

Family and Community Health “Connections” in Mason County

Understanding & Managing LDL Cholesterol

Understanding and improving LDL cholesterol is important for everyone, particularly heart attack and stroke survivors. High LDL cholesterol contributes to a higher risk for heart disease, such as heart attack and stroke.

What Are Cholesterol and Triglycerides?

Cholesterol is a waxy, fat-like substance your body produces naturally. It is in the bloodstream and in your body's cells. Your body makes all the cholesterol it needs and uses it to keep you healthy. It helps make new cells, some hormones, and substances that help digest foods.

Cholesterol is part of a healthy body. But having too much of it in your blood can be a problem. In addition to what your body makes, the foods you eat can impact your cholesterol numbers as well. Two types of lipoproteins carry cholesterol to and from cells.

Low-density lipoprotein (LDL) cholesterol is often called the “bad” kind. When you have too much LDL cholesterol in your blood, it can join with fats and other substances to build up in the inner walls of your arteries, creating a thick, hard substance called **plaque**. The arteries can become clogged and narrow, and blood flow is reduced. If the buildup of plaque ruptures, a blood clot may form at this loca-

tion or a piece may break off and travel in the bloodstream, causing a heart attack or stroke. The most recent guidelines from the American Heart Association and the American College of Cardiology recommend that “lower is better” to reduce your risk. Studies show that for healthy adults an LDL at or below 100 mg/dL is ideal for good health. If you have a history of heart attack or stroke and are already on a cholesterol-lowering medication, your doctor may aim for your LDL to be 70 mg/dL or lower.

The “good” kind of cholesterol is **high-density lipoprotein (HDL)**. It removes the “bad” LDL cholesterol away from the arteries and back to the liver, so it can be removed from your body. HDL may also remove cholesterol from plaque in the arteries.

Triglycerides are the most common type of fat in your body. They come from food, and your body also makes them. They also can build up within your artery walls and cause plaque.

What Do My Cholesterol Numbers Mean?

Ask your health care professional to order a blood test to measure your cholesterol numbers, typically called a “fasting” or “non-fasting lipid profile or panel.” It assesses several types of fat in the blood. It is measured in milligrams per deciliter (mg/dL).

The test gives you four results: total cholesterol, LDL (bad) cholesterol, HDL (good) cholesterol and triglycerides (blood fats).

It's important to know your cholesterol numbers; work with your health care professional to treat your overall risk of heart attack and stroke.



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Understanding & Managing LDL Cholesterol, continued...

Your health care professional may have told you that you are at higher risk of having a heart attack or stroke. You may be feeling a bit overwhelmed by this, but with the right treatment plan and the support of your health care professional, you can live a healthy lifestyle and lower your risk of heart attack or stroke.

Why Am I at Risk?

Assessing Your Risk

Your health care professional will want to know whether you are at risk by 1) reviewing your medical and family history, and 2) gauging your overall risk for heart attack or stroke. They will want to know:

- **Whether you've ever had a heart attack or stroke**, or blockages in the arteries of your heart, neck or legs.
- **Your risk factors**. Your health care professional will consider your age, sex, whether you have diabetes, high blood pressure, high LDL cholesterol, and if you smoke or vape.
- **About your lifestyle**. Your health care professional will ask about your diet and physical activity numbers, alcohol intake and any drugs or supplements you've been taking.

Your health care professional may use a risk calculator to determine your overall risk for heart attack or stroke. This calculator uses your cholesterol numbers in addition to the other risk factors to estimate your risk. For example, a 10-year CVD (cardiovascular disease) risk estimate of 10% means of 100 patients with the same risk factors as you, 10 would be expected to have a heart attack or stroke in the next 10 years.

- If you're between 40 and 75, and have no history of heart attack or stroke, ask your health care professional to assess your 10-year risk.
- If you're between 20 and 39, and have no history of heart attack or stroke, your health care professional may assess your lifetime risk. If your risk is high or you have a family history of early cardiovascular disease (CVD) in your family, or if you have an LDL of 160 mg/dL or more, your health care professional may recommend cholesterol-lowering medication and heart-healthy lifestyle changes.
- If you have a history of heart attack or stroke and are already on a cholesterol-lowering medication, your health care professional may aim for your LDL to be 70 mg/dL or lower. Working closely with your health care professional can significantly reduce your risk of recurrence. Ask your health care professional to assess your risk level and help you choose the right cholesterol-lowering medication or combination of medications for you. Always make sure to take your medications as prescribed and attend all your follow-up appointments.

How Will My Risk Factors Be Treated?

Whether your health care professional prescribes medications or not, they will want you to make some lifestyle changes. These include following a heart-healthy diet, increasing physical activity, losing weight and not smoking. No matter what treatment plan you and your health care professional decide upon, it's very important that you stick to it. A treatment plan can't work the way it's supposed to if it isn't followed, but you can do it!



What Else Might Increase My Risk of Heart Attack and Stroke?

There are several other things that can help you and your health care professional decide whether LDL cholesterol-lowering medications are right for you. These are called “risk enhancing factors”.

Check each of the boxes below that apply to you:

- Do you have a family history of early heart attack or stroke (younger than 55 years old for men and younger than 65 years old for women)?
- If you have had a previous heart attack or stroke and on a cholesterol-lowering medication, is your LDL cholesterol number 70 mg/dL or below?
- Is your LDL cholesterol (LDL-C) number between 160-189 mg/dL?
- Is your non-HDL cholesterol number between 190-219 mg/dL?
- Has a health care professional told you that you have metabolic syndrome?
- Do you have chronic kidney disease?
- Do you have any chronic inflammatory conditions, such as psoriasis, rheumatoid arthritis, or HIV/AIDS?
- If you're a woman, did you have menopause early (before age 40)? Did you ever have preeclampsia during a pregnancy?
- Are you Hispanic/Latino, African American, or South Asian?
- Have you ever had blood test results with high numbers of the following? Were the numbers still high after the test was repeated? Please note that you may not have had these tests done before, so you may not have a number.
 - Triglycerides (≥ 175 mg/dL)
 - High-sensitivity C-reactive protein (≥ 2.0 mg/L)
 - Lipoprotein A (Lp(a) ≥ 50 mg/dL)
 - Apolipoprotein B (apoB ≥ 130 mg/dL)
 - Ankle-brachial index (ABI)



American Heart Association®

Reduce Your Risk™

How to Talk to Your Health Care Professional About Your LDL Cholesterol Numbers and Your Risk for Heart Attack and Stroke

If you have high LDL cholesterol, understanding your risk is one of the most important things you can do. Studies show that for healthy adults an LDL at or below 100 mg/dL is ideal for good health. If you have a history of heart attack or stroke and are already on a cholesterol-lowering medication, your doctor may aim for your LDL to be 70 mg/dL or lower.

High numbers of LDL cholesterol at any point throughout your lifetime can have a cumulative effect in significantly increasing your risk for heart attack and stroke. So, it's important, even at a young age, to maintain healthy cholesterol numbers.

But the good news is, by working together, you and your health care professional can choose the best treatment plan for your specific needs.

Questions for Your Doctor

- What does my LDL cholesterol number mean?
- What does high cholesterol do to my body?
- How do I know if LDL cholesterol has caused plaque in my arteries?
- Do I have an LDL cholesterol goal?
- How long will it take to lower my LDL with lifestyle changes versus medication treatment? Are there risks in delaying medication?
- How often should I have my LDL cholesterol number checked?
- Do you think my LDL cholesterol number is due to my lifestyle or to hereditary, or a combination of both?
- Are diet and exercise enough to lower my LDL cholesterol number?
- What cholesterol-lowering medication will you prescribe? Are there any side effects I should be aware of?
- How will I know if my medication is working and how long will that take?
- When would you like to see me next?
- When should my next LDL test be?

Source: <https://www.heart.org/-/media/Files/Health-Topics/Cholesterol/My-LDL-Cholesterol-Guide.pdf>

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COUNTY NEWS

A Matter of Balance
Tuesdays & Thursdays
9-11
Call to RSVP

Family & Community Health “Connections” is provided by these

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Pinto Bean Soup with Lime Crema

1. In a blender or food processor, blend at least 1 cup of pinto beans until smooth. You can blend more pinto beans for a creamier soup.
2. To a large pot, add garlic and olive oil over medium heat. Let cook for about 3 minutes.
3. To pot, add chopped onion. Let cook until translucent.
4. To pot, add chili powder, cumin, oregano, and cayenne pepper. Stir to combine.
5. To pot, add blended pinto beans, whole pinto beans, canned tomatoes and chilies, corn, and vegetable broth.
6. Bring to a rolling boil, then reduce heat to a simmer. Let simmer for 20 minutes, or until the whole beans are fully cooked.
7. While the soup is simmering, to a small bowl add the yogurt and lime juice. Stir to combine. You may add a teaspoon of water at a time until you reach the desired consistency.

8. Serve soup in a bowl with 2 tablespoons of lime crema drizzled on top. You may also top with your favorite toppings such as low-fat shredded cheese, pico de gallo, or avocado.
Please note that these recommended toppings are not included in the nutrition information.

Soup:

2 Tablespoon Garlic, minced
1 Tablespoon Olive Oil
½ Cup White Onion, chopped
½ Teaspoon Chili Powder
¼ Teaspoon Cumin
¼ Teaspoon Oregano
¼ Teaspoon Cayenne Pepper
6 Cup Canned Pinto Beans, drained, divided
1.5 Cup Canned Diced Tomatoes and Chilies, No Sodium, drained
2 Cups Canned Whole Kernel Corn, Low Sodium, drained
1 Cup Vegetable Broth, Low Sodium

Lime Crema:

½ Cup Plain Greek Yogurt, Lowfat
2 Tablespoons Fresh Lime Juice

Nutrition Facts can be found at:
DinnerTonight.tamu.edu