

High Cholesterol

A refined patient guide to LDL cholesterol, lifestyle, Lipoprotein(a), and heart-healthy food choices



“Small, consistent lifestyle changes can make a meaningful difference to long-term cardiovascular health.”

Why this matters

LDL cholesterol is one of the major drivers of plaque build-up in the arteries. Lowering LDL reduces cardiovascular risk. Lifestyle is the foundation, but the LDL target depends on your overall risk profile and some people still need medication despite an excellent lifestyle.

Understanding the numbers

LDL-C

Often called “bad” cholesterol. Higher lifetime exposure promotes plaque formation in the arteries.

HDL-C

Often called “good” cholesterol. A high HDL does not cancel out a high LDL.

Triglycerides

Another blood fat, often influenced by weight, diabetes, alcohol, refined carbohydrates and genetics.

Typical LDL-C goals based on cardiovascular risk

Risk category	Common LDL-C goal
Low risk	<116 mg/dL (<3.0 mmol/L)
Moderate risk	<100 mg/dL (<2.6 mmol/L)
High risk	<70 mg/dL (<1.8 mmol/L) and usually ≥50% reduction
Very high risk	<55 mg/dL (<1.4 mmol/L) and usually ≥50% reduction

These are general guideline-based targets. Your personal goal depends on your overall cardiovascular risk profile.

How much can lifestyle lower LDL?

Lifestyle step	Typical LDL effect	What matters most
Replace saturated fat with unsaturated fat	Often about 5–10%	Less butter, ghee, fatty/processed meat, coconut/palm fat; more olive oil, nuts, seeds, avocado and fish.
Increase soluble / viscous fibre	Often about 3–7%	Oats, barley, beans, lentils, psyllium, fruit and vegetables.
Plant sterols / stanols	About 7–10% at ~2 g/day	Useful as an add-on; not a substitute for an overall healthy diet.
Weight loss if overweight	Usually modest for LDL	Often has a larger effect on triglycerides, blood pressure, glucose and overall risk.
Structured “portfolio-style” diet	About 15–20% on average	Combines viscous fibre, nuts, plant protein and plant sterols.

Why LDL may not fall much despite weight loss

LDL is strongly influenced by genetics and by the type of fat you eat. It is therefore possible to lose meaningful weight and still see only a small LDL reduction. Weight loss often improves triglycerides, glucose, blood pressure and overall cardiovascular risk more than LDL.

Lipoprotein(a) / Lp(a)

Lp(a) is a cholesterol-carrying particle that is largely determined by genetics. A high Lp(a) is an independent cardiovascular risk factor. It usually changes very little with lifestyle, so a one-time measurement in adulthood is often helpful—especially if there is premature heart disease in the family.

Practical Lp(a) take-home message

If Lp(a) is elevated, the usual strategy is to manage all other risk factors especially carefully—above all LDL cholesterol, blood pressure, diabetes, smoking, fitness and body weight. Specific Lp(a)-lowering therapies are emerging, but day-to-day care still focuses on overall cardiovascular risk reduction.

Foods to choose and foods to limit

A premium visual guide for everyday use. This page replaces the longer food list.

Foods to Choose

Good food. A healthier heart. ♥

These foods support healthy cholesterol levels and overall heart health.



Vegetables

Leafy greens, broccoli, carrots, peppers, tomatoes, zucchini, onions, etc.



Fruits

Apples, berries, oranges, kiwi, pears, grapes, melons, etc.



Whole grains

Oats, quinoa, brown rice, whole wheat, barley, wholegrain pasta, etc.



Lean proteins

Fish (e.g. salmon), chicken, turkey, legumes, tofu, eggs (in moderation).



Low-fat dairy

Skim or 1% milk, low-fat yogurt, cottage cheese, low-fat cheese.



Legumes

Lentils, chickpeas, beans, peas, soy.



Nuts & seeds

Almonds, walnuts, chia seeds, flaxseeds, pumpkin seeds, etc. (small handful daily).



Healthy fats

Olive oil, avocado, nuts, seeds.



Herbs & spices

Add flavour without extra salt or unhealthy fats.



Beverages

Water, green or black tea, coffee (without sugar).



Tip

Focus on fresh, minimally processed foods and a colourful, plant-rich diet (e.g. Mediterranean diet).

Foods to Limit or Avoid

Less of these. More life. ♥

These foods can increase LDL cholesterol and cardiovascular risk, especially when eaten regularly.



Fast food

Burgers, fried chicken, fries, pizza, tacos, etc.



Snacks & sweets

Cookies, cakes, pastries, chocolate, candy, ice cream, sugary cereals.



Processed meats

Sausages, bacon, cold cuts, hot dogs, etc.



High-fat dairy

Full-fat milk, cheese, cream, butter, ice cream, etc.



Fried foods

Anything deep-fried or breaded.



Refined grains

White bread, pastries, muffins, croissants, sweetened cereals, etc.



Sugary drinks

Soda, sweetened juices, milkshakes, energy drinks, etc.



Unhealthy fats

Butter, margarine, lard, shortening, coconut oil (in large amounts), partially hydrogenated oils.

Tip: Progress matters more than perfection. Aim for an eating pattern that is realistic and repeatable.

A typical heart-healthy meal example

A cholesterol-friendly meal does not need to be complicated. Think: protein + vegetables + whole grains or legumes + healthy fats.



Example plate

Grilled salmon, quinoa, avocado, chickpeas, salad greens and an olive-oil-based dressing.

Why it works

This type of meal provides fibre, healthy fats and high-quality protein while being lower in saturated fat than a typical fast-food or processed meal.

Simple formula

- 1) **Protein:** fish, skinless poultry, tofu, legumes or low-fat dairy.
- 2) **Vegetables / salad:** make this a large part of the plate.
- 3) **Whole grains / legumes:** oats, barley, brown rice, quinoa, lentils or beans.
- 4) **Healthy fats:** olive oil, nuts, seeds or avocado in sensible portions.

Elegant everyday swaps

Instead of	Choose
Butter / ghee	Olive oil or other unsaturated vegetable oils
Fatty or processed meat	Fish, skinless poultry, beans, lentils or tofu
White bread / refined cereal	Whole-grain bread, oats or barley
Creamy sauces	Tomato-, yoghurt- or olive-oil-based sauces
Pastries / chips	Fruit, a small handful of nuts or unsweetened yoghurt

Your 6-week LDL action plan

1	Know your baseline. Record LDL-C, HDL-C, triglycerides and non-HDL-C. Your clinician may also recommend ApoB and a one-time Lp(a) measurement.
2	Change the fat quality. Use olive oil instead of butter/ghee, reduce processed meats, and choose fish, plant proteins and nuts more often.
3	Add fibre every day. Aim for vegetables, legumes and whole grains daily. Oats, barley and psyllium are particularly useful sources of soluble fibre.
4	Move regularly. Aim for at least 150 minutes/week of moderate aerobic activity plus strength training on 2 days/week, adapted to your health and fitness.
5	Work toward a healthy weight if needed. Even when LDL falls only modestly, weight reduction can improve triglycerides, blood pressure, glucose control and overall risk.
6	Recheck and adjust. A repeat lipid profile after about 6–12 weeks is often useful after a meaningful lifestyle or medication change. Follow your clinician's plan.

When lifestyle alone may not be enough

Medication may be recommended when LDL-C is very high, when cardiovascular risk is high, after a heart attack or stroke, with established artery disease, familial hypercholesterolaemia, diabetes or kidney disease, or when lifestyle changes do not reach the required LDL target. **Lifestyle and medication work together—they are not competing approaches.**

Sources and notes

European Society of Cardiology / European Atherosclerosis Society: 2025 Focused Update of the 2019 Guidelines for dyslipidaemias (LDL-C targets unchanged). American Heart Association dietary guidance and cholesterol education. Portfolio diet evidence: Chiavaroli et al., Prog Cardiovasc Dis. 2018; Jenkins et al., JAMA. 2011.

Patient information only. This handout does not replace an individual medical assessment. Your LDL goal and treatment should be based on your personal cardiovascular risk, medical history and clinician's advice.

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