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More Options for Cholesterol Control

There's more than one way to tackle the risk of high cholesterol. That's a type of fat that can clog up your arteries and block blood flow.¹

Check it out. Without being tested, though, you can't be certain about your risk. Yes, you might be in good company being in the dark: For example, nearly half of Hispanics in the U.S. who have high blood pressure are unaware of it.² But, no, ignorance is not bliss.

If you haven't had a recent cholesterol test, why not schedule one now? You can do it in honor of National Cholesterol Education Month. In the meantime, check out a few new findings about cholesterol control.

Fitness pays off. You probably already know that eating too much saturated fat, trans fat, and cholesterol can raise your cholesterol. Likewise, being overweight can lower your levels of "good" (HDL) cholesterol. But did you know that being inactive could literally be the "kiss of death?"¹

Exercise can lower risks of high blood pressure, diabetes, obesity, and stress. Now, a long-term fitness study shows that fitness may delay normal age-related increases in cholesterol levels by up to 15 years!³ The study ran from 1970 to 2006 and included just over 11,400 men, aged 20 to 90. Although the study included only men, the researchers believe results would be similar for women.

Drugs tough on LDL. There's another new kid on the cholesterol-control block. The U.S. Food and Drug Administration (FDA) just approved alirocumab (Praluent)—the first in a new class of injected cholesterol-lowering drugs.⁴

The FDA approved Praluent for patients with heart disease and a history of heart attack or stroke and patients who have inherited a family condition causing high levels of "bad" (LDL) cholesterol. By the time you read this, the FDA may have approved another in this class— evolocumab (Repatha).⁴

These drugs work by blocking a protein in the liver that helps regulate LDL. They can cut levels of LDL by nearly 50 percent. Early short-term research shows they may also cut the risk of heart attack or death from heart disease in half.⁴ Longer clinical studies are needed to confirm the results of these early studies.

Another big wild card? Cost. This class of drugs is expensive to make. It could cost each patient as much as \$12,000 a year.⁴ Still, it's encouraging to have options for people who don't get the results they need with statins.

If you already take cholesterol-lowering medications, be sure to take them exactly as your doctor directs. As you well know, I can be your go-to person for any questions you may have.

Nothing herein constitutes medical advice, diagnosis or treatment, or is a substitute for professional advice. You should always seek the advice of your physician or other medical professional if you have questions or concerns about a medical condition.

Sources

1. WebMD: Available at: . <http://www.webmd.com/cholesterol-management/tc/high-cholesterol-overview> Accessed 8-4-15.
2. HealthDay: "Half of U.S. Hispanics With High Cholesterol Unaware They Have It: Study." Available at: http://www.nlm.nih.gov/medlineplus/news/fullstory_153245.html Accessed 8-4-15.
3. HealthDay: "Staying Fit May Delay Onset of High Cholesterol, Study Finds." Available at: http://www.nlm.nih.gov/medlineplus/news/fullstory_152470.html Accessed 8-4-15.
4. HealthDay: "FDA Oks First of New Class of Cholesterol Drugs." Available at: http://www.nlm.nih.gov/medlineplus/news/fullstory_153763.html Accessed 8-4-15.