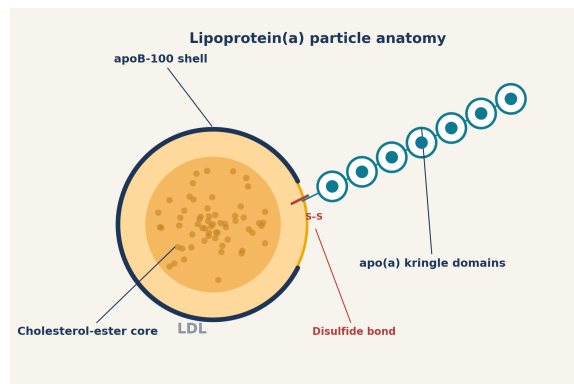


Understanding Lipoprotein(a)

A genetic cholesterol-like particle that quietly raises heart and stroke risk

Test once. Know forever. Plan accordingly.



Online: <https://go.riasalimd.com/lpa-guide>

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Last Updated: August 2026



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Names & Terms You Will Hear

Term	Meaning
Lipoprotein(a)	Pronounced "L-P-little-a." A cholesterol-carrying particle similar to LDL but with an extra protein attached.
Lp(a)	Standard abbreviation.
LPA	The gene that codes for the apolipoprotein(a) protein.
Apo(a) or apolipoprotein(a)	The unique protein attached to Lp(a) that makes it pro-thrombotic and pro-inflammatory.
Inherited high cholesterol	Lp(a) is largely set by your DNA — not by diet.



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What Is Lipoprotein(a)?

- Lp(a) is a particle in your blood that **looks like LDL** (the 'bad' cholesterol) but carries an extra protein called apolipoprotein(a) — apo(a).
- That extra protein makes Lp(a) more likely to **cause plaque buildup, promote clotting, and inflame the aortic valve**.
- Your Lp(a) level is set largely by your **genes**. Lifestyle changes hardly move it. That's why it's a 'test once' lab in most cases.
- About **1 in 5 adults** has elevated Lp(a). Most have never been tested.
- Elevated Lp(a) raises the risk of **heart attack, stroke, and aortic stenosis**, sometimes at younger ages than usual.
- A normal cholesterol panel does **not** include Lp(a). It must be ordered separately.



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Why It Matters

- Lp(a) is one of the most common genetic causes of premature heart disease. It is missed in nearly everyone who doesn't get tested.
- Knowing your Lp(a) tells you whether you and your family should be more aggressive about other risk factors (LDL, blood pressure, diabetes, smoking).
- If you have a strong family history of heart attack, stroke, or aortic stenosis — especially at young ages — Lp(a) testing belongs on your workup.
- First-degree relatives (parents, siblings, children) of someone with elevated Lp(a) have a high chance of also being elevated. Family screening matters.
- **New therapies are coming.** Antisense and siRNA drugs (pelacarsen, olpasiran) can lower Lp(a) by 80-90% and are in pivotal trials. Knowing your Lp(a) now sets you up to benefit when these approve.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Family history of early heart disease (men <55, women <65)	Strongest reason to test. Often inherited Lp(a) is the unrecognized driver.
Personal history of MI, stroke, or peripheral artery disease under 55 (men) or 65 (women)	Premature events should trigger Lp(a) testing.
Aortic valve calcification or aortic stenosis	Lp(a) is causally linked to aortic valve disease.
Recurrent cardiovascular events despite well-controlled LDL	Lp(a) is the most common 'residual risk' driver.
Severely elevated LDL or known familial hypercholesterolemia	Lp(a) elevation often coexists and compounds risk.
Black or South Asian ancestry	Average Lp(a) levels are higher; testing yield is higher.
Female sex after menopause	Lp(a) levels rise around menopause; risk profile changes.
Chronic kidney disease	Lp(a) is more often elevated and contributes more to risk.



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Treatment Options

- **There is no FDA-approved Lp(a)-specific therapy yet.** But several are in late-phase trials.
- **Lower LDL aggressively.** Statins, ezetimibe, bempedoic acid, and PCSK9 inhibitors don't lower Lp(a) much, but lowering LDL still reduces overall cardiovascular events.
- **PCSK9 inhibitors** (alirocumab, evolocumab) lower Lp(a) ~20-30% on top of their LDL effect.
- **Niacin** lowers Lp(a) modestly but is rarely used because of side effects and lack of outcome benefit in trials.
- **Lipoprotein apheresis** — a dialysis-like procedure — is FDA-approved for severe Lp(a)-driven progressive disease in select patients.
- **Emerging:** pelacarsen (antisense, weekly injection, Lp(a) HORIZON trial) and olpasiran (siRNA, every-12-weeks, OCEAN(a) trial) can lower Lp(a) by 80-90%.
- **Aspirin:** low-dose aspirin may be considered in elevated Lp(a) for primary prevention — discuss with your doctor; balance with bleeding risk.
- **Lifestyle:** diet and exercise don't lower Lp(a) much, but they reduce LDL, blood pressure, and weight — all of which matter when Lp(a) is high.



A patient undergoing lipoprotein apheresis — a dialysis-like procedure that filters Lp(a) and LDL directly from the blood. This FDA-approved therapy is reserved for select patients with severe, progressive Lp(a)-driven disease. Image: Khan et al., *Global Cardiology Science & Practice* 2014 (CC BY 4.0).



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Get tested once	Out-of-pocket cost if insurance does not cover (~\$30-100); psychological burden of high result.	Lifetime knowledge. Risk stratifies you and your family. Lets you and your doctor target aggressive control of other risk factors.	No test (status quo).
Aggressive LDL lowering when Lp(a) is high	Statin side effects (myalgias, mild glucose rise, rare myopathy); PCSK9 cost.	Reduces overall cardiovascular events even though LDL therapies barely move Lp(a) itself.	Standard LDL targets; lifestyle-only.
Lipoprotein apheresis	Time-intensive (every 1-2 weeks); cost; vascular access issues.	Lowers Lp(a) ~75% per session. FDA-approved for severe progressive disease.	Wait for emerging therapies; aggressive medication-based LDL lowering.
Enter a clinical trial of an Lp(a) lowering drug	Randomization (may receive placebo); unknown long-term side effects.	Access to therapies that may lower Lp(a) 80-90%; contribute to evidence base.	Wait for FDA approval; standard prevention.



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Common Misconceptions

Myth	Reality
"My cholesterol panel was normal so Lp(a) must be fine."	Standard panels do NOT include Lp(a). It must be ordered specifically.
"I can lower my Lp(a) with diet."	Diet has very little effect. Lp(a) is largely genetic.
"There's no treatment so why would I test?"	Knowing changes how aggressively you and your doctor target OTHER risk factors. And new therapies are coming.
"My statin lowers my Lp(a)."	Statins lower LDL well but barely change Lp(a) (and may slightly raise it). PCSK9 inhibitors lower it more.
"If my Lp(a) is high, I'll definitely have a heart attack."	Elevated Lp(a) raises risk but is not a death sentence. Aggressive control of LDL, BP, weight, and smoking dramatically reduces risk.
"I should retest my Lp(a) every year."	Lp(a) is largely stable over your lifetime. Most adults only need it tested once.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Heart attack at younger ages	Lp(a) accelerates coronary plaque and clotting.
Ischemic stroke	Same biology; Lp(a) raises stroke risk independent of LDL.
Aortic stenosis	Lp(a) is causally linked to calcium buildup on the aortic valve.
Peripheral artery disease	Atherosclerosis in legs and beyond.
Recurrent events despite "good" cholesterol numbers	Lp(a) is the most common driver of residual risk in well-treated patients.
Family clusters of premature heart disease	If one relative is high, others likely are too — and missing this is a missed prevention opportunity.



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Points to Know

If you remember nothing else, remember these key points.

- Lp(a) is genetic — "test once, know forever" in most cases.
- About 1 in 5 adults has elevated Lp(a). Most have never been tested.
- A normal cholesterol panel does NOT measure Lp(a). You must ask for it.
- There is no FDA-approved Lp(a)-specific drug yet, but pelacarsen and olpasiran are in pivotal trials.
- If yours is high, aggressively control LDL, blood pressure, diabetes, and stop smoking.
- Test first-degree relatives — they have a high chance of being elevated too.
- PCSK9 inhibitors lower Lp(a) ~20-30% as a bonus.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911** for chest pain, sudden severe headache, weakness on one side, difficulty speaking, or vision loss.
- **Call our office** to schedule Lp(a) testing if you haven't been tested.
- **Call our office** if a first-degree relative has elevated Lp(a) — you may benefit from testing.
- **Call our office** if you've had recurrent cardiovascular events despite a controlled LDL.
- **Call our office** to discuss eligibility for Lp(a) lowering clinical trials.
- **Call our office** if a new doctor wants to stop your statin or other lipid-lowering medication — we can discuss the right plan given your Lp(a).

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Family Heart Foundation — Lp\(a\)](#) - Patient-focused community + family screening tools.
- [AHA Scientific Statement on Lp\(a\)](#) - Definitive clinical overview.
- [Mayo Clinic — Lp\(a\)](#) - Plain-language overview.
- [Lipoprotein\(a\) Foundation](#) - Patient advocacy and education.
- [ClinicalTrials.gov Lp\(a\) trials](#) - Find Lp(a) lowering clinical trials in your area.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [AHA Scientific Statement: Lp\(a\) and Cardiovascular Disease \(2022\)](#) [Scientific Statement]
Definitive overview of Lp(a) biology, measurement, and risk.
- [European Atherosclerosis Society Consensus Statement on Lp\(a\) \(2022\)](#) [Consensus]
International consensus on testing thresholds, who to test, and management.
- [Lp\(a\) HORIZON trial \(pelacarsen\)](#) [Trial]
Ongoing pivotal RCT of antisense Lp(a) lowering — future-of-treatment context.
- [OCEAN\(a\)-Outcomes trial \(olpasiran\)](#) [Trial]
siRNA Lp(a) lowering trial — emerging therapies section.
- [Family Heart Foundation — Lipoprotein\(a\)](#) [Patient Advocacy]
Patient-friendly resource with calculators and family-screening guidance.
- [Mayo Clinic — Lipoprotein\(a\)](#) [Patient Education]
Plain-language definition and clinical context.
- [Tsimikas S. A Test in Context: Lp\(a\). JACC 2017.](#) [Review]
Pathobiology and clinical decision framework.
- [Lp\(a\) Foundation \(Family Heart Foundation\)](#) [Patient Advocacy]
Family screening tools and education for patients with elevated Lp(a).



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About This Guide

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Version: 2026-08-16

Reviewer note: Reviewed against Mayo Clinic, AHA, and Family Heart Foundation Lp(a) pages. Ours adds: explicit family screening guidance, what 'test once' means in practice, and the emerging-therapy landscape (pelacarsen, olpasiran).

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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