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Lipoprotein(a)

The inherited heart attack and stroke risk your cholesterol report never showed you.

01 WHAT IT IS

Lp(a) — said "L-P-little-a" — is an LDL particle with an extra protein, apolipoprotein(a), wrapped around it. That extra protein closely resembles plasminogen, the enzyme your body uses to dissolve clots.

So Lp(a) does two jobs at once: it deposits cholesterol into artery walls, *and* it interferes with breaking down the clot that forms there. Plaque plus clot.

Your level is roughly **90% determined by your genes**. It is set in early childhood and barely moves for life. Diet doesn't lower it. Exercise doesn't lower it. Statins don't lower it.

02 WHY IT MATTERS HERE

Lp(a) is one of the few blood markers where the genetic evidence supports a **causal** role in atherosclerotic cardiovascular disease — not merely an association. It is also linked to calcific aortic valve disease, and to ischaemic stroke, particularly in younger adults.

About **1 in 4 South Asians** carries a high level, against roughly 1 in 5 worldwide. South Asians account for around a third of the global burden — some 469 million people.

It is one credible reason Indians have heart attacks close to a decade earlier than Europeans, often with clean-looking conventional lipid profiles.

> *"Universal screening of adults for elevated Lp(a) … measured at least once in adulthood. Because lifestyle changes minimally affect Lp(a), repeat testing is generally not needed."*
>
> 2026 ACC/AHA/Multisociety Guideline on the Management of Dyslipidemia (March 2026) — which retires and replaces the 2018 Blood Cholesterol Guideline. The 2018 document treated Lp(a) as a selective, risk-enhancing test. It is now recommended for every adult, once.

03 READING YOUR RESULT

BAND	NMOL/L	MG/DL
Low	< 75	< 30
Intermediate	75 – 125	30 – 50
High	> 125	> 50
Very high	> 430	> 180

The two units are not reliably interconvertible — one measures mass, the other particle number, and apo(a) size varies widely between individuals. Risk is continuous, not a switch: 120 is not "safe" and 130 is not "dangerous."

04 WHAT TO ASK YOUR LAB

"I'd like a serum Lipoprotein(a) test, reported in nmol/L."

- It is a single fasting-optional blood draw, added to a routine lipid panel.
- Ask for **nmol/L** (particle number). Many Indian labs default to mg/dL — accept it, but note the caveat above.
- Once is enough. You do not need to repeat it annually.
- If yours is high, have first-degree relatives tested. It runs straight down the family tree.

05 IF IT COMES BACK HIGH

There is **no approved therapy yet proven to reduce cardiovascular events by lowering Lp(a)** — the first large outcome trials are reading out now. What you do instead is strip out every other risk you own: drive LDL-C down hard, control blood pressure and glucose, stop tobacco. A high Lp(a) is not a verdict — it is a reason to be treated earlier, and harder, than your age alone would suggest.

Sources: 2026 ACC/AHA/Multisociety Dyslipidemia Guideline, JACC 2026 · EAS Consensus Statement, Eur Heart J 2022 · Bhatia et al., JAHA 2025.