

Addressing Elevated Lipoprotein(a): The Importance of Testing At-Risk Patients

Elevated Lp(a) is a unique and genetically determined condition that can increase risk for ASCVD¹. Read on to learn more about patient populations at risk.

May 19, 2025

Elevated lipoprotein(a), also known as Lp(a), is a genetic driver of atherosclerotic cardiovascular disease (ASCVD) risk^{1,2,3}. Despite its clinical significance, Lp(a) levels are often not measured as part of a standard cardiovascular risk assessment, which may leave many patients unaware of their potential risk^{4,5,6}.

Continue reading to learn more about the importance of elevated Lp(a) screening and which patients should get tested.

The Role of Lp(a) in ASCVD

Lp(a) is a lipoprotein particle that is structurally similar to low-density lipoprotein (LDL) but distinguished by its apolipoprotein(a) component⁷. It contributes to atherosclerosis by promoting plaque formation, vascular inflammation, and thrombogenesis². Lp(a) levels are approximately 90% genetically determined, are mostly established by the age of 5, and remain relatively consistent over a lifetime^{2,8}. Consequently, lifestyle modifications such as diet and exercise have minimal impact on Lp(a) concentrations^{2,8}. Currently, there are no FDA-approved pharmacotherapies to decrease Lp(a). However, there are therapies being investigated⁹.

Clinical Implications of Elevated Lp(a)

Elevated Lp(a) is defined as ≥ 50 mg/dL or ≥ 125 nmol/L⁴. Studies indicate that individuals with an elevated Lp(a) level face an increased risk of ASCVD, even when managing LDL cholesterol (LDL-C)^{10,11}.

Identifying Patients for Lp(a) Testing

Testing and identification of elevated Lp(a) has been shown to improve the accuracy of cardiovascular risk stratification¹². Testing is recommended in individuals with premature ASCVD (<55 years in men, <65 years in women) and those with a family history of premature ASCVD^{4,8,13,14}.

The National Lipid Association (NLA) recommends Lp(a) testing at least once in a lifetime for all adults⁴. Despite its clinical significance, Lp(a) levels are often not measured as part of a standard cardiovascular (CV) risk assessment^{4,5,6,15}.



Common Questions Patients May Have

As awareness of elevated Lp(a) grows, patients may come to appointments with questions about their test results, risks, and next steps. Below are common questions patients may ask and responses for you to consider.

1. "My Lp(a) level is elevated. What does this mean for my heart health?"

Patients may not fully understand the implications of their elevated Lp(a) level. It is helpful to contextualize their results by discussing their overall cardiovascular risk profile, including family history, other lipid levels, and comorbidities. Receiving an elevated Lp(a) result may help drive conversations with patients about management of other ASCVD risk drivers, treatment initiation, adherence, and lifestyle behaviors^{14,16,17}.

2. "Should I change my diet, exercise, or medications?"

There are currently no approved pharmacologic treatments for Lp(a) reduction. Lifestyle modifications, such as a heart-healthy diet and regular physical activity, do not significantly impact the level of Lp(a) but remain essential for managing overall cardiovascular risk^{2,4}. Patients should be counseled on optimizing modifiable risk factors, including LDL-C management, hypertension control, and lifestyle changes⁴.

3. "How can having elevated Lp(a) affect my other heart-health goals?"

Patients may want to understand how their Lp(a) level fits into their broader cardiovascular management plan. Encourage them to track key heart-health metrics, such as:

- **Blood Pressure:** ____ (Current) / ____ (Goal)
- **LDL-C:** ____ (Current) / ____ (Goal)
- **A1C (if applicable):** ____ (Current) / ____ (Goal)
- **Smoking or Vaping:** Discuss cessation strategies, if needed.

Educating patients on their overall cardiovascular health is important.

4. "What should I tell my family about elevated Lp(a)?"

Since elevated Lp(a) is genetically inherited, first-degree relatives of individuals with elevated Lp(a) should consider getting tested^{1,2,4}. Patients should be encouraged to share their Lp(a) level with family members and discuss screening with their health care provider⁴. Understanding the role that elevated Lp(a) may play in familial CV risk can help reinforce proactive and heart-healthy behaviors for your patient and their affected family members^{4,14,16,17}.

Next Steps in Patient Management

Elevated Lp(a) can be measured with a simple blood test. Identifying an elevated level of Lp(a) can enable more aggressive management of modifiable ASCVD risk factors, such as LDL-C and hypertension. Cascade screening of first-degree relatives of patients with elevated Lp(a) can identify additional individuals at risk for ASCVD⁴.

An elevated Lp(a) test result is actionable today and can help you better manage a patient's overall CV risk⁴. Learn more about elevated Lp(a) at [UncoverLpa.com](https://www.uncoverlpa.com).

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