

Facts about Lp(a)^[1]

- Lp(a) concentration is determined by genetics (>90%).
- Elevated concentration of Lp(a) is recognised as an independent cardiovascular disease (CVD) risk factor.
- The higher the Lp(a) concentration, the higher the cardiovascular risk. If Lp(a) concentration is not considered for risk estimation, the risk might be underestimated substantially.
- 1 in 5 people worldwide are affected by elevated concentration of Lp(a).
- Healthy lifestyle changes and medications can help manage the global CVD risk, especially in case of high Lp(a).
- Specific Lp(a)-lowering therapies are in phase II/III trials.
- Lp(a) should be measured at least once in adults.

FH Europe Foundation is leading an International Task Force to develop an ambitious 5 year strategy and roadmap to help Lp(a) measurement become the norm across the globe, and elevated Lp(a) is managed equitably, to contribute towards the prevention of CVD and related deaths.

Key challenges

- Despite affecting ≈1.4 billion people worldwide, the contribution of elevated Lp(a) concentration to CVD risk remains underappreciated.
- Lack of awareness amongst the public and HCPs, in particular family doctors.
- Lp(a) is invisible in the global health policy discourse.
- Although medical guidelines exist, there are no policy instruments at international level and very few at national level to support these.
- The cost benefit of Lp(a) measuring is still largely unknown.

Key opportunities

- Global shift towards personalised prevention and **cardiovascular health (CVH)**, rather than cardiovascular disease (CVD).
- **4P Medicine** (predictive, preventative, personalised, and participatory) offers a new framework to achieve it.
- Digital transformation in health can support a move towards **systematic Lp(a) measuring**.



Credit: Sara Otter

[1] Lipoprotein(a) in atherosclerotic cardiovascular disease and aortic stenosis: a European Atherosclerosis Society consensus statement - <https://pubmed.ncbi.nlm.nih.gov/36036785>

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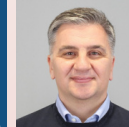
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