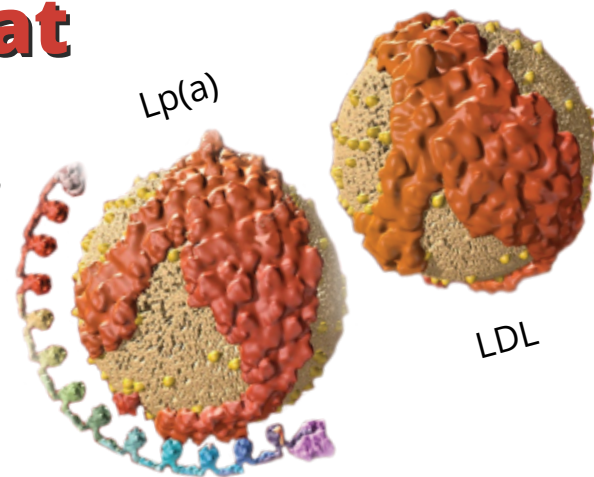


Do You Know About the Inherited Risk Factor that Leads to Heart Attacks?

Lipoprotein (a), or Lp(a), pronounced “LP little a”

Widespread testing has not made sense in the because no effective drug therapy existed. New drugs are being studied now that work by silencing the gene that causes liver cells to make Lp(a).



Lp(a) has been referred to as the evil twin of the more familiar LDL (bad) cholesterol. Lp(a) consists of an LDL-like particle with an extra protein coiled around it that makes the particle more likely to burrow into and damage the walls of your arteries. It also promotes blood clots and inflammation.

Lp(a) is a triple threat:

1. Pro-atherogenic: higher risk of heart attack or stroke
2. Pro-thrombotic: promotes blood clots
3. Pro-inflammatory: an important risk for cardiovascular disease

Lp(a) is an independent risk factor. It is determined by your genes which means it stays fairly consistent over time. Lifestyle changes in eating and exercise have virtually no effect on the levels of Lp(a) in your blood but do contribute to your overall health.

Because Lp(a) is hereditary, people with high levels often have a relative who has suffered a heart attack or stroke in their 50's or even earlier. These people often appear healthy and have no other traditional risk factors for cardiovascular disease.

Lp(a) testing should be considered in patients who are at high risk for cardiovascular disease, including:

- People who have a father, mother, sister, or brother who developed cardiovascular disease (including a heart attack, stroke, peripheral artery disease, or aortic stenosis) at an early age (55 or younger for men, 65 or younger for women)
- People with heart disease who have normal (untreated) levels of LDL, HDL, and triglycerides
- Close relatives (siblings, children, and parents) of anyone with an elevated Lp(a) level.



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