**What is high cholesterol?**

Cholesterol is a fat-like material. It is needed to help the body work. LDL or “bad cholesterol” sticks to the walls of the arteries and makes them too narrow. HDL or “good cholesterol” clears the arteries and makes them wider.

Narrow arteries in the heart can cause chest pain (angina), shortness of breath, or damage (heart attack) from too little blood to the muscle. This may limit some of your daily activities.

Narrow arteries in the brain can cause a stroke. Stroke can cause loss of movement or speech. The loss depends on the part of the brain that is injured.

To lower your chance of heart attack and stroke,
- your total cholesterol level should be less than 190 mg/dL (4.9 mmol/L) AND
- your LDL level should be less than 100 mg/dL (2.59 mmol/L).

**What can I do to lower my cholesterol?**

**Change my diet**

* Changing your diet by eating less fat and more fiber will lower your cholesterol. This change must be maintained for life.
  - Eat more fruits, vegetables, breads, dried beans, nuts, cereals
  - Use fish at least 3x/week
  - Eat lean meat, trim off visible fat
  - Broil, boil, roast instead of frying
  - Use skim milk, low fat products
  - Limit eggs to 3 per week
  - Avoid desserts
  - You have your cholesterol level checked every 6 months.

**Take medications (statins)**

* Statins are medications that lower cholesterol. They are only helpful if you take them regularly for at least 3 years.
  - You take a pill once a day
  - You have your blood cholesterol level and liver function checked every 6 months.
  - You may experience stomach upset, bloating, muscle cramps.

**What can I expect if I don’t change or if I try these options?**

Blocks of 100 faces show what happens to 100 people like you if they try different options for 5 years. There is no way of knowing what will happen to you.

<table>
<thead>
<tr>
<th>No Change</th>
<th>Change in diet</th>
<th>Take medications (statins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ have a heart attack or stroke.</td>
<td>___ have a heart attack or stroke.</td>
<td>___ will have a heart attack or stroke.</td>
</tr>
<tr>
<td>___ do not have a heart attack or stroke.</td>
<td>___ do not have a heart attack or stroke.</td>
<td>___ do not have a heart attack or stroke.</td>
</tr>
</tbody>
</table>

This means that ___ fewer people avoid a heart attack or stroke because they changed their diet.

This means that ___ fewer people avoid a heart attack or stroke because they changed their diet and took statins.

| No additional cost | $________ per month | $________ per month |

**What is my opinion?**

Is making this change important to me?

Yes  No  Not sure

Am I motivated to do this?

Yes  No  Not sure

Do I feel confident that I can do this?

Yes  No  Not sure

Which option do I prefer?

- No change
- Change my diet
- Take statins

Does my family agree?

Yes  No  Not sure

**What may get in the way of making this change?**

**What can help me make this change?**
## My Progress

<table>
<thead>
<tr>
<th>DATE</th>
<th>Total Cholesterol</th>
<th>LDL Cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>240</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>190</td>
<td>100</td>
</tr>
</tbody>
</table>

### My CV Risk

<table>
<thead>
<tr>
<th>My CV Risk</th>
<th>240</th>
<th>190</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Do I want to continue with my decision?

- Yes
- No

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#### Show this to your physician on your next visit to discuss your progress.

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**WHEN MY CHOLESTEROL LEVEL IS HIGH**

**Should I change my diet or take medications to lower my cholesterol?**

**A DECISION AID FOR PATIENTS AT HIGH RISK OF DEVELOPING HEART DISEASE AND STROKE**

**This decision aid is for you if:**

- Your cholesterol level is high [total cholesterol more than 190 mg/dL (4.9 mmol/L) or LDL more than 100 mg/dL (2.59 mmol/L)] AND

- You have 3 or more of the following:
  - You are male
  - Your age is 55 years or older
  - You are a smoker
  - You have high blood pressure
  - You are overweight (Height ___ Weight ___) (or BMI >25)
  - A close relative who had a heart attack at a young age:
    - Your mother or sister before age 65 OR
    - Your father or brother before age 55

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Format is adapted from the Ottawa Personal Decision Guide
[http://www.ohri.ca/decisionaid](http://www.ohri.ca/decisionaid)