



Quiet numbers — that build a real risk.

High cholesterol doesn't hurt or show. But over years it lays down the plaque that causes heart attacks and strokes. The good news: lowering it — with food, activity and, if needed, a statin — works.



1 in 3

Australian adults have raised cholesterol



25%

lower heart-attack risk per mmol/L cholesterol drop



Decades

of safety data — statins are well-studied

What you actually need to know



LDL is the one to lower

LDL (the 'bad') cholesterol drives plaque. HDL (the 'good') and triglycerides matter, but LDL is the main target.



Your target depends on you

Most adults aim under 2.0; if you've had a heart event, your GP will aim much lower — the higher your risk, the lower we go.



Food helps, but only so far

Mediterranean-style eating can drop LDL by 10–15%. For higher risk, that often isn't enough on its own.



Genes matter too

Some people inherit high cholesterol no matter how well they eat. That's not failure — it's just genetics, and treatable.



Statins protect — a lot

They lower LDL by 30–50%+, and cut heart attacks and strokes by about a quarter for every mmol/L drop.



Backups exist too

Ezetimibe and newer options work alongside or instead of statins if needed. There's almost always a path forward.

Statins and muscle pain — the honest version

Studies show muscle aches happen at almost the same rate on statin and placebo — much of it is expectation, not the drug. If you do get symptoms, don't just stop. Tell us — switching the statin or the dose works for most people.



What helps your numbers — and your heart



Mediterranean-style eating

Olive oil, fish, nuts, beans, lots of veg. Drops LDL and lowers heart risk even before the numbers shift much.



Move regularly

30 minutes most days — walking counts. Raises good cholesterol and lowers triglycerides.



Lose a few kilos

5–10% weight loss improves all your lipid numbers and your blood pressure at the same time.



Less saturated & trans fat

Cut back on fatty processed meats, fried foods and pastries. Swap to nuts, fish, olive oil and lean protein.



If you smoke, stop

Quitting raises your good cholesterol and is one of the biggest heart wins you can give yourself.



Take statins consistently

Once daily, usually with your evening meal. Skipping doses lets the numbers — and risk — drift back up.



See your doctor if you have:

- New muscle pain or weakness that won't settle
- Dark urine, or feeling unusually tired or unwell
- Yellowing of skin or eyes (rare, but worth flagging)
- Side effects making you want to stop — talk first



Your next steps:

- ✓ Recheck your cholesterol 6–12 weeks after any change
- ✓ Ask about your overall heart risk score
- ✓ Pick one Mediterranean swap to start this week
- ✓ Don't stop a statin without checking with us first

Not the enemy — the safety net

Lifestyle does a lot. A small daily tablet handles the rest, quietly.

Most patients who once feared statins end up wishing they'd started sooner. — Dr Regu