Common Questions about Heart Disease

Is it possible to lower high blood cholesterol levels with lifestyle changes alone?

Yes. Your goal for standard lipids (total cholesterol, LDL, HDL and triglycerides) varies according to your own risk of developing cardiovascular disease. For example, people with coronary disease and those with diabetes are at the highest risk for heart disease, and should be treated most aggressively to reduce their cholesterol and triglyceride levels. If you have an overall lower risk, your levels don’t have to be as tightly controlled.

If your cholesterol levels are outside the acceptable range, your health care professional will always advise you to make changes to your lifestyle, such as losing weight, stopping smoking and changing your diet. Sometimes, these changes alone may be enough to improve your cholesterol levels. Or, the changes may be the first in a series of steps to improve your cholesterol and triglyceride levels, to be followed by medication. Even if you are prescribed medication, however, you should still modify your lifestyle.

Quitting smoking provides one of the most dramatic benefits. It quickly and substantially raises HDL (the “good” cholesterol), often within 30 to 60 days once you stop smoking. Overall, HDL levels may increase 10 to 15 percent. Additionally, a diet low in saturated fat coupled with regular exercise can also reduce LDL (the “bad” cholesterol) and raise HDL, while restricted carbohydrate diets along with exercise can help lower triglycerides.

Are “expanded” cholesterol testing such as the Vertical Auto Profile (VAP) and Berkeley tests worth considering?

The role of expanded cholesterol testing is an area of active research. Although these tests are commonly used, they haven’t yet been shown to lead to changes in the way we treat cholesterol levels that reduce the overall number of cardiovascular events, like heart attacks. Thus, they have not yet been included in national diagnostic or treatment guidelines for high cholesterol and triglycerides. They do, however, provide additional details about traditional lipids while assessing non-traditional markers of cardiovascular risk.

For instance, while a standard lipid profile provides an LDL level, an expanded profile further characterizes the type of LDL, including LDL particle number and size. In addition, markers indirectly related to lipids but associated with cardiovascular risk, like homocysteine and high sensitivity CRP are measured. Expanded testing might enable your health care professional to better target your therapy to reduce your individual risk.

Laura Demopoulos, MD
Director of the Women’s Cardiovascular Health Center
University of Pennsylvania School of Medicine at Radnor
Radnor, PA

References