

View this article online at: patient.info/news-and-features/why-you-need-to-check-your-cholesterol

Why you need to check your cholesterol

We hear a lot about the dangers of high cholesterol, but unless you have a blood test, you have no idea you've got it – unless you have a heart attack or stroke, by which time it's too late. Even if you do have a blood test, the results can be confusing – so how do you know what your blood tests mean and what you should do about them?

Although we all think of [cholesterol](#) as a 'bad thing', our bodies couldn't function without it. We need cholesterol – it helps form part of the walls of all the cells in our bodies, and we couldn't survive if we didn't have any. But most of us have far too much in our bloodstream. That means the excess builds up on the inside of our arteries as plaques, furring up the walls and reducing blood flow.

Sometimes one of these plaques ruptures, and blood clots around it inside the artery, blocking it completely. If that artery supplies blood to your heart, the result is a [heart attack](#) – if it's in your brain, a [stroke](#) is the outcome. And while raised cholesterol isn't the only risk factor, it plays a major role.

Know your levels

So knowing your cholesterol is crucial if you want to cut your risk of one of these devastating conditions. Until recently, everyone aged 40–75 has been entitled to a free [health check](#) on the NHS every five years, but that's changing – apparently the new-style checks will target certain populations. But your GP or practice nurse will be happy to advise if you need a test, and to carry it out if you do. You can also [book a cholesterol test](#) with your pharmacist through Patient Access – they can tell you whether you need to see your GP for treatment.

Your [cholesterol result](#) comes in different parts – the ideal results will depend on a variety of other factors in your medical history. However, as a general rule of thumb, your total cholesterol (which should be under 5 for most people); your 'bad' LDL cholesterol (ideally under 3) and 'good' HDL (which should be over 1 – the higher the better). If you have [diabetes](#) or have had a heart attack or stroke, your doctor will want to aim for lower levels.

If you haven't had a heart attack or stroke, these results will help determine your risk of heart attack or stroke over the next 10 years. If it's over 10%, your GP will offer daily [statin](#) tablets. Most of the [anxiety](#) over [statin side effects](#) has proved not to be true, and most people have few or no side effects. They won't make you feel better in the short term, but they can cut your risk of heart attack dramatically.

And [losing weight](#) if you're [overweight](#) can significantly [lower your cholesterol](#) as well as your [blood pressure](#) and [type 2 diabetes](#) risk. Sugar doesn't specifically raise your cholesterol, but it does make you prone to weight gain, which raises it.

Could it run in the family?

FH ([familial hypercholesterolaemia](#)) affects about 1 in 250 people in the UK. It's different to 'traditional' raised cholesterol, which affects about half the adult population, because it runs in families. You inherit a defective gene which stops you from being able to process cholesterol properly. That in turn means fatty plaques build up on the inside of your arteries at a much earlier age than usual. People with FH are therefore at much higher risk of heart attack, and often have heart attacks in their 40s and 50s, even if they lead really healthy lives. If you inherit a copy of the faulty gene from both parents, heart attacks happen even earlier without treatment.

NICE (the National Institute for Health and Care Excellence) published [new guidance](#) a year or two ago. As a result, people with suspected or definite FH should be referred to a specialist clinic so they can have a formal diagnosis (with [gene testing](#)) and so that family members can be checked. If you've inherited the gene, you'll need counselling as early as possible and should start statin treatment in your late teens or 20s as a rule.

The good news is that treatment with medicine can dramatically reduce your risk and even bring your risk down to normal – but you need to be diagnosed and treated. That's where the problem lies – it's thought about 90% of people in the UK aren't diagnosed. So if close relatives (parents, siblings, children) have had a heart attack under 60, tell your GP. If they have high cholesterol, find out how high – if their total cholesterol was over 7.5 mmol/L or their 'bad' LDL over 4.9, tell your GP.

With thanks to My Weekly magazine, where this article was originally published.

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Egton Medical Information Systems Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Authored by:	Peer Reviewed by: Dr Colin Tidy, MRCP	
Originally Published: 20/11/2023	Next review date: 03/08/2020	Document ID: doc_31279

View this article online at: patient.info/news-and-features/why-you-need-to-check-your-cholesterol

Discuss Why you need to check your cholesterol and find more trusted resources at [Patient](#).



To find out more visit www.patientaccess.com
or download the app



Follow us

