

Learn all your
treatment
options

P. 5

Overcome
your top eating
challenges

P. 21

Health Monitor[®]

Living



Scan this
QR code
for a free
digital copy
or home
delivery

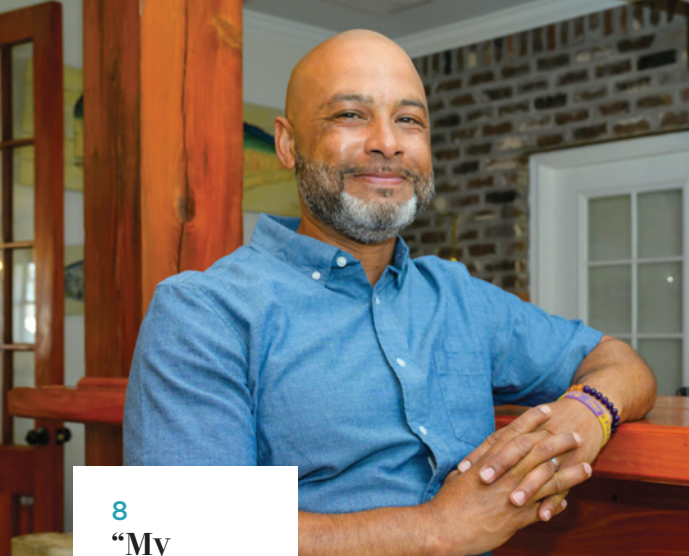
**“My medication
saved me from
a heart
transplant!”**

High Cholesterol

Chad Gradney's high cholesterol defied every attempt he made to bring it down, eventually leading to a quadruple bypass. Luckily, a proper diagnosis—and the right medication—turned everything around!

Contents

Health Monitor Living **High Cholesterol**



8 “My treatment saved me from a heart transplant”

Chad Gradney’s high cholesterol defied every attempt he made to bring it down, eventually leading to a quadruple bypass. Luckily, a proper diagnosis—and the right medication—turned everything around!

THE BASICS

3 Don’t be taken by surprise
More than 10% of Black people have high cholesterol—find out if you’re one of them

YOU & YOUR CARE TEAM

7 The pros on your side
These medical professionals can help protect your heart

12 What’s your heart health profile?
Fill in the answers to find out

20 Q&A
Expert answers to your top questions about high cholesterol

24 Questions to ask today

TRUE INSPIRATION

17 “We’re in control of our health!”

Ora and Rosalind are on a mission to let others know why learning your cholesterol numbers is key

HEALTHY CHOICES

21 Overcome your top eating challenges
It’s easier than you think!

22 Find out how fit you are—without the scale

Keep your exercise motivation fired up no matter what you weigh

SPECIAL THANKS TO OUR MEDICAL REVIEWER



Roger S. Blumenthal, MD, professor of cardiology, The Kenneth Jay Pollin; Director, Ciccarone Center for the Prevention of Heart Disease

THE Health Monitor

MEDICAL ADVISORY BOARD

Michael J. Blaha, MD, Director of Clinical Research, Ciccarone Center for the Prevention of Cardiovascular Disease; Professor of Medicine; Johns Hopkins

Leslie S. Eldeiry, MD, FACE, Clinical Assistant Professor, Part-time, Department of Medicine, Harvard Medical School; Department of Endocrinology, Harvard Vanguard Medical Associates/Atrius Health, Boston, MA; Chair, Diversity, Equity and Inclusion Committee, and Board Member, American Association of Clinical Endocrinology

Marc B. Garnick, MD, Gorman Brothers Professor of Medicine at Harvard Medical School; Director of Cancer Network Development, Beth Israel Deaconess Medical Center; Editor-in-chief of Harvard Medical School’s Annual Report on Prostate Diseases

Angela Golden, DNP, FAAN, Family Nurse Practitioner, former president of the American Association of Nurse Practitioners (AANP)

Mark W. Green, MD, FAAN, Emeritus Director of the Center for Headache and Pain Medicine and Professor of Neurology, Anesthesiology, and Rehabilitation at the Icahn School of Medicine at Mount Sinai

Mark G. Lebwohl, MD, Dean for Clinical Therapeutics, professor and chairman emeritus at Kimberly and Eric J. Waldman Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York

Maryam Lustberg, MD, Associate Professor of Internal Medicine (Medical Oncology); Director, Center for Breast Cancer; Chief, Breast Medical Oncology; Yale School of Medicine

William A. McCann, MD, MBA, Chief Medical Officer; Allergy Partners, Asheville, NC

Mary Jane Minkin, MD, FACOG, Clinical professor in the Department of Obstetrics, Gynecology, and Reproductive Sciences at the Yale University School of Medicine

Rachel Pessah-Pollack, MD, FACE, Clinical Associate Professor, Division of Endocrinology, Diabetes & Metabolism, NYU School of Medicine, NYU Langone Health

Julius M. Wilder, MD, PhD, Assistant Professor of Medicine; Chair, Duke Dept of Medicine Diversity, Equity, Inclusion, and Anti-racism Committee; Vice Chair, Duke Dept of Medicine Minority Retention and Recruitment Committee; Co-Director for the Duke CTSI - Community Engaged Research Initiative

Health Monitor Network is the nation’s leading multimedia patient-education company, with websites and publications such as Health Monitor Living®. For more information: Health Monitor Network, 11 Phillips Parkway, Montvale, NJ 07645; 201-391-1911; healthmonitornetwork.com ©2024 Data Centrum Communications, Inc. Questions? Contact us at customerservice@healthmonitor.com. This publication is not intended to provide advice on personal matters, or to substitute for consultation with a physician.

RAM24

Cover photo by The Pixel House

THE BASICS



Don’t let high cholesterol take you by surprise!

More than 10% of Black people have high cholesterol—a major risk factor for heart disease along with high blood pressure, obesity and diabetes—and some studies suggest nearly half don’t know it or aren’t getting the proper treatment. Where do you stand?



day after his last checkup, Keshon J. got a surprising call from his doctor. “He told me my cholesterol levels were off the charts,” says the 41-year-old husband and father of two. “I didn’t understand how it could be—I felt great—but she said my total cholesterol was close to 300 and my LDLs were almost 240.” (Keep reading to learn

more about target cholesterol numbers.)

Having lost his grandfather to a heart attack, Keshon took the news seriously. “I wasn’t gonna brush that off. I was only 10 when my grandfather died, and I planned on doing whatever it took to stick around for my wife and kids.”

Keshon’s doctor prescribed a statin, a medication that lowers high cholesterol, and recommended he drop about 12 pounds. “I realized I was snacking on a lot of junk foods, so I cut back on those and started joining pickup basketball games at my gym a few nights a week.”

At a follow-up exam three months later, he’d lost 10 pounds but his cholesterol levels hadn’t dropped significantly. His doctor recommended adding on another medication, but three months later he was still in the same place.

Continued on next page ►

“My doctor said some folks are just genetically inclined to have stubbornly high cholesterol, and said an injectable medication taken with my statin might be the key. I’ll admit I wasn’t thrilled about getting a shot, but compared with dying young from a heart attack? I’ll try anything that works!”

Keshon began on the injectable medication, which interferes with PCSK9, a protein involved with how the liver removes excess cholesterol from the bloodstream. In people with high cholesterol that doesn’t respond to initial treatments, it can sometimes lower cholesterol by half.

“The shot was honestly no big deal at all. Even better? It worked! Within three more months we saw the biggest drop in my cholesterol yet. Today, with continued injections, I’m in the normal range.”

Keshon’s story shows why it’s so important to get regular checkups and to insist on a cholesterol screening, especially as a Black person. Some studies suggest doctors overlook cholesterol when treating Black patients and focus instead on cardiovascular risk factors that are more common in that community, such as high blood pressure, diabetes and obesity. In fact, studies have shown that Black people are less likely than White people to be prescribed a medication to reduce high cholesterol. And even when they do get one, it’s often not strong enough.

So why is high cholesterol so dangerous anyway?

Believe it or not, cholesterol—a waxy, fat-like substance—isn’t all bad. In fact, we need it to make cells, hormones, vitamin D and more. But here’s

the catch: Our liver actually makes all the cholesterol we need, and anything extra we get from the food we eat (things like meat, cheese, milk, butter, ice cream and eggs) is just that—extra.

To understand how that extra cholesterol can harm your blood vessels and heart, it’s important to know that it travels through the bloodstream in little packages called lipoproteins, and there are two kinds:

- 1. Low-density lipoprotein (LDL).** This is known as the bad kind because its job is to deliver cholesterol throughout the body, including the arteries. The lower your LDL levels, the better.
- 2. High-density lipoprotein (HDL).** This is known as good cholesterol because it sweeps up extra cholesterol and takes it back to the liver so it can be flushed out of the body. High HDL levels help protect the heart.

Based on the above descriptions, you can probably figure out that high levels of LDL cholesterol are the real problem: It sticks to artery walls and hardens into plaque, making arteries stiff and clogging them up so it’s harder for blood to flow through. If the arteries in the heart are affected (something called coronary artery disease), it can lead to heart attack and stroke. That’s why many treatments for high cholesterol focus on lowering LDL cholesterol.

What else you can do

There’s nothing you can do about some factors that raise



cholesterol levels. For example, some people are born with genes that cause high cholesterol, especially super-high levels of LDLs (a condition called familial hypercholesterolemia, or FH). Age is another: The older you get, the more likely you are to have high cholesterol. And then there’s your gender: Men tend to develop heart disease 10 years earlier than women.

On the bright side, many factors are within your control. Ask your doctor about the following:

- **Try to eat a healthy diet.** Focus on whole grains, fruits and vegetables and lean protein (like chicken, fish and turkey instead of beef or pork). Avoid saturated fat and trans fats, which are found in processed and storebought baked goods
- **Maintain a healthy weight.** If you’re carrying excess pounds, losing just 5% to 10%

of your weight can help lower bad LDLs and triglycerides and raise good HDLs.

- **Get active.** Regular physical activity can lower LDLs and boost HDLs.
- **Stop smoking.** Smoking can lower your HDL levels and damage arteries. If you need help quitting, talk with your doctor.

How treatments can help

In addition to the lifestyle changes above, you may also need medication to help lower your cholesterol levels. If you have FH, medication is typically required. Options include:

First-line treatment

- **Statins:** These oral medications help decrease the liver’s production of cholesterol, lowering LDLs and triglyceride levels. If a statin isn’t enough,

other treatments may be prescribed in addition to lower your LDL levels.

Add-on treatments

- **Ezetimibe:** This drug prevents your intestines from absorbing cholesterol from the food you eat and even the cholesterol made by the body itself.
- **Inclisiran and PCSK9 inhibitors:** These injections boost your body’s ability to remove LDLs from the blood. They ramp up LDL receptors in your liver, which trap LDL particles and take them out of circulation. In patients already on a statin, they may cut LDL levels by up to half.
- **MTP inhibitors:** These oral medications inactivate a protein that triggers production of LDLs; they’re especially useful in people with a genetic predisposition to high cholesterol. ▶



- **Bempedoic acid:** The newest class of cholesterol-lowering drugs, this oral medication blocks an enzyme in the liver that helps produce cholesterol; it's especially useful in people with a genetic predisposition to high cholesterol or those with heart disease.
- **Bile acid sequestrants:** These oral medications cause the liver to increase bile, resulting in less cholesterol in the bloodstream.
- **Omega-3 fatty acids (prescription strength):** These oral medications help low-

er triglycerides; icosapent ethyl may reduce the risk of heart attack or stroke in certain high-risk people with triglyceride levels of 150 mg/dL or higher.

- **Fibrates:** These oral medications help lower triglycerides in certain people with triglyceride levels of 500 mg/dL or higher.

And lastly, don't go it alone, says Vincent Lau, DO, a physician at Somerset Family Practice, Robert Wood Johnson Medical Center, in Somerset, NJ, who not only treats many

patients with high cholesterol and FH, but also has it himself. "I always recommend my patients join a support group for heart-healthy living," he adds. "There are other people out there who are going through exactly what you are. They can tell you what they've done, and you can tell them what's helped you and what hasn't, as well. Groups like this are free. Some are in-person, and some are online. Ask your doctor how you can find one. You'll find out that you are not alone—and that can make a real difference in how you feel!" ●

DID YOU KNOW?
BLACK PEOPLE ARE **LESS LIKELY** TO BE PRESCRIBED A STATIN TO REDUCE HIGH CHOLESTEROL. AND WHEN STATIN THERAPY IS PRESCRIBED, IT'S OFTEN AT THE INCORRECT DOSAGE.

Source: JAMA Cardiol. 2018;3(8):739-748. doi:10.1001/jamacardio.2018.1511

Do you know your cholesterol levels?

A blood test called a lipoprotein profile measures levels of total, LDL and HDL cholesterol. Review this chart to see where you stand.

TOTAL CHOLESTEROL	
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline high
240 mg/dL and above	High

LDL CHOLESTEROL	
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near optimal/above optimal
130-159 mg/dL	Borderline high
160-189 mg/dL	High
190 mg/dL and above	Very high

HDL CHOLESTEROL	
Less than 40 mg/dL	Major heart disease risk factor
60 mg/dL and above	Gives some protection against heart disease



MEET YOUR HEALTHCARE TEAM

Primary care provider (PCP): A medical professional specializing in internal or family medicine, this healthcare provider may diagnose and treat your high cholesterol.

Cardiologist: This MD specializes in heart disease. Your primary care provider may refer you to a cardiologist for tests and procedures, such as an angiogram.

Endocrinologist: This MD specializes in disease related to hormones and organs of the endocrine system, such as the liver.

Nurse practitioner/Physician assistant: These healthcare professionals can monitor your cholesterol levels and provide ongoing care for high cholesterol.

Registered dietitian: This nutrition expert can help you develop a heart-healthy eating program that is low in saturated and trans fats and high in produce and lean protein. ●

COVER STORY

“My medication saved me from a heart transplant!”

Chad Gradney's high cholesterol defied every attempt he made to bring it down, eventually leading to a quadruple bypass. Luckily, a proper diagnosis—and the right medication—turned everything around!

—BY AMY CAPETTA

Chad Gradney is a man on-the-go. The 46-year-old from the Baton Rouge area of Louisiana spends his days and nights running two small businesses (a crawfish farm and a janitorial service company) while raising his two children (Hunter, 12, and Analise, 7) with his wife, Kristen. And when he has a little downtime, Chad can be found unwinding in nature.

“I’m an outdoorsman—I enjoy fishing, hunting and chopping wood,” he says. “And I love outdoor adventures. When my family and I go on vacation to Mexico each summer, I’m snorkeling for hours and diving off cliffs. I go for it!” he laughs.

So with all that running around, it may be surprising to learn that Chad underwent quadruple bypass open-heart surgery at the age of just 27, and years later was told that his only hope for surviving was getting a heart transplant.

Chad’s health journey began in 2005 when he started experiencing chest pains and shortness of breath. Physicians told him it was caused by acid reflux, yet one morning he woke up and felt like his heart was going to explode. “I went to the ER and the next thing I knew, I was having emergency surgery.”

Chad was told he was on the verge of having a massive heart attack. “The news was overwhelming. I was still mourning my dad, who had died about six months earlier from his own heart attack,” he explains. “And I kept thinking about the time when I was a child, and my father had a quadruple bypass at the age of 32. Now here I was at 27, getting the same news. It was a very traumatic ordeal.”

Continued on the next page ►

“I love outdoor adventures. When my family and I go on vacation to Mexico each summer, I’m snorkeling for hours and diving off cliffs. I go for it!” says Chad whose high cholesterol threatened his active lifestyle.

“I was calling family members to say goodbye”

Thankfully, Chad recovered from the surgery and he and Kristen married two months later. Since Kristen was a registered dietitian, she made certain Chad was following a heart-healthy diet, which meant no more fast-food meals and ultra-processed packaged items. “In Louisiana, we fry a lot of foods, but now everything was being baked and made at home.”

Even though Chad was taking his medication as prescribed and meeting his cardiologist every six months, his levels of LDL (“bad”) cholesterol were still over 200 mg/dL, more than twice what they should be. And then the chest pains started again.

Chad actually landed in

the ER three more times due to chest pain, but each time he was stabilized and sent home. He was asked if he was using drugs (he wasn’t), he was ordered to stop eating food from McDonald’s (he wasn’t) and he was told he needed to take his cholesterol-lowering medications (he was). One doctor even suggested the issue was stress related, and Chad simply needed to turn off the nightly news and spend his time journaling.

When severe chest pains eventually led to yet another trip to the hospital, this time Chad and Kristen received terrible news: Three out of the four bypasses had occluded, meaning the arteries were fully clogged again. “Then we were told, ‘There’s nothing else we can do but put you on the list for a heart transplant,’” he recalls. “We were still in the

emergency room, and I was calling family members to say goodbye. I had a young family, and I felt the doctors had given up on me. It was all just devastating.”

“The new medicine changed everything”

At the ER, Kristen was also busy on the phone—she called her uncle, a physician. As fate would have it, he had just returned from an annual meeting with the American Heart Association and put Chad in touch with a lead cardiologist at Johns Hopkins University. The couple headed to Baltimore immediately.

“And I’ve been on a high ever since that trip!” Chad recalls. The reason: Within 15 minutes, a lipidologist diagnosed him with familial hypercholesterolemia (FH), a genetic condition

in which the body can’t effectively eliminate excess LDL cholesterol from the body.

“I learned this condition is pretty common but is very underdiagnosed,” he states. “And that’s unfortunate, because regular cholesterol-lowering meds often are not enough to treat it.”

Chad was immediately prescribed a new cocktail of medications, including an injectable med designed to treat FH-induced high blood cholesterol levels.

Within three months, bloodwork showed that Chad’s cholesterol levels dropped considerably. “My LDLs went from around the 200-range to 71 mg/dL,” he says. “The new medicine changed everything! Even better, I haven’t been to the emergency room since, no heart transplant required.”

These days, Chad enjoys every minute of his active life. He still meets with the healthcare team from Baltimore virtually while working with a local cardiologist. He also points out that his daughter was born on April 24—the same date he originally underwent quadruple bypass surgery. “For many years, this was a gloomy day for me, but now it’s become a day of joy. I even consider it my second birthday! I feel very blessed.”

He hopes others who have been struggling with high cholesterol will find hope from his experience. “If it can happen to me, it can happen to someone else. One day you can turn the corner, get on the right medication—and get your life back on track!” ●

CHAD’S TOP HEART-SAVING TIPS

Here, Chad offers more of the strategies that have been helping to improve his heart health and overall well-being:

Become an active participant on your healthcare team.

“The biggest thing I learned on my long and winding journey is that you have to advocate for yourself,” he states. “Question everything, take a deeper look into the possible cause of your condition and keep pursuing it. I’m an advocate, but Kristen is a real go-getter!” Chad emphasizes that the act of making one phone call or doing one Internet search can alter your treatment plan—and the course of your life—for the better. “The fact that only in a matter of days I went from being told I needed a heart transplant to taking more aggressive cholesterol medicine is amazing. Keep questioning your doctors—it’s really that simple.”

Record your family health history.

While Chad’s late father had not been diagnosed with FH, he wasn’t the only one with heart disease in the family. Chad’s mother, along with two of his brothers, have also undergone quadruple bypass surgery. “In a family of eight, five of us had this surgery,” he states. “And in Louisiana, we tend to attribute high cholesterol to our diet. It would have been life-changing if I’d known about FH from my dad. I could have been screened years ago.” Chad is now grateful he can share this knowledge with his mom, siblings and children. “As soon as I was diagnosed with FH, we had Hunter tested, and today our kids are screened each year. We don’t want them to go down the same road I did.”

Get busy in the kitchen.

Even though diet alone cannot improve FH, Chad is aware of the importance of a heart-healthy eating pattern. Typical meals consist of lean proteins and fish (like salmon and tuna), complex carbohydrates (like baked potato fries), green vegetables and fruit. “I love fruit! We keep oranges, bananas and pineapple in the house all the time.” The Gradney family enjoys home-cooked meals on a regular basis, thanks to Kristen’s culinary skills. “Each Sunday, she meal preps for the entire week. You grab your container and that’s your meal for the day. Our little girl loves it!”

Join the FH Family.

Once Chad and Kristen were told he had FH, Kristen grabbed her laptop and quickly discovered the Family Heart Foundation (at FamilyHeart.org), an organization that is pioneering research, advocacy and education to help prevent heart attacks and strokes caused by two hereditary conditions: FH and elevated lipoprotein(a). “We immediately found a whole community of people who have the same exact condition as me—something we had never heard about before.” These days, Chad and Kristen serve as Family Heart Foundation Advocates for Awareness. “I want others to know about my story because there’s a lot of people living with this condition who have not yet been diagnosed. So the more we talk about it, the more likely we can change lives.”



“I’m still here for my family, thanks to finally getting the right diagnosis,” says Chad with wife Kristen and kids Hunter and Analise.

Photo by The Pixel House

What's your heart health profile?

Fill out this worksheet then review with your doctor to learn more about your cholesterol levels and how they may be affecting your overall heart health.

KNOW YOUR NUMBERS

Total cholesterol:	LDL cholesterol:	HDL cholesterol:	Triglyceride level:
--------------------	------------------	------------------	---------------------

MORE ABOUT YOU & YOUR HEART HEALTH

Age:

Birth gender:

- Has a grandparent, parent or sibling had a heart attack or other cardiovascular event, such as stroke, especially before age 65? yes no
If yes, please explain _____
- Do you smoke? yes no
If you quit, describe your smoking history and note your quit date: _____
- Do you have diabetes? yes no
If yes, are you on medication? yes no
- Do you have high blood pressure? yes no
If yes, are you on medication? yes no
- Check any of the following cardiovascular events you have had:
 heart attack TIA stroke angina
 other _____
- Check any of the following symptoms you have had:
 shortness of breath chest pain
 difficulty/pain when walking fatigue
- Do you have sleep apnea or any other sleeping disorders? yes no
If yes, explain: _____
- Check any of the following conditions or procedures you have had:
 coronary bypass surgery
 a stent procedure
 surgery for circulation problems in the legs
 peripheral artery disease
 carotid artery disease

TELL YOUR CARE TEAM...

- What prescription medications you're taking.
- What OTC medications or supplements you take regularly.
- How often you exercise, and for how long.
- How often you eat out, get takeaway or eat fast food.
- If you've experienced any major life changes recently, such as a new job, marriage, divorce, a move, a new pet, etc.



THE STRUGGLE TO LOWER YOUR BAD CHOLESTEROL

CAN FEEL OVERWHELMING

IT'S POSSIBLE TO GO FROM STRUGGLE TO



For adults who, along with diet and a statin,
need help lowering their bad cholesterol (LDL-C).

CHOLESTEROL SUCCESS WITH LEQVIO®



PROVEN TO LOWER
BAD CHOLESTEROL
BY **50%** AND KEEP
IT LOW*

**2 DOSES
A YEAR**
AFTER 2 INITIAL DOSES

*People given LEQVIO lowered their bad cholesterol (LDL-C) more and kept it low during each 6-month dosing interval vs placebo (a substance that doesn't contain any medication).

ASK YOUR DOCTOR ABOUT LEQVIO

LOWER. LONGER.
LEQVIO
(inclisiran) injection
284 mg/1.5 mL

WHAT IS LEQVIO?

LEQVIO (inclisiran) is an injectable prescription medicine used along with diet and other cholesterol-lowering medicines in adults with high blood cholesterol levels called primary hyperlipidemia (including a type of high cholesterol called heterozygous familial hypercholesterolemia [HeFH]) to reduce low-density lipoprotein (LDL-C) or "bad" cholesterol.

IMPORTANT SAFETY INFORMATION

The most common side effects of LEQVIO were: injection site reaction (including pain, redness, and rash), joint pain, and chest cold.

These are not all the possible side effects of LEQVIO. Ask your health care provider for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Brief Summary of Prescribing Information
on adjacent page.

\$0 CO-PAY*

*For commercially insured patients. Limitations apply.

Scan this QR code
or go to:

LEQVIO.com/cost to see
how you can afford LEQVIO.



NOVARTIS

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

© 2024 Novartis

Printed in USA

2/24

413572

BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION LEQVIO® (INCLISIRAN) INJECTION, FOR SUBCUTANEOUS USE

What is LEQVIO?

LEQVIO is an injectable prescription medicine used along with diet and other lipid-lowering medicines in adults with high blood cholesterol levels called primary hyperlipidemia (including a type of high cholesterol called heterozygous familial hypercholesterolemia) to reduce low density lipoprotein (LDL) or bad cholesterol.

It is not known if LEQVIO is safe and effective in children under 18 years of age.

Before you start taking LEQVIO, tell your health care provider about all your medical conditions, including if you:

- are pregnant. Tell your health care provider right away if you become pregnant while taking LEQVIO. You and your health care provider will decide if you should take LEQVIO while you are pregnant.
- are breastfeeding or plan to breastfeed. It is not known if LEQVIO passes into your breast milk. You and your health care provider should decide if you will take LEQVIO or breastfeed.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of them to show your health care provider and pharmacist when you get a new medicine.

How should I take LEQVIO?

LEQVIO is an injection under the skin (subcutaneous), given by your health care provider, initially, again at 3 months, and then every 6 months (twice yearly).

What are possible side effects of LEQVIO?

The most common side effects of LEQVIO include injection site reaction (including pain, redness, and rash), joint pain, and chest cold.

These are not all the possible side effects of LEQVIO. Call your health care provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of LEQVIO.

Medicines are sometimes prescribed for purposes other than indicated. Do not use LEQVIO for a condition for which it was not prescribed.

This Patient Information leaflet summarizes the most important information about LEQVIO. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about LEQVIO that is written for health professionals.

For more information, go to www.LEQVIO.com or call 1-833-LEQVIO2 (1-833-537-8462).

What are the ingredients in LEQVIO?

- **active ingredient:** inclisiran sodium
- **inactive ingredients:** water for injection, sodium hydroxide and/or phosphoric acid

“WE’RE TAKING CONTROL OF OUR HEALTH!”

From reading peer-reviewed journals to becoming your own best advocate, Ora and Rosalind share the strategies that are helping to keep their cholesterol levels in check.

—BY AMY CAPETTA



“Ask more questions!”

ORA WILLIAMS
ST. LOUIS, MO

From the time she was a teenager, Ora felt there was something “wrong” with her family. The reason: Her grandfather, a few uncles and cousins all died at young ages from sudden heart attacks. “I believe my grandfather was only in his 30s when he passed,” she says. “At first, I thought it was something that just impacted the men, but that turned out not to be the case.”

In fact, Ora was diagnosed with high

cholesterol at age 20 when she was pregnant with her daughter. While she took the medications she was prescribed as directed and cut out fatty and fried foods, her cholesterol levels stubbornly stayed in the 400 mg/dL range. “I would sit in the parking lot and cry every time I got blood test results,” she recalls.

As she struggled to find answers, she made sure to update her medical team about her family. “Every time I lost a brother or another relative, I would tell my doctor so it was in my records.”

It wasn’t until 2011, when Ora turned 57, that a doctor connected all the dots, and she finally got diagnosed with familial hypercholesterolemia (FH). “This helped me not only find a better treatment, but also warn other members of my family. As of today, the youngest person I have helped is my great nephew—he was diagnosed with FH at 14-years-old and takes medicine to control his cholesterol and hopefully avoid the fate of our other family members.”

Here, Ora shares the other tips she learned along the way on her heart health journey.

Advocate for yourself.

“I cannot stress this advice enough: We have this mindset that our doctors know everything, but you need to help your doctor help you,” states Ora. After her diagnosis, Ora researched the condition and discovered a medication used in addition to a statin to help people with genetically induced high cholesterol like hers. “So I wrote to the pharmaceutical company and asked them how I could get some of the medication—they gave me direction that I shared with my doctor, and I’m still taking that med today.” She’s also insisted on getting heart scans, and two years ago she consulted with two physicians about an injectable med designed to lower stubbornly high LDL levels. These days, she’s grateful for “perfect” cholesterol numbers. “Doctors want to help their patients, and I really think they appreciate these types of conversations,” she adds. “I’m sure they want as many success cases as possible.”

Partner with a specialist and the FH community.

When Ora started experiencing severe neck pain in April 2011, she met with

Licensed from Alnylam Pharmaceuticals, Inc.

 NOVARTIS

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

© 2023 Novartis

7/23

295153

 **LEQVIO**[®]
(inclisiran) injection
284 mg/1.5 mL

Photos by Beautiful Mess Photography



a nurse practitioner who ordered a battery of heart tests. “She was aware that women having pains in other areas of the body could signal a heart attack.” By the end of the week, Ora underwent triple bypass surgery after tests showed her arteries were 90% blocked—but within six months, one of the bypassed arteries was clogged again. After stents were placed, Ora teamed up with Dr. Anne Goldberg, an endocrinologist who specializes in lipid disease. “She was the one who educated me on FH and told me I needed to get involved with the Family Heart Foundation (*FamilyHeart.org*).” Today, Ora is an advocate for the foundation, and has even met with U.S. senators on their behalf to discuss FH awareness.

Find calm within.

Ora admits that she spent many years expecting an untimely death and decided to speak with a mental health professional after undergoing open heart surgery. “I’m the type of person whose cup is always half full, yet I told the therapist I was obsessed with dying,” she says. “I’m not in counseling anymore, but I firmly believe in it.” She was then hit with more tragic news in 2017: Her young adult son passed away from a sudden heart attack. “His doctors didn’t test for FH, and I feel so bad that I didn’t know,” she says with emotion. As she looks ahead to turning 70 this year, Ora—who has outlived most of her relatives—explains that she has learned to move forward by making a difference. “I have a medical foster home where I take care of three disabled veterans. After losing so much of my family along with having surgery, I wanted to find a way to give to others. You must find your inner peace. It can be hard, but it’s in there.”



“Take control of your health!”

ROSALIND D. ROSS
ELMONT, NY

Rosalind didn’t pay close attention to her heart health until she hit her 40s, which was the time she began seeing a doctor on a regular basis because of high blood pressure and high cholesterol. “Looking back, I wasn’t ready to totally change the way I was eating,” explains the now-55-year-old, who was consuming ultra-processed foods, such as frozen pizza, on a regular basis, and eating lots of sweets. Over the years, Rosalind had also watched the scale fluctuate—something she now attributes to factors such as aging, stress and underlying medical issues. “I have ADHD [attention-deficit/hyperactivity disorder], which added another layer.” In fact, one study published in a 2022 medical journal found that hungering for sugary foods and drinks may be the body’s way of attempting to boost levels of dopamine, a feel-good hormone that can be lower in people with ADHD. She eventually added a prescription weight loss drug to her treatment plan, which not only helped her lower her number on the scale, it also inspired her to eat more nutritious foods, includ-

Photo by Lens of Her

ing fresh fruit, vegetables and lean protein—all of which helped get her blood pressure and cholesterol back under control, as well. “Sometimes it’s not as easy as telling someone to stop eating certain foods and everything will be fine. It wasn’t until I got on the right medicines that I could better control my diet, my weight and my heart health. I struggled my whole life, and now I’m 10 pounds away from my goal weight while my LDL levels have dropped nearly 70 points over the last nine months.”

Here, Rosalind shares the other methods she used to turn her cholesterol numbers around.

Make small changes.

Once she was taking the proper prescriptions, Rosalind began revamping her diet a little at a time. First up, bacon—a food she previously ate every day for breakfast—was replaced with Kashi cereal, which contains soluble fiber (a type of indigestible carbohydrate that can help reduce the absorption of cholesterol into the bloodstream). Next she added healthy fats to her

weekly meals, such as salmon since it’s high in omega-3 fatty acids, which have been shown to help increase HDL (i.e., “good”) cholesterol and decrease triglycerides. “I also swapped canola oil for avocado oil when cooking,” she continues.

Learn from credible sources.

When it comes to finding fact-based information about cholesterol levels and overall cardiovascular health, Rosalind doesn’t rely on the top searches offered by Google. Instead, she heads to *pubmed.ncbi.nlm.nih.gov*, a free database that contains millions of citations and abstracts of biomedical literature. “I have a journalism and research background from earning a master’s degree in library science, so I operate by needing proof on top of proof, and that’s been invaluable to my journey.”

Talk about it.

Rosalind shares her personal experiences, as well as her newfound

health knowledge with her 4,000+ subscribers on her YouTube channel *@RosalindDRoss: Health-Motivation-Lifestyle-Truth*. “The information I’m sharing comes from studies that are published in reputable journals, not just my own experiences or agenda. And I want to get that expert info out there where it can help others!”

Health Monitor

Maria Lissandrello, Senior Vice President, Editor-In-Chief; **Lindsay Bosslett**, Associate Vice President, Managing Editor; **Joana Mangune**, Senior Editor; **Marissa Purdy**, Associate Editor; **Jennifer Webber**, Associate Vice President, Associate Creative Director; **Ashley Pinck**, Art Director; **Suzanne Augustyn**, Art Director; **Stefanie Fischer**, Senior Graphic Designer; **Sarah Hartstein**, Graphic Designer; **Kimberly H. Vivas**, Senior Vice President, Production and Project Management; **Jennie Macko**, Associate Director, Print Production; **Gianna Caradonna**, Print Production Coordinator

Dawn Vezerian, Senior Vice President, Financial Planning and Analysis; **Colleen D’Anna**, Director, Client Strategy & Business Development; **Augie Caruso**, Executive Vice President, Sales and Key Accounts; **Keith Sedlak**, Executive Vice President, Chief Commercial Officer; **Howard Halligan**, President, Chief Operating Officer; **David M. Paragamian**, Chief Executive Officer



STUCK IN A RUT! I have had high cholesterol for about two years. I take my statin religiously and work out most days a week. I've even lost about 8 pounds. But still my cholesterol is around 250! What are my options?

Q
A

Answers to your questions about high cholesterol

A: Statin therapy and brisk exercise have been proven to help lower cholesterol, triglycerides (blood fats) and risk of heart disease; however, they are part of a larger set of tools that can be used. One component you may be overlooking? Diet. An eating plan focused on reduced saturated fats and salt along with eating more fruits, vegetables and whole grains has been shown to reduce LDL cholesterol by up to 30% in some people! If you are unsure how to improve your diet after talking to your physician, you should consider seeing a dietitian.

As for medication, there are several options you can discuss with your healthcare provider. Today, there are medications in addition to statins that have been proven

to help reduce cholesterol. Most notable are ezetimibe, bempedoic acid, inclisiran and PCSK9 inhibitors, which may be especially helpful if you have familial hypercholesterolemia (FH). Affecting 1 in 250 Americans, FH is a genetic condition that causes high cholesterol levels. Ask your healthcare provider if FH may be an issue for you and if you are a candidate for these medications.

—**Roger S. Blumenthal, MD, Kenneth Jay Pollin Professor of Cardiology; Director, Ciccarone Center for the Prevention of Heart Disease**

RACE AND GENETICS

Q: I have had several members of my family die at young ages from heart attacks and other heart-related conditions. I also read recently

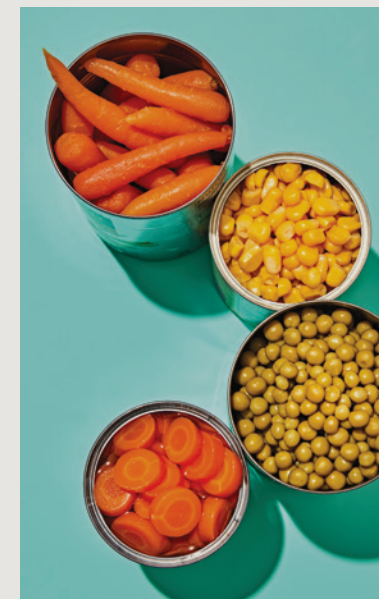
that Black men and women might be more at risk for high cholesterol and blood pressure. Is this true? Could my family history and race mean I'm even more at risk? If so, what can I do about it?

A: A family history of heart disease most definitely places one at increased risk, and members of the Black community are, in general, at a higher risk to die from it—so yes, you should take it seriously. But you do have options! First and foremost, since you mentioned other members of your family passed away at young ages, it's essential to see your doctor and get your numbers checked out if you haven't already—even if you're young yourself. That way, if your blood pressure, cholesterol or triglycerides are high, you find out before you have a serious event like a stroke or heart attack. If that's the case, you may need to be on medication to fix the issue. And either way, practicing a heart healthy lifestyle is especially important. This means getting at least 150 minutes a week of exercise and eating a heart-healthy diet based on fresh vegetables and fruit, lean protein like chicken and fish, whole grain carbs like brown rice and barley and healthy fats like olive oil and avocado. ●

—**Jorge Antonio Gutierrez, MD, MHS, Associate Professor of Medicine, member of Duke Clinical Research Institute, Duke University School of Medicine**

Overcome top challenges to eating better

Besides taking medication, sticking to a heart-healthy diet can be one of the most important things you can do to help manage high cholesterol levels. In fact, some people can lower their numbers by 20% or more just by changing up their diet a little! But eating healthy can often be easier said than done. Here, we've put together the most common issues people in the Black community say they face when trying to stick to a healthier diet—and the expert tricks for overcoming them. —BY RIKKI ECCLES



Challenge: My family's meals include foods like lard, whole-fat cheeses, red meat, etc.

► Solution: Replace—don't remove! "This issue is twofold," explains Steven Winiarski, DO, a clinical lipidologist and founder of The Cholesterol Doctors (cholesteroldoctors.com). "First, family recipes are steeped in tradition and help build memories as a family. Second, cutting out

foods you love entirely simply doesn't work." In fact, *Psychology Today* reports that diets where people are told not to eat certain foods increases overeating of that food by 133%! Instead, Dr. Winiarski recommends substituting the high-cholesterol ingredients in those dishes with healthier swaps—so olive oil instead of lard; chicken in place of red meat; a reduced- or low-fat cheese instead of the full-fat variety. "You can also change cooking methods—many people are surprised how tasty broiling or baking something that is often deep-fried, like potatoes, can be."

Challenge: It's too hard to avoid my favorite foods at parties.

► Solution: In this case, says Dr. Winiarski, the key is to focus on quantity. "Again, you don't want to avoid eating things you enjoy—just don't fill your plate with them. Take a scoop of mac n' cheese and a piece of brownie! Just be sure to fill most of your plate with, say, some salad or fresh fruit." It can also help to eat a healthy snack—like a cup of vegetable

soup, or a handful of nuts—before you go to a social situation so that you are less hungry while there.

Challenge: Fresh fruits and vegetables cost a fortune!

► Solution: "Look for canned and dried whole foods, like vegetables, beans and rice, that you can purchase in bulk," suggests Dr. Winiarski. "These can be great staples to keep on hand to form the basis of healthy meals, and they are very budget friendly." When it comes to canned vegetables, look for ones labeled "no salt added," and with fruit, "no sugar added"—these can be cooked the same as fresh and offer the same nutrients.

Challenge: I work long hours/multiple jobs and often don't have time to cook.

► Solution: Food prepping is a great way to make sure you stick to a heart-healthy diet when working long hours makes it hard to cook a meal. Dr. Winiarski recommends choosing "one day where you can prep all your meals for the upcoming week. By doing this, you can eliminate the temptation for fast food or stopping somewhere to grab a quick bite. While this does take more preparation time upfront, it will really up the odds of your sticking to your plan—and as a bonus, you'll probably wind up saving money." Another thing: Meal prepping doesn't have to take hours—for example, roasting a lot of your favorite veggies takes only one pan, and can be used for a few different meals throughout the week. ●



Find out how fit you are— *without the scale!*

A whopping 73% of people who set fitness goals give them up within a year, in many cases discouraged when they fail to lose weight, according to the journal *Obesity Reviews*. But getting regular physical activity is one of the most important things you can do for heart health—and has many benefits you might not “see” at first glance. Here, we highlight other ways you can measure how exercise is impacting your health—so you can stay motivated and keep your heart pumping strong for years to come!

—BY DANIELLE TUCKER

While you already know that regular physical activity can improve your health, you may not realize how many aspects it can impact.

“Working out strengthens your bones, joints, muscles and even organs like your lungs, heart and brain,” says Brent Wakefield, PhD, instructor of Functional Anatomy at Western University in Ontario Canada, and founder of *Exercisescience.ca*. “It reduces body-wide inflammation, and produces feel-good hormones that will improve your mood and increase your energy levels. It also helps you sleep more soundly. Simply put, exercise adds to the body in a multitude of ways, and that’s a powerful mindset!”

So, are you ready to throw out the scale? Terrific! Here are a few ways to monitor your fitness victories—and fire up your motivation—regardless of your weight:

1.

Track your heart numbers.

When it comes to cardiovascular fitness, start by looking at changes in your heart rate, blood pressure and blood fats—i.e., cholesterol and triglycerides—over time. Heart rate will start to change relatively quickly, within a couple weeks. Blood pressure, cholesterol and triglyceride levels usually respond after a few months. Keep a record of your numbers and you’ll see ironclad evidence of how working out is improving your heart health and making you stronger, suggests Wakefield.

2.

Pay attention to strength gains.

As you continue to work out consistently, your muscles will also reward you by growing stronger—ironically, this can be one reason you may not see a change on the scale, since muscle weighs more than fat, advises Hayden Setser, certified personal trainer and owner/head coach of Crossfit Mephobia in Fultondale, AL. “That’s why you need to pay attention to other cues that you’re getting stronger,” she says. “If you lift weights—say 10 lbs. doing biceps curls—see if you can do the same number of reps with a 12-lb. weight the next week. If you can only run for one minute without stopping this week, see if you can run two the next. If you can hold a plank for 30 seconds, try 40.” A great way to keep track can be to log your reps and weights in a journal, or in a

note on your smartphone. You can also track gains via everyday tasks, adds certified personal trainer and Thyme for Fitness group fitness instructor Charlotte Morehouse of Evans, GA. “Look at things like carrying heavy groceries, climbing the stairs at work or walking that hill behind your house—are they easier than they used to be? Are you no longer getting out of breath after a few seconds? Those are signs you’re healthier and stronger!”

3.

Try a 30-second test.

Muscle strength is an important aspect of fitness, but so is power, which basically refers to your ability to exert force quickly—things like lifting up your grandkid, hoisting that big bag of kitty litter or catching yourself before a fall. The simplest way to test your power level is the sit-and-stand test: Sit in a straight chair with no arm rests, feet flat on the floor. In 30 seconds, count how many times you can stand up and sit down again without using your hands or arms to help you. Over time, with regular exercise, that number will increase.

4.

Snap some photos.

Taking pictures as you track exercise goals will uncover physical changes that the scale cannot, including increased muscle definition, a slimmer waist and how your clothes fit. The key to effective photos: Take them at the same time of day, in the same location, under the same lighting and wearing the same outfit. And don’t be shy! In one study, participants who shared their progress photos on social media were more likely to stick to their new routines, says a study published in *Translational Behavioral Medicine*.

5.

Get measured.

Similar to photos, measuring the circumference of your waist can clearly show when you’re improving your fitness. On average for men, you want to aim for a waist circumference 37 inches or less; for women, 32 inches or less, but check with your healthcare provider to find the ideal number for you, since factors like height and race can come into play for some people. ●



Looking for ways to assess your fitness online?

Check out the American Council on Exercise-approved assessments at exrx.net/Testing, which can help you track everything from your heart health numbers, to how many sit-ups and push-ups you can do to how long and far you can run.

Health Monitor Living

Questions to ask at today's exam



Scan this QR code for a free digital copy or home delivery

Do my test results show that my current cholesterol treatment is working?



Are you satisfied with the results or do you think I could achieve better results?



What do my current numbers indicate about my risk for heart attack and stroke?



Are there any lifestyle changes you recommend?



When should I see you again for a follow-up appointment?



Do you think I may have an inherited form of high cholesterol?



What could be the reason my LDLs are still high even though I exercise, eat right and take my statin as prescribed?



Could I benefit from another or additional medication?



Are there any side effects I should watch out for?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.