What is inherited high Lipoprotein(a)

Lipoprotein(a) (also called "Lp little a") is a type of lipoprotein/cholesterol that has been confirmed as a risk factor for coronary heart disease, atherosclerosis, thrombosis and stroke.

One in five people has high levels of Lp(a) from birth based on genetic factors they inherited from their parents, and most don't know they have it. As high levels of Lp(a) travel through the bloodstream, it collects in the arteries, leading to gradual narrowing of the artery that can limit blood supply to the heart, brain, and kidneys as well as the legs. It can increase the risk of blood clots, heart attack or stroke.

Lp(a) levels can be measured by a simple blood test, but it is not included in most standard lipid panel tests. Lp(a) levels lower than 50 mg/dL (or 125 nmol/L) are considered normal. Levels higher than this are associated with an increased risk of heart attack, stroke, or narrowed arteries supplying blood to vital organs, often at an early age (younger than 55 in men and 65 in women). Your doctor or nurse cannot tell you have high Lp(a) by examining you.

Reasons to suspect the presence of high Lp(a) include:

- Family history of early cardiovascular disease, often at a young age, including heart attack, stroke, circulation trouble in the legs and/or narrowing of the aorta.

- Heart attack or stroke with no other known risk factors such as smoking, high LDL or "bad" cholesterol, diabetes or obesity. An estimated 50% of people who have heart attacks have normal levels of LDL-cholesterol.

- High LDL-cholesterol levels even following treatment with statins or other LDL lowering medications.

A high level of Lp(a) is a genetic condition. As a result, when one person is diagnosed with high Lp(a) it is important to also test other family members including parents, siblings and children.

Diagnosis and Screening

Although high Lp(a) is a common condition, most people who are affected are undiagnosed. Approximately 30% of patients with FH (Familial Hypercholesterolemia) have high Lp(a). Many doctors do not routinely test for it. The Lp(a) Foundation supports broader access to testing for Lp(a) levels for all people. And because it is inherited it is important to test all members of a family where one member is found to have high Lp(a) levels.

Treatment

Although diet and exercise can help reduce the risk of cardiovascular disease, lifestyle changes have little or no impact on levels of Lp(a). But there are now promising therapies in development that could help reduce Lp(a) levels. Through screening, aggressive management,

and the possibility of treatment in the future to lower their Lp(a) these individuals can have the opportunity to live longer, healthier lives.

Ask your doctor to test you for high Lp(a).

Important facts about Lp(a)

- **High Lp(a) is not rare.** One in five people globally and 63 million people in the U.S. have high Lp(a) levels, and most do not know they are at risk.

- **High Lp(a) is the strongest, single, inherited risk factor for early coronary artery disease (CAD) and aortic stenosis, or narrowing of the aorta.**

- People living with high Lp(a) have a **2-4 times higher risk** of early heart and blood vessel disease compared to people with normal Lp(a) levels.

- High Lp(a) occurs in all ethnic groups, but is more common among African Americans and South Asians.

The AHA, ACC and EAS guidelines acknowledge the significance of Lp(a) as an independent, genetic risk factor for early cardiovascular disease.