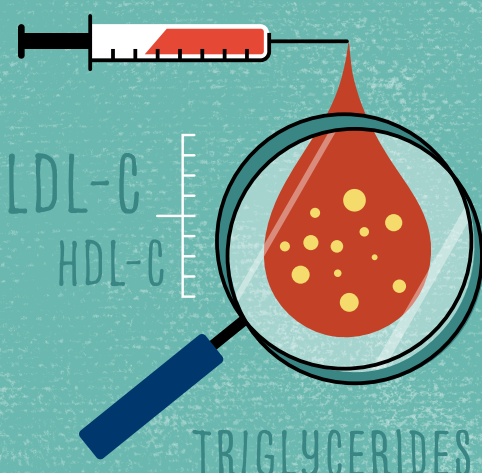


SHOULD I START TAKING A STATIN?

Statins can be an excellent course of treatment for lowering your risk of cardiovascular disease (CVD) by reducing your LDL—the “bad” cholesterol. Because everyone is unique, whether or not to take a drug like statins is an important decision that must be considered in the context of your age, gender, and other risk factors. Here are some steps to help you get started.

STEP 1: GET A LIPID PANEL TO ASSESS YOUR SITUATION

There is strong scientific evidence showing that abnormal lipid levels are the major initiator and driver of the process of atherosclerosis in the lining of arteries, something which ultimately leads to heart attack and stroke. Atherosclerotic plaques begin early in life and develop silently so it is important to test for abnormal lipids beginning at age 20, and at least once every five years thereafter. The standard test for abnormal lipids is called a lipid panel or cholesterol profile. The test measures these components which influence your risk of plaque build up:



LDL-C: This component of the total cholesterol in your blood is often called the “bad” cholesterol. Multiple lines of evidence show that high LDL-C causes more plaque build up, but drugs like statins can significantly reduce those levels and lower your risk of heart disease and stroke.

HDL-C: In contrast to LDL-C, higher HDL-C levels are associated with lower risk of cardiovascular disease, thus HDL is often called the “good” cholesterol.

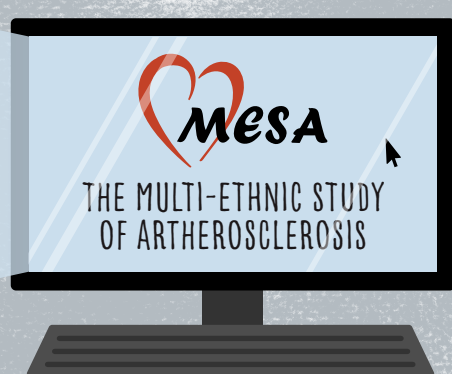
Non-HDL-C: Subtracting the HDL-C level from the total cholesterol results in your non-HDL-C level. This closely reflects the levels of apolipoprotein B in the blood, a lipoprotein now considered the major blood particle responsible for causing atherosclerosis.

Triglycerides: A kind of lipid that is distinct from cholesterol. Whereas cholesterol is used to build cell membranes and certain hormones, triglycerides store unused calories and provide your body with energy. Your body converts unused calories into triglycerides, which are stored in fat cells. High triglyceride levels are associated with increased risk for atherosclerotic cardiovascular disease.

STEP 2: GET YOUR MESA RISK SCORE

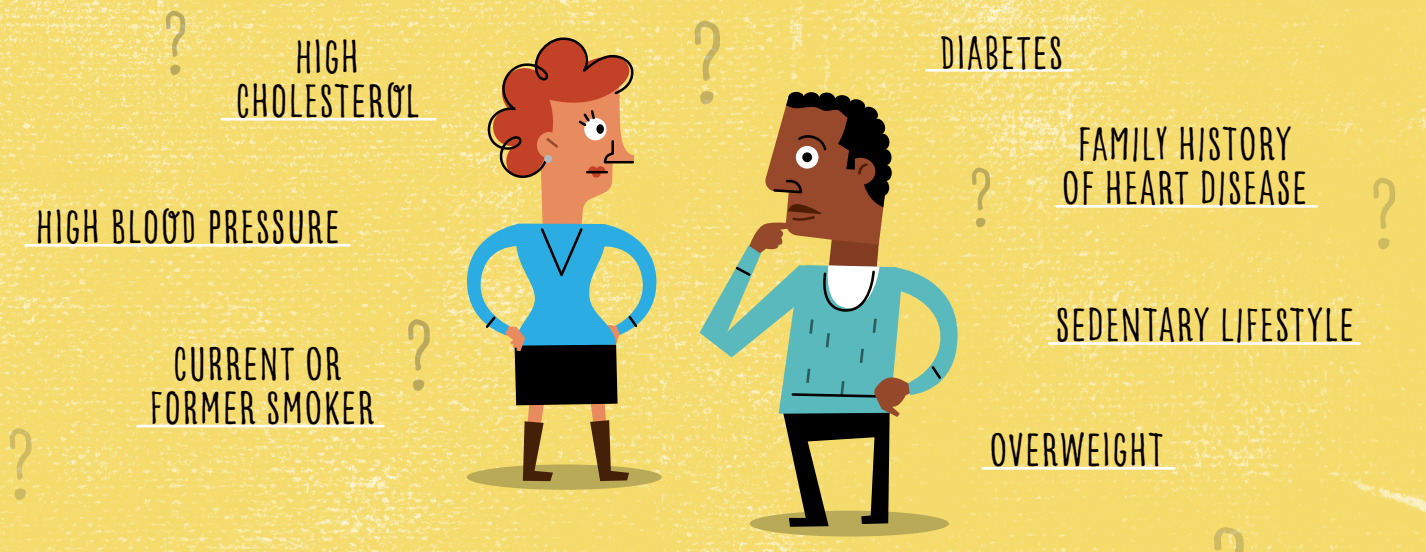
The MESA risk score is an easy-to-use online calculator that assesses your 5–10 year risk of having a cardiovascular event based on factors such as age, health history, blood pressure, and cholesterol levels. This risk score can be used to aid clinicians in determining your best course of treatment.

This calculator is most appropriate for patients in the 45–70 year age range. You can find at www.bit.ly/MESAscore.



STEP 3: CONSIDER ALL OF YOUR RISK FACTORS

Your diet, lifestyle, and general health play a big part in determining your unique, overall risk. Women over 50 and men over 40 who possess at least two of the following risk factors are at highest risk of a CVD:

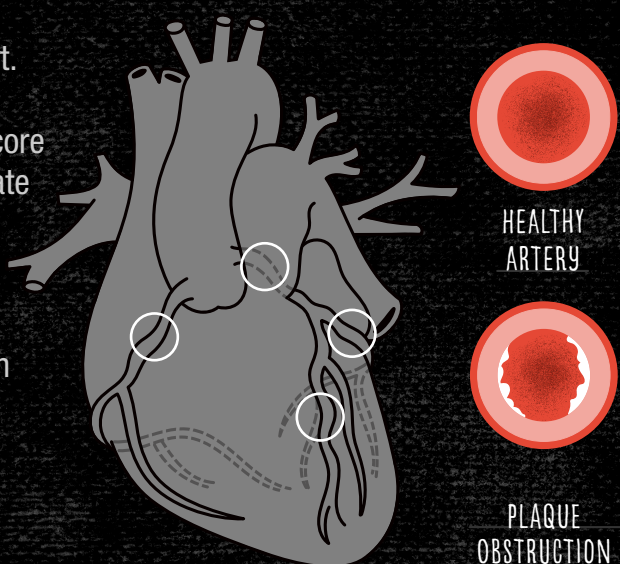


STEP 4: GET A CT CALCIUM SCORE (CAC)

A Coronary Calcium Scan uses computerized tomography (CT) to detect calcium deposits in the coronary arteries of your heart. Coronary calcium levels increase in proportion to the amount of atherosclerotic or fatty plaque in the arteries. The calcium score can range from zero to several thousand. Higher numbers equate to a greater likelihood of having a heart attack or stroke in the next 5–10 years.

Most insurance policies won't cover this test. Fortunately, they are inexpensive—usually under \$150 in the U.S. This score can even be added to the MESA calculation to give you a more accurate risk assessment.

To see our video, “What’s a Coronary CT Calcium Score?”, go to www.bit.ly/CACscoring

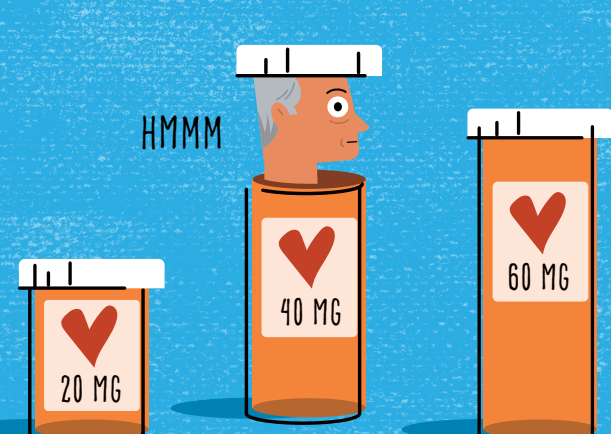


STEP 5: COME TO A SHARED DECISION WITH YOUR PRIMARY PHYSICIAN

Everyone’s situation is unique and even a low CAC score doesn’t mean you’re risk-free. This score must be considered in the context of your age, gender, medical history, and lifestyle choices. Statin therapy is most likely a lifelong commitment so talk with your doctor about your total risk of heart disease before making a decision about statin therapy.



STEP 6: BE AWARE OF THE MOST COMMON SIDE EFFECTS



Statins are tolerated well by the vast majority of people. About 10–15% of patients taking statins will experience muscle aches. This side effect is also noted in patients taking inactive or placebo medications in clinical trials, and is more likely if you have already encountered negative reports on statins from the internet or acquaintances.

Talk to your doctor about any symptoms you might have after starting statin therapy. Your doctor may want to decrease your dose, try a different statin, or switch to you another cholesterol-lowering medication. Don’t stop taking a statin without talking to your doctor first.

STEP 7: UNDERSTAND THAT STATINS ARE JUST PART OF THE SOLUTION

According to the Statin Diabetes Safety Task Force, these drugs lower risk for a heart attack, stroke, and death by 25–30 percent. They work by lowering artery-clogging LDL cholesterol and by reducing inflammation that can threaten your heart and brain.

This doesn’t mean you can let your guard down and eat whatever you want. You still need to be vigilant. Upgrading your lifestyle habits will give you even more protection. People who take statins and other drugs for cardiovascular disease can slash their five-year risk for a heart attack by an additional 22% by eating healthy foods, exercising, and quitting smoking.



CREDITS



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