



Controlling your cholesterol when you have diabetes.

BRISTOL PARK

M E D I C A L

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LDL Cholesterol: It's at the heart of the matter.

Having diabetes can be a daily challenge. Despite your best efforts to follow your health care provider's advice, diabetes still carries a risk of complications. There are, however, positive things you can do to make your life healthier and safer.

With your health care provider's help, you can reduce two major risks of diabetes—heart disease and stroke—by paying close attention to your cholesterol. It's especially important to be mindful of your LDL ("bad" cholesterol) and HDL ("good" cholesterol) levels. High LDL is a strong indication of high risk; a low LDL (less than 100 mg/dL) is desirable. With HDL, a level below 35 mg/dL indicates high risk; above 45 mg/dL is desirable.

These goals may be achieved by eating a low-cholesterol, low-saturated-fat diet (in keeping with dietary exchanges for diabetics) and following your doctor's prescription for medication to lower cholesterol, if needed. Of course, it's equally important to get regular exercise to improve circulation and cardiovascular fitness.

Remember, if living with diabetes has taught you something of lasting importance, it's that continuing medical care and self-management can reduce the risk of long-term complications. So see your health care provider and get your cholesterol tested now.



For the sake of heart health, lower your cholesterol.

Having followed your health care provider's instructions in treating your diabetes, you've come to realize how important it is to take care of yourself.

A medical "heart-to-heart" with your health care provider about lowering your LDL cholesterol could save your life. Listen to his or her advice and follow it to the letter. Stay with the low-fat, low-cholesterol program your health care provider outlines for you. If your health care provider has prescribed them, take your cholesterol-lowering medications as directed.

Be sure to have your total cholesterol and LDL levels checked at least once a year. And make sure your LDL level is below 100 mg/dL. It's at the heart of good health.

Q: What is “good” cholesterol?

A: High-density lipoprotein (HDL) is called good cholesterol because it removes LDL (bad) cholesterol buildup in your artery walls. **A high HDL level in relation to your LDL level is desirable.** Your health care provider can help you achieve this balance.

Q: What LDL and HDL levels are ideal for diabetics?

A: Adults with diabetes should be tested annually by having their fasting serum cholesterol, triglycerides, HDL cholesterol, and LDL cholesterol measured. **The following chart shows risk associated with various LDL and HDL cholesterol levels in adults with diabetes:**

LDL CHOLESTEROL



HDL CHOLESTEROL*



** In women with diabetes, HDL levels should be 10 mg/dL higher than figures listed above.*

Again, with LDL, the lower the number, the better. With HDL, the higher the number, the better.

Q: What are triglycerides? What triglyceride levels are recommended for diabetics?

A: The fats known as triglycerides may come from foods you eat, or be produced within your body. **Triglyceride levels of 200 mg/dL or under are low risk.** 200 to 399 mg/dL are borderline; 400 mg/dL or more, high risk.

Q: If my LDL cholesterol and triglyceride levels are too high, what can happen?

A: Increased risk of heart attack and stroke may be of strong concern if your LDL cholesterol and triglyceride levels are too high.

Q: Because I have diabetes, will my health care provider routinely check my LDL levels? Is one cholesterol test enough?

A: For prevention of heart disease, knowing your LDL level (as well as your HDL, triglycerides, and total cholesterol) is essential. Your

health care provider will discuss with you how often to come in for testing. However, each time your health care provider requests a complete cholesterol workup, the results may be obtained from one blood sample.



Q: If my LDL cholesterol is too high, what can I do?

A: If your blood cholesterol is elevated, your health care provider may first suggest you go on a low-fat, low-cholesterol diet (in keeping with dietary exchanges for diabetics), and get regular exercise.

Q: What foods should I include in a low-fat, low-cholesterol diet? What foods must I avoid?

A: To help bring your LDL cholesterol to a desirable level, you should:

- Eat more foods that are lower in saturated fat and cholesterol, like lean meats, poultry with the skin removed, and fish
- Eat more whole-grain foods, like cereals, breads, rice, and pasta
- Increase your consumption of fresh fruits and vegetables to at least 3 to 5 servings per day—it can make all the difference
- Avoid foods that are high in saturated fat, such as butter, whole milk, cheese, fatty meats—especially organ meats such as liver and kidney and fried foods



Ask your health care provider to recommend a book on cholesterol and diet. You may also wish to obtain copies of the booklets *Recipes for Low-Fat, Low-Cholesterol Meals* or *Step by Step: Eating to Lower Your High Blood Cholesterol*, both available from the American Heart Association. Or, do a little research on your own. Your local bookstore or public library probably has books on delicious low-fat, low-cholesterol recipes. Healthy doesn't have to be boring.

Q: What if I do everything my health care provider recommends, but my cholesterol is still too high?

A: If your cholesterol does not decrease after dietary and lifestyle changes, your health care provider may recommend medication. Before doing this, however, he or she will make a careful study of your medication’s pros and cons. There are many things to consider—your diabetes and other risk factors, your age, current health status, and the side effects of the medication. All these things must be weighed carefully because chances are you will be taking this medication for some time.

Q: Can keeping my cholesterol low help my overall health?

A: Yes. Many medical studies conclude that elevated cholesterol is a major risk factor for heart disease–related deaths. Statistics indicate that heart disease is the #1 killer of Americans. **But you can help avoid a heart attack or stroke by keeping your LDL cholesterol levels below 100 mg/dL.** In addition, **triglyceride levels that are too high and HDL levels that are too low may be effectively treated by keeping your diabetes under control.** When a diabetic’s blood sugar levels are lowered, triglyceride levels decrease, too. Thus, normalizing your blood sugar can mean a healthier heart. Your life, your longevity, and your loved ones depend on you to take care of your heart.

Q: How do I know my cholesterol is under control?

A: **The only way to manage your cholesterol is to know your goals and track your progress.** Talk with your doctor about your target cholesterol level and how you can achieve your goals over time. Make sure to have your cholesterol tested at least once a year, based on your doctor’s recommendation.

Do not assume that just because you have started taking a medication your cholesterol is under control. A recent study showed only 38 percent of patients taking cholesterol-lowering medications are reaching LDL (“bad” cholesterol) goals as defined by National Cholesterol Education Program (NCEP) guidelines. Your physician may need to make adjustments to your medication.

Q: What is cholesterol?

A: Cholesterol is a fatty substance that occurs naturally in your body. Your body uses cholesterol for building cells, producing hormones, and promoting a healthy nervous system. Normally, cholesterol is produced by your body in amounts sufficient to meet its needs. But, in many people, the body produces an excess amount of this fatty substance. You can also get too much cholesterol from the foods you eat: organ meats such as liver and kidney, egg yolks, and other animal protein. Consuming too many cholesterol-rich foods can be harmful.

Q: Why is the cholesterol in food harmful?

A: A lot of foods are high in saturated fat, such as dairy products, fatty meats, and eggs, and they can lead to high levels of cholesterol in the blood. This can clog your arteries with fatty deposits and cause the arteries to narrow. This condition is known as atherosclerosis, and it puts your heart at risk.

Q: How does atherosclerosis put me at risk for heart attacks?

A: When your arteries are clogged and their passageways narrowed, the flow of oxygen-rich blood that the heart muscle needs is reduced. This may cause some heart muscle tissue to die—which is a heart attack.

Q: Is there a way I can decrease my risk for heart attack and stroke?

A: Certainly. By lowering what is known as your bad cholesterol and raising what is known as your good cholesterol, you can greatly decrease your chances of a heart attack or stroke. Keep a watchful eye on your cholesterol—including LDL, HDL, and triglycerides (fats in your blood that also may increase the risk of heart disease). This is not only a very smart choice, it’s a must.

Q: Why is some cholesterol “bad”?

A: Low-density lipoprotein (LDL), or bad cholesterol, is the cholesterol that builds up on your artery walls. As this buildup eventually becomes thick, blood can’t flow through your arteries as easily, and a blockage may occur. LDL is the kind of cholesterol that we urge you to keep low.

It is important to have your cholesterol levels checked at least once a year to ensure your LDL level is not too high.