If your doctor has decided that you need to take medicine to reduce high cholesterol, it’s because you’re at borderline to intermediate risk and have risk enhancing factors or are at high risk for heart disease or stroke. Usually the treatment combines healthy lifestyle changes including diet and physical activity, and medicine.

Most heart disease and many strokes are caused by a buildup of fat, cholesterol and other substances called plaque in the inner walls of your arteries. The arteries can become clogged and narrowed, and blood flow is reduced. If a blood clot forms and blocks blood flow to your heart, it causes a heart attack. If a blood clot blocks an artery leading to or in the brain, a stroke results.

By following your doctor’s advice, you can help prevent a heart attack or stroke.

What type of medicine may I be prescribed?

Various medications can lower blood cholesterol levels. Statins are recommended for most patients and have been directly associated with reducing risk for heart attack and stroke. Statins continue to provide the most effective lipid-lowering treatment in most cases.

Statins (HMG-CoA reductase inhibitors) prevent the production of cholesterol in the liver. Their major effect is to lower LDL cholesterol. Some names are lovastatin, pravastatin, simvastatin, fluvastatin and atorvastatin.

You should talk to your doctor about the risks and benefits of statin therapy if you fall into one of the following groups:

- Adults with known cardiovascular disease, including stroke, caused by atherosclerosis
- Adults, aged 40-75 years, with diabetes
- Adults with LDL-cholesterol level of greater than or equal to 190 mg/dL
- Adults, aged 40 – 75 years, with LDL-C level of 70-189 mg/dL and a 5% to 19.9% 10-year risk of developing CVD from atherosclerosis, with risk enhancing factors
- Adults, aged 40–75 years, with LDL-C level of 70-189 mg/dL and a 20% or greater 10-year risk of developing CVD from atherosclerosis

Some people who do not fall into these major categories also may benefit from statin therapy.
What other medications may be prescribed?

Your health care professional will monitor your progress with your statin therapy and recommended lifestyle changes. If you are having serious side effects or don’t have the desired response to statin therapy and lifestyle changes alone, they may consider other medications.

If you have known CVD and are already taking the highest tolerated statin and your LDL-C is still 70 or above, one or more of the following medicines may be prescribed. They all can be taken in combination with a statin.

- **Ezetimibe** (cholesterol absorption inhibitors) works by preventing cholesterol from being absorbed in the intestine. It is the most commonly used non-statin agent.

- **Bile acid sequestrants** cause the intestine to get rid of more cholesterol. Some names are cholestyramine, cholestipol and colesevelam.

- **PCSK9 Inhibitors** are powerful LDL-lowering drugs. They bind to and inactivate a protein in the liver in order to lower LDL (bad) cholesterol. Some names are alirocumab and evolocumab.

The following medicines are triglyceride-lowering drugs and have mild LDL-lowering action, but data does not support their use as an addon to statins.

- **Fibrates** are especially good for lowering triglyceride (blood fat) levels and have a mild LDL-lowering action. Some names are gemfibrozil, clofibrate and fenofibrate.

- **Niacin** (nicotinic acid) is a B vitamin that limits the production of blood fats in the liver. Take this only if your doctor has prescribed it. It lowers triglycerides and has mild LDL-lowering action.

Your doctor will work with you to decide which medicine, or combination of medicines, is best for you. Always follow your doctor’s instructions carefully, and let the doctor know if you have any side effects. Never stop taking your medicine on your own!

How do I know if my medicine is working?

Your doctor will test your blood cholesterol level when needed. Together with your doctor, set a goal and ask how long it may take to reach that goal.