

# HOW TO *lower* YOUR LDL

There are two main ways to lower your LDL cholesterol—through lifestyle changes and through medication. Depending on your risk category, the use of these treatments will differ. For information on the best treatment plan for your risk category, see the fact sheet, “High Blood Cholesterol: What You Need to Know,” available from NHLBI’s website or Health Information Center. (See “To Learn More” on page \_\_.)

**Lifestyle Changes.** One important treatment approach is called “TLC,” which stands for “Therapeutic Lifestyle Changes.” This treatment includes a cholesterol-lowering diet, regular physical activity, and weight management. Every woman who needs to lower her LDL cholesterol should use this TLC program. (For more on the TLC approach, see page \_\_.) Losing extra weight and getting regular physical activity are especially important for women who have metabolic syndrome.

**Medication** If your LDL level stays too high even after making lifestyle changes, you may need to take medicine. If you need medication, be sure to use it along with the TLC approach. This will keep the dose of medicine as low as possible, and lower your risk in other ways as well. You will also need to control all of your other heart disease risk factors, including high blood pressure, diabetes and smoking.

## **Cholesterol-lowering Drugs**

Your doctor may recommend medication as part of your cholesterol-lowering treatment plan. Following are the most commonly used medicines: Statins. These are the drugs most often prescribed for people who need a cholesterol-lowering medicine. Of all available medications, statins lower LDL cholesterol the most, usually by 20 to 60 percent. Side effects are usually mild, although liver and muscle problems occur rarely.

**Bile Acid Sequestrants.** These medications lower LDL cholesterol by about 10 to 20 percent. Bile acid sequestrants are often prescribed along with a statin to further decrease cholesterol levels. Side effects may include constipation, bloating, nausea, and gas. However, long-term use of these medicines is considered safe.

**Nicotinic Acid.** Nicotinic acid, or niacin, lowers total cholesterol, LDL cholesterol and triglyceride levels, while also raising HDL cholesterol. While nicotinic acid is available without a prescription, it is important to use it under a doctor’s care because of possibly serious side effects. In some people, nicotinic acid may inflame peptic ulcers or cause liver problems, gout, or high blood sugar.

**Fibrates.** These drugs are used mainly to lower triglyceride levels. They can reduce triglyceride levels by 20 to 50 percent, while also increasing HDL cholesterol by 10 to 15 percent. Fibrates are not very effective for lowering LDL cholesterol. While most people experience only mild side effects, the medication can increase the chances of developing gallstones. Fibrates also heighten the effects of medicines that thin the blood. If you use a blood-thinning drug, take fibrates only under a doctor’s care.

**Ezetimibe.** This is the first in a new class of cholesterol-lowering agents that interfere with the absorption of cholesterol in the intestine. It can be used alone or in combination with a statin. Side effects may include back and joint pain.

**Postmenopausal Hormone Therapy.** Until recently, many postmenopausal women were prescribed an estrogen-plus-progestin medication to lower their cholesterol. But recent studies indicate that this type of hormone therapy actually increases the chances of developing heart disease, breast cancer, and other serious conditions. (For more information, see “Postmenopausal Hormone Therapy” on page 22.)