American Heart Association®
Check. Change. Control.
Cholesterol™

MY CHOLESTEROL GUIDE

Take Action.
Live Healthy!

heart.org/cholesterol

Understanding & Managing CHOLESTEROL

CONTENTS

Understanding Cholesterol

What are Cholesterol and Triglycerides? 3
What Do My Cholesterol Levels Mean? 4
Cholesterol: Myths and Facts 4

Understanding Risk

Why Am I at Risk? 6
How Will My Risk Factors be Treated? 7
What Else Might Increase My Risk of Heart Disease and Stroke? 7
How to Talk to Your Healthcare Provider about Cholesterol and Heart Disease 9

Cholesterol Medications

What are Cholesterol-Lowering Medications? 10
How to Talk with Your Healthcare Provider about Statins and Other Medications 12

Your Treatment Plan and Lifestyle Changes

Your Treatment Plan 13
Working with Your Healthcare Provider 14
How Can I Improve My Cholesterol? 16
What Other Steps Can I Take Toward Better Health? 17
Healthy Habits Checklist 18

Resources 21

Understanding **Cholesterol**

Understanding and improving cholesterol is important for men, women and children of all ages. High cholesterol contributes to a higher risk for cardiovascular diseases (CVD), such as heart disease and stroke.

What are Cholesterol and Triglycerides?

Cholesterol is a waxy, fat-like substance that your body produces naturally. It's 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 that you eat can impact your cholesterol levels as well. There are two types of blood cholesterol.

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 location or a piece may break off and travel in the bloodstream, causing a heart attack or stroke. With LDL, lower is better.

Cholesterol can join with fats and other substances in your blood to build up in the inner walls of your arteries. The arteries can become clogged and narrow, and blood flow is reduced.

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 can also build up within your artery walls and cause plaque.

What Do My Cholesterol Levels Mean?

Your healthcare provider will do a blood test to measure your cholesterol levels. This may be a "fasting" or "non-fasting lipid profile". 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).

The best approach to risk reduction goes beyond cholesterol levels alone. It considers overall risk assessment and reduction. It's still important to know your cholesterol numbers but work with your healthcare provider to treat your risk.

Find out your risk with our Check. Change. Control. Calculator™. In minutes, you'll learn your risk for a heart attack or stroke. Then we'll get you on the path to a stronger, healthier you.

Cholesterol: *Myths and Facts*

Myth: **You don't need your cholesterol checked until you've reached middle age.**

Fact: The American Heart Association (AHA) recommends checking cholesterol levels once between the ages of 9 and 11 years, and again between the ages of 17 and 21 years for children and young adults without other risk factors or a family history of early heart disease. After age 20, your healthcare provider will recheck your cholesterol and other risk factors every 4-6 years as long as your risk remains low.

Myth: **Only overweight and obese people have high cholesterol.**

Fact: People of any body type can have high cholesterol. Being overweight or obese increases your chances of having high cholesterol but being thin doesn't protect you from the problem. Regardless of your weight, diet, and level of physical activity, you should have your cholesterol checked on a regular basis.

Myth: **Having high cholesterol is only a man's problem.**

Fact: Although atherosclerosis typically occurs later in women than in men, CVD remains the leading cause of death in women. It's true that premenopausal women tend to have higher levels of estrogen, which raises the levels of HDL ("good") cholesterol. But women going through menopause or who are postmenopausal tend to have higher levels of LDL ("bad") cholesterol, as estrogen levels have declined as a result.

Myth: **If your health care provider hasn't mentioned your cholesterol levels, you're OK.**

Fact: You can take charge of your own health. Once you've turned 20, ask your healthcare provider to conduct a cholesterol test, assess your risk factors, and determine your risk for heart attack or stroke. If you're between 40 and 75, ask your healthcare provider to assess your 10-year risk. If you're between 20 and 39, your healthcare provider should assess your lifetime risk. If your risks are high, lifestyle and statin medication may help manage your risk.

Myth: **Your cholesterol level is a result of your diet and physical activity level.**

Fact: True, diet and physical activity affect your cholesterol, as well, but they're not the only factors. Getting older and being overweight or obese also impact your cholesterol level. Some people are born with high cholesterol levels that they've inherited from their parents. Regardless, it's very important to eat a heart-healthy diet and get plenty of moderate-intensity physical activity in order to reduce your risk of heart attack or stroke.

Myth: **Taking cholesterol medicines means you don't have to make diet and lifestyle changes.**

Fact: It's important to take your medicines exactly as they're prescribed. But the best ways to reduce your risk of heart disease and stroke are to eat a heart-healthy diet and get at least 40 minutes of moderate to intense aerobic exercise three to four times per week.

Myth: **If the Nutrition Label shows no cholesterol, the food is heart-healthy.**

Fact: Many "no cholesterol" or even "low fat" foods are high in other types of "bad" fats, such as saturated and trans fats. Be sure to check the food label for saturated fat, trans fat, and total calories. Also, be aware that the serving size that those numbers are based on may be smaller than the entire package.

Myth: **Switching from butter to margarine will help lower cholesterol.**

Fact: Not necessarily. Butter is high in saturated fat, but some types of margarine are even higher in both saturated and trans fat. Liquid margarines and soft margarines in a tub tend to be lower in "bad" fats. Compare labels and choose those with 0 grams of trans fat on the Nutrition Facts label and no hydrogenated oils in the ingredients.

Myth: **Children don't need to worry about cholesterol.**

Fact: Children can have high cholesterol levels, just like adults. This is particularly true for children who inherit high cholesterol levels from one or both parents, a condition called familial hypercholesterolemia (FH). These children are at high risk for premature heart attack or stroke. Early diagnosis and treatment are critical in these cases.

Understanding **Risk**

Your healthcare provider 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 healthcare provider, you can live a healthy lifestyle and lower your risk of a heart attack or stroke.

Why Am I at Risk?

Assessing Your Risk

Your healthcare provider will want to know whether you're 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 healthcare provider will consider your age, sex, whether you have diabetes, high blood pressure, high cholesterol, and if you smoke.
- **About your lifestyle.** Your healthcare provider will ask about your diet and physical activity levels, alcohol intake and any drugs or supplements you've been taking.

Your healthcare provider may use a risk calculator to determine your overall risk for CVD. This calculator uses your cholesterol levels in addition to the other risk factors to estimate your risk for a heart attack or stroke. For example, a 10-year CVD 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, ask your healthcare provider to assess your 10-year risk. You can use the Check. Change. Control. Calculator™.

If you're between 20 and 39, your healthcare provider may assess your lifetime risk. If your risk is high or you have a family history of early CVD in your family, or if you have an LDL of 160 mg/dL or more, your healthcare provider may recommend cholesterol lowering medication and heart-healthy habits.

What is a Coronary Artery Calcium (CAC) test?
If the decision to start statin medication is still unclear, your healthcare provider may also request another test called a CAC test to measure the amount of calcium in your blood vessels. If the CAC result is zero and you don't smoke or have any other factors that could increase your risk such as diabetes or a family history of early heart disease, then you may be able to wait to start statins for now.

How Will My Risk Factors be Treated?

Whether your healthcare provider 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 healthcare provider 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 Disease and Stroke?

There are several other things that can help you and your doctor decide whether statins and other 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 disease (younger than 55 years old for men and younger than 65 years old for women)?
- ☐ Is your LDL cholesterol number between LDL-C, 160-189 mg/dL? Is your non-HDL cholesterol number between 190-219 mg/dL?
- ☐ Has a healthcare provider 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 levels 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) <0.9*

Does my race/ethnicity impact my risk?

Race/ethnicity can influence your 10-year risk calculation, how intense your treatment may need to be, or even the medications that might be best for you. Some examples include:

- **People who are South Asian** have higher risk of atherosclerotic cardiovascular disease (ASCVD) than some other groups.
- **People who are East Asian** may be more sensitive to statins.
- **People who are non-Hispanic black or African American** are more likely to have high blood pressure.
- **People who are Native American/Alaskan natives** tend to have higher rates of certain risk factors.

Talk to your healthcare provider if you think your race/ethnicity may be an important factor in your risk or treatment of heart disease or stroke.

Genetics and Cardiovascular Risk

Familial hypercholesterolemia (FH) is a condition that runs in the family where people have very high LDL cholesterol levels in their blood - above 190 milligrams per deciliter (mg/dL). Men and women are affected equally.

Everyone's cholesterol levels tend to rise with age, but people with FH are basically born with high cholesterol. As time passes, it gets worse. FH can't be treated by diet and exercise alone. These lifestyle changes help will lower LDL, but when levels must be decreased by 50 or 75 percent, medication is needed.

Talk to your healthcare provider if you have a family history of heart disease at an early age or very high cholesterol levels.

How to Talk to Your Healthcare Provider about Cholesterol and Heart Disease

If you have high LDL cholesterol, understanding your risk for heart disease is one of the most important things you can do. There's no ideal target for LDL cholesterol levels in the general population, but the principle that "lower is better."

High levels of LDL-C at any point throughout your lifetime can have a cumulative effect in significantly increasing your risk for heart disease and stroke. So, it's important that even at a young age, you're following a heart-healthy lifestyle and understanding and maintaining healthy cholesterol levels.

But the good news is, by working together, you and your healthcare providers can decide the best treatment plan for your specific needs.

These Questions Can Help Your Start the Conversation:

- *What do my cholesterol numbers mean? Do I have a cholesterol goal? Do you think my cholesterol levels are due to my lifestyle, to my family history, or a combination of both?*
- *How long will it take to reach a healthier cholesterol level?*
- *How often should I have my cholesterol levels checked?*
- *Do you think I'm at risk for a heart attack or stroke? Are my family members at risk?*
- *What else contributes to my risk?*
- *Is this something I should be concerned about now?*
- *What lifestyle changes can I make now to lower my risk for heart disease? Do I need to lose weight, and if so, how much? Are there foods I should eat or avoid?*
- *In addition to lifestyle changes, are there medications I can take to lower my risk?*
- *Is there something I can do to help prevent a heart attack or stroke? Will I need to take cholesterol-lowering medicine?*
- *If statins or other medications are important for me, how will I know if they're making a difference? When would you like to see me next?*
- *What resources can help me learn more about this?*

Cholesterol **Medications**

What are Cholesterol-Lowering Medications?

If your doctor has decided that you need to take medicine to reduce high cholesterol, it's because you're at borderline to intermediate risk and have risk enhancing factors or are at high risk for heart disease or stroke. Usually the treatment combines healthy lifestyle changes, including diet and physical activity, and medicine.

What type of medicine may I be prescribed?

Various medications can lower blood cholesterol levels. Statins are recommended for most patients and have been directly associated with reducing risk for heart attack and stroke by 21 percent. Statins continue to provide the most effective lipid-lowering treatment in most cases.

Statins (HMG-CoA reductase inhibitors) prevent the production of cholesterol in the liver. Their major effect is to lower LDL cholesterol. Some names are lovastatin, pravastatin, simvastatin, fluvastatin and atorvastatin.

You should talk to your doctor about the risks and benefits of statin therapy if you fall into one of the five groups below:

People:

- with known CVD, including stroke, caused by atherosclerosis.
- with LDL (bad) cholesterol (LDL-C) level of greater than or equal to 190 mg/dL.
- aged 40-75 years, with diabetes.
- aged 40–75 years, with LDL-C of 70-189 mg/dL and a 5% to 19.9% 10-year risk of developing CVD from atherosclerosis, with risk enhancing factors.
- aged 40–75 years, with LDL-C level of 70-189 mg/dL and a 20% or greater 10-year risk of developing CVD from atherosclerosis.

Some people who do not fall into these major categories may also benefit from statin therapy.

What other drugs may be prescribed?

Your healthcare provider will monitor your progress with your statin therapy and recommended lifestyle changes. If you're having serious side effects or don't have the desired response to statin therapy and lifestyle changes alone, they may change the dose or consider adding on other medications as well.

If you have known CVD and are already taking the highest tolerated statin and your LDL-C is still 70 or above, one or more of the following medicines may be prescribed. They can all be given in combination with a statin.

Bile acid binders (resins) cause the intestine to get rid of more cholesterol. Some names are cholestyramine, cholestipol and colesevelam.

Ezetimibe (cholesterol absorption inhibitors) works by preventing cholesterol from being absorbed in the intestine.

PCSK9 Inhibitors bind to and inactivate a protein in liver in order to lower LDL (bad) cholesterol. Some names are alirocumab and evolocumab.

The following medicines are triglyceride-lowering drugs and have mild LDL- lowering action, but data does not support their use as an addon to statins.

Fibrates are especially good for lowering triglyceride (blood fat) levels and have a mild LDL-lowering action. Some names are gemfibrozil, clofibrate and fenofibrate.

Niacin (nicotinic acid) is a B vitamin that limits the production of blood fats in the liver. Take this only if your doctor has prescribed it. It lowers triglycerides and has mild LDL-lowering action.

Your doctor will work with you to decide which medicine, or combination of medicines, is best for you. Always follow your doctor's instructions carefully, and let the doctor know if you have any side effects. Never stop taking your medicine on your own!

How do I know if my medicine is working?

Your doctor will test your blood cholesterol level when needed. Together with your doctor, set a goal and ask how long it may take to reach that goal.

How to Talk with Your Healthcare Provider about Statins and Other Medications

By working together, you and your healthcare provider can decide the best treatment plan for your specific needs. While a healthy lifestyle remains a critical component to prevent and treat high cholesterol, you and your healthcare provider may discuss adding medications to help improve your cholesterol and lower your risk of having a cardiovascular event or stroke in the future.

When medication is needed, statins continue to provide the most effective lipid-lowering treatment in most cases. If you have problems taking a statin or if a statin alone doesn't lower your LDL cholesterol enough, there are some other drug options. For example, if you've very high cholesterol or if you have already had a cardiovascular event or a stroke, you and your healthcare provider may also discuss adding other LDL-lowering drugs including bile acid sequestrants, ezetimibe, or PCSK9 inhibitors to your statin prescription.

These Questions Can Help Your Start the Conversation:

- *Do you think I'm at risk for a heart attack or stroke? Do I have any other factors that can increase my risk?*
- *Do you think statins or other medications are right for me? What are some of the pros and cons about taking statins?*
- *How long will I need to take these medicines?*
- *How will we know if they are working ?*
- *Will the medications be enough to lower my risk? Do I need to make other changes as well?*
- *Are there any side effects that I should look for when taking this medication?*
- *Are there any medicines, foods, or dietary supplements I should avoid taking with this medication?*
- *Where can I learn more about this medicine?*

Your **Treatment Plan & Lifestyle Changes**

Your Treatment Plan

Work with your healthcare provider on an agreed upon plan that works best for you and your family. For support, encourage your whole family to join you in your heart-healthy lifestyle.

This includes:

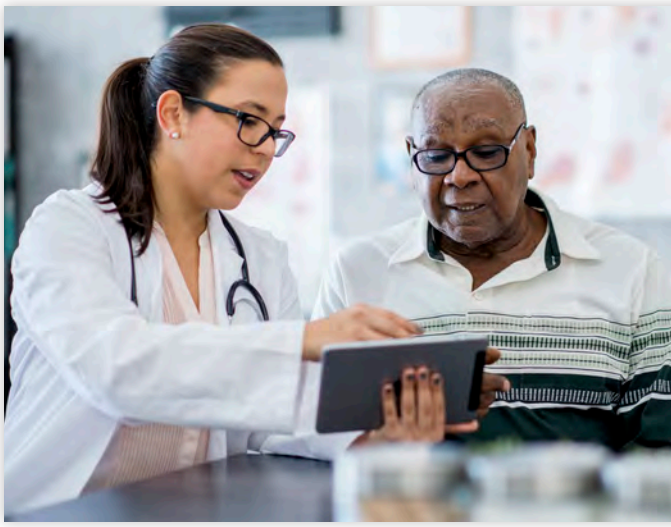
- Making sure you understand what cholesterol is and how to manage it.
- Knowing your risks for heart disease and stroke and how to reduce your risk.
- Not smoking.
- Eating a heart-healthy diet.
- Getting enough physical activity.
- Reaching and maintaining a healthy weight.

Talk to your healthcare provider about your blood pressure and blood sugar to make sure they are in check or managed properly too.

Take your medications safely.

- Follow your healthcare provider's instructions.
- Never stop taking your medications unless your healthcare provider instructs you to.
- If you find yourself missing or not using your meds, talk to your healthcare provider.
- Take your medications at the same time each day.
- Read the labels on your medication bottles carefully.
- Use a pill calendar or reminder app.

Working with Your Healthcare Provider



Your healthcare provider is there to help you reach your health goals, including keeping your cholesterol at healthy levels. Work closely with your healthcare provider to make the best decisions for you, and then stick to the plan. Making decisions together is the best way to create a treatment plan that you'll be more likely to stick to.

Take part in making decisions about your health together and asking the right questions. If you don't understand something, ask for further clarification.

Here's a helpful checklist that you and your healthcare provider should to through to determine your risk and the best treatment options for you.

☐ **Assess Your Risk**

If you're between 20 and 39, your healthcare provider may assess your lifetime risk. If your risk is high or if you have a family history of early CVD and have an LDL of 160 mg/dL or more, your healthcare provider may recommend statin medications and lifestyle changes to lower your risk.

If you're between the ages of 40 and 75, you can use the Check. Change. Control. Calculator™ to estimate your 10-year risk of having a heart attack or stroke.

My risk score is:

_____

Discuss your risk score and risk enhancing factors (see Page 7) and how they affect your risk. Ask if additional tests may be needed.

☐ **Discuss lifestyle changes** *(e.g., diet, physical activity, weight or body mass index, and not smoking)* that you can work on.

Goals I need to work toward:

- ☐ Physical Activity: _____
- ☐ Weight Loss: _____
- ☐ Diet: _____
- ☐ Quit Smoking: _____
- ☐ Other: _____

If you need help making these changes, ask your healthcare provider for information or materials to assist you.

Your Treatment Plan & Lifestyle Changes

☐ **Statins may be right for you if:**

- Your 10-year risk is high
- You've had a heart attack, stroke, or blood clots
- You have very high LDL cholesterol levels
- You have diabetes

Statin prescribed:

_____

Name and Dose of Medication

☐ **Discuss potential side effects.**

Side effects may include:

_____

☐ **Discuss the combination of statin and non-statin therapy if you're at high risk.**

Additional medication prescribed:

_____

_____

_____

_____

Side effects may include:

_____

_____

_____

_____

☐ **Are the cost of medicines going to be a concern?** ○ Yes ○ No

Discuss potential out-of-pocket cost and medication assistance programs that may be available.

☐ **Set follow up appointment** to determine how effective lifestyle changes and medications have been at lowering your LDL cholesterol.

My follow up appointment is:

_____

Take the time to ask questions about the things that you and your healthcare provider have discussed. If you don't understand something, ask for further clarification.

How Can I Improve My Cholesterol?

Eating a heart-healthy diet can help you improve your cholesterol and reach and maintain a healthy weight and blood pressure.

The following tips can help you get started.

What should I eat?

Focus on eating foods low in saturated and trans fats such as:

- A variety of fruits and vegetables.
- A variety of whole grain foods like whole grain bread, cereal, pasta and brown rice. At least half of the servings should be whole grains.
- Fat-free, 1 percent and low-fat milk products.
- Poultry without skin and lean meats. When you choose to eat red meat and pork, select options labeled "loin" and "round." These cuts usually have the least amount of fat.
- Fatty fish such as salmon, trout, albacore tuna and sardines. Enjoy at least 8 ounces of non-fried fish each week, which may be divided over two servings.
- Unsalted nuts, seeds, and legumes (dried beans or peas).
- Nontropical vegetable oils like canola, corn, olive or safflower oils.

What should I limit?

- Foods with a lot of sodium (salt).
- Sweets and sugar-sweetened beverages.
- Red meats and fatty meats that aren't trimmed.
- Full-fat dairy products such as whole milk, cream, ice cream, butter, and cheese.
- Baked goods made with saturated and trans fats like donuts, cakes and cookies.
- Foods that list the words "hydrogenated oils" in the ingredients panel.
- Saturated oils like coconut oil, palm oil and palm kernel oil.
- Solid fats like shortening, stick margarine and lard.
- Fried foods.

What Other Steps Can I Take Toward Better Health?

Pets and Heart Health

Studies have shown that having a pet can help:

- Increase fitness levels.
- Relieve stress.
- Lower blood pressure and cholesterol levels.
- Boost overall happiness and wellbeing.

It's no surprise that people who walk their dogs are more likely to get the recommended amount of physical activity than those who don't. Pets also provide social support, which is an important factor in helping you stick with new healthy habits.

Catching your Zzzz's

Sleep could be the key to unlocking a healthier you. Sleep issues, especially not sleeping enough, sleep apnea and insomnia can increase the risk of obesity, high blood pressure, Type 2 diabetes, stroke, coronary heart disease and overall CVD.

Use these helpful tips to get a better night's sleep:

- Add some stress-relieving exercise to each day.
- Plug your phone and other electronic devices in away from your bed.
- Try to go to bed and wake up at the same time each day.

Meditation

Recent studies have offered promising results about the impact of meditation on cardiovascular risk reduction. There is also evidence that it can help people manage insomnia, depression and anxiety.

Practicing mindfulness and meditation may help you:

- Manage stress.
- Manage high blood pressure.
- Sleep better.
- Feel more balanced and connected.
- Reduce your risk of heart disease.

Making Self-Care a Priority

Self-care is an important part of your overall health. It is vital for monitoring and managing your medical conditions as well as preventing CVD. Self-care includes the basics of living healthy lifestyle, but also includes more practical things such as adhering to a drug regimen and paying attention to new or worsening symptoms. It is estimated that self-care contributes to 40 percent of your health.

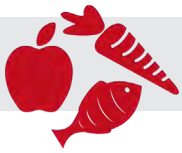
It's still important to work with your healthcare providers to ensure you are properly diagnosed and monitored. But being a champion of your own care is vital.

Healthy Habits Checklist

You and your healthcare provider may have talked about following a healthy lifestyle to reduce your risk of heart disease and stroke. You may have questions about what that means and how to make those changes. We're here to help!

Heart-healthy habits can include many changes,
but let's start by focusing on four changes you can start today:

Click image above for more information.



Healthy Diet Checklist:

- ☐ Do you regularly eat vegetables, fruit and whole grains?
- ☐ If you eat dairy products, do you choose low-fat options?
- ☐ If you eat poultry, do you remove the skin before eating?
- ☐ Do you bake or broil fish and seafood instead of frying it?
- ☐ Do you choose healthier cooking oils (soft tub margarine, vegetable oil or olive oil), instead of solid fats like butter, bacon grease, lard or coconut oil?
- ☐ Do you eat legumes (beans and peas) and unsalted nuts?
- ☐ Do you pick water or other healthier drinks over sugar-sweetened drinks?

How many of the above healthy diet habits do you follow? Are there any that you could start doing today? Here are some more tips that can help you along the way:

- ✓ **Aim for a balanced diet!** Stay away from fad diets or diets that have very high or very low amounts of fat or carbohydrates.
- ✓ **Use our healthy diet checklist** to adapt your own cultural or food preferences.
- ✓ **Lower your LDL cholesterol!** If your healthcare provider told you that your LDL cholesterol levels are too high, pass up the foods that are high in saturated and trans fat.

Physical Activity Checklist:

1. What's your favorite way to be active? _____
2. How many times per week are you active? _____
3. How much time do you spend sitting each day in front of the computer, television, or other screens? _____

It's important to be physically active, but it can be hard to know where to start. What's your answer for question #1? That's a great place for you to start! If you don't have a favorite activity, walking can be a great option.

The AHA recommends at least 30 minutes of moderate to vigorous physical activity five times per week (but even moderate amounts of activity can help). This may seem like a lot, but you can do it!

Examples of Moderate Activities

Bicycling

Tennis

Dancing

Examples of Vigorous Activities

Running

Swimming Laps

Jumping Rope

Your Weight & Your Health:

Body mass index, or BMI, is an estimate of a person's body weight compared to their height. To find out your BMI, search for "BMI calculator" on www.heart.org.

A BMI number below 18.5 is considered underweight. A BMI of 25 or higher is considered overweight or obese. Normal BMI is between 18.5 and 25.

Quick tip: *If you're overweight or obese, changing your diet and exercise habits may help you lose weight. If you're at a normal body weight, keeping a healthy diet and exercise habits may help keep you there. The American Heart Association has great resources and recipes available to help you along the way. Need a little more help? Your doctor or a nutritionist may be able to give you specific suggestions that would work best for you.*

Smoking & Tobacco Checklist:

- ☐ Do you smoke?
- ☐ Are you exposed to secondhand smoke at home or work?

If you answered "yes" to either of these questions, you have an opportunity to make changes to lower your risk. Quitting smoking can be hard, but you can do it! Your doctor can help you make a plan and the AHA has resources at www.heart.org/quitsmoking. Need more support? You can also call **1-800-QUIT-NOW** to help get started.

Resources

American Heart Association

About Cholesterol

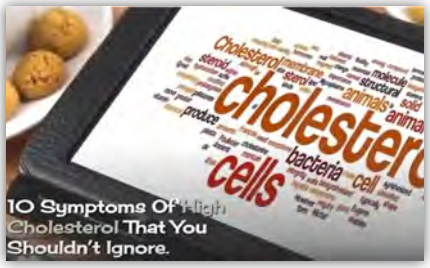
About High Blood Pressure

Check. Change. Control. Calculator™

Cholesterol Medications

Cholesterol Videos:

What is Cholesterol?



Understanding Familial Hypercholesterolemia (FH)

How to Manage High Cholesterol

Cooking to Lower Cholesterol

Heart-Healthy Recipes

Healthy for Good™

Additional Resources*

The FH Foundation

Million Hearts

DASH Diet *(Dietary Approaches to Stop Hypertension)*

** The links with asterisks provided above are for convenience only and are not an endorsement of either the linked-to entity or any product or service.*

© Copyright 2018 American Heart Association, Inc., a 501(c)(3) not-for-profit. All rights reserved.
Check. Change. Control. Cholesterol is a trademark. Unauthorized use prohibited.