What is Hyperlipidemia?

Hyperlipidemia is the presence of elevated lipids, or fats, in your blood. Having hyperlipidemia usually means that you have high cholesterol or triglyceride levels. At healthy levels, lipids perform important functions in the body such as storing energy (triglycerides) and helping move fat through the bloodstream (lipoproteins).

Know Your Numbers!

Q: What are normal, healthy lipid levels?
A: Total cholesterol: Less than 200 mg/dL. Low density lipoprotein (LDL, or “bad” cholesterol): Less than 100 mg/dL. High density lipoprotein (HDL, or “Good” cholesterol): 60 mg/dL or higher. Triglycerides: Less than 150 mg/dL.

Q: Are there symptoms of high lipid levels?
A: There are usually no symptoms! Ask your doctor to check your cholesterol and triglyceride levels.

Q: Why is LDL cholesterol bad?
A: Excess LDL cholesterol is bad because it can contribute to the accumulation of plaque—a thick, hard substance—that can build up in your arteries and make the artery walls less flexible (a condition called atherosclerosis). Plaque buildup increases your risk of heart attack and stroke.

Q: Why is HDL cholesterol good?
A: HDL cholesterol is good to have because these particles help to carry away LDL cholesterol from the arteries to the liver, where the LDLs are broken down and excreted.

Q: Why is a high triglyceride level bad?
A: Triglycerides are fats that your body uses to store excess energy from your diet. High levels are associated with atherosclerosis (hardening of arteries). People with high triglycerides often have high total cholesterol, high LDL, and low HDL.

Q: Is there anything I can do to control my hyperlipidemia aside from taking medication?
A: Yes! There are many modifiable risk factors that contribute to hyperlipidemia. Please refer to the reverse side for lifestyle changes that can help to relieve hyperlipidemia.
Factors of Hyperlipidemia

There is no one, definite cause of hyperlipidemia, but the following are known to increase risk for hyperlipidemia:

**Modifiable Risk Factors**

Obesity or being overweight, smoking, lack of physical activity, large waist circumference; men (>40 in.); women (>35 in.), and poor diet.

**Non-Modifiable Risk Factors**

Family history of hyperlipidemia, and increasing age.

What Can Exercise Do For Hyperlipidemia?

Regular aerobic exercise can help manage cholesterol levels, but is more effective when paired with a healthy diet. It is recommended to get at least 120-150 minutes of moderate exercise per week. The most benefits can be seen from exercise sessions that last between 40-60 minutes, 3-5 times a week. Light-moderate intensity exercise generally produces benefits, but specific heart rate training following gas-exchange testing is your best opportunity to discover your peak fat burning zone. Combining resistance training with aerobic exercise can help improve cholesterol levels more than just aerobic exercise alone, while also providing additional musculoskeletal benefits. However, the focus of the exercise program should be aerobic exercise. For example, if you exercise 5 times a week, substitute 1 or 2 aerobic sessions with moderate intensity, high repetition (15-20 reps) resistance exercise.

What Can Lifestyle Changes Do For Hyperlipidemia?

There are many proven and recommended lifestyle changes to manage hyperlipidemia—the top two are exercise and diet. See bottom left for exercise guidelines. A diet low in saturated and trans fats is recommended. Read food labels to know what you eat! Limit saturated fats to below 7% of your daily caloric intake; limit trans fats to below 1% of you daily caloric intake. Your total daily caloric intake of fats should be between 25-35% of total calories consumed. Diets such as the DASH (Dietary Approaches to Stop Hypertension) and the Mediterranean diet are proven to help manage cholesterol levels. These diets include: eating lots of fruits and vegetables, whole grains, low-fat dairy, poultry, fish, and nuts, while also limiting red meat and foods/beverages high in sugar. Also, avoid tobacco smoke because tobacco decreases HDL levels and increases your risk of cardiovascular disease.