

Lipoprotein (a) or “Lp(a)”

WHAT YOU NEED TO KNOW

What is Lipoprotein (a)?

Lipoprotein (a) or “L-p-little a” [Lp(a)] is a risk factor for heart disease and stroke. Elevated Lp(a) is a genetic condition inherited from a parent.

All adults (aged 18 and over) should have their Lp(a) levels measured at least once in their lifetime. Individuals who have an elevated level of Lp(a) should encourage first-degree relatives to also get screened in order to understand their risk.



Numbers You Should Know

| Low Risk | Intermediate Risk | High Risk |
|------------------------|---|------------------------|
| < 75 nmol/L (30 mg/dL) | between 75 and 125 nmol/L (30–50 mg/dL) | ≥125 nmol/L (50 mg/dL) |

Do My Family Members Need to be Screened for Lp(a)?

If you have elevated Lp(a), your first-degree family members (parents, siblings and children) should be tested for elevated Lp(a). Cascade screening is used as a method for discovering if an individual has a genetic condition and should be scheduled as soon as you are able, for both adults and children.

Children: Children under the age of 18 who have clinically diagnosed or genetically confirmed familial hypercholesterolemia, first-degree relatives with a history of early heart disease (age < 55 years in men, < 65 years in women), or ischemic stroke of unknown cause be selectively screened for elevated Lp(a).

Effects of Having Abnormally High Blood Levels of Lipoprotein (a)

- Damage to blood vessels
- Development of artery plaque
- Blood clots
- Increased risk of cardiovascular events



What To Do If You Have Elevated Lp(a):

Patients with elevated Lp(a) should aggressively manage their risk for cardiovascular disease. All patients should practice a heart-healthy diet, exercise program and avoid smoking. High-risk individuals should talk to their clinician about treatments and medications to reduce their low-density lipoprotein cholesterol (LDL-C).



What Are the Treatment Options for Elevated Lp(a)?

- » **Lipoprotein Apheresis:** a process that removes lipoprotein(a) from the blood, is currently the only FDA-approved therapy.
- » **Statins:** ordinarily the first medication prescribed to lower LDL-C. While statins do not lower Lp(a), statins lower ASCVD risk.
- » **PCSK9 Inhibitors:** For patients requiring more LDL-C lowering after trying statins, PCSK9 inhibitors are an appropriate add-on medication to lower LDL-C. Although not approved by the FDA to treat elevated lipoprotein(a), PCSK9 inhibitors can lower Lp(a) by approximately 20–30%.
- » **Aspirin:** might be of particular benefit in patients with elevated Lp(a), but patients need to discuss the risk-benefit of this option with their clinician. Aspirin may also be an option for children.

Other medications for lowering LDL-C including ezetimibe, bempedoic acid, and niacin unfortunately do not lower Lp(a) levels in a meaningful way. New medications for lowering elevated Lp(a) are currently in development, and it is expected that there will be more affordable, less time consuming, and accessible treatment options in the future for those who have elevated Lp(a).

To find a lipid specialist in your area, use the “find a clinician” tool on [learnyourlipids.com](https://www.learnyourlipids.com).