

Your Health

Care needed when controlling cholesterol

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Cholesterol medications lower more than cholesterol

It would appear to be a straight-forward concept: cholesterol medications lower high cholesterol. If we focus on that alone, however, it's like taking a still snapshot of a full-length motion picture.

Excessively high levels of cholesterol in the blood -- referred to as hypercholesterolemia or dyslipidemia -- may pose a threat to good heart health. This is common knowledge. A lesser known fact involves a certain class of cholesterol medications, and that they may adversely affect our health as well.

A patient in his mid-40s was feeling low, lacking his normal zest. Some may call it a mid-life crisis (at least if you asked his wife), but in retrospect it was clear that his hormone levels were on the gradual decline. And yes, andropause does exist. He went to see his doctor, and his mood worsened when he was diagnosed with high cholesterol. A simple step -- he was placed on a prescription -- and the numbers on the lab report improved. So why did he feel so much worse?

Forty per cent of Canadians have high cholesterol, well-diagnosed in our nation, no doubt. Guidelines recommend routine screening for men above age 40 and women over age 50 or post-menopausal, and earlier with other risk factors such as family history or erectile dysfunction. The most-common treatment is a prescription for a "statin," which works by attacking cholesterol synthesis in our liver, lowering the production of "bad" cholesterol (LDL). Here's a not-so novel breakthrough -- our body makes cholesterol for a reason.

And many people only begin understanding this once they've experienced new symptoms: memory lapses, muscle pain, lethargy and decreased zest for life

Our brain is comprised of 70 per cent fat, and it uses cholesterol to release neurotransmitters that help us focus, process information and remember. Maybe you do have a legitimate reason for forgetting to take the statin every night. Lowering cholesterol synthesis in the liver can also impair the growth of new brain cells.

Coenzyme Q10 is an antioxidant that helps our cells produce energy. Since it uses the same metabolic pathway as cholesterol, statins disrupt its production. This can lead to fatigue, weakness, stiffness and shortness of breath. In the extreme, muscles low on this vital energy source experience pain and can even rupture. It is for this reason that I recommend most statin patients take CoQ10 100 mg daily.

Vitamin D is made from cholesterol in the skin, upon exposure to UV rays. Its deficiency impacts more than bone, and can increase the risk of diabetes, cardiovascular disease, depression and dementia. So as the statin lowers our cholesterol in the blood, it does so in the skin as well. Not an ideal option, especially for us sun-scarce Winnipeggers. This is why I measure Vitamin D levels closely in patients on statins.

Hormones such as testosterone, DHEA, estradiol and progesterone are produced from -- you've guessed it -- cholesterol. In our patient above, he began noticing aches and pains and confusion with his statin, but was also more lethargic because his hormones were now further suppressed. Upon investigation, his testosterone was low. Replenishing it helped his mood and energy return, so that he could increase his exercise, and improve his heart health from the ground-up.

Newer studies are demonstrating the benefits of statins may be more accurately attributed to their anti-inflammatory effects, rather than overt lowering of cholesterol levels, evidence that may in time become more mainstream.

In the interim, I recommend you pay close attention to your body while on a statin. You are not a number, and if you don't feel your best, you should let your health-care practitioner know.

Nearly 50 per cent of patients will discontinue their cholesterol-lowering medication within one year of starting. An important question may be why, and even more importantly, what will they do about it if they don't.

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