High cholesterol can cause plaque to build up on the walls of arteries and reduce blood flow. New research suggests that tea—and other flavonoid-rich food and drink—can help prevent that. Among 881 older women, those who consumed the most flavonoids, especially from black tea, were the least likely to have plaque in the abdominal aorta, the largest artery in the body. Women who drank two to six cups of black tea a day were up to 42% less likely to have plaque in this area. Other sources of flavonoids include green tea, blueberries, strawberries, oranges, red wine, apples, raisins, grapes, and dark chocolate.

Source: Arteriosclerosis, Thrombosis and Vascular Biology

Honey, honey, honey
Rather than sweeten with sugar, you may want to consider honey, a new study suggests. Researchers reviewed 18 studies of honey that included more than 1,100 people. They found that about 2 tablespoons daily of the sweet elixir lowered blood sugar, total cholesterol, and bad (LDL) cholesterol, and it raised good (HDL) cholesterol. The greatest benefits came from raw honey and from robinia or acacia honey. The take-home message is not to start eating honey if you currently avoid all sugar. But if you sweeten food or drinks with sugar, a switch to honey could be good for your health.

Source: Nutrition Reviews

1 in 6
Estimated number of adults whose HDL (“good”) cholesterol is too low—that is, below 40 mg/dL.

Source: CDC

It’s tea time!
High cholesterol can cause plaque to build up on the walls of arteries and reduce blood flow. New research suggests that tea—and other flavonoid-rich food and drink—can help prevent that. Among 881 older women, those who consumed the most flavonoids, especially from black tea, were the least likely to have plaque in the abdominal aorta, the largest artery in the body. Women who drank two to six cups of black tea a day were up to 42% less likely to have plaque in this area. Other sources of flavonoids include green tea, blueberries, strawberries, oranges, red wine, apples, raisins, grapes, and dark chocolate.

Source: Arteriosclerosis, Thrombosis and Vascular Biology

1 in 9
Estimated number of adults who have high cholesterol—that is, total cholesterol of 240 mg/dL or higher.

Source: CDC
## Stats & Facts

By Sonya Collins

Reviewed by James Beckerman, MD, WebMD Medical Reviewer

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Source(s)</th>
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<tbody>
<tr>
<td><strong>28 million</strong></td>
<td>Number of U.S. adults with “high cholesterol”—over 240 mg/dL.</td>
<td>CDC, Cleveland Clinic, National Cholesterol Education Program, Journal of the American Heart Association</td>
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<tr>
<td><strong>65 million</strong></td>
<td>Estimated number of U.S. adults eligible to take cholesterol-lowering statins.</td>
<td></td>
</tr>
<tr>
<td><strong>5 in 11</strong></td>
<td>Number of eligible U.S. adults who take cholesterol-lowering statins.</td>
<td></td>
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<tr>
<td><strong>1 in 4 to 6 years</strong></td>
<td>How often you should have your cholesterol checked.</td>
<td></td>
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<tr>
<td><strong>2 in 3</strong></td>
<td>Number of U.S. adults who have had their cholesterol checked in the last 5 years.</td>
<td></td>
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<tr>
<td><strong>60 mg/dL or higher</strong></td>
<td>Ideal level of HDL (“good”) cholesterol.</td>
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</table>
WHAT IS LEQVIO?
LEQVIO (inclisiran) is an injectable prescription medicine used along with diet and other lipid-lowering medicines in adults who need additional lowering of "bad" cholesterol (LDL-C) and have known cardiovascular disease and/or heterozygous familial hypercholesterolemia (HeFH), an inherited condition that causes high levels of LDL-C. It is not known if LEQVIO can decrease problems related to high cholesterol, such as heart attacks or stroke.

IMPORTANT SAFETY INFORMATION
The most common side effects of LEQVIO were: injection site reaction (including pain, redness, and rash), joint pain, urinary tract infection, diarrhea, chest cold, pain in legs or arms and shortness of breath.

These are not all the possible side effects of LEQVIO. Ask your health care provider for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Brief Summary of Prescribing Information on adjacent page.

PROVEN TO LOWER BAD CHOLESTEROL BY OVER 50% AND KEEP IT LOW*
*People given LEQVIO lowered their bad cholesterol (LDL-C) more and kept it low during each 6-month dosing interval vs placebo (a substance that doesn’t contain any medication).

ASK YOUR DOCTOR ABOUT LEQVIO

LOWER. LONGER. LEQVIO®
(inclisiran) Injection 284 mg/1.5 ml.

For adults with known heart disease who, along with diet and a statin, need more help lowering their bad cholesterol (LDL-C).

$0 CO-PAY†
†For commercially insured patients. Limitations apply.

Scan this QR code or go to: LEQVIO.com/cost to see how you can afford LEQVIO.
What is LEQVIO? LEQVIO is an injectable prescription medicine used along with diet and other lipid-lowering medicines in adults who need additional lowering of “bad” cholesterol (LDL-C) and have known cardiovascular disease and/or heterozygous familial hypercholesterolemia (HeFH), an inherited condition that causes high levels of LDL-C. It is not known if LEQVIO can decrease problems related to high cholesterol, such as heart attacks or stroke. It is not known if LEQVIO is safe and effective in children under 18 years of age.

Before you start taking LEQVIO, tell your health care provider about all your medical conditions, including if you:

• are pregnant. Tell your health care provider right away if you become pregnant while taking LEQVIO. You and your health care provider will decide if you should take LEQVIO while you are pregnant.
• are breastfeeding or plan to breastfeed. It is not known if LEQVIO passes into your breast milk. You and your health care provider should decide if you will take LEQVIO or breastfeed.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Know the medicines you take. Keep a list of them to show your health care provider and pharmacist when you get a new medicine.

How should I take LEQVIO? LEQVIO is an injection under the skin (subcutaneous), given by your health care provider, initially, again at 3 months, and then every 6 months (twice yearly).

What are possible side effects of LEQVIO? The most common side effects of LEQVIO include injection site reaction (including pain, redness, and rash), joint pain, urinary tract infection, diarrhea, chest cold, pain in legs or arms and shortness of breath.

These are not all the possible side effects of LEQVIO. Call your health care provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of LEQVIO. Medicines are sometimes prescribed for purposes other than indicated. Do not use LEQVIO for a condition for which it was not prescribed.

This Patient Information leaflet summarizes the most important information about LEQVIO. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about LEQVIO that is written for health professionals.

For more information, go to www.LEQVIO.com or call 1-833-LEQVIO2 (1-833-537-8462).

What are the ingredients in LEQVIO? active ingredient: inclisiran sodium inactive ingredients: water for injection, sodium hydroxide and/or phosphoric acid solution.

LEQVIO and the LEQVIO logo are registered trademarks of Novartis AG. Licensed from Alnylam Pharmaceuticals, Inc.
When I got the news my cholesterol levels were high 10 years ago at my annual physical, I wasn’t surprised by the numbers, but I was surprised by the timing. Both sides of my family genetically predispose me to high cholesterol, so I knew I had a higher chance of it hitting me at some point in life, but I didn’t think it would happen at age 37. But after having kids a few years prior, exercise had become less of a priority for me, and a desk job was keeping me sedentary. My health was going in the wrong direction. So my levels were up.

MOVING TO MEDS
My doctor explained that my family history of high cholesterol combined with the fact that I was approaching 50 made me a prime candidate for cholesterol-lowering medications. She sent me to get a CT scan to check for calcification around my heart, which was thankfully clear, and then I got a prescription for a statin. The first one I tried wasn’t a good fit for me. It made me so tired; I couldn’t wake up in the morning. So my doctor switched me to another, and it’s been fine.

PASSING DOWN GOOD HABITS
When we started modifying our family diet, it opened the door for conversations with our kids about how high cholesterol runs in our family. We talk about healthy nutrition and how that plays a part. My daughter is a competitive swimmer, so I often talk to her about what kinds of foods are healthy fuels for her body. My son and I recently had a conversation about what the recommended daily allowance of sugar is and how quickly that gets blown with just one candy bar. They’re still young, and I think about their long-term health and mine. I don’t want to get sick and not be able to care for them as they age. I want to experience them as they grow.
## NEXT STEPS

### DIETS TO TRY

<table>
<thead>
<tr>
<th>DIET</th>
<th>FOODS TO FOCUS ON</th>
<th>FOODS TO AVOID</th>
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<tbody>
<tr>
<td>MEDITERRANEAN</td>
<td></td>
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<tr>
<td>DASH</td>
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<tr>
<td>THERAPEUTIC LIFESTYLE CHANGES (TLC)</td>
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### OTHER HEART DISEASE RISK FACTORS

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>NORMAL RISK</th>
<th>TIPS FOR IMPROVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD PRESSURE</td>
<td>1. Low salt</td>
<td>3. Cardio exercise</td>
</tr>
<tr>
<td>BMI/WAIST CIRCUMFERENCE</td>
<td>1. Structured diet</td>
<td>3. Mobile apps</td>
</tr>
<tr>
<td></td>
<td>2. Nutritional consultant</td>
<td></td>
</tr>
<tr>
<td>SEDENTARY LIFESTYLE</td>
<td>1. Trainer</td>
<td>3. Mobile apps</td>
</tr>
<tr>
<td></td>
<td>2. Gym membership</td>
<td>4. Home equipment</td>
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<tr>
<td>LDL</td>
<td>1. Prescriptions beyond statins</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Fractionated LDL</td>
<td></td>
</tr>
<tr>
<td>DIABETES</td>
<td>1. Diet</td>
<td>3. Review medications and other conditions</td>
</tr>
<tr>
<td></td>
<td>2. Exercise</td>
<td>that could worsen control</td>
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“High cholesterol is like smoking—it builds up over time. We need to keep high cholesterol ‘pack-years’ to a minimum. It is always valuable to monitor diet, exercise, and sleep in patients with high cholesterol, and I routinely ask about this at every clinical visit.”

FATIMA RODRIGUEZ, MD, MPH, AMERICAN HEART ASSOCIATION NATIONAL VOLUNTEER EXPERT; ASSOCIATE PROFESSOR IN CARDIOVASCULAR MEDICINE AND SECTION CHIEF OF PREVENTIVE CARDIOLOGY AT STANFORD UNIVERSITY SCHOOL OF MEDICINE IN CALIFORNIA

### NEXT STEPS CHECKLIST

- Blood pressure test
- Cholesterol profile test
- EKG or ECG
- Stress exercise test