

Cholesterol: The good, the bad, and the ugly.

By: Meagan Barbero, Student Nurse Practitioner

Rivier University

Know the facts:

53% of adults in the United States have high cholesterol and only half of these receive treatment. Cholesterol (otherwise known as lipids) are fats that your body needs to build new cells and make hormones. While cholesterol is necessary for the body to properly function, too much can lead to heart disease and stroke. Heart disease is the number one cause of death in the United States. There are no signs or symptoms of high cholesterol and the only way to know that there is damage being done is to have your cholesterol levels checked.

Know your numbers:

- HDL cholesterol is considered the “GOOD” cholesterol.
 - Goal HDL level is greater than 50 mg/dL.
 - HDL cholesterol helps to rid the body of excess cholesterol, including LDL cholesterol.
 - Polyunsaturated and monounsaturated fats are also “good fats” and are found in plant and vegetable oils, fish oils, and foods such as olives, avocados, raisins, and nuts; especially hazelnuts, peanuts, and almonds.
- LDL cholesterol is considered the “BAD” cholesterol. This cholesterol leads to the fat build up in your arteries that causes heart attacks and strokes.
 - Goal LDL level less than 70 mg/dL is ideal to prevent and even possibly *reverse* fat buildup in the arteries. (However, less than 100 mg/dL is still optimal).

Tips for success:

Make healthy food choices and eat a heart-healthy, low-fat diet. Maintain a healthy weight and aim to keep your body mass index (BMI) less than 25. There are many easy to use online tools to calculate your BMI. Engage in physical activity, quit smoking, and limit alcohol.

Foods high in cholesterol and saturated fats are meat (poultry, red meat, processed meat, and seafood), eggs, grain products, and full-fat dairy products. These foods should be eaten in moderation.

Health is knowledge; protect yourself and get your cholesterol levels checked at least every 5 years!

References

- American Heart Association. (2021). Prevention and treatment of high cholesterol (hyperlipidemia). Retrieved from <https://www.heart.org/en/health-topics/cholesterol/prevention-and-treatment-of-high-cholesterol-hyperlipidemia>
- Buttaro, T. M., Trybulsik, J., Polgar-Bailey, P., Sandberg-Cook, J. (2020) Primary Care: Interprofessional Collaborative Practice. 6th ed) Elsevier Publishing.
- Carson, J. A., Lichtenstein, A. H., Anderson, C. A., Appel, L. J., Etherton, P. M., Meyer, K. A., Petersen, K., Polonsky, T., & Horn, L. V. (2019). Dietary cholesterol and cardiovascular risk. *American Heart Association Journals*, 14(1), e39-e53. doi: 10.1161/CIR.000000743
- Centers for Disease Control and Prevention. (2021). Cholesterol. Retrieved from <https://www.cdc.gov/cholesterol/index.htm>
- Karr, K. (2017) Epidemiology and management of hyperlipidemia. *American Journal of Managed Care*, 23(9), s139-s148. Retrieved from <https://cdn.sanity.io/files/0vv8moc6/ajmc/0ffac1a9ff386a131bfed361d7e2c657846a2a63.pdf>
- Schade, D. S., & Eaton, R. P. (2019) A simplified approach to reducing cardiovascular risk. *The Journal of Clinical Endocrinology & Metabolism*, 104(12), 6033-6039. Doi:10.1210/jc.2018-02509
- Yao, Y. S., Li, T. D., & Zeng, Z. H. (2020). Mechanisms underlying direct actions of hyperlipidemia on myocardium: an updated review. *BioMed Central Journal*, 19(1), 23. doi:10.1186/s12944-019-1171-8

Yilmaz, H. O., & Ozyildirim, B. (2019) Evaluation of the effects of raisins and hazelnuts added to the diet on lipid profiles and anthropometric measurements in women with hyperlipidemia. *Bezmialem Science*, 7(4); 294-306. doi: 10.14235/bas.galenos.2019.2969