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PATIENT HANDOUT · LIPOPROTEIN(A)

Lipoprotein(a)

A cholesterol particle set by your genes. What it is, what the test shows and what to do about a high level.

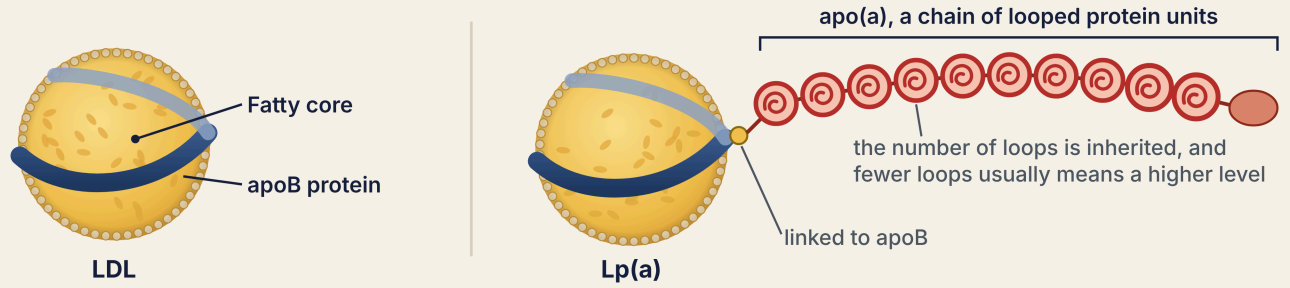
1 in 5
adults have an elevated Lp(a)

Once
one blood test, no fasting, is usually enough for life

1 in 2
chance each parent, sibling or child also runs high when yours is high

WHAT IT IS

An LDL particle with an extra protein attached



Your liver makes Lp(a), and 70 to 90% of your level is set by a single gene, LPA. Diet, exercise and weight loss don't meaningfully change it, and the level holds steady from late childhood on. A standard cholesterol panel doesn't include it, so it has to be ordered separately.

HOW IT DOES HARM

Plaque, clots and a stiff aortic valve

Builds plaque
Particle for particle, it lodges in artery walls more aggressively than LDL and carries inflammatory oxidized fats.

Slows clot breakdown
Apo(a) resembles plasminogen, the body's clot dissolver, and gets in its way. A clot on a cracked plaque is more likely to block the artery.

Calcifies the aortic valve
The same inflammation drives calcium into the valve leaflets. It's the strongest genetic risk factor for aortic stenosis.

In genetic studies, every doubling of Lp(a) comes with roughly a 22% higher risk of coronary heart disease and a 25% higher risk of aortic stenosis.

Test once

One blood test tells you for life. If your level is high, every other risk factor gets treated harder than usual, and your parents, siblings and adult children should be tested.

READING YOUR RESULT

What your number means and what to do

<30 mg/dL	30–50 mg/dL	50–70 mg/dL	70–90 mg/dL	>90 mg/dL
under 75 nmol/L	75–125 nmol/L	125–180 nmol/L	180–250 nmol/L	over 250 nmol/L
Normal	Borderline	Elevated	Very high	Extreme

Labs report Lp(a) by weight (mg/dL) or by particle count (nmol/L), and the two aren't interchangeable. As a rough guide, 1 mg/dL is about 2 to 2.5 nmol/L, and the paired cutoffs above are the ones guidelines use, not exact conversions. Check that two results use the same unit before comparing them.

IF YOUR LEVEL IS HIGH

treat everything else harder

LDL	Under 70 mg/dL if you don't have known heart or artery disease, and under 55 if you do (a heart attack, stroke, stent or bypass). High-intensity statin first, then ezetimibe, then a PCSK9 drug or inclisiran if needed.
Blood pressure and sugar	Blood pressure below 130/80, lower if tolerated. If you have diabetes, A1c under 7%.
Smoking	Stop. Smoking combined with a high Lp(a) is particularly dangerous.
Heart and valve checks	A calcium score to see how much plaque is already there, and an echocardiogram by age 50, repeated regularly after 60, to check the aortic valve.
Family	Parents, siblings and children 18 and older should be tested.

WHAT DOES AND DOESN'T LOWER IT

Diet, exercise, weight loss	No meaningful effect on Lp(a). They still lower LDL, blood pressure and diabetes risk, and each of those adds to the damage Lp(a) does. Supplements sold to lower Lp(a) don't work.
Statins	They don't lower it and may raise it about 10%. Keep taking them, because the LDL benefit is far larger.
PCSK9 drugs and inclisiran	About 15 to 25% lower.
Apheresis	A blood-filtering treatment that removes 60 to 80% per session, reserved for a few very high-risk patients.
New drugs in trials	70 to 98% lower, and none is approved yet. The first outcomes trial, of pelacarsen, reported in September 2026 and didn't reduce heart attacks or strokes. The others finish between 2028 and 2031. Ask whether a trial is enrolling near you.

WHO SHOULD BE TESTED?

The 2026 ACC/AHA guideline recommends testing every adult at least once. It's a priority if a parent, brother, sister or child had heart disease early (men before 55, women before 65) or has a high Lp(a), if you had an early event yourself, or if you have aortic stenosis before 65.

READ THE FULL ARTICLE

damianrasch.com/lipoprotein-a

For education only, and not a substitute for advice from your own physician. Sources include the 2022 AHA scientific statement on Lp(a), the 2022 NLA scientific statement, the 2026 ACC/AHA dyslipidemia guideline, the 2018 ACC/AHA cholesterol guideline and the 2019 ESC/EAS dyslipidemia guideline.

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