KNOW YOUR RISK

What does your heart risk score mean?

Your 10-year *PREVENT-ASCVD* risk score estimates your chance of a heart attack or stroke in the next 10 years.

For example, 5% means about 5 out of 100 people with similar risk factors may have an event in 10 years.

LOW | Less than 3%
Healthy habits are the foundation.

BORDERLINE | 3% to 5%
Discuss whether cholesterol medicine could help.

INTERMEDIATE | 5% to 10%
Medicine is recommended after discussing benefits and risks.

HIGH | 10% or more
Medicine plus healthy habits are strongly recommended.

MY 10-YEAR ASCVD RISK: _____ %

YOUR SCORE IS ONLY PART OF THE PICTURE.
Prior heart disease, very high LDL, diabetes, kidney disease, & family history can change your plan.

LOWER YOUR CHOLESTEROL

Medicines & supplements

MEDICINES WITH PROVEN BENEFITS

STATINS | Usually the first choice
First-line medication to lower LDL and help prevent heart attacks and strokes.

EZETIMIBE | Daily pill
Often added to a statin for extra LDL lowering. May also be used if statins are not tolerated.

BEMPEDOIC ACID | Daily pill
An option when statins are not tolerated. Can raise uric acid and trigger gout.

PCSK9 SHOTS| Every 2 weeks or monthly
Evolocumab or alirocumab lower LDL further when other treatment is not enough, depending on the medicine/dose.

WHAT ABOUT SUPPLEMENTS?
Regular intake of psyllium (soluble fiber) and plant sterols (phytosterols) in supplements or fortified foods can modestly lower LDL. Red yeast rice may lower LDL, but its strength varies and it can cause the same side effects and interactions as statins. Fish oil mainly lowers triglycerides. Over-the-counter products are not substitutes for prescription treatment. Evidence that they prevent heart attacks or strokes is lacking. The 2026 guideline does not recommend supplements as a substitute for cholesterol treatment.

ASK BEFORE ADDING A SUPPLEMENT. TAKE PSYLLIUM WITH WATER AND CHECK MEDICINE SPACING WITH YOUR PHARMACIST. SOURCES: 2026 ACC/AHA GUIDELINE; AHA: CHOLESTEROL-LOWERING MEDICATIONS; NIH (NCCIH/MEDLINE PLUS). REVIEWED OCT 2026.

CHOLESTEROL MEDICINE

Statins: myths & facts

MYTH: "I FEEL FINE. I DON'T NEED IT."

FACT: High cholesterol usually has no symptoms. Healthy habits help, but genes and your overall heart risk may still make medicine worthwhile.

MYTH: "MY LDL IS NORMAL. I CAN STOP."

FACT: Better numbers may mean your medicine is working. LDL can rise again if you stop. Discuss any changes with your clinician.

MYTH: "MUSCLE PAIN MEANS NO STATINS."

FACT: Serious muscle injury is rare. Report new pain or weakness. A different statin, lower dose or another medicine may help.

MYTH: "STATINS CAUSE DEMENTIA."

FACT: Research has not shown that statins cause dementia. Tell your clinician about any new memory symptoms.

MYTH: "STATINS WILL GIVE ME DIABETES."

FACT: Statins can slightly raise diabetes risk, especially with prediabetes. When treatment is recommended, heart and stroke benefits usually outweigh this risk.

Sources: ACC/AHA guideline (2026); AHA Statin Safety (2019) & Brain (2023); NIH MedlinePlus; NHS Statins. Reviewed Oct 2026.

SMALL STEPS EVERY DAY

Lower cholesterol, protect your heart.

SWAP YOUR FATS

Use olive or canola oil instead of butter or coconut oil. Choose beans, fish or tofu more often than fatty or processed meats.

ADD FIBER EVERY DAY

Try oatmeal at breakfast, beans or lentils in soup, and fruit or vegetables with meals.

BUILD UP YOUR MOVEMENT

Aim for 150 minutes a week of brisk walking or similar activity. Try 30 minutes, 5 days a week. Start with a 5-10 minute walk.

KEEP YOUR CARE PLAN

Take cholesterol medicine as prescribed. Healthy habits and medicine work together.

My next step:

More heart-health tips:
AHA Life's Essential 8

Sources: AHA Diet & Lifestyle; NHLBI TLC; 2026 ACC/AHA guideline. Reviewed Oct 2026.