New Cholesterol Guidelines Are Here: 10 Key Takeaways (and 1 Assignment)

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SUPER
AGE

The rules of cholesterol just changed. Here’s what the new guidelines mean for you.

The **latest cholesterol guidelines** from the American College of Cardiology and the American Heart Association are here, and they have a clear message: it’s time to get serious about prevention. For readers focused on longevity, healthspan, and staying active in their later decades, these updates — the first since 2018 — provide a host of useful advice for preventing heart disease.

To understand why these guidelines matter, it helps to know what high cholesterol actually does to your body. When LDL (“bad” cholesterol) builds up in artery walls, it forms plaque that progressively narrows and stiffens those vessels — a condition called atherosclerosis. This restricts blood flow to the heart, forces it to work harder, and raises blood pressure. Most dangerously, plaques can rupture without warning and trigger a heart attack. Because this damage unfolds silently over years, managing your cholesterol before symptoms appear is one of the most powerful things you can do for your long-term heart health.

“The most important takeaway is that more than 80% of cardiovascular disease is preventable via optimization of dietary and exercise habits and use of proven medications,” says Dr. Roger Blumenthal, MD, lead author of the new guidelines. If you’re exercising regularly, eating a balanced and varied diet, and **getting tested** every few years, you’re already doing great.

But there’s a lot more to be found in the new guidelines. Here are the **ten**

cholesterol takeaways that matter most — and an important step you can take today.

1. Risk assessment just got an upgrade.

The new **PREVENT calculator** offers a more nuanced picture of cardiovascular risk by assessing your sex, age, blood pressure, cholesterol numbers, kidney function, diabetes, smoking status, and more. Adding data on three optional measures — urine albumin-creatinine ratio (UACR), hemoglobin A1c (HbA1c), and social deprivation index (SDI) — can further personalize the results. Cholesterol numbers on their own "have much less meaning than if they are contextualized with risk factors for cardiovascular disease," notes Dr. Eric Topol, MD, cardiologist and author of *Super Agers*.

After entering your information, you'll get your 10- and 30-year risk of developing cardiovascular disease (CVD). This is still just a starting point. Your healthcare provider will then take into account additional factors from your family history and lifestyle to give you an even more accurate picture of your personal risk.

2. Cholesterol targets are now more concrete.

Previous guidelines focused on percentage reductions. The new recommendations define specific LDL and non-HDL cholesterol thresholds, making it easier to set measurable goals, track progress, and adjust treatment.

The higher your risk, the lower you need to push your numbers. These are the benchmarks to aim for based on your 10-year risk calculated by PREVENT:

- **Borderline or intermediate risk (3% to <10%):** LDL under 100 mg/dL and non-HDL under 130 mg/dL.
- **High risk (?10%):** LDL under 70 mg/dL and non-HDL under 100 mg/dL.

While the PREVENT calculator should not be used by those with previously diagnosed CVD, the AHA notes that people in this group may still be advised to lower their LDL under 55 mm/dL and their non-HDL under 85 mg/dL.

Other factors can shift your goal: your CAC score, diabetes, family history, and familial hypercholesterolemia each have specific pathways in the guidelines, some of which tighten targets further. Ask your doctor which pathway applies to you.

3. Lp(a) testing is highly recommended.

Lipoprotein(a), or Lp(a), is a type of LDL cholesterol particle with an extra sticky protein attached, making it particularly prone to clogging arteries and largely determined by genetics rather than diet or lifestyle. Lp(a) testing is emerging as a valuable tool in predicting cardiovascular disease. The new guidance recommends measuring it at least once in adulthood. If it’s elevated, it may highlight cardiovascular risk even when other numbers look good.

4. ApoB test adds another layer of precision.

Apolipoprotein B (ApoB) is the protein that coats LDL cholesterol particles, making it a direct measure of how many harmful particles are actually circulating in your bloodstream. Like Lp(a), it can reveal hidden risk even when your LDL numbers are within the recommended ranges. This gives you added insight into your risk of developing arterial plaques — and helps you take action earlier if you’re at risk.

5. Coronary calcium scoring can refine your plan.

A **coronary artery calcium (CAC) scan** offers a direct look at plaque buildup. For men over 40 and women over 45, it can help reclassify risk — either reassuring

you that you're on track or signaling it's time to step up your interventions.

6. Earlier intervention is on the table.

If your PREVENT results put your 10-year risk in the "borderline" range of 3-<5%, guidelines now say that LDL-lowering therapy is an option. At intermediate risk, defined as 5-<10%, you should consider it.

So how does someone move the needle from consideration to action? The decision should be "based on a conversation they have with their clinician," says Dr. Seth Martin, MD, MHS, one of the authors of the new guidelines and a **cardiologist** with Johns Hopkins University.

Specifically, Dr. Martin referenced the guidelines' recommendation for an individualized benefit-risk discussion. "Very purposefully, we have the word 'benefit' first, because when it comes to starting treatment, there are very well-documented benefits, and there's actually minimal risk related to the medications."

"The discussion is about the benefits of statin treatment in relation to what your risk profile looks like, and taking into account your personal preferences and motivations," says Dr. Martin. He gives the example of someone with a family history of early heart disease: "That can be a powerful motivator and may lead someone to want to go on treatment proactively to avoid the same fate."

In the end, all of the recommendations saying you "can" or "should" consider LDL-lowering therapy are opportunities to talk to your doctor about your specific risk profile and goals.

7. Certain conditions raise the stakes.

If you're between 40 and 75 and living with diabetes, chronic kidney disease, or HIV,

LDL-lowering therapy is even more strongly recommended. These conditions accelerate cardiovascular risk, making early and sustained intervention key to maintaining long-term health.

As with the recommendations above, Dr. Martin states that patients should discuss the risks and benefits of medications with their healthcare provider. “There is dedicated evidence for those specific groups” around LDL-lowering therapy, he notes. “It’s still important to have the clinician and patient discussion around initiation of treatment, but it’s a little bit different than what we’re talking about with those calculated risk score groups. Here, you have an individual that has a certain diagnosis that puts them at risk for cardiovascular disease, and there has been a randomized controlled trial showing a benefit of therapy. That’s the reason for giving specific recommendations in certain groups,” he explains.

8. If you already have ASCVD, the bar is higher.

For those with established atherosclerotic cardiovascular disease (ASCVD), a buildup of plaque in the artery walls, the guidelines tighten targets further. Lower LDL levels are associated with better outcomes for this group, reaffirming that aggressive management can slow — or even stabilize — disease progression.

9. Statins are still a go-to.

Statins are still first-line therapy for high cholesterol, and they work great for most people. As Blumenthal notes, “People misunderstand that about 95% of adults tolerate a daily statin without difficulty,” but “we also have many non-statin options” for those with poor tolerance. If you’re not sure about statins, your doctor can help you find the right medication to get your cholesterol back to levels that support your longevity.

10. Prevention starts earlier than you think.

The main takeaway from the new cholesterol guidelines is that prevention and management of heart disease isn't just for those in middle age or later. It's for everyone. And it should start early with exercise, diet, and regular testing.

While it's never too late to incorporate healthy habits, decades of plaque buildup may be difficult to reverse by midlife. Children are now advised to be screened starting around age 9, or even in toddlerhood in cases of particularly high familial risk. When elevated levels are caught early, the full toolkit is available: behavioral counseling, family screening, and medication.

Here are some prevention and testing guidelines for different age groups, compiled from the new guidelines and recommendations from the **Cleveland Clinic**:

Ages 2 to 19

- **Children** should get screened around age 2 if there's a family history of early ASCVD or other cardiovascular disorders, and between the ages of 9 and 11 in the absence of family history.
- **Young adults** should receive a follow-up screening at the age of 19.

Ages 20 to 44

- **Adults** should be screened every five years and regularly update their PREVENT scores.

Ages 45 to 65

- **Men** should get screened every one to two years starting at age 45.
- **Women** should get screened every one to two years starting at age 55 (before that, once

every five years is recommended).

Ages 66+

- **All adults** should get screened every year.

The Bottom Line

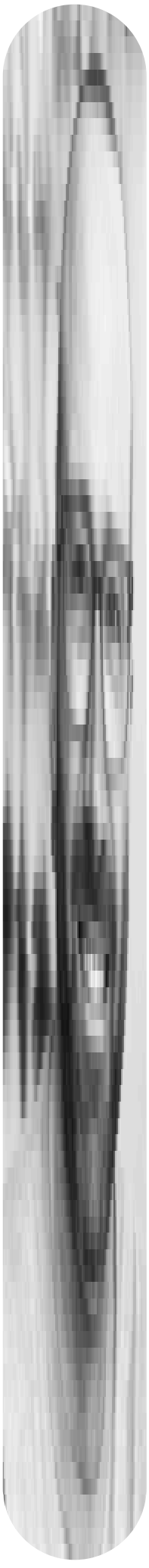
Don’t wait for a red flag. Know your numbers — triglycerides, LDL, ApoB, Lp(a) — and understand your risk. If you haven’t been tested at the recommended intervals, or you’ve never tested ApoB or Lp(a), here’s your assignment: schedule a test.

From there, the strategy is straightforward: optimize lifestyle, layer in medication if needed, and reassess over time.

Cardiovascular health is no longer a guessing game — it’s a system you can actively manage. And the stakes couldn’t be clearer: “If one is interested in longevity, don’t let high blood pressure or high cholesterol be ignored,” says Blumenthal.

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