

Mayo Clinic Q And A: Managing high cholesterol with lifestyle changes

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DEAR MAYO CLINIC: I recently had an annual well check with my primary care doctor and was told I have high cholesterol. I know it runs in my family, but I am 25 and thought I was eating well enough and exercising. I do not want to start taking medication. What does it mean to have high cholesterol? What can I do to improve my cholesterol?

ANSWER: Cholesterol is a waxy substance found in fat in the blood. Your body makes [cholesterol](#) in the liver, from breaking down foods that you eat. But when you have too much cholesterol, you may develop fatty deposits, also known as plaque, in your blood vessels. This can make it difficult for blood to flow through your arteries. Over time, the plaque can build up and break off, potentially causing a [heart attack](#) or stroke.

Diagnosing high cholesterol can be challenging, as often there are no signs or symptoms. Having a lipid screening blood test should be part of a physical for anyone over 20 to assess the risk of coronary artery disease. The test may be repeated every three to five years or more often, depending on family history, or if you have existing [heart](#) disease, diabetes or other conditions that may increase your risk of coronary heart disease.

When your [health care provider](#) evaluates lipids, he or she is looking at total cholesterol; HDL, [high-density lipoprotein](#) or "good" cholesterol; LDL, low-density lipoprotein or "bad" cholesterol; and triglycerides. Each is part of the total cholesterol number.

Risk factors for high cholesterol include [poor diet](#), physical inactivity, smoking, obesity, diabetes and age. While you may eat healthy and exercise, genetics also plays a role. If you are African American, Latino or Asian American, research indicates you also are at greater risk for [heart disease](#) resulting from high cholesterol.

Patients, especially younger patients like yourself, can use a risk calculator to help determine the probability of a heart attack in the next 10-30 years. Although there are many calculators and numerous factors that determine a person's risk, I believe having the conversation with your health care provider is important as you decide how to manage your condition.

Based on your risk and family history, your provider may recommend a coronary calcium score test. This is a CT scan of the heart to determine how much calcified plaque is in the heart arteries. This test can help determine if lifestyle changes alone would be recommended or if starting a medication is needed to reduce your heart attack risk.

As far as managing your [high cholesterol](#), the first treatment for someone your age is behavioral lifestyle changes. The primary focus is around physical activity - at least 30 minutes of activity daily - and modifying your diet.

What you eat affects your cholesterol levels. The biggest culprit these days is the consumption of trans fats and saturated fats, which are referred to as "bad" fats.

Trans fats often are found in prepackaged products or items that are made with shortening or margarine. Examples include doughnuts and cookies, nondairy whipped cream and creamer, microwavable popcorn, fast foods, and fried foods. My recommendation is to eliminate these foods from your diet.

You also want to cut back on saturated fats, which often are found in animal products such as bacon, butter, eggs and cheese. Look at making small changes, which can have a significant benefit. For instance, consider swapping full-fat ingredients for low-fat options and substitute olive oil for butter.

You should not eliminate fat entirely, though. Your

body needs dietary fats to absorb nutrients, make hormones and build cells. However, it is important to understand the differences between [good fats](#) and bad fats.

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Healthy or "good" fats are monounsaturated and polyunsaturated fats. Good examples of these foods to add to your diet include olive oils; fatty fish; certain nuts, such as almonds, walnuts and macadamias; and avocados.

Omega-3 has been shown to reduce triglycerides, as well as reduce blood pressure and the risk of developing blood clots. In people who already have had heart attacks, omega-3 fatty acids may reduce the risk of sudden death.

Increasing the amount of soluble fiber can reduce the absorption of cholesterol into your bloodstream. Five to 10 grams or more of soluble fiber a day decreases your [low-density lipoprotein](#) cholesterol.

Many cookbooks and recipes are online to help you adjust your diet. The important thing is to start making small changes now. I suggest patients strive for at least eight to 12 weeks of modifications before rechecking their cholesterol levels.

If cholesterol does not improve, it may be valuable to discuss medications. The most commonly prescribed medication is a statin. This blocks an enzyme that your body needs to make cholesterol, thereby decreasing the cholesterol in your body and stabilizing your numbers. Popular statins include atorvastatin (Lipitor), fluvastatin (Lescol XL), lovastatin (Altoprev), pitavastatin (Livalo), pravastatin (Pravachol), rosuvastatin (Crestor and Ezallor), and simvastatin (Zocor and FloLipid).

You and your health care provider will determine the right prescription and dose based on your personal situation. Typically, you would have your cholesterol checked three to six months after starting the medication.

High cholesterol is a challenge for some people, but your willingness to learn more and make lifestyle adjustments can go a long way to effectively managing the condition and reducing your risk for heart attack or stroke.

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