

What Is Lipoprotein a and Why Is It Important for Southeast Asian People

Lipoprotein a, commonly called as L-P - little a or Lp(a) is often elevated in south east Asian people like Indians. It is often called the evil twin of familiar low density lipoprotein or LDL. Lp(a) Particles are similar to LDL particles, but an Apolipoprotein molecule wrapped around each one.

LP little a accelerates the buildup of fatty plaques inside arteries and inflammation even more than LDL does. High LP a level may double or even triple the person risk of heart attack. It also increases the risk of stroke and linked to narrowing of the aortic valve called aortic stenosis. LPL is not picked up by standard cholesterol test. It has to be ordered separately.

Many doctors have not commonly ordered this test because currently there aren't any FDA approved drugs to lower the elevated LP a. LP a levels are large genetically determined, eating and exercise habits have virtually no effect on the level of LP a

European in Canadian guidelines already recommend that everyone gets tested for LP a level at least once in their lives. In the United States, that recommendations are more conservative with testing suggested for the following groups 1.

People with premature cardiovascular disease, defined as people who have had a heart attack, stroke or peripheral artery disease or aortic stenosis before the age of 55 for men or before the age of 65 for women 2. People who have a father, mother, brother, or sister with premature cardiovascular disease. 3. People with very high LDL cholesterol level that is greater than 190. 4.

Close relatives like siblings, children, and parents of anyone with elevated Lp a level I would measure LP little level at least once in everyone, but definitely in South Asian people who have higher incidence of LP a level. People with high Lp a labels often have close family members who suffered a heart attack or a stroke in their 50s or even earlier.

Some of these people appear to be unlikely candidate for developing heart disease because they don't have any traditional risk factors, such as high LDL cholesterol, diabetes or high blood pressure. But many others have one or more of these risk factors and high LP a add to their overall vulnerability to heart problems.

High Lp a Is considered as risk enhancing factor that warrants more intensive LDL lowering in addition to paying close attention to a healthy lifestyle. Even though aspirin is not recommended routinely for primary prevention, inpatient with elevated LP little more and more cardiologists are recommending low-dose aspirin with elevated Lp a levels.

People with elevated Lp a level should consider consulting a cardiologist for specific advice. They should also have Lp a testing for their close family members. Unfortunately presently available oral lipid loading drugs. Do not have any effect on LP a. There are 2 PCSK9 inhibitors- Evolocumab and alirocumab both have beneficial effect in lowering LP a .

However, these were given by injection twice monthly. There are novel RNA based drugs in development to lower LP a. And they are promising . Until they are available, options are to use this injectable, drugs or aggressive lowering of LDL cholesterol by statins.

It's always good to have LP a level tested at least once for everyone, more so if you have family history of early heart, disease, or stroke or family members with elevated Lp a level. I hope I did not cause confusion. Always talk to your doctor about this.

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