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LDL Cholesterol

The number that drives plaque in your arteries, the target that fits your risk and the treatments that get you there.

21%
fewer major heart and stroke events for every 39 mg/dL drop in LDL

30–70
mg/dL, the LDL range of newborns, who show essentially no plaque

10–15%
lower LDL from diet and exercise, usually not enough with heart disease

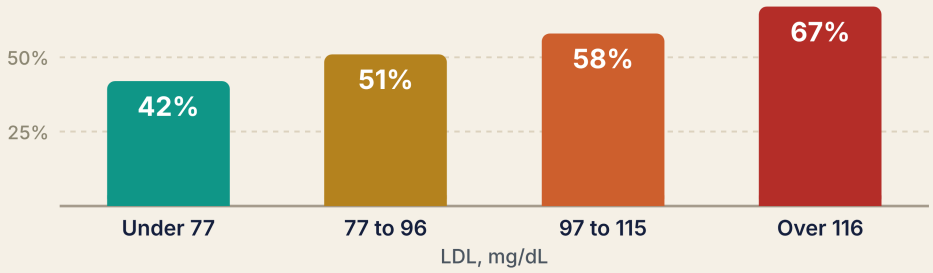
WHAT LDL DOES

Plaque builds in step with your LDL

Visible plaque on a coronary CT scan, by LDL level

Adults with symptoms who had a CT scan of the heart arteries.

In the lowest LDL group, more than 4 in 10 had plaque.



LDL, often called bad cholesterol, carries cholesterol into the artery wall, where it builds plaque. The link is direct, and lower is better at every level studied, with no floor found yet. Plaque grows silently for two or three decades before chest pain, a heart attack or a stroke.

YOUR TARGET

Your goal depends on your risk

<100
Borderline or intermediate risk
No heart disease. Also diabetes without extra risk enhancers, or an LDL of 190 or higher with no other risk factors.

<70
High risk
Heart disease not at very high risk, inherited high cholesterol (FH) alone, a 10-year risk of 10% or more, diabetes with risk enhancers, or a calcium score of 100 to 999.

<55
Very high risk
Most people with heart disease, heart disease plus FH, or a calcium score of 1,000 or more.

These are the 2026 ACC/AHA goals in mg/dL. The normal range printed on a lab report, often up to 130 mg/dL, reflects the average in a population where plaque is widespread. A lab won't flag an LDL of 100, and for many people that's still too high.

Lower, earlier

Your total LDL exposure over a lifetime predicts risk better than any single reading. The earlier you bring it down and the lower it goes, the more years your arteries stay free of plaque.

TREATMENTS, TESTS AND MYTHS ARE ON THE BACK

GETTING TO YOUR GOAL

Treatments, tests and common myths

THE TREATMENT LADDER

each step adds to the one before

Diet and exercise	A Mediterranean-style diet, 150 minutes or more of moderate activity a week, strength training twice a week, enough sleep and weight loss if you need it. Together these lower LDL about 10 to 15%, usually not enough alone if you have heart disease.
High-intensity statin	Atorvastatin 40 to 80 mg or rosuvastatin 20 to 40 mg lowers LDL 40 to 55%, with decades of data showing fewer heart attacks, strokes and heart deaths.
Ezetimibe	A pill added to the statin for another 15 to 20% drop.
Bempedoic acid	A non-statin pill that lowers LDL 15 to 25%, a good choice if you can't take a statin.
PCSK9 drug or inclisiran	Injections for people still far from goal. Alirocumab or evolocumab adds 50 to 60%. Inclisiran, given twice a year, adds about 50%.

TESTS TO ASK ABOUT

Lipid panel	If your LDL hasn't been checked in the past year, get a lipid panel. You don't need to fast. If triglycerides come back at 400 or higher, the panel is repeated fasting.
Lp(a), once	Lipoprotein(a), or Lp(a), needs checking only once. Ask to add it to your next lipid panel.
ApoB	A count of the plaque-causing particles in your blood. A better marker than LDL when triglycerides are high or HDL is low.
Calcium score	A score above zero means plaque is present, and then even an LDL of 110 is worth treating.

COMMON MYTHS

Low LDL is dangerous	No harmful lower limit has been found. People born with LDL of 20 to 30 mg/dL show no extra cancer, bleeding strokes or memory problems.
Statins harm memory	A 2023 American Heart Association statement found no link to memory loss or dementia.
Muscle pain	In blinded trials, muscle complaints are just as common on a placebo as on a statin.
Diabetes and the liver	The small rise in new diabetes is real and far outweighed by the heart benefit. Liver injury is rare and reversible.

IF YOU FEEL FINE

Most people with high LDL feel nothing until the damage is done. A statin is preventive maintenance for your arteries, like brushing your teeth or wearing a seatbelt. The high LDL is the disease, and the medication treats it.

READ THE FULL ARTICLE

damianrasch.com/ldl-cholesterol

For education only, and not a substitute for advice from your own physician. Sources include the 2026 ACC/AHA dyslipidemia guideline, the 2018 ACC/AHA cholesterol guideline, the 2023 AHA scientific statement on LDL lowering and the brain, and the IMPROVE-IT, FOURIER and ODYSSEY OUTCOMES trials.

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