

Reducing Your Risk for Heart Attacks & Strokes

A SHIFT IN THINKING...

What's Changed?

If you asked anyone how to reduce your risk of a heart attack or stroke you'd likely hear them mention the need to lower your cholesterol.

However, many studies have shown improving cholesterol does not always reduce risk of cardiovascular disease (heart attack or stroke). By worrying only about cholesterol we might miss helping the right people because cholesterol is only one risk factor.

Other risk factors include: age, gender, smoking status, blood pressure and diabetes. Healthcare providers can use the risk factors to provide a rough estimate of your risk for heart attack and stroke (cardiovascular disease).

Estimating Cardiovascular Risk

When estimating risk, healthcare providers will often give you a percentage.



This number is an educated guess of your chances of developing cardiovascular disease in the next 10 years. For example, a 10% risk means you have about a 1 in 10 chance of having a heart attack or stroke in the next 10 years.

What can you do to reduce your risk of heart attack or stroke?

Eat healthy – be active – don't smoke

These lifestyle choices reduce your risk of cardiovascular disease and benefit your overall health.

EXERCISE OR A MEDITERRANEAN DIET CAN REDUCE YOUR RISK OF HEART ATTACK AND STROKE BY 30%

CHOLESTEROL ONLY TELLS US PART OF YOUR HEART HEALTH STORY

Medication

Statin therapy should be discussed with all people with moderate to high cardiovascular risk (10% or more). Your healthcare provider can explain your risk and how statins can reduce that risk by 25-35%.



STATINS CAN REDUCE YOUR RISK OF HEART ATTACK AND STROKE BY 25% TO 35%

A low-dose of ASA (Aspirin®) may also be recommended for further risk reduction if you are at high cardiovascular risk (20% or more) or have had a heart attack or stroke. ASA reduces cardiovascular risk by about 12.5% (half or third as effective as statins). Note – ASA can cause bleeding.

What are the side effects of statins?

MOST COMMON

Muscle aches or stiffness in 5-10% of people but similar for those not taking statins*

LESS COMMON

1 in every 10,000 people – severe muscle or kidney injury

RARE

Liver irritation

*In research studies

All drugs come with potential side effects. Side effects for statins include → →

What about other cholesterol lowering medications?

Unlike statins, many medications that lower cholesterol do not reduce the risk of heart attack or stroke (which is the point of taking medications for cholesterol). For this reason, statins are the first line drug therapy option.

Should you still have your cholesterol tested?

Not taking a statin → You should continue to have your cholesterol tested every 5 years.

Taking a statin → You decide. Once you start taking a statin it should help to reduce your cardiovascular risk regardless of your cholesterol level so testing lipids likely isn't required. However, your doctor may suggest your cholesterol be tested based on your personal risk and in discussion with you.

Are statins right for you?

You decide. Speak with your healthcare provider about your risk of cardiovascular disease and the benefits and risks of taking statins. Regardless of your decision, your healthcare provider will support you!

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