

 **COMPLIMENTARY COPY  
TAKE ONE HOME**

# WebMD<sup>®</sup> TAKE CONTROL

SUMMER 2023



**BY THE NUMBERS:**  
**STATS & FACTS**  
PAGE 4

**HEALTHY EATING:**  
**EXPLORE DIETS THAT MAY  
BE RIGHT FOR YOU**  
PAGE 9

**FIRST PERSON:**  
**ONE WOMAN'S LIFE WITH  
HIGH CHOLESTEROL**  
PAGE 10

 **SCAN ME**

Access this content online. Use your mobile phone camera to activate the QR code.



# QUESTIONS TO ASK

Use this guide to better understand your cholesterol status and options.

*Can you help me understand my cholesterol profile in more depth?*

*Should I get advanced lipid testing (fractionated cholesterol testing)?*

*What are my treatment options beyond statins?*

*Are there new or emerging treatments for high cholesterol I should know about?*

*What kind of specific exercises will improve my heart health at my age and fitness level?*

*Which diet should I try to help improve my cholesterol levels?*

*Are there nutraceuticals that could help lower my cholesterol or risks like high blood pressure?*

*If so, should I take these in combination with medications?*

WebMD Take Control is not responsible for advertising claims. WebMD Take Control (ISSN 1553-9946) is published by WebMD LLC and may not be reproduced in whole or in part without written permission of WebMD LLC. All editorial content is reviewed by our board-certified physicians, is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. WebMD does not endorse any specific product, service, or treatment. Always seek the advice of your health care provider with any questions regarding a medical condition and never disregard professional medical advice or delay seeking it because of something you have read in WebMD Take Control. If you think you have a medical emergency, call your doctor or 911 immediately. 2023 WebMD LLC. All rights reserved.

# THE LATEST ON

## HIGH CHOLESTEROL

# 1 in 6

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

SOURCE: CDC

## “GOOD” CHOLESTEROL—NOT ALL GOOD?

Doctors have long believed that low HDL—“good” cholesterol—equals higher risk for heart disease. But new research suggests that HDL’s role depends on your race. In a study that tracked 23,901 adults without heart disease for 11 years, low HDL only meant higher risk for heart disease in White people. Black people didn’t see their disease risk go up as HDL levels went down. The discovery may lead to race-based guidelines for heart disease risk and prevention. But first, experts need more data on the role of HDL in the health of other racial and ethnic groups.

SOURCE: *Journal of the American College of Cardiology*

# 1 in 9

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

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*

## 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*



PANNONIA/VIA GETTY IMAGES

# STATS & FACTS

By Sonya Collins

Reviewed by James Beckerman, MD, WebMD Medical Reviewer

28 million



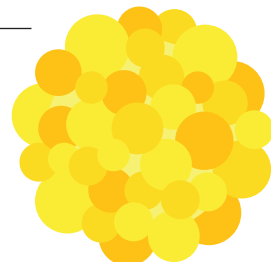
Number of U.S. adults with "high cholesterol"—over 240 mg/dL.

## 100 mg/dL OR LOWER

Goal of LDL ("bad") cholesterol for someone who has cardiovascular disease.

## 191 mg/dL

Average cholesterol level of U.S. adults over age 20.



## 65 million

Estimated number of U.S. adults eligible to take cholesterol-lowering statins.

## 5 in 11

Number of eligible U.S. adults who take cholesterol-lowering statins.

## 1x IN 4 TO 6 YEARS

How often you should have your cholesterol checked.

## 2 in 3

Number of U.S. adults who have had their cholesterol checked in the last 5 years.



## 60 mg/dL OR HIGHER

Ideal level of HDL ("good") cholesterol.

SOURCES: CDC, Cleveland Clinic, National Cholesterol Education Program, *Journal of the American Heart Association*

FREPIK.COM/GETTY IMAGES

# IF YOU HAVE HEART DISEASE, THE STRUGGLE TO LOWER YOUR BAD CHOLESTEROL

## CAN FEEL OVERWHELMING

IT'S POSSIBLE TO  
GO FROM STRUGGLE TO



CHOLESTEROL SUCCESS  
WITH LEQVIO®



PROVEN TO LOWER  
**BAD CHOLESTEROL**  
BY **50%** AND KEEP  
OVER IT LOW\*

**2 DOSES  
A YEAR**  
AFTER 2 INITIAL DOSES

\*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

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

LOWER. LONGER.

 **LEQVIO®**  
(inclisiran) injection  
284 mg/1.5 mL

**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](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**Brief Summary of Prescribing Information on adjacent page.**

**\$0 CO-PAY\***

\*For commercially insured patients. Limitations apply.

Scan this QR code or go to:

[LEQVIO.com/cost](http://LEQVIO.com/cost) to see how you can afford LEQVIO.



Novartis Pharmaceuticals Corporation  
East Hanover, New Jersey 07936-1080

© 2023 Novartis

Printed in USA

5/23

268142

## BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION LEQVIO® (INCLISIRAN) INJECTION, FOR SUBCUTANEOUS USE

### 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).



Novartis Pharmaceuticals Corporation  
East Hanover, New Jersey 07936-1080

### 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](http://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

LEQVIO and the LEQVIO logo are registered trademarks of Novartis AG.

Licensed from Alnylam Pharmaceuticals, Inc.



# HEART-HEALTHY DIETS

## EXPLORE WHICH ONE MAY BE RIGHT FOR YOU

By Sonya Collins

Reviewed by James Beckerman, MD, WebMD Medical Reviewer

When you have high cholesterol, your doctor may recommend changes in the way you eat. Here’s a look at some diets that can improve your heart health.

### A BALANCED, HEALTHY DIET

For some people, the best bet is just to make healthy choices overall.

“Family physicians recommend eating a balanced, healthy diet to reduce risk of serious illness, such as heart disease and stroke. This includes eating a variety of fruits, vegetables, whole grains, and healthy fats,” says Jennifer L. Brull, MD, a family doctor in Plainville, KS, and a fellow of the American Academy of Family Physicians.

Others may want a more specific diet to follow rather than broad, general

recommendations. If that sounds like you, read on.

### THE MEDITERRANEAN DIET

Research shows it may lower your risk for heart disease and stroke. The foundation is plant-based foods, including whole grains, vegetables, legumes (think beans, peas, and lentils), fruits, nuts, and seeds. Olive oil, rather than butter, is the main source of fat. Meat protein, in moderation, comes from fish, seafood, and poultry. You’ll eat low-fat dairy in moderation, too. Red meat and sweets are only for rare occasions.

### THE DASH DIET

DASH (Dietary Approaches to Stop Hypertension) can lower LDL (“bad”) cholesterol and blood pressure.

cholesterol and blood pressure.

Just like the Mediterranean plan, DASH emphasizes plant-based foods, healthy fats, and lean meat. Here are a few other guidelines: Choose foods high in potassium, calcium, magnesium, fiber, and protein. Limit full-fat dairy, saturated and trans fats, sweets including sugar-sweetened beverages, and salt. Aim for no more than 2,300 milligrams of sodium per day, but try to go as low as 1,500.

### THE NORDIC DIET

Like the others, the Nordic plan emphasizes complex carbohydrates found in whole grains, vegetables, and fruit and leans toward fish over other meat proteins. Just a couple of differences: Berries are the preferred fruit, and Nordic eaters go for canola oil over olive oil.

Research shows the diet can lower your cholesterol and your blood sugar.

### A VEGETARIAN DIET

Vegetarians emphasize fruits, vegetables, and whole grains. They cut out meat entirely.

When you drop meat, you take a major source of fat out of your diet. Instead, you fill up on fiber-rich, plant-based foods. Fiber helps your body fight high cholesterol and keeps you satisfied longer. This may mean you eat less and lose weight. The extra fruits and vegetables add antioxidants, which help protect against heart disease.

Vegetarians eat eggs and dairy. Vegans do not. But research doesn’t necessarily suggest that you need to go as far as becoming vegan to improve heart health.

## EAT WELL

Heart-healthy diets share these ingredients. Learn where to find them.

### + WHOLE GRAINS

Brown rice, whole wheat bread, oatmeal.

### + HEALTHY FATS

Avocados, olive oil, fatty fish like salmon and mackerel.

### + HIGH FIBER

Whole grains, berries, legumes.

# MY LIFE WITH HIGH CHOLESTEROL

## HERE'S HOW I'M TAKING CONTROL

By Michele Noma

Reviewed by James Beckerman, MD, WebMD Medical Reviewer

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.



## MAKING CHANGES

My doctor told me that she thought diet and exercise could manage the problem, so I worked on creating new habits. I drastically reduced the amount of red meat I bought for our family and cut out processed meats entirely. We dialed down the amount of rice we eat, which wasn't easy—it's a staple in our home! But overall, we moved toward greener and leaner choices.

Unfortunately, my numbers never really leveled off, even though I was moving more and eating differently. They'd go

down for one visit and be up the next. At my most recent physical this year they were up again, and so my doctor started a conversation about trying medical treatment.

## 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. Being

on meds has taken away some of the anxiety I've had about my health because even though I know I'm getting older, I'd like to be doing the best I can not to accelerate any problems.

## 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.



## MICHELE'S TIPS

### + LISTEN TO YOUR DOCTOR

Lean on them for tips and guidance.

### + DO WHAT YOU CAN

Make one healthier choice, and then try another.

### + TALK TO YOUR FAMILY

You can all start new habits together.

# NEXT STEPS

## DIETS TO TRY

DIET	FOODS TO FOCUS ON	FOODS TO AVOID
MEDITERRANEAN		
DASH		
THERAPEUTIC LIFESTYLE CHANGES (TLC)		

## OTHER HEART DISEASE RISK FACTORS

RISK FACTOR	NORMAL RISK	TIPS FOR IMPROVING
BLOOD PRESSURE		1. Low salt 2. Magnesium supplements 3. Cardio exercise 4. Home monitor
BMI/WAIST CIRCUMFERENCE		1. Structured diet 2. Nutritional consultant
SEDENTARY LIFESTYLE		1. Trainer 2. Gym membership 3. Mobile apps 4. Home equipment
LDL		1. Prescriptions beyond statins 2. Fractionated LDL
DIABETES		1. Diet 2. Exercise 3. Review medications and other conditions that could worsen control

“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

### What is the purpose of my next visit?

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