

HIGH CHOLESTEROL

All About Cholesterol

It may surprise you to know that cholesterol itself isn't bad. In fact, cholesterol is just one of the many substances created and used by our bodies to keep us healthy. Some of the cholesterol we need is produced naturally (and can be affected by your family health history), while some of it comes from the food we eat.

There are two types of cholesterol: "good" and "bad." It's important to understand the difference, and to know the levels of "good" and "bad" cholesterol in your blood. Too much of one type — or not enough of another — can put you at risk for coronary heart disease, heart attack or stroke.

Even though high cholesterol may lead to serious heart disease, most of the time there are no symptoms. This is why it is important to have your cholesterol levels checked by your doctor

Cholesterol comes from two sources: **your body** and **food**. Your liver and other cells in your body make about 75 percent of blood cholesterol. The other 25 percent comes from the foods you eat. Cholesterol is only found in animal products.

HDL ("Good Cholesterol")

A cholesterol screening measures your level of HDL and LDL. HDL is the "good" cholesterol which helps keep the LDL (bad) cholesterol from getting lodged into your artery walls. HDL cholesterol is known as "good" cholesterol because high levels of HDL seem to protect against heart attack. Medical experts think that HDL tends to carry cholesterol away from the arteries and back to the liver, where it's passed from the body. Some experts believe that HDL removes excess cholesterol from arterial plaque, slowing its buildup.

About one-fourth to one-third of blood cholesterol is carried by HDL. Low levels of HDL (less than 40 mg/dL for men and less than 50 mg/dL for women) have been shown to increase the risk of heart disease.

If you need to increase your HDL to reach your goals, studies show that regular physical activity can help your body produce more HDLs. Reducing trans fats and eating a balanced, nutritious diet is another way to increase HDL. If these measures are not enough to increase your HDL to goal, your healthcare practitioner may prescribe a medication specifically to increase your HDLs.

LDL ("Bad Cholesterol")

LDL cholesterol is the "bad" cholesterol. When too much LDL (bad) cholesterol circulates in the blood, it can slowly build up in the inner walls of the arteries that feed the heart and brain. Together with other substances, it can form plaque, a thick, hard deposit that can narrow the arteries and make them less flexible. This condition is known as atherosclerosis. If a clot forms and blocks a narrowed artery, heart attack or stroke can result.

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LDL cholesterol is produced naturally by the body, but many people inherit genes from their mother, father or even grandparents that cause them to make too much. Eating saturated fat, trans fats and dietary cholesterol also increases how much you have. If high blood cholesterol runs in your family, lifestyle modifications may not be enough to help lower your LDL blood cholesterol. Everyone is different, so work with your doctor to find a treatment plan that's best for you.

Triglycerides

Triglyceride is a form of fat made in the body. Elevated triglycerides can be due to overweight/obesity, physical inactivity, cigarette smoking, excess alcohol consumption and a diet very high in carbohydrates (60 percent of total calories or more). People with high triglycerides often have a high total cholesterol level, including a high LDL (bad) level and a low HDL (good) level. Many people with heart disease and/or diabetes also have high triglyceride levels.

Lp(a) Cholesterol

Lp(a) is a genetic variation of LDL (bad) cholesterol. A high level of Lp(a) is a significant risk factor for the premature development of fatty deposits in arteries. Lp(a) isn't fully understood, but it may interact with substances found in artery walls and contribute to the buildup of fatty deposits.

What Your Cholesterol Level Means

Keeping your cholesterol levels healthy is a great way to keep your heart healthy – and lower your chances of getting heart disease or having a stroke. Cholesterol can be tricky to understand, though, because not all is bad for you. Some is actually good for you. The most important thing you can do as a first step is to know your cholesterol numbers by getting your cholesterol tested. Here are some easy ways for you to understand what the testing involves, how it can help you and ways to improve your health by improving your cholesterol.

The American Heart Association endorses the [National Cholesterol Education Program \(NCEP\) guidelines for detection of high cholesterol](#): All adults age 20 or older should have a fasting lipoprotein profile — which measures total cholesterol, LDL (bad) cholesterol, HDL (good) cholesterol and triglycerides — once every five years. This test is done after a nine- to 12-hour fast without food, liquids or pills. It gives information about total cholesterol, LDL (bad) cholesterol, HDL (good) cholesterol and triglycerides

Your test report will show your cholesterol levels in milligrams per deciliter of blood (mg/dL). To determine how your cholesterol levels affect your risk of heart disease, your doctor will also take into account other risk factors such as age, family history, smoking and high blood pressure.

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A complete fasting lipoprotein profile will show the following four results.

Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable level that puts you at lower risk for coronary heart disease. A cholesterol level of 200 mg/dL or higher raises your risk.
200 to 239 mg/dL	Borderline high
240 mg/dL and above	High blood cholesterol. A person with this level has more than twice the risk of coronary heart disease as someone whose cholesterol is below 200 mg/dL.

HDL Cholesterol Level	Category
<i>Less than 40 mg/dL (for men) Less than 50 mg/dL (for women)</i>	Low HDL cholesterol. A major risk factor for heart disease.
<i>60 mg/dL and above</i>	High HDL cholesterol. An HDL of 60 mg/dL and above is considered protective against heart disease.

LDL Cholesterol Level	Category
Less than 100 mg/dL	Optimal
100 to 129 mg/dL	Near or above optimal
130 to 159 mg/dL	Borderline high
160 to 189 mg/dL	High
190 mg/dL and above	Very high

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Triglyceride Level	Category
Less than 100 mg/dL	Optimal
Less than 150 mg/dL	Normal
150–199 mg/dL	Borderline high
200–499 mg/dL	High
500 mg/dL and above	Very high

AHA Recommendation

We recommend using the absolute numbers for total blood cholesterol and HDL cholesterol levels. They're more useful to physicians than the cholesterol ratio in determining the appropriate treatment for patients.

Some physicians and cholesterol technicians use the ratio of total cholesterol to HDL cholesterol in place of the total blood cholesterol. The ratio is obtained by dividing the HDL cholesterol level into the total cholesterol. For example, if a person has a total cholesterol of 200 mg/dL and an HDL cholesterol level of 50 mg/dL, the ratio would be 4:1. The goal is to keep the ratio below 5:1; the optimum ratio is 3.5:1.

How To Control Cholesterol Levels

Too much cholesterol in the blood can lead to cardiovascular disease. Cardiovascular disease is the No. 1 cause of death in the United States. 2,200 Americans die of cardiovascular disease each day, an average of one death every 39 seconds. The good news is, you can lower your cholesterol and reduce your risk of heart disease and stroke. Take responsibility for managing your cholesterol levels. Whether you've been prescribed medication or advised to make diet and lifestyle changes to help manage your cholesterol, carefully follow your doctor's recommendations.

Lifestyle Changes

As part of a complete prevention and treatment program for managing your cholesterol and lowering your risk of heart disease and stroke, your doctor may suggest that you make some lifestyle changes. Regardless of whether your plan includes drug therapy, you can do a number of things every day that can improve your cholesterol levels — and your overall health:

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Eat a Heart Healthy Diet

A diet rich in vegetables, fruits, whole grains, high-fiber foods, lean meats and poultry, fish at least twice a week and fat-free or 1 percent dairy products — and low in saturated and *trans* fats and cholesterol — is a delicious way to help your cholesterol levels.

Get Moving

Enjoy at least 30 minutes of physical activity more days than not. Walk, bike, swim, jog, dance — whatever you love to do, do it.

Avoid Tobacco Smoke

If you smoke, your cholesterol level is one more good reason to quit. And everyone should avoid exposure to secondhand smoke

Know Your Fats

LDL cholesterol is affected by diet. Knowing which fats raise LDL cholesterol and which ones don't is the first step in lowering your risk of heart disease. In addition to the LDL produced naturally by your body, saturated fat, *trans*-fatty acids and dietary cholesterol can also raise blood cholesterol. Replacement of saturated fat and *trans* fat with monounsaturated fat and polyunsaturated fat might even help lower LDL cholesterol when eaten as part of a healthy diet.

The American Heart Association's Nutrition Committee strongly advises these fat guidelines for healthy Americans over age 2:

- Limit total fat intake to less than 25–35 percent of your total calories each day;
- Limit saturated fat intake to less than 7 percent of total daily calories;
- Limit *trans* fat intake to less than 1 percent of total daily calories;
- The remaining fat should come from sources of monounsaturated and polyunsaturated fats such as unsalted nuts and seeds, fish (especially oily fish, such as salmon, trout and herring, at least twice per week) and vegetable oils; and
- Limit cholesterol intake to less than 300 mg per day, for most people. If you have coronary heart disease or your LDL cholesterol level is 100 mg/dL or greater, limit your cholesterol intake to less than 200 milligrams a day.

For example, a sedentary female who is 31–50 years old needs about 2,000 calories each day. Therefore, she should consume less than 15 g saturated fat, less than 2 g *trans* fat and between 56 and 77 grams of total fat each day (with most fats coming from sources of polyunsaturated and monounsaturated fats, such as fish, nuts, seeds and vegetable oils). It's easier to gauge how much healthy and unhealthy food you are eating by using a food diary to keep track of what you eat for a period of time.

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Cooking For Lower Cholesterol

It's not hard to whip up recipes that fit with the low saturated fat, low-cholesterol eating plan recommended by scientists to help you manage your blood cholesterol level and reduce your risk of heart disease and stroke. Discover how easy it is to avoid excess saturated fat, *trans* fat and cholesterol while enjoying mouth-watering dishes.

Reduce Saturated Fat in Meat and Poultry

The American Heart Association recommends eating no more than six ounces of cooked lean meat, poultry, fish or seafood a day for people who need 2,000 calories. Most meats have about the same amount of cholesterol, roughly 70 milligrams in each three-ounce cooked serving (about the size of a deck of cards). But the amount of saturated fat in meats can vary widely, depending on the cut and how it's prepared. Here are some ways to reduce the saturated fat in meat:

- Select lean cuts of meat with minimal visible fat. Lean beef cuts include the round, chuck, sirloin or loin. Lean pork cuts include the tenderloin or loin chop, while lean lamb cuts come from the leg, arm and loin.
- Buy "choice" or "select" grades rather than "prime." Select lean or extra lean ground beef.
- Trim all visible fat from meat before cooking.
- Broil rather than pan-fry meats such as hamburger, lamb chops, pork chops and steak.
- Use a rack to drain off fat when broiling, roasting or baking. Instead of basting with drippings, keep meat moist with wine, fruit juices or an acceptable oil-based marinade.
- Cook a day ahead of time. Stews, boiled meat, soup stock or other dishes in which fat cooks into the liquid can be refrigerated. Then the hardened fat can be removed from the top.
- When a recipe calls for browning the meat first, try browning it under the broiler instead of in a pan.
- Eat chicken and turkey rather than duck and goose, which are higher in fat.
- Remove the skin from chicken or turkey, preferably before cooking. If your poultry dries out too much, leave the skin on for cooking but remove before eating.
- Limit processed meats such as sausage, bologna, salami and hot dogs. Many processed meats — even those with "reduced fat" labels — are high in calories and saturated fat. They are often high in sodium as well. Read labels carefully and choose such meats only now and then.
- Organ meats such as liver, sweetbreads, kidney and brain are very high in cholesterol. If you're on a cholesterol-lowering diet, eat them only occasionally.

Choose Seafood at Least Twice a Week

Fish can be fatty or lean, but it's still low in saturated fat. Prepare fish baked, broiled, grilled or boiled rather than breaded and fried. Shrimp and crawfish have more cholesterol than most other types of seafood, but they're lower in total fat and saturated fat than most meats and poultry.

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Reduce the Meat in Your Meals

Try meatless meals featuring vegetables or beans — think eggplant lasagna, a big grilled Portobello mushroom on a bun in place of a burger, or beans-n-weenies without the weenies. Or think of meat as a condiment in casseroles, stews, soups and spaghetti — use it sparingly, just for flavor, rather than as a main ingredient.

Cook Fresh Vegetables the Low Fat, Low Salt Way

Try cooking vegetables in a tiny bit of vegetable oil, adding a little water during cooking if needed, or use a vegetable oil spray. Just 1 to 2 teaspoons of oil is enough for a package of frozen vegetables that serves four. Place in a skillet with tight cover, season, and cook over a very low heat until vegetables are done.

Add herbs and spices to make vegetables even tastier. For example, these combinations add new and subtle flavors:

- Rosemary with peas, cauliflower and squash
- Oregano with zucchini
- Dill with green beans
- Marjoram with Brussels sprouts, carrots and spinach
- Basil with tomatoes

Start with a small quantity (1/8 to 1/2 teaspoon to a package of frozen vegetables), then let your own and your family's taste be your guide. Chopped parsley and chives, sprinkled on just before serving, also enhance the flavor of many vegetables.

Use Liquid Vegetable Oils in Place of Solid fats

Liquid vegetable oils such as canola, safflower, sunflower, soybean, and olive can often be used instead of solid fats such as butter, lard or shortening. If you must use margarine, try the soft kind. Use a little liquid oil to:

- Pan-fry fish and poultry.
- Saute vegetables.
- Make cream sauces and soups using low-fat or fat-free milk.
- Add to whipped or scalloped potatoes using low-fat or fat-free milk.
- Brown rice for Spanish, curried or stir-fried rice.
- Cook dehydrated potatoes and other prepared foods that call for fat to be added.
- Make pancakes or waffles.

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Substitute Egg Whites for Whole Eggs

The cholesterol in eggs is all in the yolks --- without the yolk, egg whites are a heart-healthy source of protein. Many recipes calling for whole eggs come out just as good when you use egg whites or cholesterol-free egg substitute instead of whole eggs. Replace each whole egg with two egg whites. For baking, you may want to add a tablespoon or less of liquid vegetable oil such as canola, safflower, sunflower or soybean for a moister consistency.

Puree Fruits and Vegetables for Baking

You can replace the oil in muffin, cookie, cake and snack bar recipes with pureed fruits or veggies to give your treats an extra healthy boost. For many recipes, you just use the specified amount of puree instead of oil. Check the mix's package or your cookbook's substitutions page for other conversions.

- Use applesauce in spice muffins or oatmeal cookies
- Bananas are great in breads and muffins.
- Try zucchini in brownies.

Lower Dairy Fats

Low-fat (1%) or fat-free (skim) milk can be used in many recipes in place of whole milk or half-and-half. Some dishes like puddings may result in a softer set. You can also use low-fat cottage cheese, part-skim milk mozzarella or ricotta and other low-fat cheeses with little or no change in consistency.

Sauces and Gravies

Let your cooking liquid cool, then remove the hardened fat before making gravy. Or, use a fat separator to pour off the good liquid from cooking stock, leaving the fat behind.

Increase Fiber and Whole Grains

- Toast and crush or cube whole-grain bread to make breadcrumbs, stuffing or croutons.
- Replace the breadcrumbs in your meatloaf with uncooked oatmeal.
- Serve whole fruit at breakfast in place of juice.
- Use brown rice instead of white rice and try whole grain pasta.
- Add lots of colorful veggies to your salad — carrots, broccoli and cauliflower are high in fiber and give your salad a delicious crunch.

Reduce Sodium

Most of us eat much more sodium than we need. In some people, this can lead to high blood pressure, which increases the risk of stroke, heart disease and kidney disease. Salt is just once source of the sodium you consume every day. Many foods contain sodium in other forms, too. Some medicines are high in sodium.

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About 75 percent of sodium in the typical American diet comes from processed foods and beverages. Be aware of all your sources of sodium and aim to eat less than 1,500 mg of sodium per day.

- Use less salt or no salt at the table and in cooking.
- Use herbs and spices in place of salt.
- Limit your intake of foods high in added sodium, such as:
 - Canned and dried soups
 - Canned vegetables
 - Ketchup and mustard
 - Salty snack foods
 - Olives and pickles
 - Luncheon meats and cold cuts
 - Bacon and other cured meats
 - Cheeses
 - Restaurant and carry-out foods (such as French fries, onion rings and hamburgers)
- To reduce the salt in canned vegetables, drain the liquid, then rinse the vegetables in water before eating.
- Look for "unsalted" varieties of the canned foods and snack foods listed above. Some foods may be labeled "no salt" or "without added salt."
- Ask restaurants not to add salt to your order.
- Read the labels of all foods carefully. Even bakery products and cereals can be major sources of sodium.
- Learn about the D.A.S.H. diet

Understanding Drug Therapy Options

For some people, lifestyle changes alone aren't enough to reach healthy cholesterol levels. Your doctor may prescribe medication.

Cholesterol-Lowering Drugs

Various medications can lower blood cholesterol levels. They may be prescribed individually or in combination with other drugs. Your doctor will determine the best drug or combination for you.

Some of the major types of commonly prescribed cardiovascular medications are summarized in this section. For your information and reference, we have included generic names as well as major trade names to help you identify what you may be taking; however, **the AHA is not recommending or endorsing any specific products. If your prescription medication isn't on this list, remember that your healthcare provider and pharmacist are your best sources of information. It's important to discuss all of the drugs you take with your doctor and understand their desired effects and possible side effects. Never stop taking a medication and never change your dose or frequency without first consulting your doctor.*

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**Some cholesterol-lowering medications may interact with grapefruit, grapefruit juice, pomegranate and pomegranate juice. Please talk to your health care provider about any potential risks.*

Statins (also known as HMG CoA reductase inhibitors)

This class of drugs works in the liver to prevent the formation of cholesterol. Statins are most effective at lowering the LDL (bad) cholesterol, but also have modest effects on lowering triglycerides (blood fats) and raising HDL (good) cholesterol.

Most of statins' side effects are mild and generally go away as your body adjusts. Muscle problems and liver abnormalities are rare, but your doctor may order regular liver function tests. Patients who are pregnant or who have active or chronic liver disease should not take statins.

Statins currently available in the U.S. include:

Atorvastatin (Lipitor®)**

Fluvastatin (Lescol®)**

Lovastatin (Mevacor®, Altoprev™)**

Pravastatin (Pravachol®)**

Rosuvastatin Calcium (Crestor®)**

Simvastatin (Zocor®)**

Statins are also found in the combination medications Advicor®** (lovastatin + niacin), Caduet®** (atorvastatin + amlodipine), and Vytorin™** (simvastatin + ezetimibe).

Selective Cholesterol Absorption Inhibitors

This relatively new class of cholesterol-lowering medications works by preventing the absorption of cholesterol from the intestine. Selective cholesterol absorption inhibitors are most effective at lowering the LDL (bad) cholesterol, but may also have modest effects on lowering triglycerides (blood fats) and raising HDL (good) cholesterol.

The first medication of this class, ezetimibe (Zetia®)**, was approved in 2002 for the treatment of high cholesterol and certain inherited lipid abnormalities.

Resins (also known as bile acid sequestrants, or bile acid binding drugs)

This class of LDL-lowering drugs works in the intestines by promoting increased disposal of cholesterol. Your body uses cholesterol to make bile, an acid used in the digestive process. These medicines bind to bile, so it can't be used during digestion. Your liver responds by making more bile. The more bile your liver makes, the more cholesterol it uses. That means less cholesterol is left to circulate through your bloodstream.

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Resins currently available in the U.S. include:

Cholestyramine (Questran®, Questran® Light, Prevalite®, Locholest®, Locholest® Light)**
Colestipol (Colestid®)**
Coesevelam Hcl (WelChol®)**

Lipid Lowering Therapies

Fibrates (fibric acid derivatives):

Fibrates are best at lowering triglycerides and in some cases increasing HDL (good cholesterol) levels. These drugs are not very effective in lowering LDL (bad) cholesterol. That's why fibrates are generally used in people whose triglycerides are high or whose HDL is low, after reaching LDL goal. Fibrates are most effective at lowering triglycerides (blood fats). Additionally, they act to raise the levels of HDL (good) cholesterol. Fibrates may be used in combination therapy with the statins.

Fibrates currently available in the U.S. include:

Gemfibrozil (Lopid®)**
Fenofibrate (Antara®, Lofibra®, Tricor®, and Triglide™)**
Clofibrate (Atromid-S®)**

Niacin (nicotinic acid):

This drug works in the liver by affecting the production of blood fats. Niacin is prescribed to lower triglycerides and LDL cholesterol and raise HDL ("good") cholesterol.

Niacin side effects may include flushing, itching and stomach upset. Your liver functions may be closely monitored, as niacin can cause toxicity. Nonprescription immediate release forms of niacin usually have the most side effects, especially at higher doses. Niacin is used cautiously in diabetic patients as it can raise blood sugar levels.

Niacin comes in prescription form and as "dietary supplements." Dietary supplement niacin must not be used as a substitute for prescription niacin. It should not be used for lowering cholesterol because of potential serious side effects. Dietary supplement niacin is not regulated by the U.S. Food and Drug Administration (FDA) the same way that prescription niacin is. It may contain widely variable amounts of niacin — from none to much more than the label states. The amount of niacin may even vary from lot to lot of the same brand. Consult your doctor before starting any niacin therapy.

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Quick Tips About Taking Medications

Keeping Track / Developing a System

Keeping track of your prescribed medications can be challenging — especially if you're taking several different medicines. Writing things down will make managing your medications a lot easier.

Lowering High Blood Pressure

By treating high blood pressure, you can help prevent a stroke, heart attack, heart failure, kidney failure and peripheral artery disease.

Managing Cholesterol Levels

Keeping track of your cholesterol at each of your medical appointments, along with the efforts you're making to manage your levels, to help you monitor your success.

Manage Everything Online

[Heart360](#) is a one-stop, easy-to-use set of online tracking tools for medications, blood pressure, cholesterol, blood glucose, weight and physical activity. Set goals and track your progress each time you enter your levels. Print comprehensive reports to share with your healthcare team. And manage accounts for your loved ones as well as yourself.

Avoid Common Misconceptions

We have created a list of the common misconceptions, along with the true story, about cholesterol:

My Choices About Diet and Physical Activity are responsible for My Cholesterol Level

It's not hard to whip up recipes that fit with the low [saturated fat](#), low-cholesterol eating plan recommended by scientists to help you manage your [blood cholesterol level](#) and reduce your risk of heart disease and stroke. Discover how easy it is to avoid excess saturated fat, *trans* fat and cholesterol while enjoying mouth-watering dishes.

Using Margarine Instead of Butter Will Help Lower My Cholesterol

Both margarine and butter are high in fat, so use both in moderation. From a dietary perspective, the major factor affecting blood cholesterol is how much saturated fat and *trans* fat is in the food. Limiting food high in saturated fat and *trans* fat may help lower your LDL (bad) cholesterol. Most vegetable oils and soft or liquid margarines have less saturated and *trans* fat than the solid spreads have, and are preferable to the stick forms of margarine for a heart-healthy diet. When selecting a margarine, it's best to choose one that has "0 g *trans* fat" on the Nutrition Facts label.

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Remember that one change — like switching from butter to soft margarine — is a good step, but may not be enough to reduce your cholesterol to healthy levels. Other diet and lifestyle changes or medication may be needed, as your doctor recommends. Learn more about eating a healthy diet.

Thin People Don't Have to Worry About Cholesterol

Any type of body can have high cholesterol. Overweight people are more likely to have high cholesterol, but thin people should also have their cholesterol checked regularly. Often people who don't gain weight easily are less aware of how much saturated and *trans* fat they eat. Nobody can “eat anything they want” and stay heart healthy. Have your cholesterol checked regularly regardless of your weight, physical activity and diet. Learn more about what you can do to manage your cholesterol levels.

My Doctor Hasn't Said Anything About My Cholesterol, So I Don't Have to Worry

Your health is your responsibility. Ask your healthcare professional if your cholesterol needs to be tested. Learn how to interpret all the numbers, including HDL (good) cholesterol, LDL (bad) cholesterol and triglyceride levels. If you're in a high or borderline-high range, discuss options with your physician. Depending on your risk profile and your cholesterol levels, your doctor may recommend diet and lifestyle changes and/or medication. Follow all of your doctor's instructions, and have your cholesterol retested as your doctor recommends. See a list of questions to ask your doctor about cholesterol.

Since the Nutrition Label on My Favorite Food Says There is no Cholesterol, I can be sure that it is a “Heart Healthy” Food

Nutrition labels on food are very helpful when choosing heart-healthy foods, but you need to know what to look for. Many “low-cholesterol” foods contain high levels of saturated fat and/or *trans* fat — both of which contribute to high blood cholesterol. Even foods that claim to be “low-fat” may have a higher fat content than expected. Look for the amount of saturated fat, *trans* fat, cholesterol and total calories in a *serving* of the product. Also check how much a serving is. Often it's smaller than you think. The first ingredient listed is the one used most in the product, so choose products where fats and oils appear later in the ingredient listing. The Food and Drug Administration now requires foods to be labeled for *trans* fats. *Trans* fats are found in variable amounts in most foods made with partially hydrogenated oils such as baked goods, cakes, cookies, crackers, pastries, pies, muffins, doughnuts, fried foods, shortening and some margarines and dairy products. Know your fats.

Since I Started Taking Medication for My High Cholesterol, I Don't Have to Worry About What I Eat

Drug therapy is usually prescribed for those who — despite adequate dietary changes, regular physical activity and weight loss — still have elevated levels of cholesterol, or those who have elevated risks for heart disease and stroke. Modern medications have come a long way in helping to control blood cholesterol levels, and some can target the cholesterol that your body makes on its own. But making diet and lifestyle changes — as well as taking the medication your doctor prescribes — is the best way to help prevent heart disease. You should still eat a heart-healthy diet and get at least 30 minutes of moderately

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vigorous physical activity on five or more days of the week. It's also very important to take your medication exactly as your doctor has instructed so it can work most efficiently.

I Recently Heard that Eggs are Not So Bad for My Heart After All, so I Can Go Back to Having My 2 Eggs for Breakfast Every Morning

One egg contains about 185 milligrams of dietary cholesterol. The daily recommended cholesterol limit is less than 300 milligrams for people with normal LDL (bad) cholesterol levels. An egg can fit within heart-healthy guidelines for those people only if cholesterol from other sources — such as meats, poultry and dairy products — is limited. For example, eating one egg for breakfast, drinking two cups of coffee with one tablespoon of half-and-half each, lunching on four ounces of lean turkey breast without skin and one tablespoon of mayonnaise, and having a 6-ounce serving of broiled, short loin porterhouse steak for dinner would account for about 510 mg of dietary cholesterol that day — nearly twice the recommended limit. If you're going to eat an egg every morning, substitute vegetables for some of the meat, or drink your coffee without half-and-half in the example above. And remember that many other foods, especially baked goods, are prepared with eggs — and those eggs count toward your daily cholesterol limit. People with high LDL blood cholesterol levels or who are taking a blood cholesterol-lowering medication should eat less than 200 mg of cholesterol per day. Learn more about cooking for lower cholesterol.

I'm a Woman so I Don't Have to Worry About High Cholesterol. That's a Man's Problem

Premenopausal women are usually protected from high LDL (bad) levels of cholesterol, because the female hormone estrogen tends to raise HDL (good) cholesterol levels. But cholesterol levels tend to increase as you age, and postmenopausal women may find that even a heart-healthy diet and regular physical activity aren't enough to keep their cholesterol from rising. If you're approaching menopause, it's especially important to have your cholesterol checked and talk with your doctor about your options. You may still have high cholesterol levels even if you eat a heart-healthy diet, stay active, watch your weight and don't smoke or breathe others' smoke. If lifestyle changes alone don't work, your doctor may prescribe a cholesterol-lowering medication — be sure to take it as instructed.

You Don't Need to Have Your Cholesterol Checked Until You Reach Middle Age

Everyone should start getting a cholesterol test at age 20, but it's a good idea to start having cholesterol checked at an early age. Even children, especially those in families with a history of heart disease, can have high cholesterol levels. And evidence exists that these children are at greater risk for developing heart disease as adults. Lack of regular physical activity, poor dietary habits and genetics can all affect a child's cholesterol levels. Parents and caregivers can help kids develop a heart-healthy lifestyle by serving foods low in saturated fat, *trans* fats and cholesterol; encouraging at least 60 minutes of physical activity on most (and preferably all) days; and stressing the importance of avoiding tobacco products.