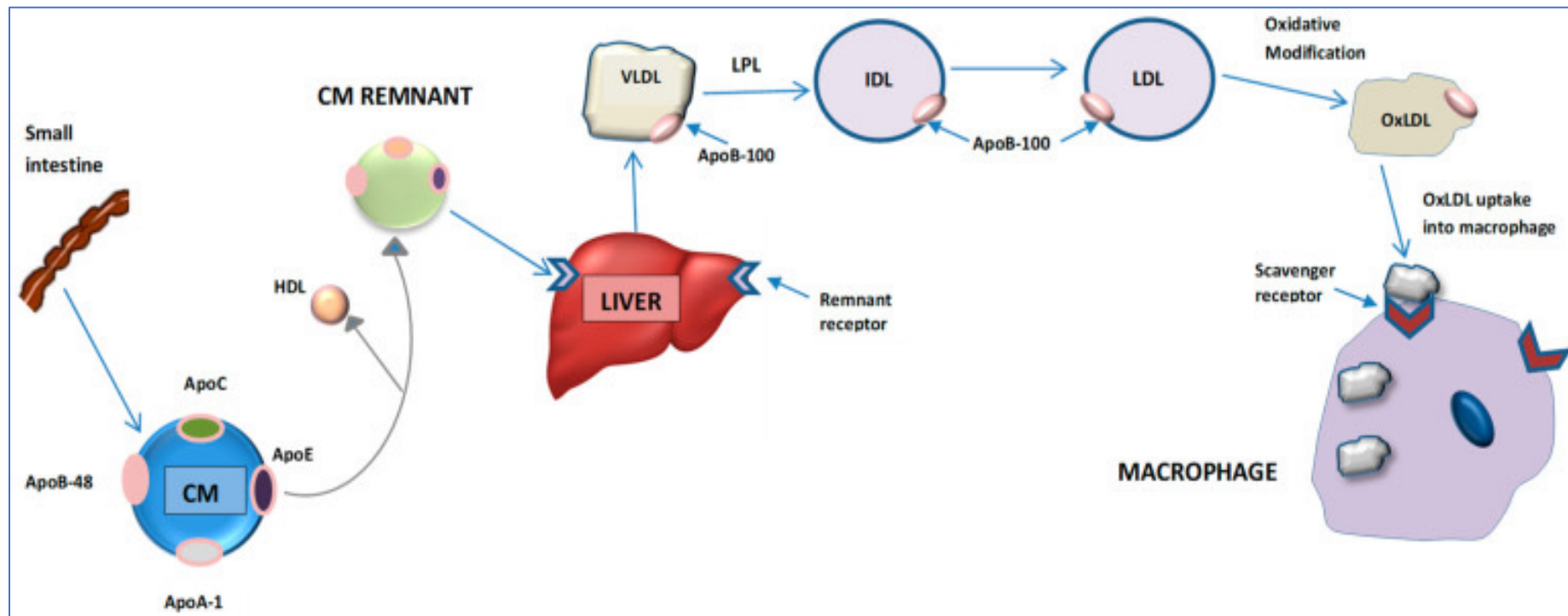
- Lipoprotein a [LP(a)]
  - Protein and fat on which cholesterol travels through blood (similar to LDL)
  - Can build up in arteries
  - Increased clotting
  - Inflammation
  - Can lead to narrowing of aortic valve



- Lipoprotein a [LP(a)]
  - High levels run in families
  - Cannot be controlled by healthy eating and exercising
  - Apheresis for select high risk people
  - New therapies are being researched

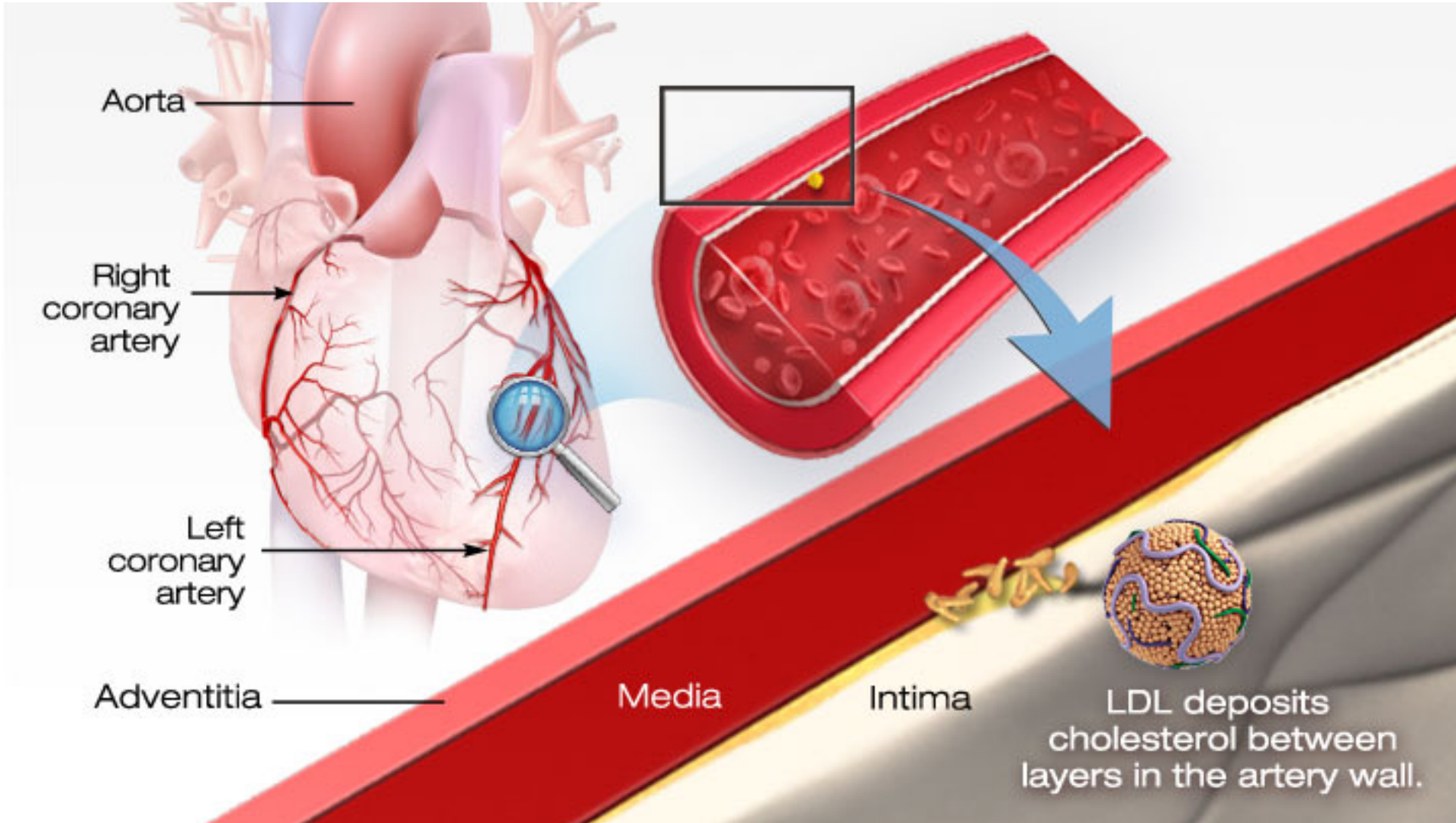


- Apolipoprotein B [apoB]
  - Critical structural protein of lipoproteins that cause plaque
  - Can be directly measured
  - Can be used to estimate cardiovascular risk

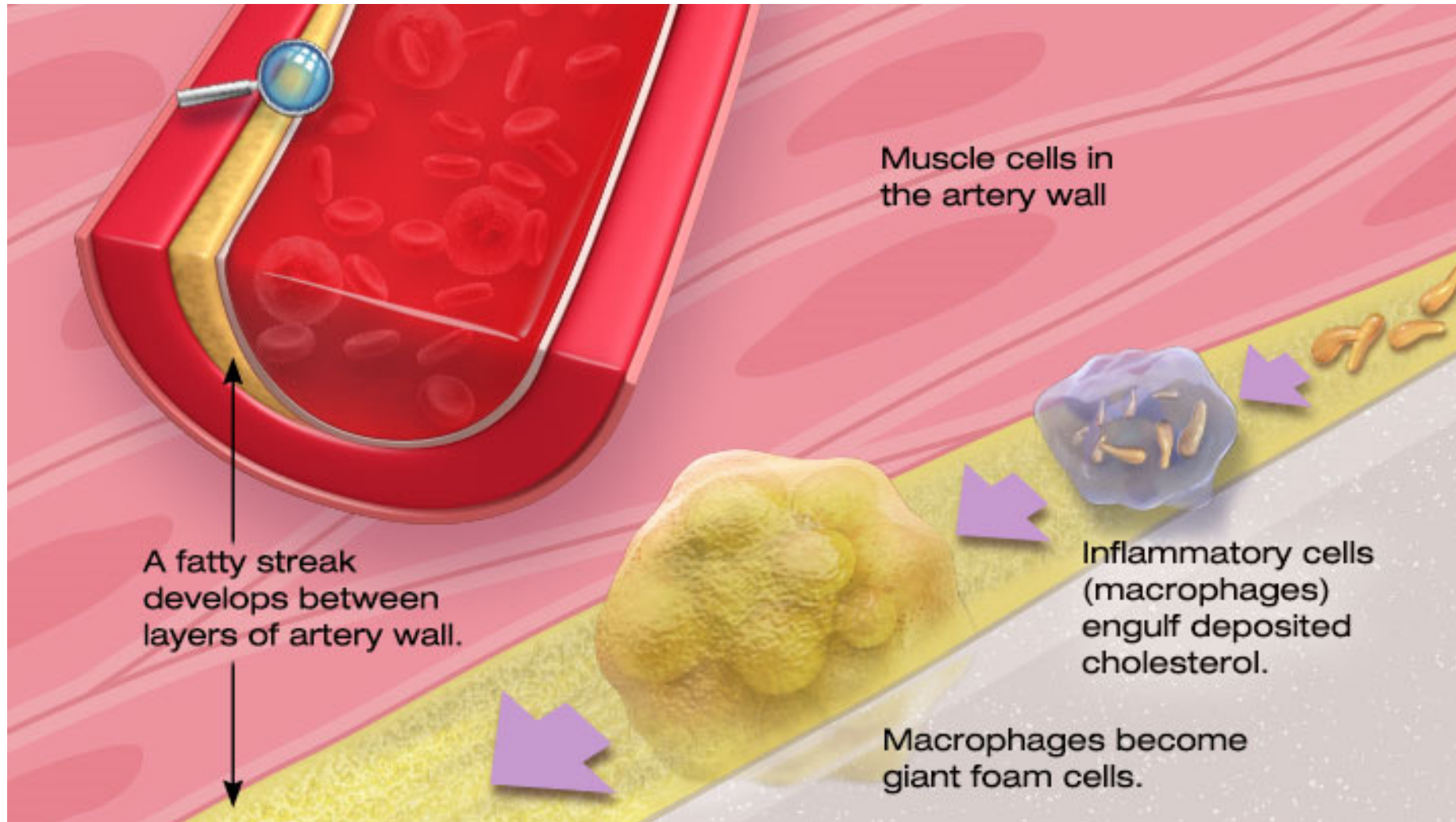




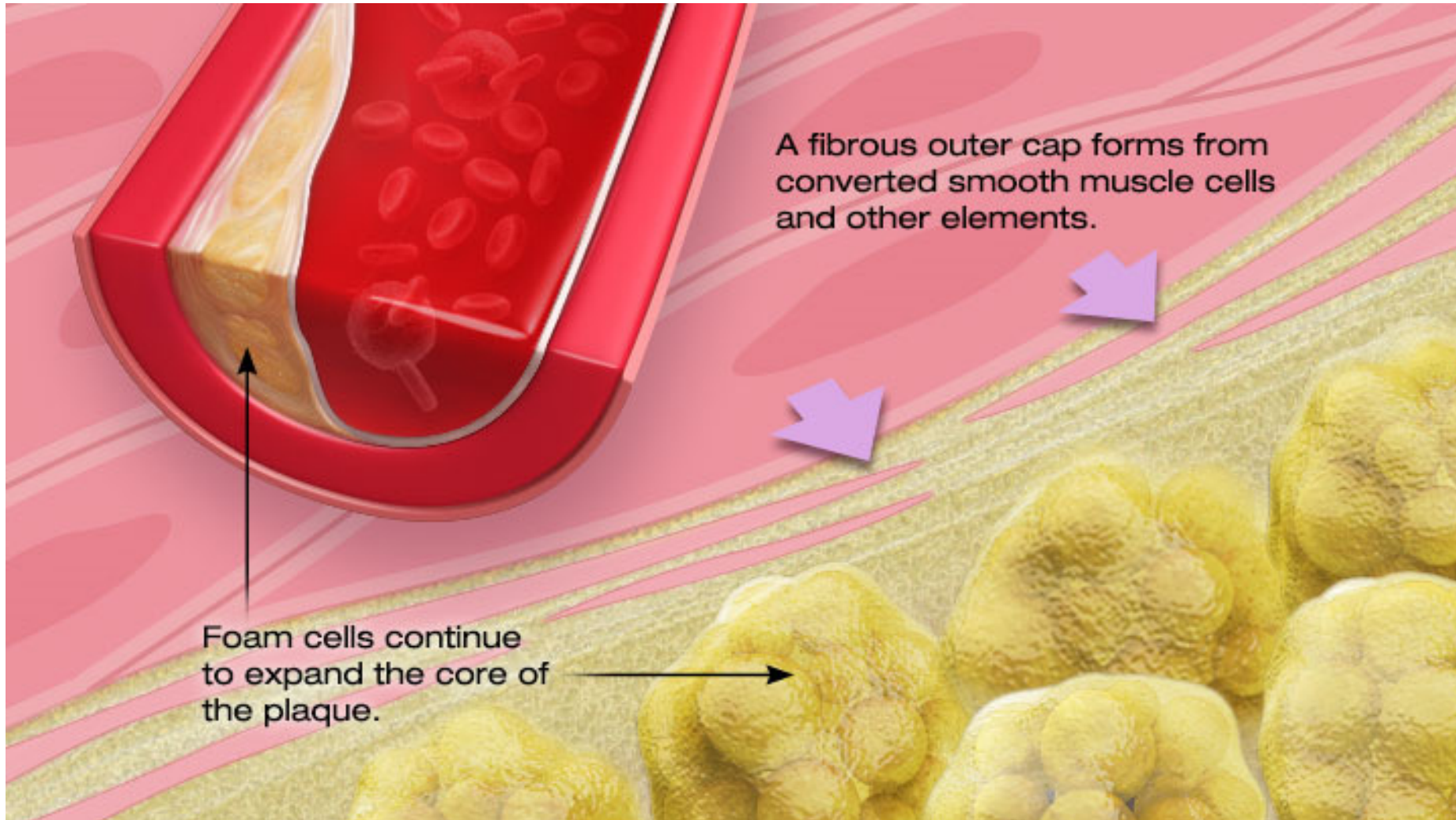
# Why Worry About High Cholesterol? Boulder Community Health



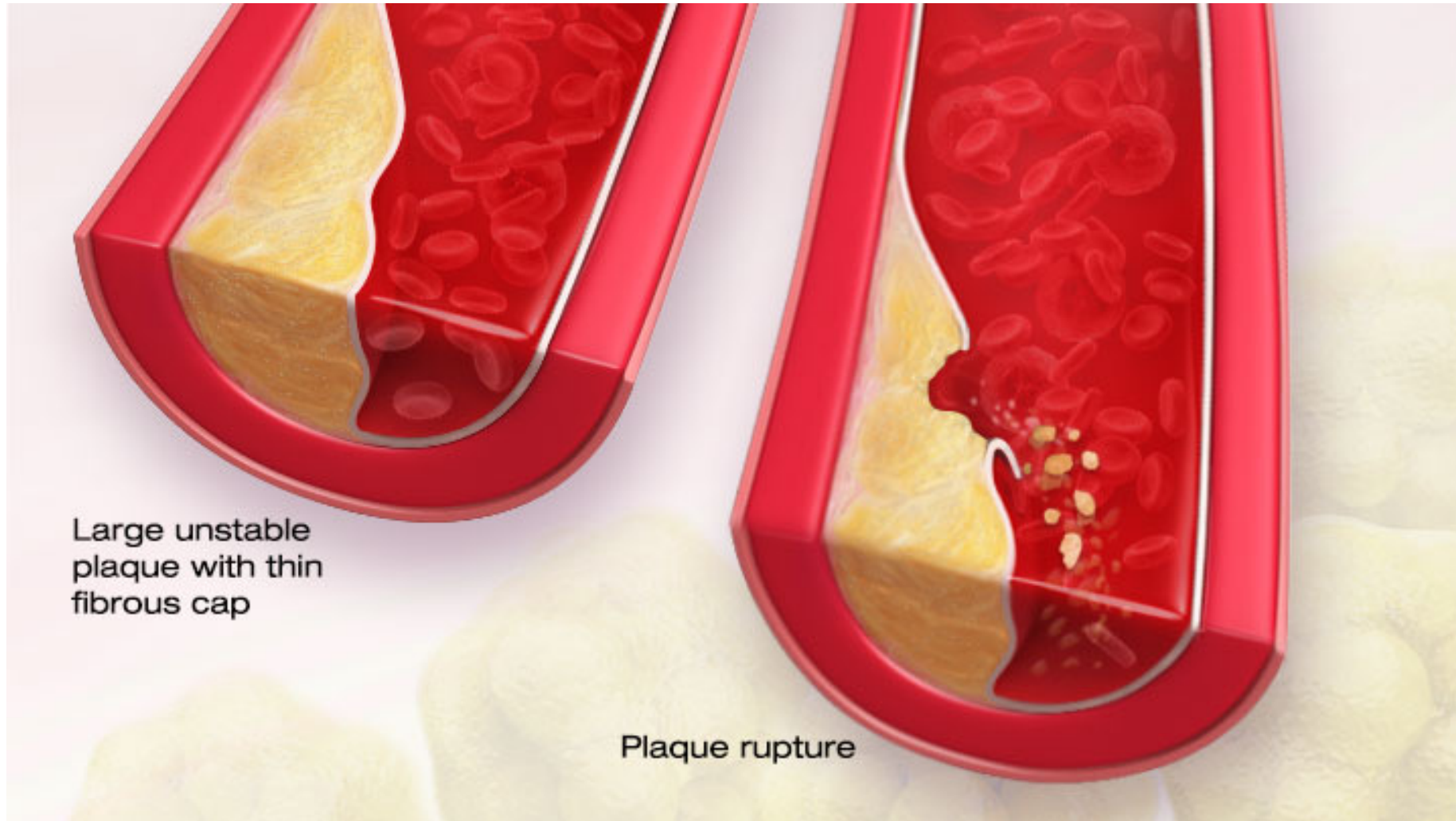
# Why Worry About High Cholesterol?



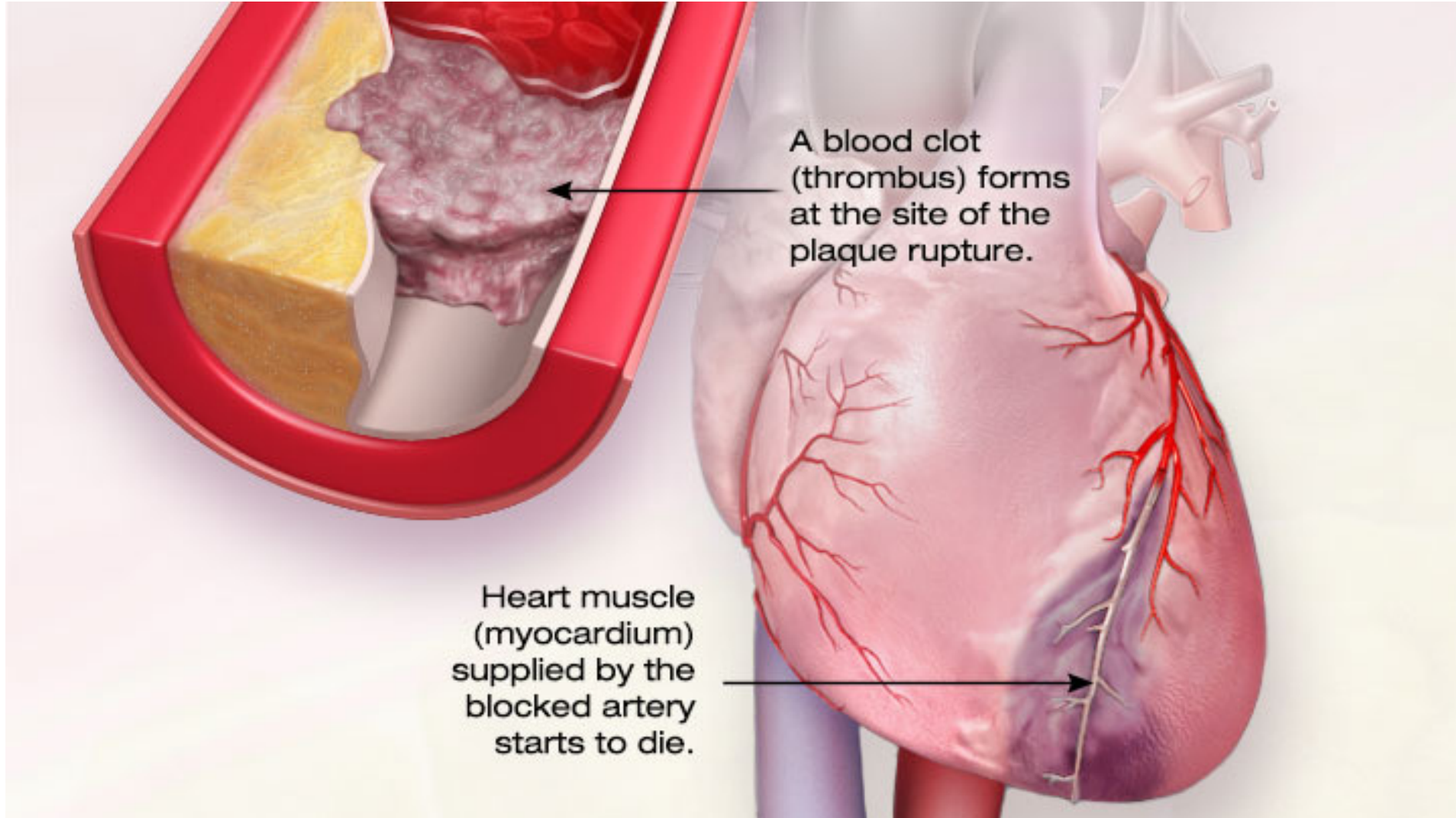
# Why Worry About High Cholesterol?



# Why Worry About High Cholesterol? Boulder Community Health

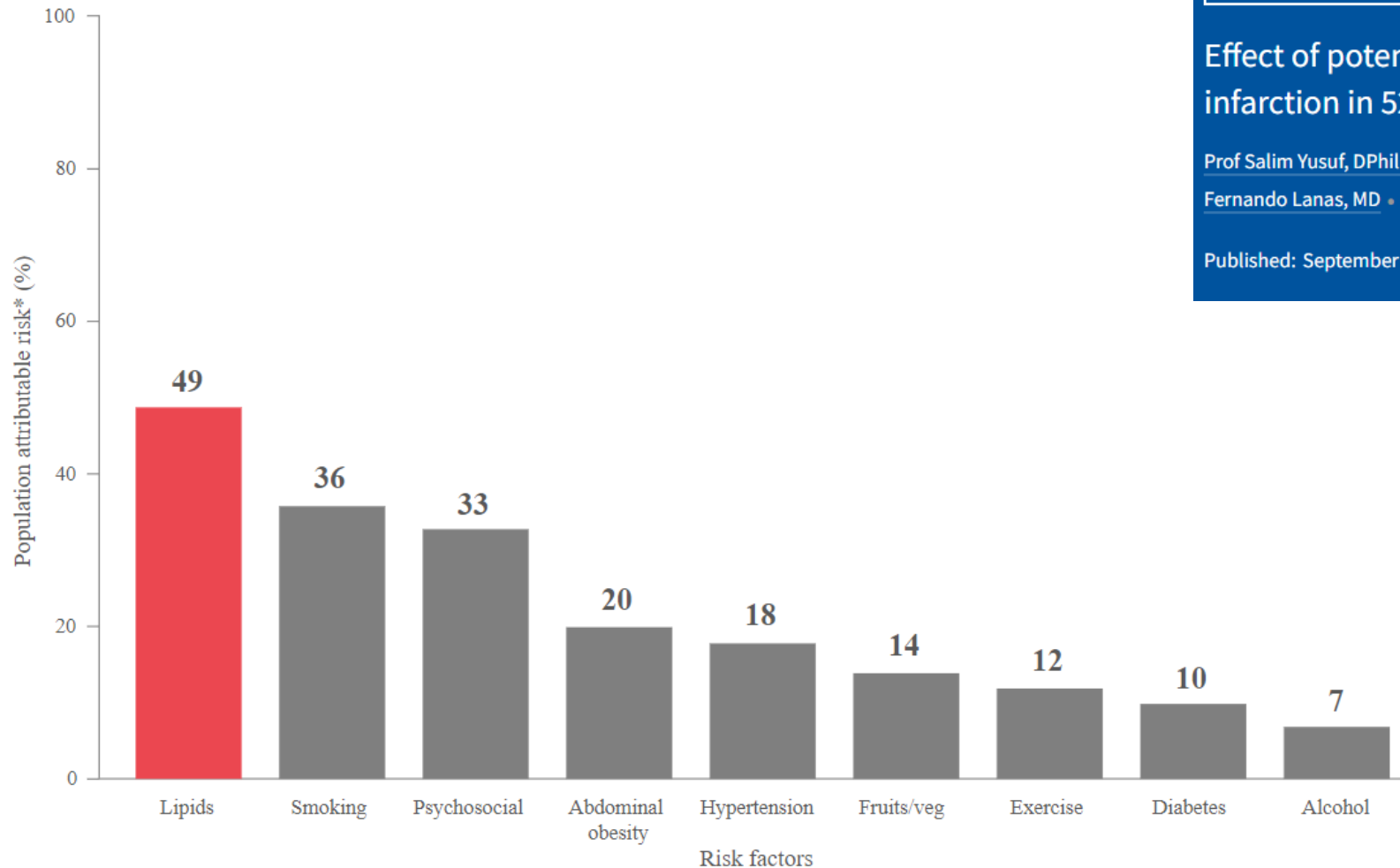


# Why Worry About High Cholesterol? Boulder Community Health



# Modifiable Risk Factors

## Lipids Are One of the Most Critical Modifiable CV Risk Factors<sup>2</sup>





FAST TRACK — ARTICLES | VOLUME 364, ISSUE 9438, P937-952, SEPTEMBER 11, 2004

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THE LANCET

### Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the INTERHEART study): case-control study

Prof Salim Yusuf, DPhil   • Steven Hawken, MSc • Stephanie Ôunpuu, PhD • Tony Dans, MD • Alvaro Avezum, MD • Fernando Lanas, MD • et al. [Show all authors](#)

Published: September 11, 2004 • DOI: [https://doi.org/10.1016/S0140-6736\(04\)17018-9](https://doi.org/10.1016/S0140-6736(04)17018-9)

INTERHEART: nine modifiable factors account for 90% of first-MI risk worldwide; n = 15,152 patients and 14,820 controls in 52 countries.

\*Proportional increase in population disease that would occur if exposure to a risk factor was reduced to an alternative ideal exposure scenario (eg, no tobacco use). Adjusted for all risk factors.

CV, cardiovascular; MI, myocardial infarction.

# What Can We Do?

- Prevent cardiovascular disease in the first place.
- Aggressively manage those who have developed cardiovascular disease to minimize the risk of future events.



# What Can We Do?

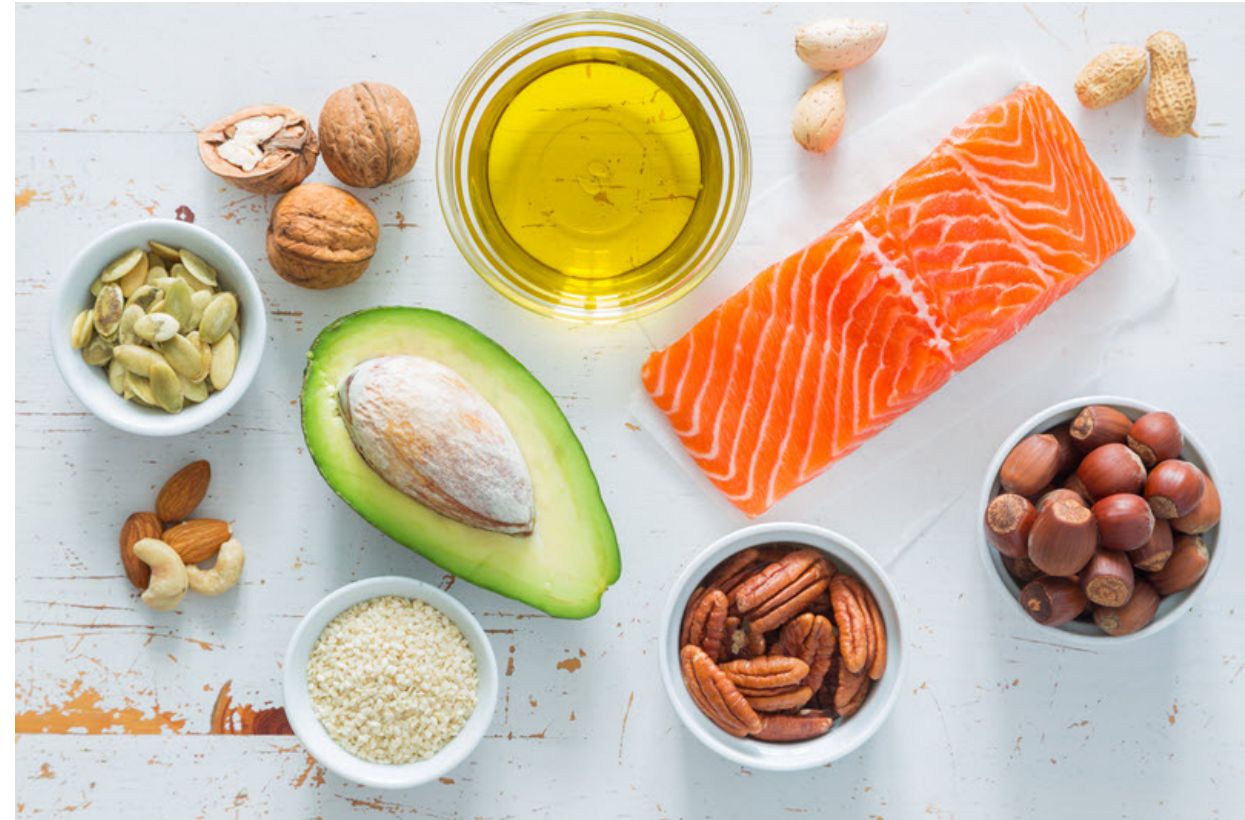


- Follow a heart-healthy lifestyle
  - Throughout the continuum of life, this reduces cardiovascular risk.
  - Try to prevent the development of cardiovascular risk factors.
  - Create a strong foundation of health.

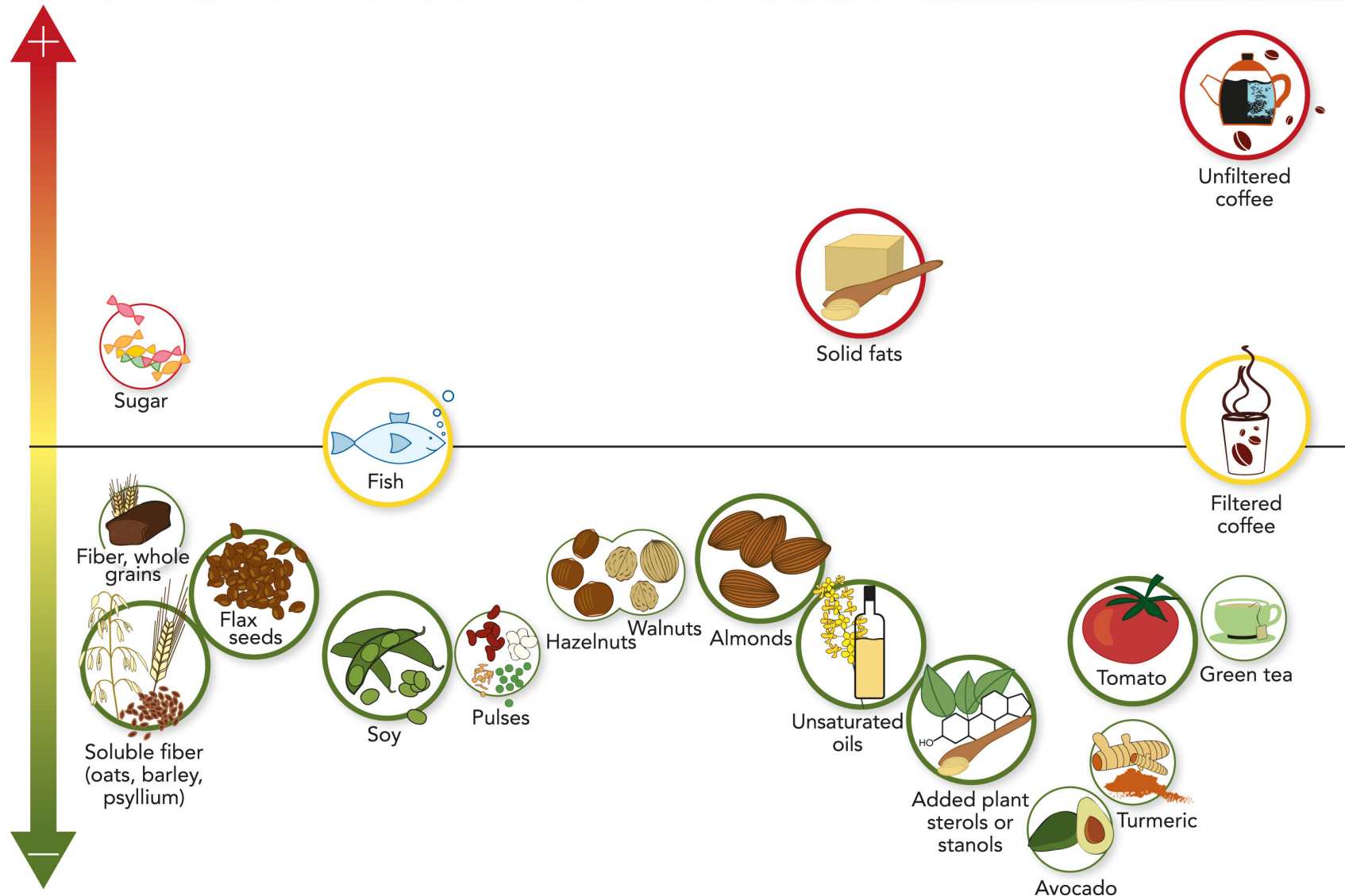


# What Can We Do?

- Eat a diet that encourages lowering cholesterol
  - Vegetables
  - Fruits
  - Nuts
  - Whole grains
  - Lean vegetable or animal protein
  - Fish



# Foods That Affect Cholesterol



# What Can We Do?

- Try to avoid
  - *Trans* fats
  - Red meat and processed red meats
  - Refined carbohydrates
  - Sweetened beverages

Trans-fatty acids are found in fried foods, commercial baked goods, processed foods and margarine

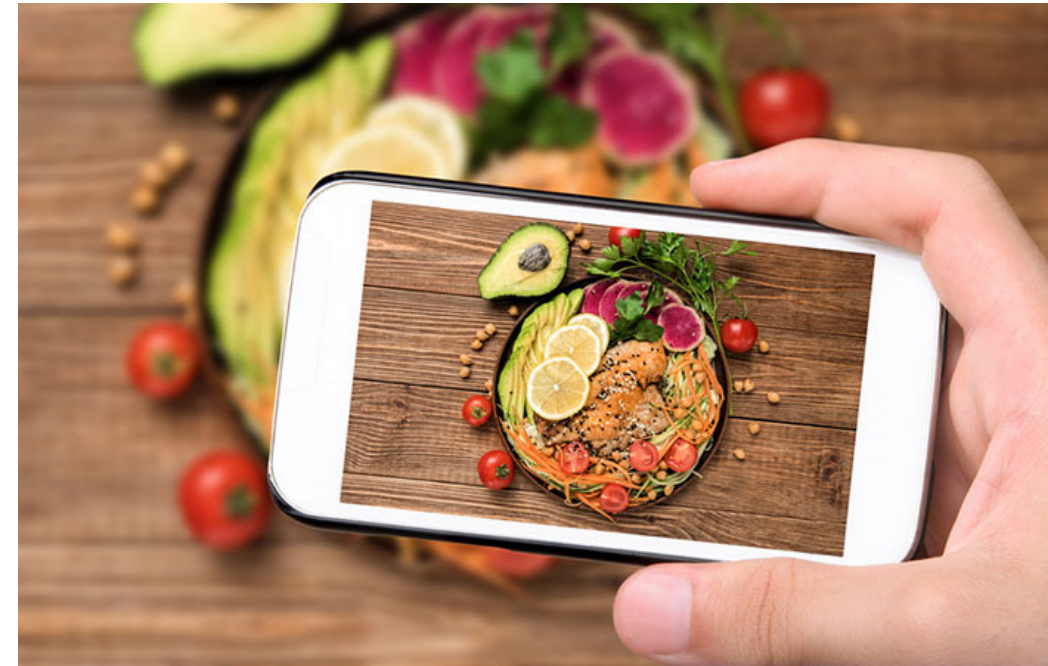


- Diets that have data in reducing cardiovascular events
  - Mediterranean
  - DASH
  - Plant-based (Vegetarian/Vegan)
  - Flexitarian
  - Portfolio
    - Plant proteins, nuts, viscous fiber, phytosterols, plant monounsaturated fats

Flexitarian      Vegan      Omnivore

<b>Blood lipid markers</b>				
Cholesterol (mmol/L)	4.35 (4.00-5.05) *	3.80 (3.30-4.20) ***	4.90 (4.00-5.50) **	<b>&lt; 0.001</b>
LDL-Cholesterol (mmol/L)	2.64 (2.11-3.47) *	2.14 (1.88-2.56) ***	3.17 (2.40-3.64) **	<b>&lt; 0.001</b>
HDL-Cholesterol (mmol/L)	1.68 (1.48-1.88)	1.62 (1.23-1.81)	1.57 (1.29-1.72)	0.375
Triglycerides (mmol/L)	0.73 (0.61-1.00) *	0.77 (0.59-0.98)	1.14 (0.82-1.36) **	<b>0.008</b>

- Reduce saturated fat
  - Lean meats
  - Remove skin
  - Broil on a rack to drain off fat
- Eat more fish
  - Salmon, trout, herring (omega-3)
- Substitute meatless options for meat
- Cook vegetables with minimal oil and without heavy sauces
- Reduce dairy fats
- Increase fiber and whole grains



# What Can We Do?

- Exercise
  - Recommend 150 minutes per week
  - Can lower LDL and triglycerides (generally at higher intensity)
  - Can raise HDL
  - Generally, these changes on the lipid profile are modest







# Exercise and Lipid Changes

References	n	Design	Training time	Training frequency	Training strength	Changes of HDL-C	Changes of LDL-C	Changes of TG
LeMura et al. [21]	12 women	RCT	16 weeks	3 sessions/week	70–85% of the HRmax	Increased 0.4 mmol/L	Decreased 0.2 mmol/L	Decreased 0.2 mmol/L
Nybo et al. [22]	36 men	RCT	12 weeks	150 min/week	65% VO2max	Increased 0.1 mmol/L	Decreased 0.1 mmol/L	Not mentioned
Kraus et al. [23]	111 men and women	RCT	24 weeks	Expand 14–23 kcal/kg/week	65–80% VO2max	Increased 4.3 mg/dL	Decreased 1.9 mg/dL	Decreased 28.4 mg/dL
O'Donovan et al. [24]	64 men	RCT	24 weeks	400 kcal/session 3 sessions/week	60% VO2max	Increased 0.08 mmol/L	Increased 0.17 mmol/L	Increased 0.12 mmol/L

Wang, Y., Xu, D. Effects of aerobic exercise on lipids and lipoproteins. *Lipids Health Dis* **16**, 132 (2017).

<https://doi.org/10.1186/s12944-017-0515-5>

# What Can We Do?

- Weight loss
  - In obesity, losing 3-5% of weight can increase HDL and decrease LDL.
- Manage stress
  - Increased cortisol levels can lead to higher cholesterol.



- Despite doing well with lifestyle modification (diet and exercise), many people continue to have high cholesterol.
- May be reasonable to consider cholesterol medication.
- Recommend screening cholesterol in adults >20 years old.

# LDL Reduction and CV Events

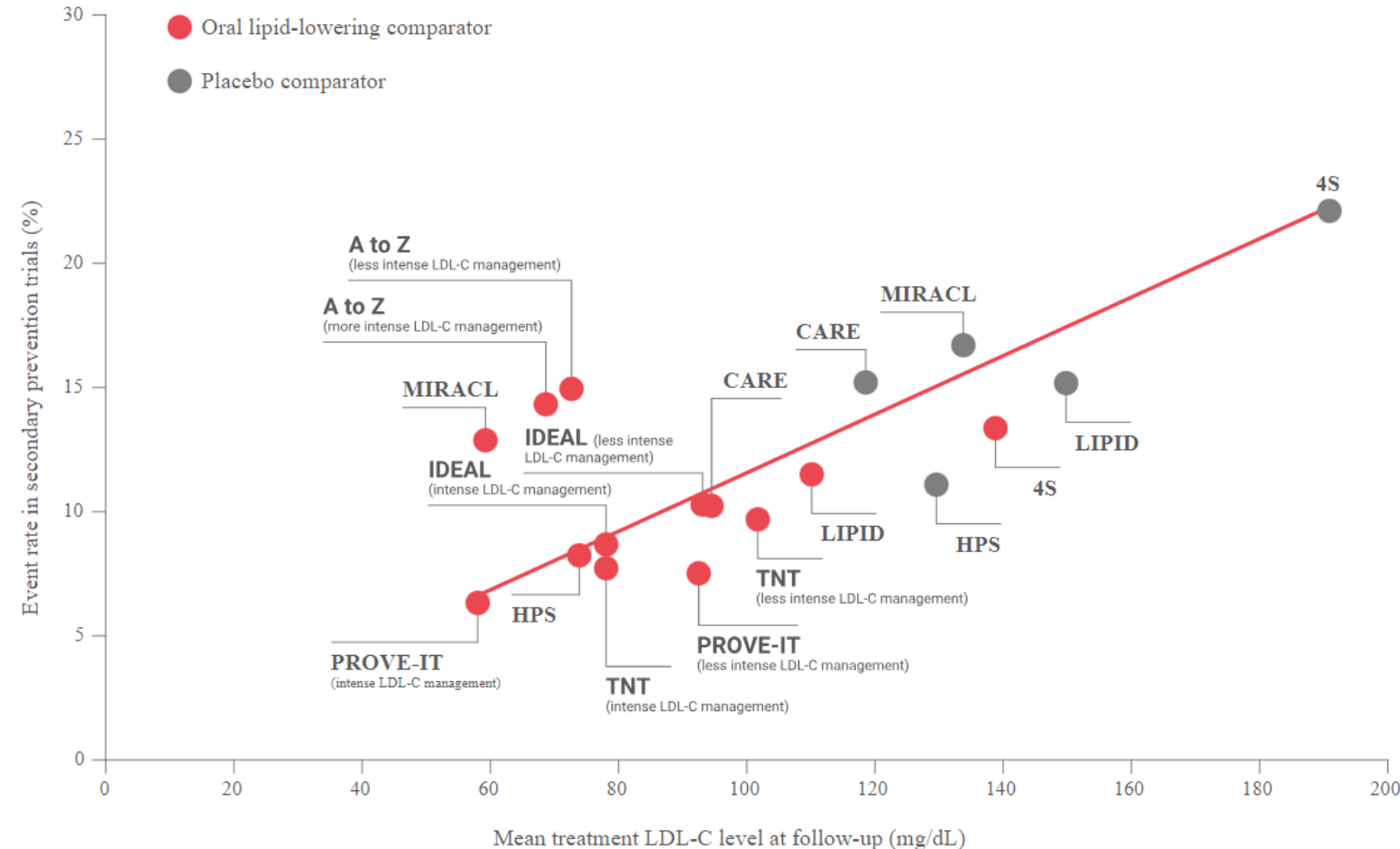
## Meta-analysis of Major Lipid Secondary Prevention Statin Trials Demonstrates Linear Correlation Between LDL-C Lowering and Risk of CV Events<sup>11,16</sup>

## THE LANCET

Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170 000 participants in 26 randomised trials

Cholesterol Treatment Trialists' (CTT) Collaboration [↗](#) [✉](#) • [Show footnotes](#)

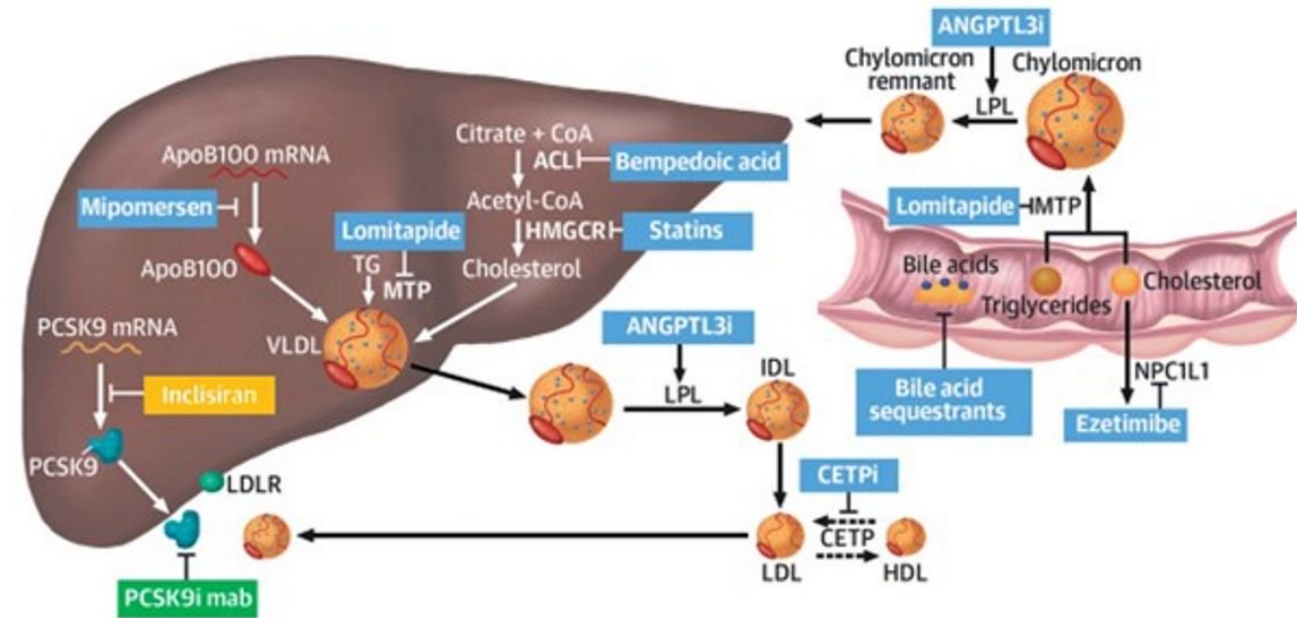
[Open Access](#) • Published: November 09, 2010 • DOI: [https://doi.org/10.1016/S0140-6736\(10\)61350-5](https://doi.org/10.1016/S0140-6736(10)61350-5)



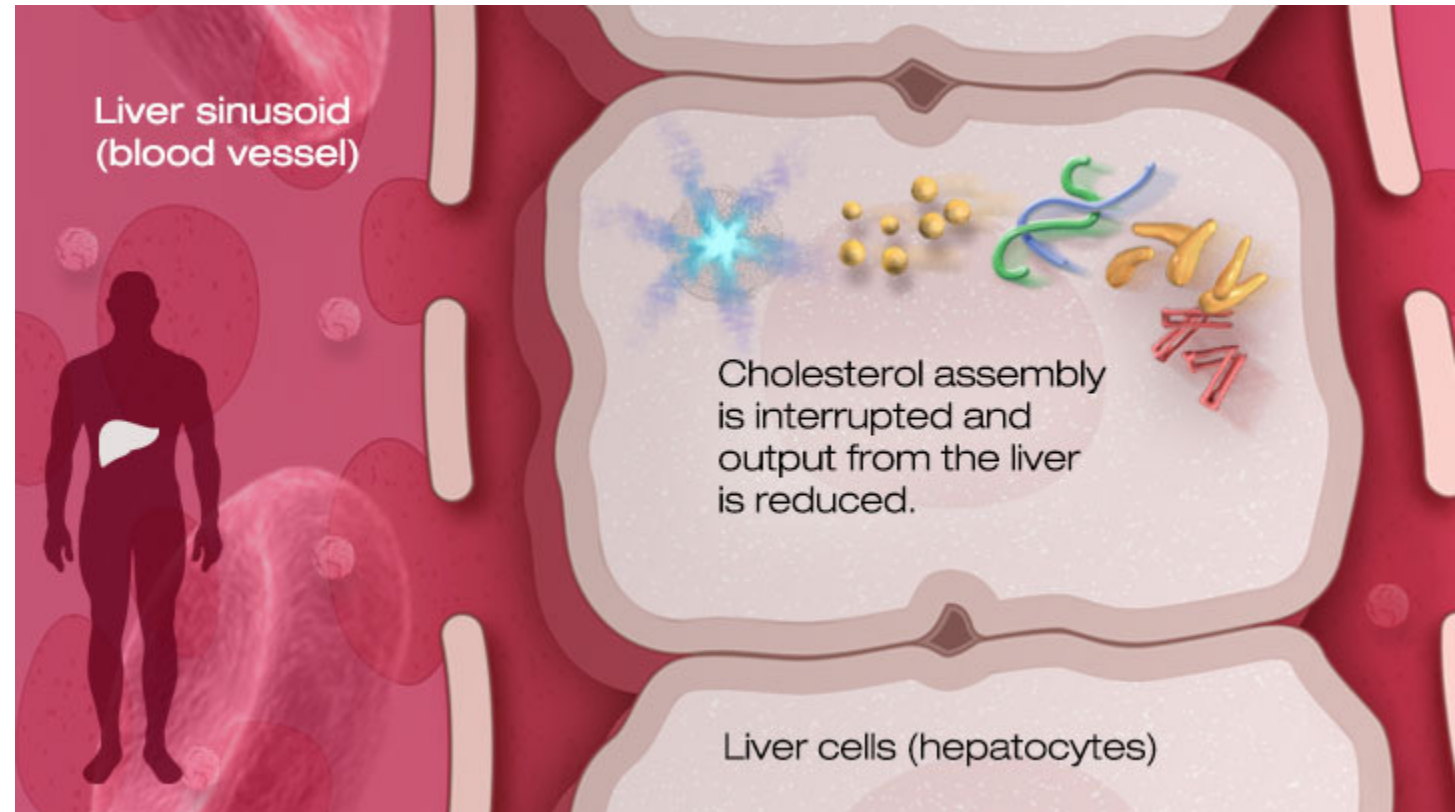
CTTC meta-analysis of major lipid secondary prevention statin trials conducted in 2010: median follow-up ~ 5 years, N = 169,138.

CTTC, Cholesterol Treatment Trialists' Collaboration; CV, cardiovascular; LDL-C, low-density lipoprotein cholesterol.

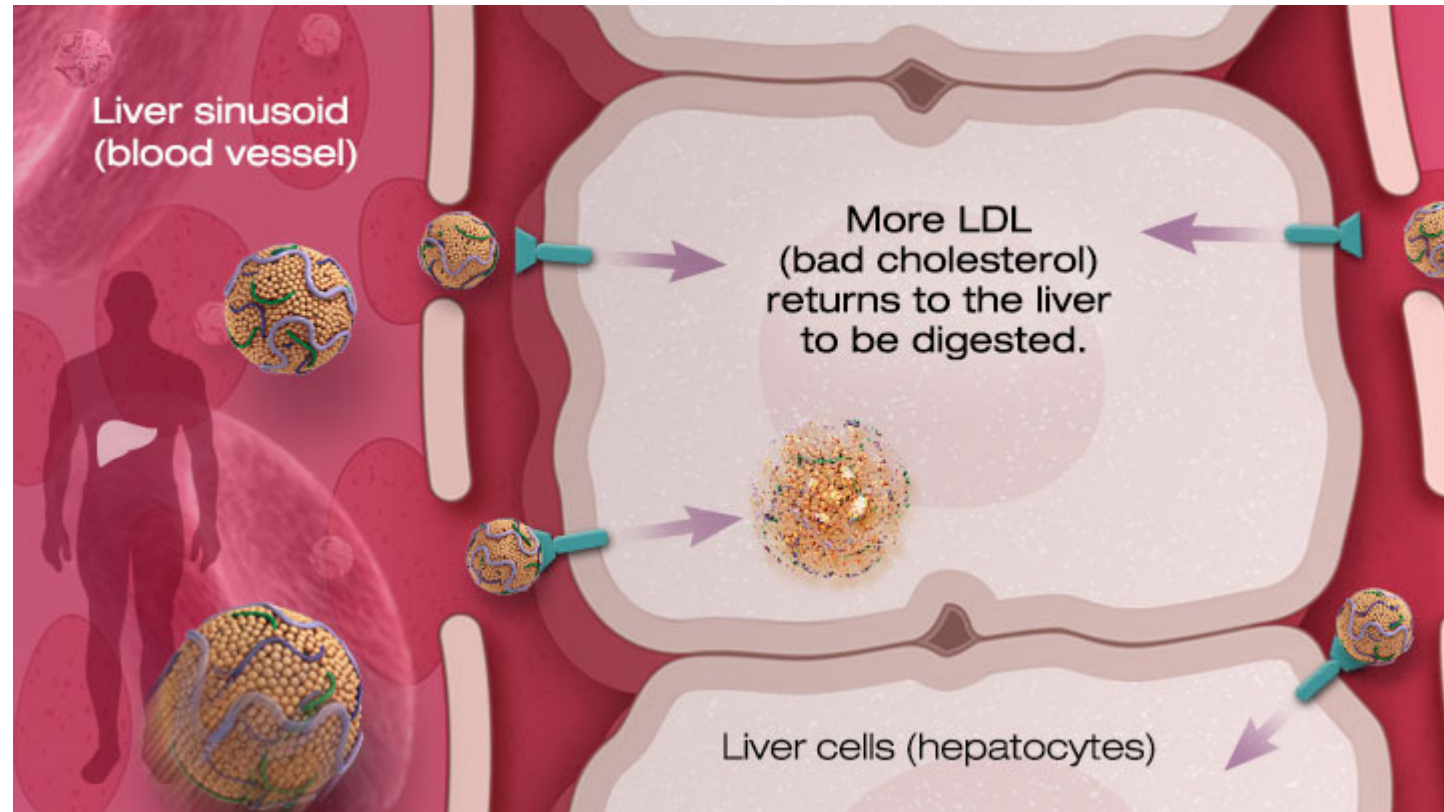
- There are multiple factors that your doctor will consider to determine the most appropriate treatment
  - Age
  - Risk factors
  - History of cardiovascular events
  - Shared decision-making



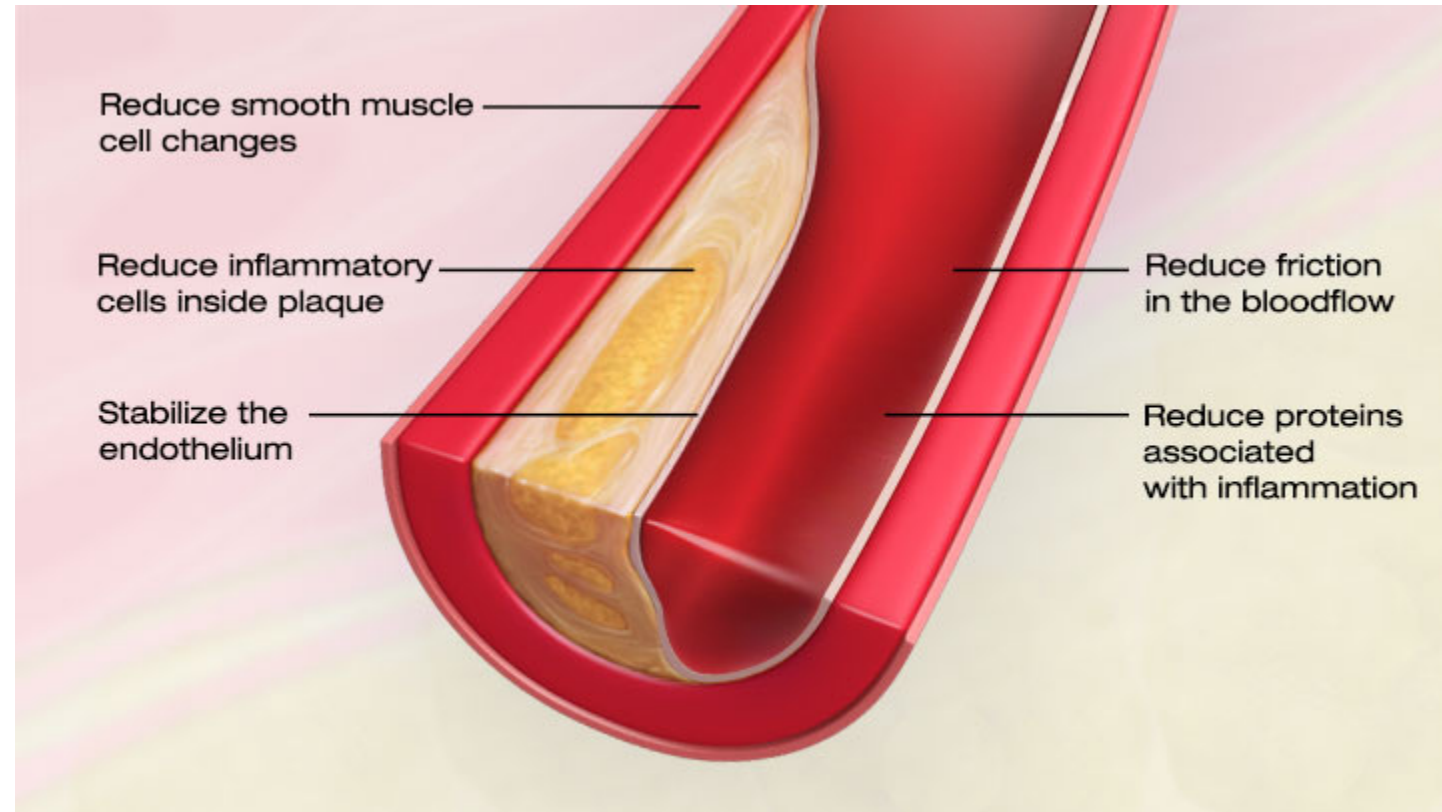
- Most commonly prescribed cholesterol medication
- Work by blocking pathway of cholesterol synthesis in the liver



- LDL returned to liver to be digested



- Reduced inflammation
- Change of lipid composition of plaque such that they are more stable
- Reduced risk of stroke and heart attack

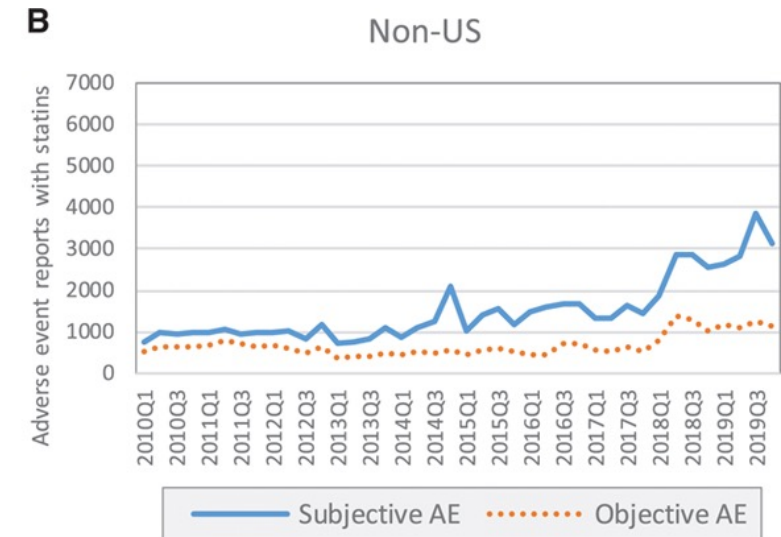
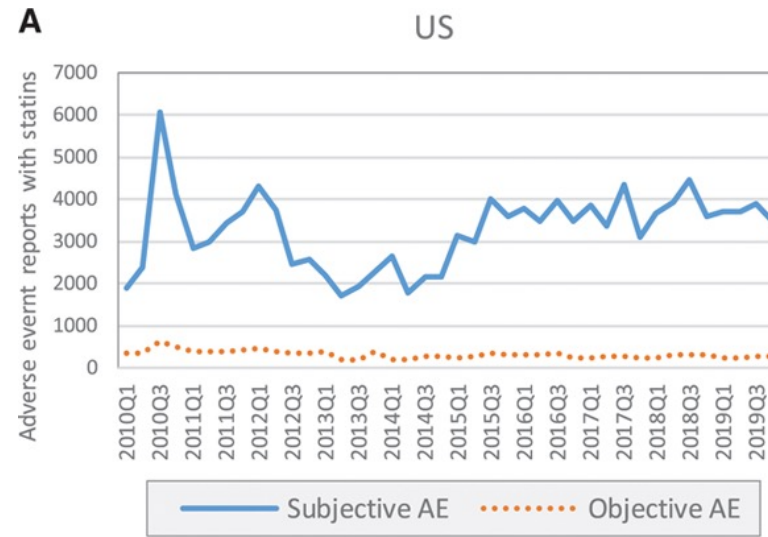
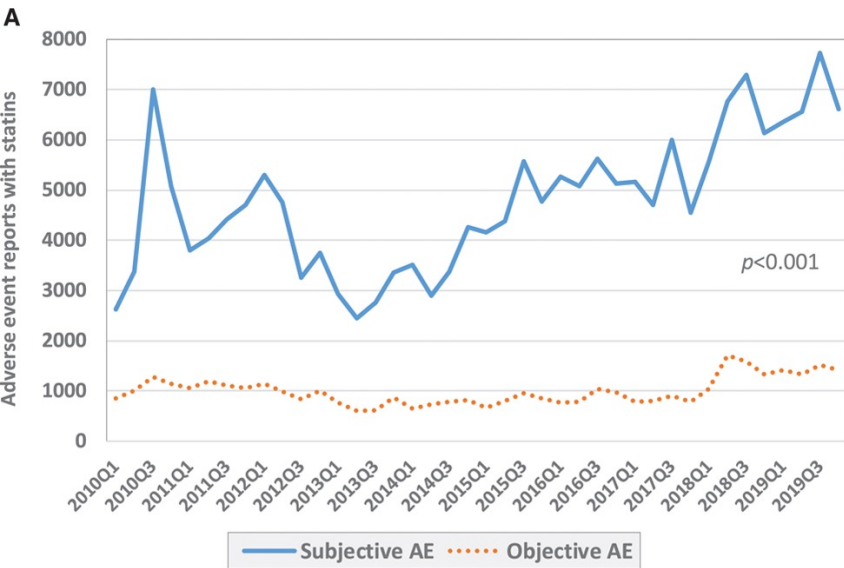




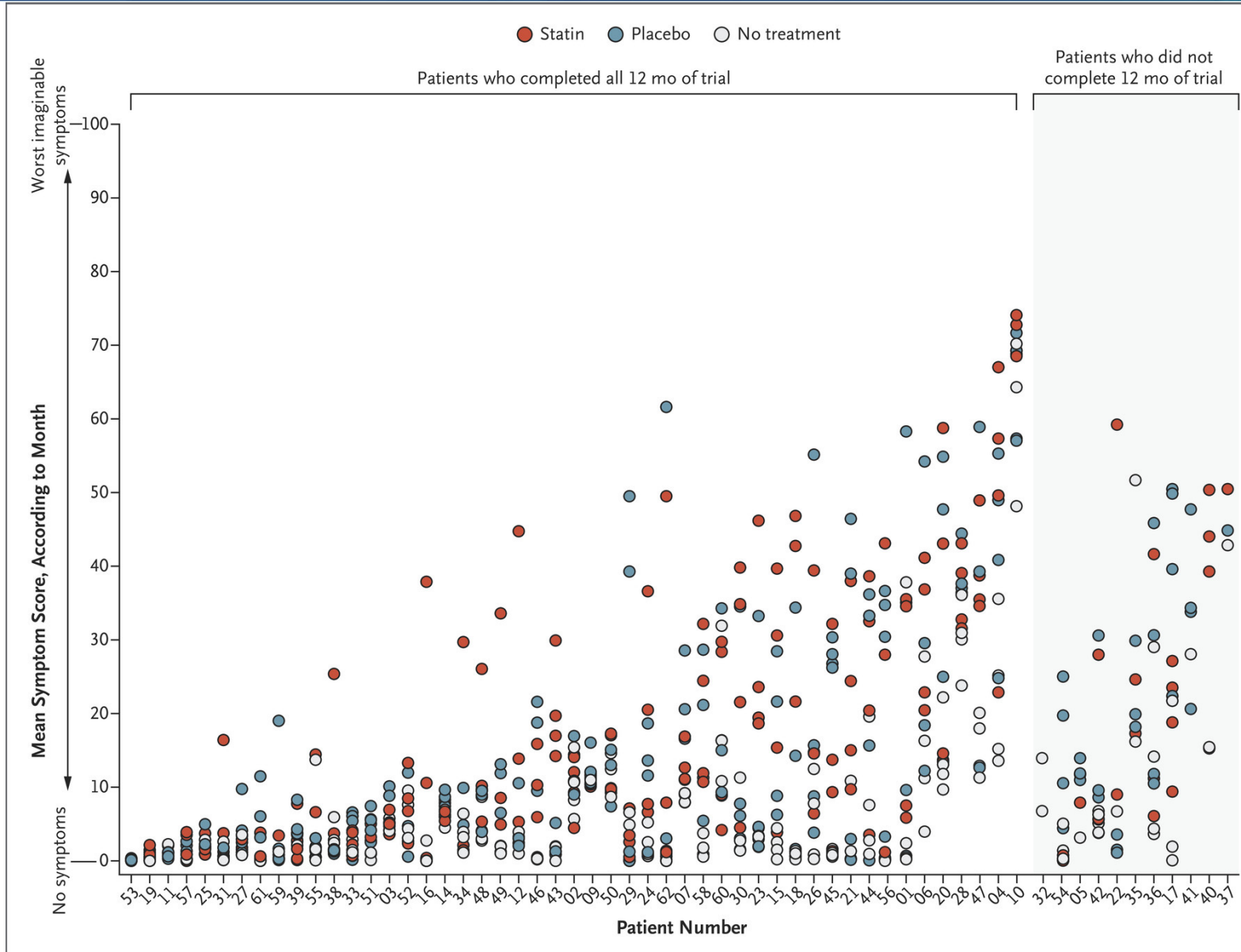
# Looks like you're already familiar with the side effects



# Statin Adverse Events



# Statin Side Effects



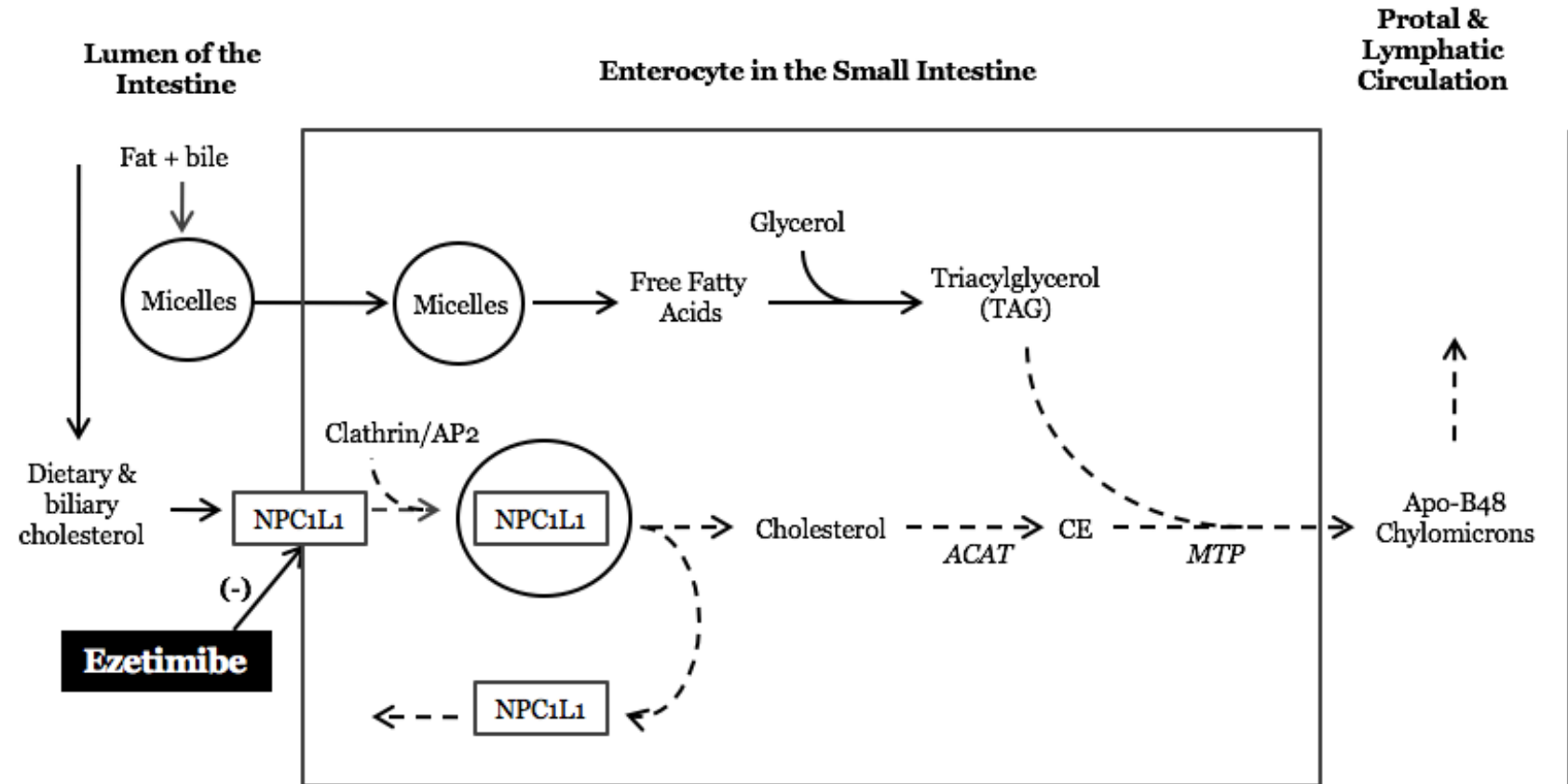
N-of-1 Trial of a Statin, Placebo, or No Treatment to Assess Side Effects

[November 26, 2020](#)

N Engl J Med 2020; 383:2182-2184

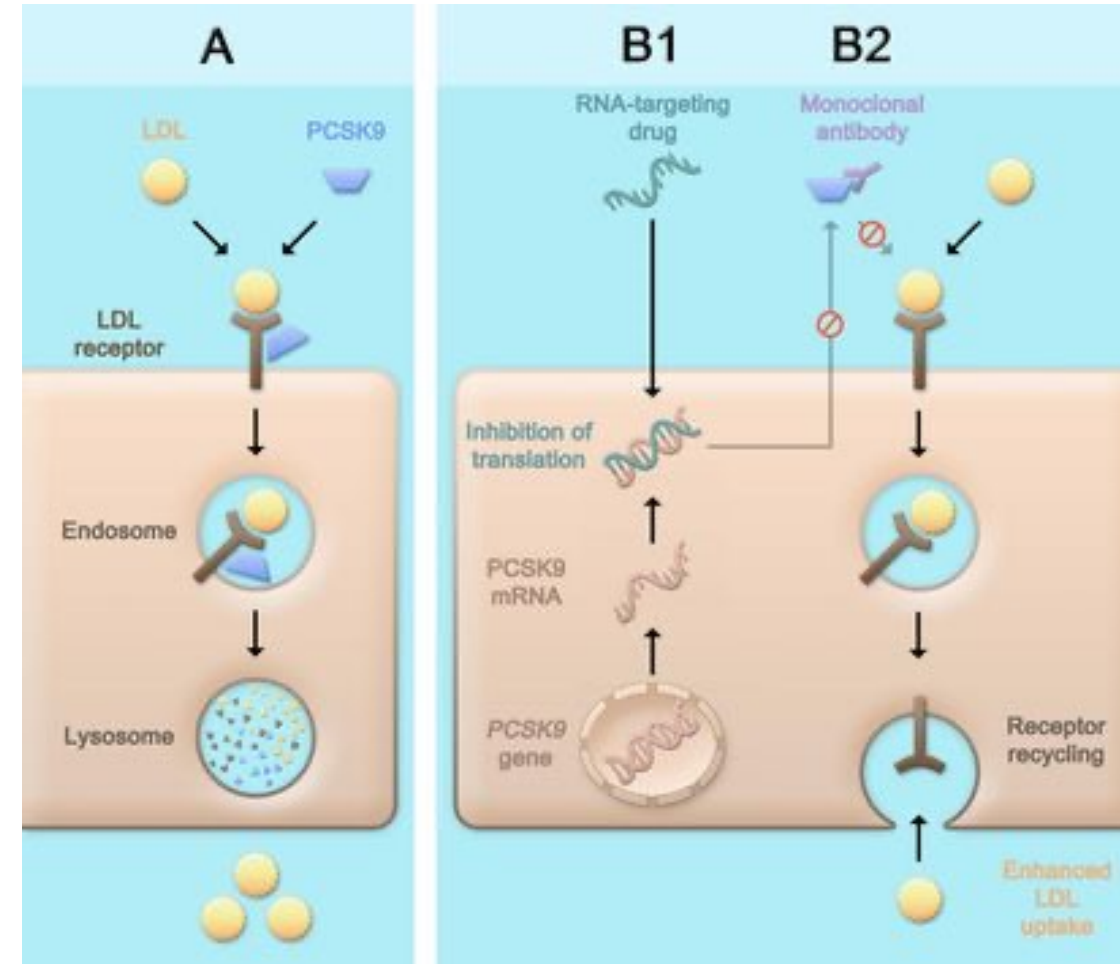
DOI: 10.1056/NEJMc2031173

- Ezetimibe
  - Blocks cholesterol absorption 54%
  - 18-20% reduction in LDL-C
  - Used in combination

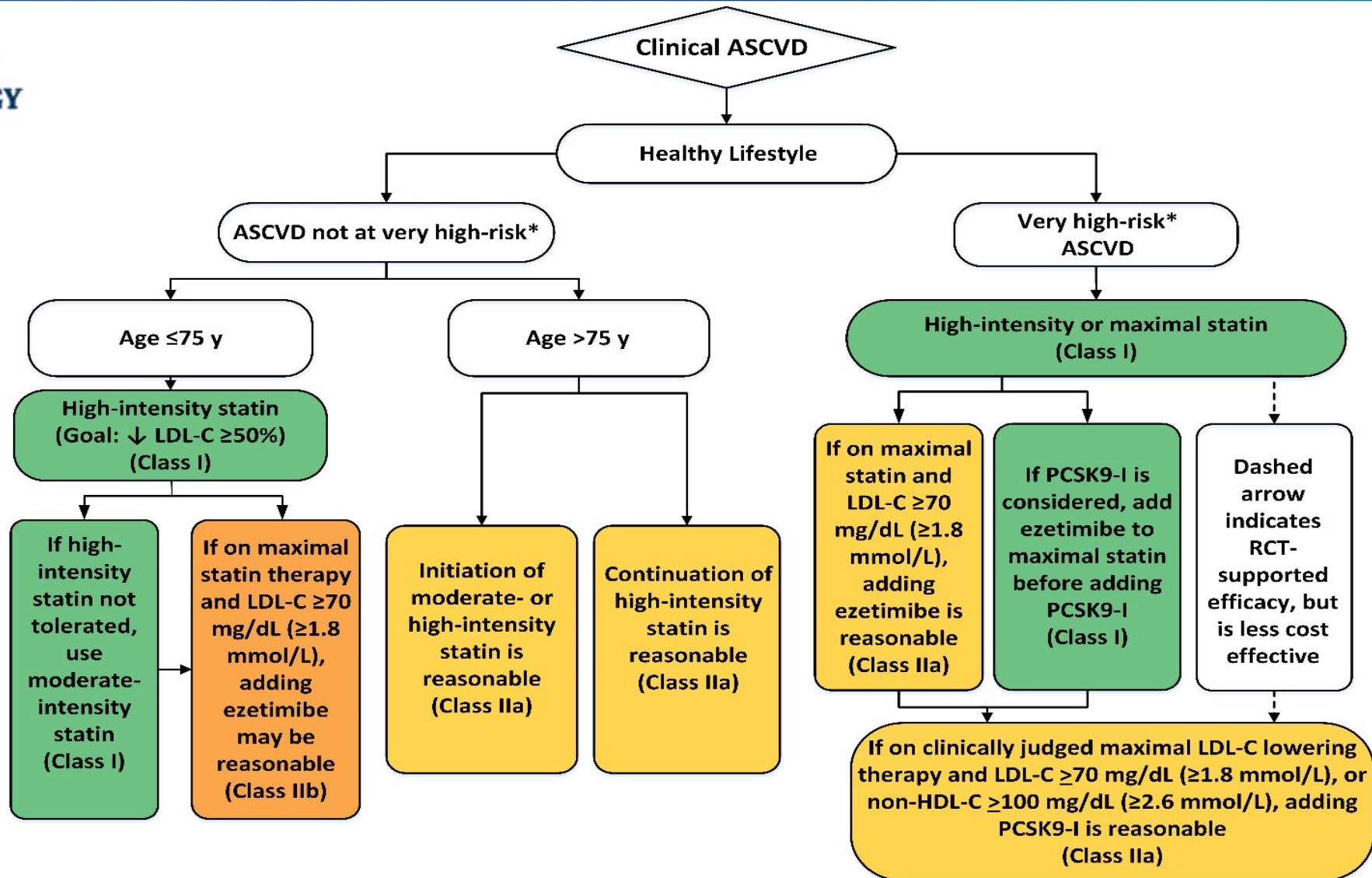


# Non-statin medications

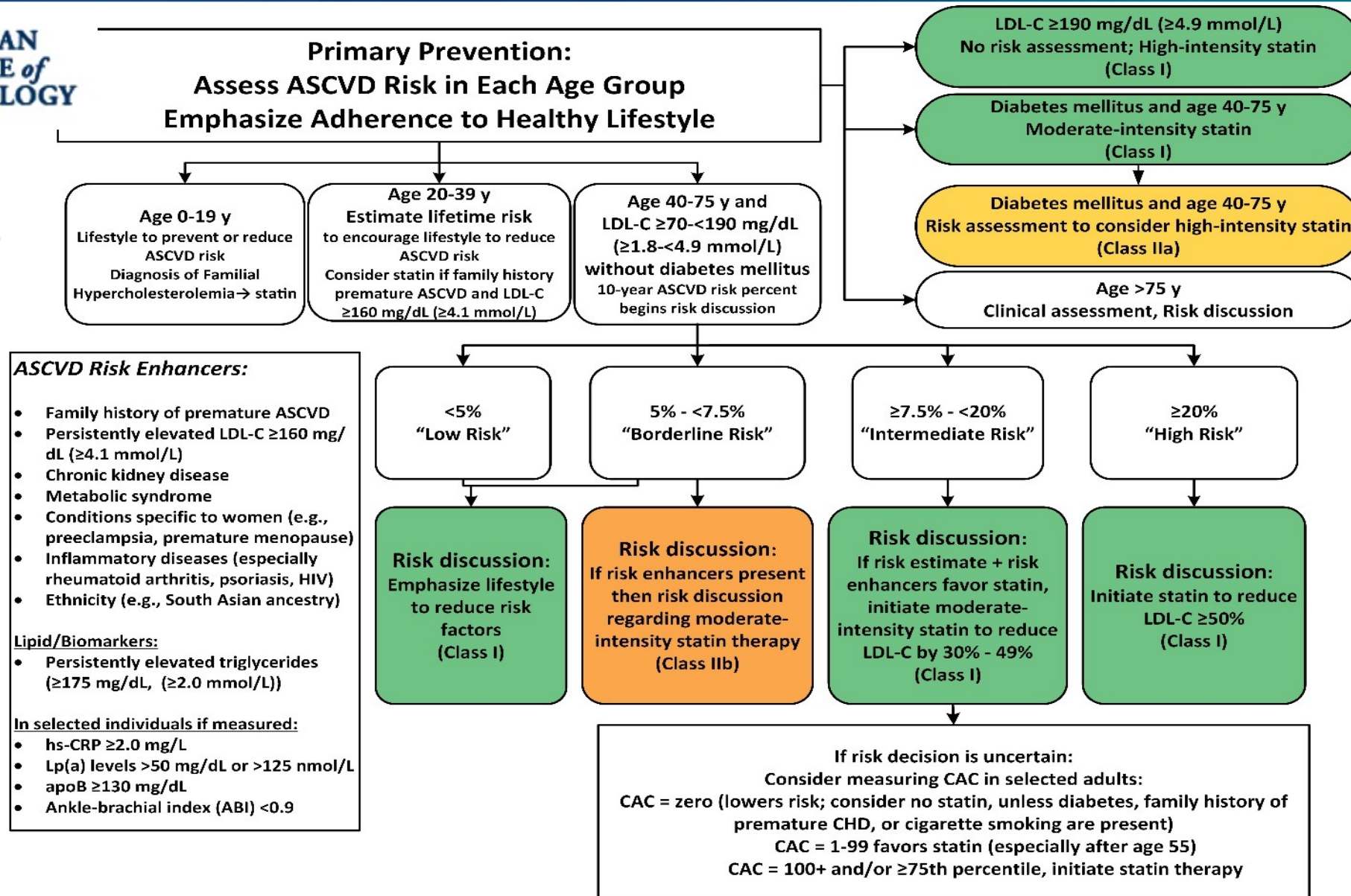
- Proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors
  - Antibody binds to PCSK9
    - Blocks binding to LDL receptor
  - LDL receptor in liver is recycled back to surface to pick up more LDL
  - Up to 60% reduction in LDL-C



# Secondary Prevention



# Primary Prevention



[2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol](#)

**Chairs:** Scott M. Grundy, MD, PhD, Neil J. Stone, MD  
November 2018 DOI: 10.1016/j.jacc.2018.11.003

- Management of cholesterol is generally a multi-pronged approach which should be discussed with your doctor.
- Dietary choices can have a substantial impact on cholesterol.
- Routine exercise can help to lower cholesterol.
- Many people fail to reach their goal cholesterol with these lifestyle modifications.
- Cholesterol medications are very safe and well tolerated and can significantly reduce both cholesterol numbers as well as risk of cardiovascular events.



# Questions?



# Managing Your Cholesterol

Robert Shapiro, MD, MS-CR, FACC  
Boulder Heart  
720-853-3032