What is Lp(a)?

Lp(a), or lipoprotein(a), is a type of cholesterol particle found in your blood.

It looks like LDL (“bad” cholesterol), but it has an extra protein attached. That extra protein changes how the particle behaves in your body.

Your Lp(a) level is mostly determined by your genes.
A gene called LPA controls how much your body makes.

Why Does Lp(a) Matter?

Higher Lp(a) levels are linked to an increased risk of:

- → Heart attack: Blocked blood flow to the heart
- → Stroke: Blocked blood flow to the brain
- → Peripheral artery disease: Narrowed arteries that reduce blood flow to the legs.
- → Aortic valve narrowing: A stiff or narrowed heart valve

Lp(a) is considered an independent risk factor, meaning it can increase cardiovascular risk on its own.

Risk increases gradually as Lp(a) levels rise, and clinicians often use certain thresholds to help estimate risk.

Because Lp(a) is genetic, knowing your level helps your care team estimate your overall cardiovascular risk.

How Is Lp(a) Different From LDL?

Lp(a) doesn't just carry cholesterol. It behaves differently from LDL in several important ways.

LDL:

→ Adds cholesterol to plaque buildup **in artery walls, which can narrow blood vessels.**

Lp(a):

→ **Stays in the bloodstream longer** because your body doesn't clear it easily.

→ **Carries inflammatory particles** that can irritate artery walls.

→ **Interferes with clot breakdown** in arteries.

→ **Is linked to aortic valve narrowing.** LDL is not strongly linked to this condition.

Why this matters:

Even if your LDL cholesterol is well controlled, a high Lp(a) level can still increase your risk of heart disease.

Who Should Consider Testing?

Many guidelines recommend that adults have their Lp(a) level measured at least once. The test is simple and only requires a routine blood sample.

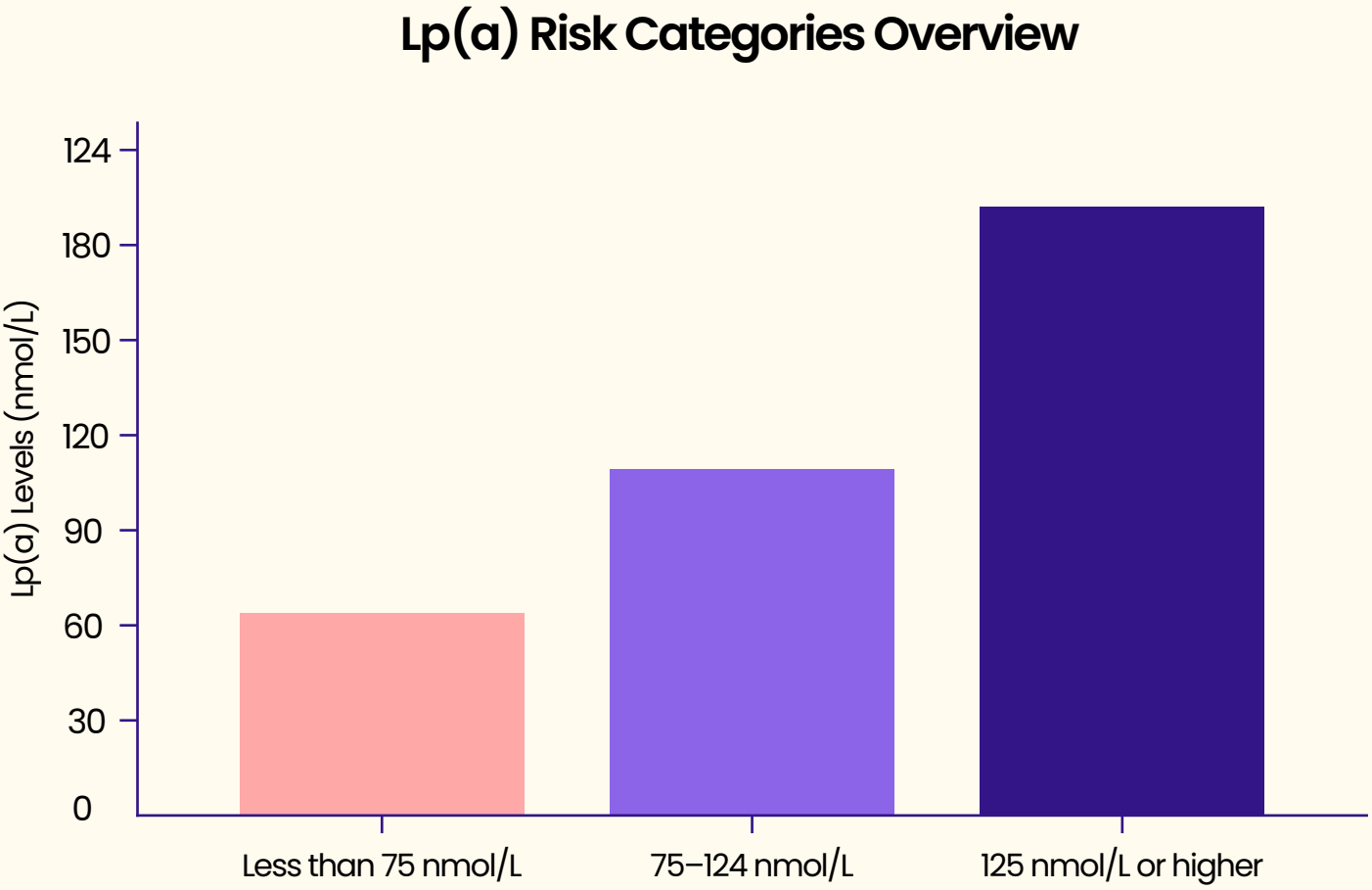
Testing may be especially helpful if you have:

- → Heart disease at a young age
- → A family history of early heart disease
- → Familial hypercholesterolemia
- → Calcific aortic valve disease

Because Lp(a) is inherited, family members may also need testing if one person has high levels. Testing close family members in this situation is called cascade screening. Most people only need to test once.

What Are Normal vs High Levels?

There is no single “normal” number. Risk rises gradually. However, experts use practical cutoffs.



*Risk increases gradually as Lp(a) levels rise. Experts often use these ranges to help estimate cardiovascular risk.

What Happens If Lp(a) Is High?

Currently, there are no medications on the market that directly lower Lp(a).

Instead, your care team focuses on lowering your overall cardiovascular risk, especially LDL cholesterol and other factors that increase your risk of heart attack and stroke.

Lifestyle changes don't lower Lp(a) itself.

But they can:

- → Lower LDL cholesterol
- → Improve blood pressure
- → Reduce inflammation
- → Support a healthy weight

All of these reduce your overall cardiovascular risk.

So even if your Lp(a) level stays the same, your total risk can still go down.

Cholesterol-lowering medications may also be recommended. New treatments designed specifically to lower Lp(a) are currently being studied in large clinical trials.

Key Takeaways

→ **Lp(a) is a genetically determined cholesterol particle.**
Your level is mostly set by your genes and usually stays stable throughout life.

→ **It behaves differently from LDL cholesterol.**
Lp(a) can contribute to plaque buildup, inflammation, and clotting risk in several ways.

→ **About 1 in 5 people have elevated Lp(a).**
A level of 125 nmol/L or higher is commonly considered elevated.

→ **Most people only need to test once.**
Because Lp(a) levels don't change much over time.

→ **If your level is high, your care team may focus on lowering your overall cardiovascular risk.**
Lowering other risk factors can help reduce risk even if Lp(a) itself doesn't change.

References

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