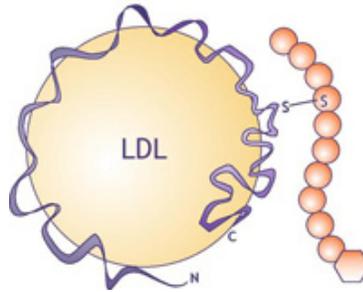


Lipoprotein(a) - A Hidden Risk Factor for Heart Disease and Stroke

What is lipoprotein(a)?

Lipoprotein(a) is a modified form of low density lipoprotein (LDL), also known as “bad” cholesterol. Lipoprotein(a) is pronounced “lipoprotein little a”. A measurement of the lipoprotein(a) level is used to provide additional information regarding coronary artery disease (CAD) risk.



What causes elevated lipoprotein(a)?

Elevated lipoprotein(a) levels are primarily genetically determined. Therefore it is important to notify family members, if you have ever had an elevated lipoprotein(a) level. Although proper diet and exercise are important, neither have a large impact on lipoprotein(a) levels.

Who should be screened for increased lipoprotein(a) levels?

Approximately 15% of the population has a level high enough to put them at increased risk of CAD. Screening and treatment for high levels of lipoprotein(a) should be considered for:

- Patients with CAD and no other identifiable high cholesterol levels
- Patients with a strong family history of CAD and no other high cholesterol levels
- Patients with high cholesterol that does not respond to LDL lowering therapies
- Patients with a family member previously diagnosed with elevated lipoprotein(a) levels

What does my level mean?

Patients can be screened by getting a simple blood test in which the amount of lipoprotein(a) in the blood is measured. Previous observations suggest that when the lipoprotein(a) level in the blood is greater than 30 mg/dl, cardiovascular risk could be increased by 2 to 3-fold. However in clinical practice, a lipoprotein(a) level of greater than 60 mg/dl is considered high risk for CAD.

How do I decrease my lipoprotein(a) levels?

When a patient has elevated lipoprotein(a) levels, more aggressive treatment of other CAD risk factors (e.g. LDL cholesterol, smoking, diet, nutrition, etc.) should be considered, as all contribute to overall risk. Although lowering lipoprotein(a) levels has not been associated with a decrease in overall risk, some medications have been shown to lower lipoprotein(a) levels. The most effective therapy for reducing lipoprotein(a) levels is niacin and has been shown to decrease levels of lipoprotein(a) by as much as 38 percent. Post menopausal women taking estrogen replacement therapy may also notice a large decrease in lipoprotein(a) levels. However, estrogen replacement therapy is not recommended for CAD risk reduction.

References 1. UpToDate. Last updated July 20,2011. Accessed April 17, 2012.
2. Mayo Medical Laboratories. Accessed April 17, 2012