

High cholesterol

Section 1 of 6: The basics

Understand cholesterol, cardiovascular risk, testing, treatment, and long-term care.

What should I do now?

Call 911

Call 911 for possible heart attack or stroke symptoms: chest pressure, severe trouble breathing, face drooping, arm weakness, or trouble speaking. Do not drive yourself.

Contact your care team

Contact your care team for side effects, cost barriers, or difficulty taking medicine. Severe muscle weakness or dark urine needs prompt assessment.

Keep your care plan

Keep your treatment and follow-up plan. Bring questions, readings, and your medication list.

SECTION 1

What is cholesterol?

Cholesterol is a waxy substance your body needs to build cells and make certain hormones. Your liver makes cholesterol, and some also comes from food.

The problem is having too much cholesterol carried by particles that can build up in artery walls.

Understanding the main types

Measurement	What it means
LDL cholesterol	Often called 'bad' cholesterol. Excess LDL contributes to plaque buildup in arteries.
HDL cholesterol	Often called 'good' cholesterol. It helps transport cholesterol back to the liver.
Triglycerides	Another type of fat in your blood. High levels can contribute to cardiovascular risk.
Total cholesterol	An overall measurement that includes cholesterol carried by several types of particles.

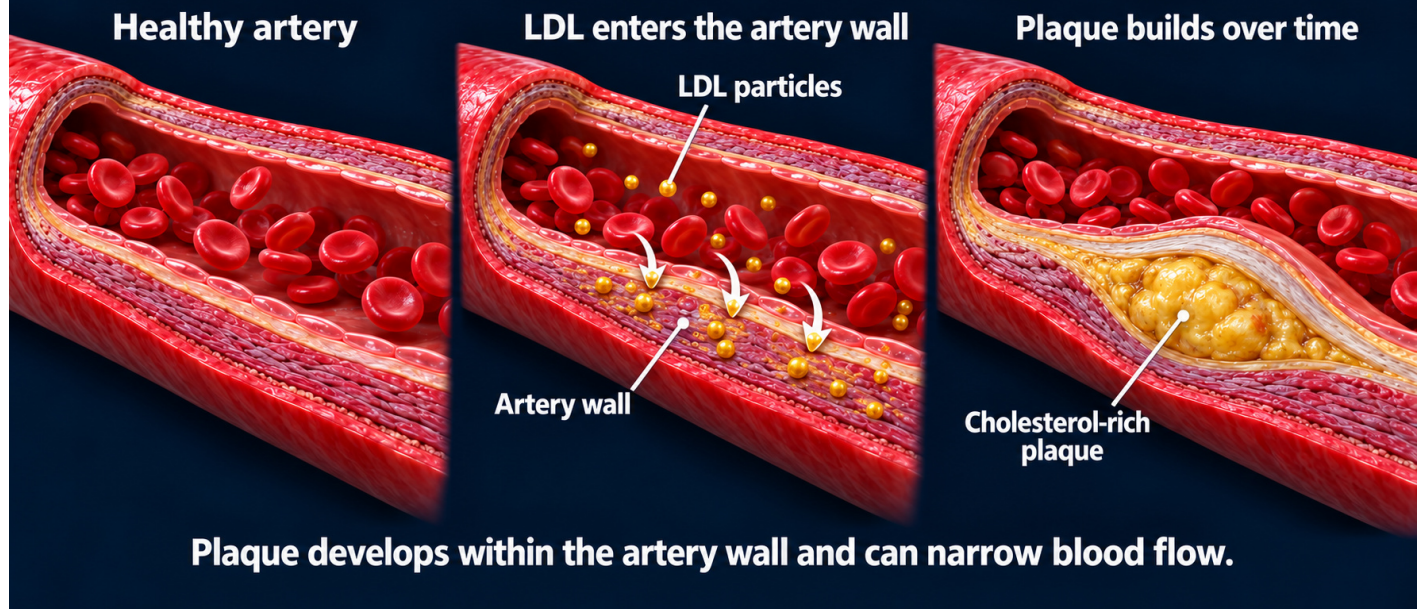
A high HDL does not cancel out the risk from high LDL.

How does cholesterol affect arteries?

Cholesterol can collect within artery walls and contribute to plaque. This process is called atherosclerosis.

Plaque can narrow an artery. If plaque breaks open, a blood clot may form and block blood flow, causing a heart attack or certain types of stroke.

How LDL contributes to artery plaque



LDL contributes to plaque buildup within artery walls. Plaque can narrow the space available for blood flow.

Why is my cholesterol high?

Your genes and daily habits both matter. Some people have high cholesterol despite eating well and exercising.

Familial hypercholesterolemia is an inherited condition that causes very high LDL and can lead to heart disease at a young age.

Lowering LDL reduces the risk of future artery-related problems.

High cholesterol

Section 2 of 6: Symptoms

Understand cholesterol, cardiovascular risk, testing, treatment, and long-term care.

SECTION 2

What symptoms might I feel?

High cholesterol usually causes no symptoms. You cannot reliably tell whether it is high by how you feel.

People may have high LDL for years before developing a problem related to plaque buildup.

Can there be visible signs?

Some people with very high inherited cholesterol develop fatty deposits in the skin or tendons. Most people have no visible signs.

Blood testing is needed even when you feel healthy.

Symptoms may come from complications

Plaque-related disease can cause chest discomfort, shortness of breath, or leg discomfort while walking.

These symptoms do not measure your cholesterol level. They may indicate a circulation problem that needs evaluation.

Call 911 for possible heart attack or stroke symptoms, including new chest pressure, severe shortness of breath, sudden weakness, facial drooping, or difficulty speaking. Do not drive yourself.

The purpose of cholesterol treatment is to prevent problems before symptoms appear.

High cholesterol

Section 3 of 6: Diagnosis

Understand cholesterol, cardiovascular risk, testing, treatment, and long-term care.

SECTION 3

How is high cholesterol diagnosed?

A blood test called a lipid panel measures your cholesterol and triglycerides. Your clinician interprets the results alongside your medical history and cardiovascular risk.

What does the blood test show?

A lipid panel usually reports:

- Total cholesterol.
- LDL cholesterol.
- HDL cholesterol.
- Triglycerides.
- Non-HDL cholesterol, calculated by subtracting HDL from total cholesterol.

You may be asked to fast before testing, particularly when triglycerides need closer evaluation. Follow your care team's instructions.

What should my LDL be?

There is no single LDL goal for everyone. Your goal depends on your risk and whether you already have artery disease.

Patients with a previous heart attack, certain strokes, or other atherosclerotic disease generally need lower LDL levels than patients at

lower risk.

Looking beyond the lipid panel

Your clinician also considers age, blood pressure, smoking, diabetes, kidney disease, and family history. A risk calculator may help guide treatment.

Additional tests may include:

- Lipoprotein(a), or Lp(a): A largely inherited risk factor. Current guidance recommends measuring it at least once in adulthood.
- Apolipoprotein B, or apoB: A blood test that can clarify risk in selected patients.
- Coronary calcium scan: A CT scan used in selected patients when the decision about preventive medication remains uncertain.

These tests help personalize your care; not everyone needs every test.

High cholesterol

Section 4 of 6: Treatment options

Understand cholesterol, cardiovascular risk, testing, treatment, and long-term care.

SECTION 4

How is high cholesterol treated?

Treatment aims to lower harmful cholesterol and reduce the risk of heart attack and stroke. Healthy habits and medications often work together.

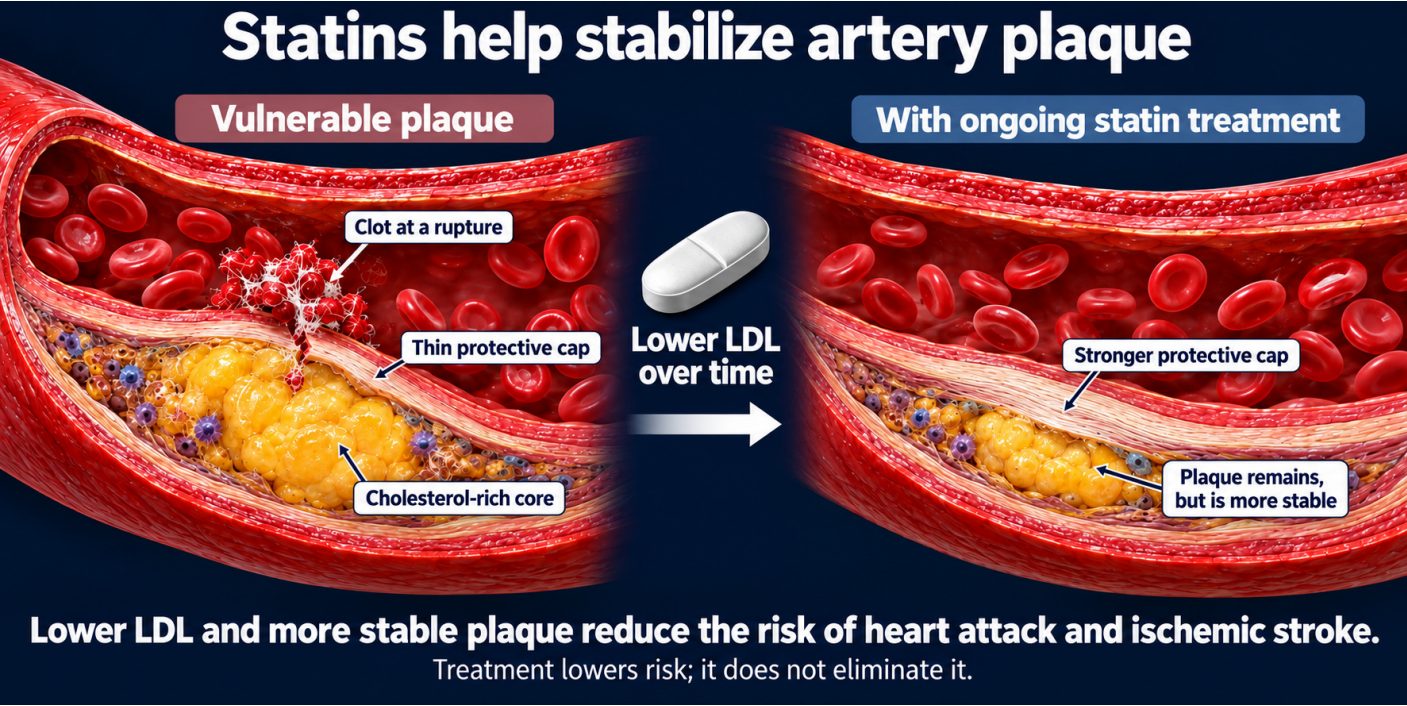
1. Heart-healthy habits

- Replace foods high in saturated fat with healthier options, such as olive oil, nuts, and fish.
- Eat more vegetables, fruit, beans, and whole grains.
- Stay physically active within your health limits.
- Work toward a healthy weight.
- Avoid tobacco and limit alcohol.

2. Cholesterol medications

Statins, such as atorvastatin and rosuvastatin, are commonly the first medication used. They lower LDL and reduce heart attack and stroke risk.

Statins also help stabilize existing plaque. Over time, they can reduce inflammation and strengthen the protective fibrous cap over a plaque, making it less likely to rupture and trigger a blood clot. This helps reduce the risk of heart attack and ischemic stroke, but does not eliminate that risk.



Illustrative comparison: ongoing statin treatment helps make plaque more stable. The benefits develop over time; plaque does not simply disappear.

Other options may be added or used when appropriate:

Medication	How it helps
Ezetimibe	Reduces cholesterol absorption in the intestine.
Bempedoic acid	Reduces cholesterol production in the liver.
PCSK9 antibodies	Injections that help the liver remove more LDL from the blood.
Inclisiran	An injection that reduces production of PCSK9 and lowers LDL.

Medication choice depends on your risk, LDL goal, response, tolerance, and access to treatment.

What if I have side effects?

Tell your care team. Changing the dose, trying another statin, or using another medication may help.

A side effect with one medication does not mean every cholesterol treatment will cause the same problem.

What about high triglycerides?

Treatment may include changes in diet, alcohol intake, weight, and diabetes management. Very high triglycerides can cause pancreatitis, an inflammation of the pancreas, and may require additional medication.

Treatment protects your health over time; it does not instantly remove all existing plaque.

High cholesterol

Section 5 of 6: Living with your condition

Understand cholesterol, cardiovascular risk, testing, treatment, and long-term care.

SECTION 5

Living well with high cholesterol

Cholesterol management is usually a long-term commitment. Improved numbers often mean your treatment is working.

Keep taking your medication

Do not stop because your cholesterol becomes normal. Without ongoing treatment, levels may rise again.

Discuss side effects, cost, or difficulty remembering doses with your care team.

Make healthy habits part of your routine

Choose changes you can maintain: prepare more meals at home, add fiber-rich foods, and make regular activity part of your week.

Healthy habits remain valuable even when medication is necessary.

Keep your blood test appointments

Repeat testing shows how well treatment is working. Your clinician may also order other blood tests when appropriate.

Share your family history

Tell your clinician about relatives with very high cholesterol or early heart attacks. If an inherited condition is suspected, family members may also benefit from testing.

Feeling well is not a reason to stop managing cholesterol. Prevention works before symptoms develop.

High cholesterol

Section 6 of 6: Your next steps

Understand cholesterol, cardiovascular risk, testing, treatment, and long-term care.

SECTION 6

Your next steps

Know your LDL goal, why treatment is recommended, and when your next blood test is due.

Bring to your appointment

- Recent cholesterol results.
- An updated medication and supplement list.
- Notes about side effects or missed doses.
- Your family history of high cholesterol and early heart disease.

Questions to ask

- What is my LDL goal?
- What is my risk of heart attack or stroke?
- Do I need medication, and what benefit should I expect?
- Should I have an Lp(a) or apoB test?
- Would a coronary calcium scan help guide my care?
- Could my cholesterol problem be inherited?
- Which side effects should I report?
- When should my blood tests be repeated?

Understand the follow-up plan

After starting or changing treatment, cholesterol is commonly rechecked within approximately one to three months. Later testing depends on your results and care plan.

The goal is sustained protection of your arteries - not simply a better number on one blood test.

Sources & further reading

ACC: Plaque stabilization and regression

NIH: Understanding cholesterol

NIH: Diagnosis

NIH: Treatment

NIH: Living with high cholesterol

ACC: 2026 cholesterol guidelines

Updated October 2026. Educational information; your own care plan may differ. Medical illustrations are simplified examples for teaching.