

Cholesterol – A Summary

A high cholesterol can increase your risk of developing atheroma-related problems.

Understanding atheroma ('furring of the arteries')

- Patches of atheroma are like small fatty lumps which develop in the inside lining of arteries (blood vessels). A patch of atheroma makes an artery narrower which may reduce the blood flow. Also, sometimes a blood clot (thrombosis) forms over a patch of atheroma.
- Depending on the arteries affected, a build up of atheroma can cause: angina, heart attack, stroke, transient ischaemic attack (TIA or 'mini-stroke'), and other artery related problems.
- You are more likely to develop atheroma if you have certain risk factors which including: smoking, high blood pressure, high cholesterol level, diabetes, obesity, lack of exercise, an unhealthy diet, a strong family history of heart disease or a stroke, certain ethnic groups.

You should have a blood test to check your cholesterol level:

- If you have other significant risk factors (such as diabetes, high blood pressure, etc). A high blood cholesterol would add to your existing risk.
- If you already have angina, had a heart attack, had a stroke or TIA, have peripheral vascular disease, or have another atheroma related condition.
- If a very high cholesterol runs in the family (familial hypercholesterolaemia).

But, you don't usually need a cholesterol check if you are well and have no other risk factors.

Do I need to lower my cholesterol level?

- Your doctor or nurse will advise you if you should lower your cholesterol level. As a Guide, a level less than 5 mmol/l is often the target aimed for. But, it is not just the cholesterol level which is important. Your other risk factors are taken into account. For example, say you have mildly raised cholesterol level of 6 mmol/l.

If you have other risk factors (high blood pressure, diabetes, etc) then you have quite an increased risk of developing heart disease. Treatment to lower your cholesterol level may be advised, but

If you have no other risk factors, your increased health risk is small, and treatment is not usually advised.

- If you already have an atheroma related disease (angina, etc), you are likely to be advised to reduce your cholesterol, whatever the level. Even if it is already below 5.0 mmol/l.

What treatments can lower a cholesterol level?

- If you already have an atheroma related disease (angina, etc), you will normally be advised to take medication to reduce your cholesterol level. At 'statin' medicine is usually used. There are several brands of statin. They work by blocking an enzyme (chemical) which is needed to make cholesterol in the liver.
- If you are well, but have a raised level, your doctor or nurse may advise a 3 month trial of a cholesterol-lowering diet (and to lose weight if relevant). A repeat blood test after the 3 month trial will show if the level has come down. If not, then medication may be advised.

But note, you should still do as much as you can to reduce any other risk factors. For example, don't smoke, lose weight if you are overweight, eat a healthy diet and exercise regularly.