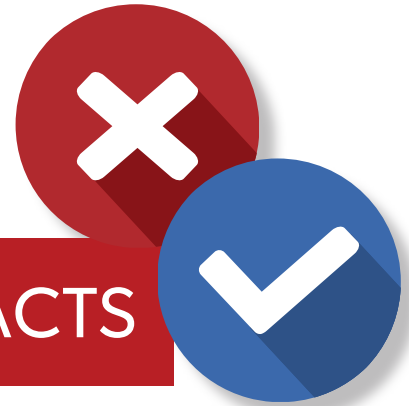




American Heart Association.

Check. Change. Control.[®]
Cholesterol



CHOLESTEROL: MYTHS VS. FACTS

Myth: You don't need your cholesterol checked until you've reached middle age.

Fact: The American Heart Association (AHA) recommends checking cholesterol levels once between the ages of 9 and 11 years, and again between the ages of 17 and 21 years for children and young adults without other risk factors or a family history of early heart disease. After age 20, your health care professional will recheck your cholesterol and other risk factors every four to six years as long as your risk remains low.

Myth: Only overweight and obese people have high cholesterol.

Fact: People of any body type can have high cholesterol. Being overweight or obese increases your chances of having high cholesterol, but being thin doesn't protect you. Regardless of your weight, diet, and level of physical activity, you should have your cholesterol checked on a regular basis.

Myth: Having high cholesterol is only a man's problem.

Fact: Although atherosclerosis typically occurs later in women than in men, CVD remains the leading cause of death in women. Health care professionals should consider women-specific conditions, such as premature menopause (less than age 40) and pregnancy-associated conditions, when discussing their cholesterol levels and potential treatment options.

Myth: If your health care professional hasn't mentioned your cholesterol levels, you're OK.

Fact: You can take charge of your health. If you are 20 or older, ask your health care professional to conduct a cholesterol test, assess your risk factors, and determine your risk for heart attack or stroke. If you're between 20 and 39, your health care professional should assess your lifetime risk. If you're between 40 and 75, ask your health care professional to assess your 10-year risk. If your risks are high, lifestyle changes and statin medication may help manage your risk.

Myth: Your cholesterol level is a result of your diet and physical activity level.

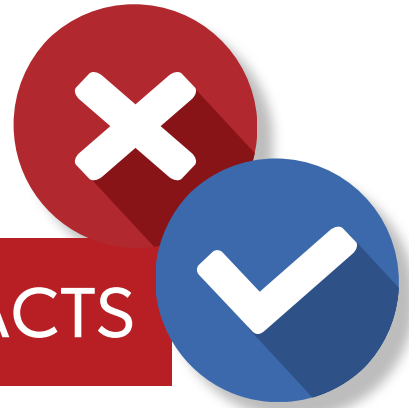
Fact: True, diet and physical activity affect your cholesterol, but they are not the only factors. Getting older and being overweight or obese also impact your cholesterol level. Some people are born with high cholesterol that they've inherited from their parents. Regardless, it's very important to eat a heart-healthy diet and get plenty of moderate-intensity physical activity in order to reduce your risk of heart attack or stroke.

Learn more about cholesterol at heart.org/Cholesterol



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CHOLESTEROL: MYTHS VS. FACTS

Myth: Taking cholesterol medicines means you don't have to make diet and lifestyle changes.

Fact: It's important to take your medicines exactly as they're prescribed. But the best ways to reduce your risk of heart disease and stroke are to eat a heart-healthy diet and include regular physical activity in your weekly routine. Get at least 150 minutes per week of moderate-intensity aerobic activity or 75 minutes per week of vigorous activity, or a combination of both, preferably spread throughout the week.

Myth: If the Nutrition Label shows no cholesterol, the food is heart healthy.

Fact: Many "no cholesterol" or even "low fat" foods are high in other types of "bad" fats, such as saturated and trans fats. Be sure to check the food label for saturated fat, trans fat, and total calories. Also, be aware that the serving size that those numbers are based on may be smaller than the entire package.

Myth: Switching from butter to margarine will help lower cholesterol.

Fact: Not necessarily. Butter is high in saturated fat and has some trans fat in it, too, but some types of margarine are even higher in both of those types of fat. Liquid margarines and soft margarines in a tub tend to be lower in "bad" fats. Compare labels and choose those with 0 grams of trans fat on the Nutrition Facts label and no hydrogenated oils in the ingredients.

Myth: Children don't need to worry about cholesterol.

Fact: Children can have high cholesterol levels, just like adults. This is particularly true for children who inherit high cholesterol levels from one or both parents, a condition called familial hypercholesterolemia (FH). These children are at high risk for premature heart attack or stroke. Early diagnosis and treatment is critical in these cases.

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