

Explore
your treatment
options
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Dance your
way to a
healthier heart
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Health Monitor[®]

Living



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“I’m still
standing!”

High Cholesterol

After living with high cholesterol for nearly two decades and surviving a heart attack, Sharell Weams learned that genetics were the cause of her health issues—and held the key to fixing them.



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After living with high cholesterol for nearly two decades and surviving a heart attack, Sharell Weemas learned that genetics were the cause of her health issues—and held the key to fixing them.

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PES24

Cover photo by The Teal Album



Don’t let high cholesterol take you by surprise!

More than 10% of Black people have high cholesterol—a major risk factor for heart disease along with high blood pressure, obesity and diabetes—and some studies suggest nearly half don’t know it or aren’t getting the proper treatment. Where do you stand?



When Malik B.’s twin brother had a heart attack, Malik knew he had to get a check-up. A husband and father, the 44-year-old contractor was shaken up. “I didn’t feel sick myself, but it scared me seeing what happened to my brother.” Malik’s family had a history of heart problems, so he wasn’t surprised when his doctor told him his cholesterol was 310 mg/dL. (Keep reading to learn more about target cholesterol numbers.)

“I started taking a statin medication, which lowers cholesterol levels. It didn’t make much of a difference in my numbers.” Even after the doctor added a second medication, his levels stayed put. His doctor told him that some families had hereditary high cholesterol that didn’t always respond to initial treatments. “That’s when he suggested an injectable drug. I don’t like needles, but I decided it was worth it.” The injectable medication, which interferes with PCSK9, a protein involved with how the liver removes excess cholesterol from the bloodstream, proved to be the key to lowering Malik’s cholesterol to the normal range.

“My cholesterol dropped by half after three months of monthly injections, which was a big relief. I just want to be here for my wife and see my daughter go to college, so I’ll keep doing everything I can to keep my cholesterol down and my heart healthy.”

Continued on next page ►

DID YOU KNOW?

2x

BLACK PEOPLE AGES 18 TO 49 ARE TWICE AS LIKELY TO DIE FROM HEART DISEASE THAN THEIR WHITE COUNTERPARTS.

Source: Centers for Disease Control and Prevention.

Malik's story shows why it's so important to get regular checkups and to insist on a cholesterol screening, especially as a Black person. Some studies suggest doctors overlook cholesterol when treating Black patients and focus instead on cardiovascular risk factors that are more common in the community, such as high blood pressure, diabetes and obesity. In fact, studies have shown that Black people are less likely than White people to be prescribed a medication to reduce high cholesterol. And even when they do get one, it's often not strong enough.

So why is high cholesterol so dangerous anyway?

Believe it or not, cholesterol—a waxy, fat-like substance—isn't all bad. In fact, we need it to make cells, hormones, vita-

min D and more. But here's the catch: Our liver actually makes all the cholesterol we need, and anything extra we get from the food we eat (things like meat, cheese, milk, butter, ice cream and eggs) is just that—extra.

To understand how that extra cholesterol can harm your blood vessels and heart, it's important to know that it travels through the bloodstream in little packages called lipoproteins, and there are two kinds:

- 1. Low-density lipoprotein (LDL).** This is known as the bad kind because its job is to deliver cholesterol throughout the body, including the arteries. The lower your LDL levels, the better.

- 2. High-density lipoprotein (HDL).** This is known as good cholesterol because it sweeps up extra cholesterol and takes it back to the liver so it can be flushed out

of the body. High HDL levels help protect the heart.

Based on the above descriptions, you can probably figure out that high levels of LDL cholesterol are the real problem: It sticks to artery walls and hardens into plaque, making arteries stiff and clogging them up so it's harder for blood to flow through. If the arteries in the heart are affected (something called coronary artery disease), it can lead to heart attack and stroke. That's why many treatments for high cholesterol focus on lowering LDL cholesterol.

What else you can do

There's nothing you can do about some factors that raise cholesterol levels. For example, some people are born with genes that cause high cholesterol, especially super-high levels of LDLs (a condition called familial hypercholesterolemia, or FH). Age is another: The older you get, the more likely you are to have high cholesterol. And then there's your gender: Men tend to develop heart disease 10 years earlier than women.

On the bright side, many factors *are* within your control. Ask your doctor about the following:

- **Try to eat a healthy diet.** Focus on whole grains, fruits and vegetables and lean protein (like chicken, fish and turkey instead of beef or pork). Avoid saturated fat and trans fats, which are found in processed and storebought baked goods.

- **Maintain a healthy weight.** If you're carrying excess pounds, losing just 5% to 10% of your weight can help lower bad LDLs and triglycerides and raise good HDLs.
- **Get active.** Regular physical activity can lower LDLs and boost HDLs.
- **Stop smoking.** Smoking can lower your HDL levels and damage arteries. If you need help quitting, talk with your doctor.

How treatments can help

In addition to the lifestyle changes above, you may also need medication to help lower your cholesterol levels. If you have FH, medication is typically required. Options include:

First-line treatment

- **Statins:** These oral medications help decrease the liver's

production of cholesterol, lowering LDLs and triglyceride levels. If a statin isn't enough, additional treatments may be prescribed to help lower your LDL levels.

Add-on treatments

- **Ezetimibe:** This drug prevents your intestines from absorbing cholesterol from the food you eat and even the cholesterol made by the body itself.
- **Inclisiran and PCSK9 inhibitors:** These injections

boost your body's ability to remove LDLs from the blood. They ramp up LDL receptors in your liver, which trap LDL particles and take them out of circulation. In patients already on a statin, they may cut LDL levels by up to half. They're especially useful in people with a genetic predisposition to high cholesterol.

- **MTP inhibitors:** These oral medications inactivate a protein that triggers production of LDLs. ▶



- **Bempedoic acid:** This oral medication blocks an enzyme in the liver that helps produce cholesterol; it's useful in people with a genetic predisposition to high cholesterol.
- **Bile acid sequestrants:** These oral medications cause the liver to increase bile production, resulting in less cholesterol in the bloodstream.
- **Omega-3 fatty acids (prescription strength):** These oral medications help lower triglycerides; icosapent ethyl may reduce the risk of

heart attack or stroke in certain high-risk people with triglyceride levels of 150 mg/dL or higher.

- **Fibrates:** These oral medications help lower triglycerides in certain people with triglyceride levels of 500 mg/dL or higher.

And lastly, don't go it alone, says Vincent Lau, DO, a physician at Somerset Family Practice, Robert Wood Johnson Medical Center, in Somerset, NJ, who not only treats many patients with high cholesterol and FH, but also has it himself.

"I always recommend my patients join a support group for heart-healthy living, whether they were recently diagnosed or not," he adds. "There are other people out there who are going through exactly what you are. They can tell you what they've done, and you can tell them what's helped you and what hasn't, as well. Groups like this are free to join. Some are in-person, and some are online. Ask your healthcare provider how you can find one. You'll find out that you are not alone—and that can make a real difference in how you feel!" ●

DID YOU KNOW?
BLACK PEOPLE ARE **LESS LIKELY** TO BE PRESCRIBED A STATIN TO REDUCE HIGH CHOLESTEROL. AND WHEN STATIN THERAPY IS PRESCRIBED, IT'S OFTEN AT THE INCORRECT DOSAGE.

Source: JAMA Cardiol. 2018;3(8):739-748.

Do you know your cholesterol levels?

A blood test called a lipoprotein profile measures levels of total, LDL and HDL cholesterol. Review this chart to see where you stand.

TOTAL CHOLESTEROL	
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline high
240 mg/dL and above	High

LDL CHOLESTEROL	
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near optimal/above optimal
130-159 mg/dL	Borderline high
160-189 mg/dL	High
190 mg/dL and above	Very high

HDL CHOLESTEROL	
Less than 40 mg/dL	Major heart disease risk factor
60 mg/dL and above	Gives some protection against heart disease



MEET YOUR HEALTHCARE TEAM

Primary care provider (PCP): A medical professional specializing in internal or family medicine, this healthcare provider may diagnose and treat your high cholesterol.

Cardiologist: This doctor specializes in heart disease. Your primary care provider may refer you to a cardiologist for tests and procedures, such as an angiogram.

Endocrinologist: This doctor specializes in diseases related to hormones and organs of the endocrine system, such as the liver.

Nurse practitioner/Physician associate: These healthcare professionals can monitor your cholesterol levels and provide ongoing care for high cholesterol.

Registered dietitian: This nutrition expert can help you develop a heart-healthy eating program that is low in saturated and trans fats and high in produce and lean protein.

“I’M *STILL* STANDING!”

After living with stubbornly high cholesterol levels for nearly two decades and surviving a heart attack and cardiac arrest, Sharell Weeams learned that genetics were the cause of her health issues—and held the key to fixing them.

—BY AMY CAPETTA

I

f you’re looking for Sharell Weeams, make your way to the dance floor. When the Dallas, TX, marketing and sales strategist and certified mindset coach is not running her independent business, she can likely be found either power walking, doing strength training exercises or swirling around with a dance partner practicing West Coast Swing.

“I’m in a dance club and we social dance and do competitions nearly every weekend,” Sharell says. “We dance to all kinds of music, whether it’s Top 40, Pop, R&B—I absolutely love it!”

So it may be surprising then, given how active Sharell is, to learn that she’s lived with high cholesterol for about 20 years, which eventually led to a heart attack and cardiac arrest.

Sharell’s health journey began around the age of 25 when she was told her total cholesterol was 514 mg/dL (a normal level is below 200 mg/dL). “My doctor said, ‘I’ve never even seen a grown *man* with cholesterol this high, let alone a woman!’” remembers Sharell. “She was extremely concerned and immediately put me on statin to help get my levels down.”

Determined to improve her health, Sharell began walking daily and making better food choices. She dropped 40 pounds in six months and headed back to her doctor for follow-up bloodwork. And her cholesterol *did* decrease—yet it was still way above the normal range.

Continued on next page ►

Photo by The Teal Album





“For those of us with FH, our bodies produce higher cholesterol—and it is something we cannot battle on our own!”

“Then a cycle began that lasted for almost 20 years,” she continues, which included going on and off cholesterol meds. “Being ignorant, I thought having high cholesterol was my normal—and nothing more than that.”

“The next thing I remember is everything fading to black”

Then, starting in November 2020, Sharell noticed she felt tired after the slightest bit of activity, even just walking up a flight of stairs, which was accompanied by a burning sensation in her chest.

“This happened during the pandemic when the world had shut down,” she explains. “I’d been very sedentary and was sitting around eating a lot of the time, so I just thought I was really out of shape.”

But even after she reentered the

world—and reunited with her dance friends—the symptoms continued. A typical night on the dance floor would include heartburn, followed by short breaks. Then everything came to a head in November 2021.

“I was practicing with the dance club and we were only maybe two minutes into a song, and I told my dance partner I felt dizzy,” she recalls. “The next thing I remember is everything fading to black.”

As fate would have it, three of the dancers were medical professionals who raced into action. When CPR failed to work, someone found an automated external defibrillator or AED. “My heart was beating sporadically and out of control, which eventually caused it to stop,” states Sharell. “I had a heart attack, which caused me to go into cardiac arrest. By the grace of God, my friends were able to shock me back to life.”

“This medicine brought my LDL cholesterol down to around 30!”

Once she was transported to the hospital, Sharell underwent a cardiac catheterization (a procedure to examine how well the heart is working) and discovered she had substantial blockage in four arteries (ranging between 50% and 95%). Two days later, she had quadruple bypass surgery at the age of 42.

Eight days after that, she returned home to begin outpatient cardiac rehab, along with improving her eating and exercise habits. When she posted her health journey on Facebook, a cousin on her father’s side reached out with startling news: There was an extensive history of heart disease in the family. Since she didn’t grow up with her father—who had passed away from a heart attack at the same age Sharell went into cardiac arrest on the dance

floor—she then learned that most of her dad’s 17 siblings had high cholesterol, with many of them either suffering a heart attack, undergoing bypass surgery or passing away as a result.

She then shared this information with her cardiologist, who finally diagnosed Sharell with familial hypercholesterolemia (FH), a lipid disorder that is passed down through families. Her physician added a new drug to the regimen of statins—an injectable medicine used for the treatment of high LDL cholesterol that works by inhibiting the protein PCSK9. It can often be the key for people with stubbornly high, genetically caused high cholesterol.

“It brought my LDL cholesterol down to around 30!” (A normal LDL level can go as high as 100 mg/dL)

In February 2022, Sharell pitched her story to local news stations and was featured in a segment during National Heart Month. “I felt God saved me for a reason, and it was because He wants me to share this message with people.” This led to becoming an advocate with the American Heart Association, along with being chosen as one of the women featured in the organization’s annual Go Red for Women heart health campaign in 2023.

These days, Sharell (who can be found on Instagram [@sharellweems](#) and [@sharellhearthealth](#)) hopes to educate and inspire others who have also been diagnosed with FH. Her number one message: Find the right prescription treatment to help lower your LDL levels.

“I cannot stress this point enough,” she emphasizes. “For those of us with FH, our bodies produce higher cholesterol—and it is something we cannot battle on our own!” ●

Photo by The Teal Album



KNOW THE SIGNS OF HEART ATTACK

Although she had assumed her early warning symptoms of breathlessness, a burning sensation in her chest and fatigue were just the result of too much time on the couch, Sharell *did* meet with her primary care physician a few months before going into cardiac arrest.

“After I told her about my symptoms, she gave me a new statin prescription and said I should come back for an EKG (electrocardiogram, a test that records the heart’s electrical activity) if my cholesterol didn’t go down. I ended up having the heart attack before that could happen. Had she listened to my signs and given me the test then, I might have avoided the incident altogether. We, as women, really need to advocate for ourselves.”

When Sharell’s attack came, she was blindsided by it—and that is one reason 1 in 2 people die from heart attacks within the first hour of symptoms. And for women, who are more likely to experience unusual symptoms, this is even more true. See below for the symptoms to keep an eye out for—if you suspect you are having a heart attack, call 9-1-1 immediately.

GENERAL SIGNS:

- Pain or heaviness in the chest
- Difficulty breathing
- Discomfort or tingling in arms, back, neck, shoulder or jaw

SIGNS MORE COMMON IN WOMEN:

- Sudden dizziness
- A heartburn-like feeling
- Cold sweat
- Unusual fatigue
- Nausea or vomiting

What's your heart health profile?

Fill out this worksheet then review with your doctor to learn more about your cholesterol levels and how they may be affecting your overall heart health.

KNOW YOUR NUMBERS

Total cholesterol:	LDL cholesterol:	HDL cholesterol:	Triglyceride level:
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MORE ABOUT YOU & YOUR HEART HEALTH

Age:

Birth gender:

- Has a grandparent, parent or sibling had a heart attack or other cardiovascular event, such as stroke, especially before age 65? yes no
If yes, please explain _____
- Do you smoke? yes no
If you quit, describe your smoking history and note your quit date: _____
- Do you have diabetes? yes no
If yes, are you on medication? yes no
- Do you have high blood pressure? yes no
If yes, are you on medication? yes no
- Check any of the following cardiovascular events you have had:
 heart attack TIA stroke angina
 other _____
- Check any of the following symptoms you have had:
 shortness of breath chest pain
 difficulty/pain when walking fatigue
- Do you have sleep apnea or any other sleeping disorders? yes no
If yes, explain: _____
- Check any of the following conditions or procedures you have had:
 coronary bypass surgery
 a stent procedure
 surgery for circulation problems in the legs
 peripheral artery disease
 carotid artery disease

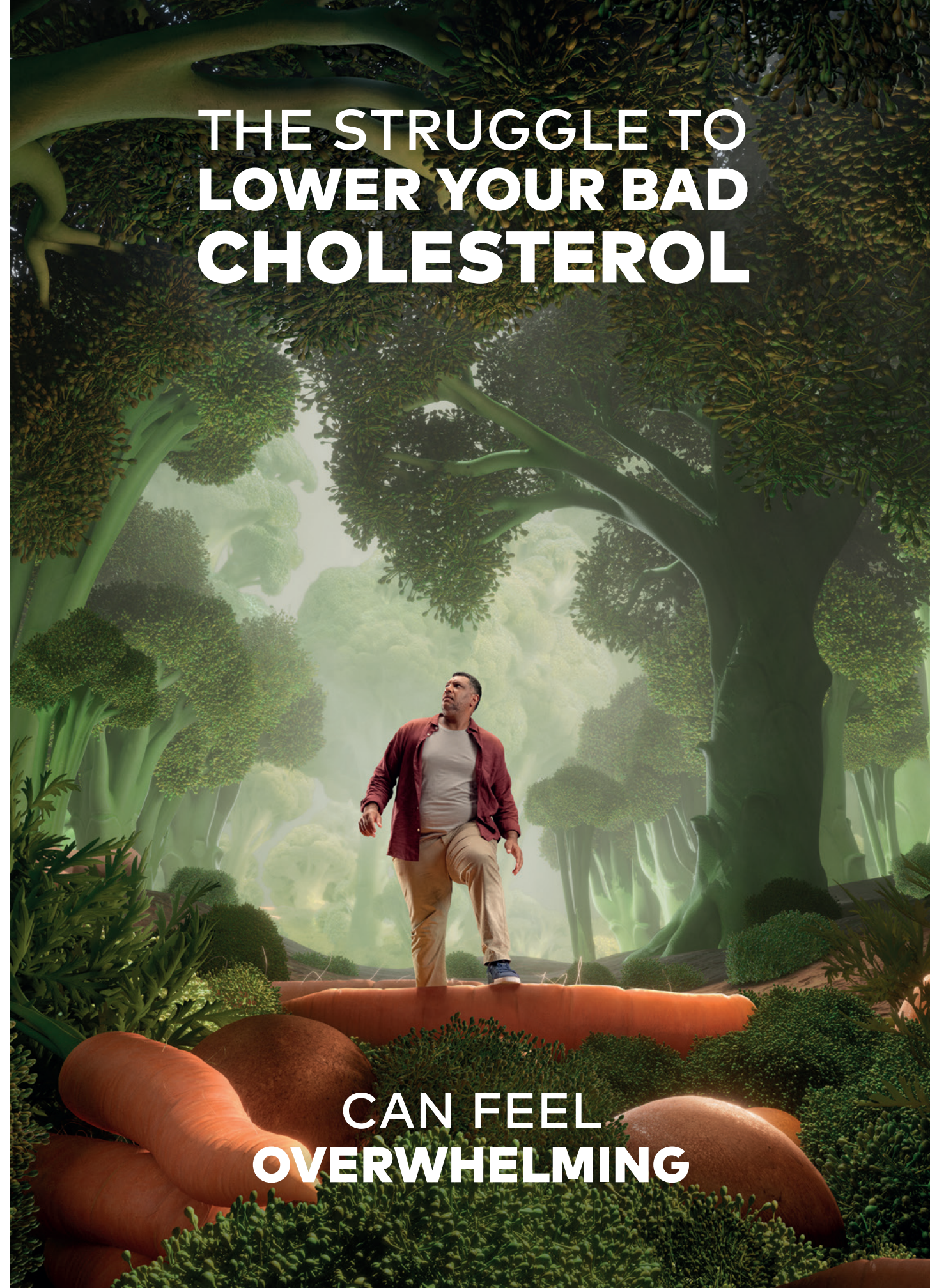
TELL YOUR CARE TEAM...

- What prescription medications you're taking.
- What OTC medications or supplements you take regularly.
- How often you exercise, and for how long.
- How often you eat out, get takeaway or eat fast food.
- If you've experienced any major life changes recently, such as a new job, marriage, divorce, a move, a new pet, etc.



THE STRUGGLE TO LOWER YOUR BAD CHOLESTEROL

CAN FEEL OVERWHELMING



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GO FROM STRUGGLE TO



CHOLESTEROL SUCCESS
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BY **50%** AND KEEP
IT LOW*

**2 DOSES
A YEAR**
AFTER 2 INITIAL DOSES

*People given LEQVIO lowered their bad cholesterol (LDL-C) more and kept it low during each 6-month dosing interval vs placebo (a substance that doesn't contain any medication).

For adults who, along with diet and a statin,
need help lowering their bad cholesterol (LDL-C).

ASK YOUR DOCTOR ABOUT LEQVIO

LOWER. LONGER.
LEQVIO
(inclisiran) injection
284 mg/1.5 mL

WHAT IS LEQVIO?

LEQVIO (inclisiran) is an injectable prescription medicine used along with diet and other cholesterol-lowering medicines in adults with high blood cholesterol levels called primary hyperlipidemia (including a type of high cholesterol called heterozygous familial hypercholesterolemia [HeFH]) to reduce low-density lipoprotein (LDL-C) or "bad" cholesterol.

IMPORTANT SAFETY INFORMATION

Do not use if you have had an allergic reaction to LEQVIO or any of its ingredients. The most common side effects of LEQVIO were: injection site reaction (including pain, redness, and rash), joint pain, and chest cold.

These are not all the possible side effects of LEQVIO. Ask your health care provider for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Brief Summary of Prescribing Information
on adjacent page.

\$0 CO-PAY*

*For commercially insured patients. Limitations apply.

Scan this QR code
or go to:
LEQVIO.com/cost to see
how you can afford LEQVIO.



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BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION LEQVIO® (INCLISIRAN) INJECTION, FOR SUBCUTANEOUS USE

What is LEQVIO?

LEQVIO is an injectable prescription medicine used along with diet and other cholesterol-lowering medicines in adults with high blood cholesterol levels called primary hyperlipidemia (including a type of high cholesterol called heterozygous familial hypercholesterolemia [HeFH]) to reduce low-density lipoprotein (LDL-C) or “bad” cholesterol.

It is not known if LEQVIO is safe and effective in children under 18 years of age.

Who Should Not Use LEQVIO:

Do not use if you have had an allergic reaction to LEQVIO or to any of its ingredients. See the end of this leaflet for a complete list of ingredients in LEQVIO.

Before you start taking LEQVIO, tell your health care provider about all your medical conditions, including if you:

- are pregnant. Tell your health care provider right away if you become pregnant while taking LEQVIO. You and your health care provider will decide if you should take LEQVIO while you are pregnant.
- are breastfeeding or plan to breastfeed. It is not known if LEQVIO passes into your breast milk. You and your health care provider should decide if you will take LEQVIO or breastfeed.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of them to show your health care provider and pharmacist when you get a new medicine.

How should I take LEQVIO?

LEQVIO is an injection under the skin (subcutaneous), given by your health care provider, initially, again at 3 months, and then every 6 months (twice yearly).

What are possible side effects of LEQVIO?

The most common side effects of LEQVIO include injection site reaction (including pain, redness, and rash), joint pain, and chest cold.

These are not all the possible side effects of LEQVIO. Call your health care provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of LEQVIO.

Medicines are sometimes prescribed for purposes other than indicated. Do not use LEQVIO for a condition for which it was not prescribed.

This Patient Information leaflet summarizes the most important information about LEQVIO. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about LEQVIO that is written for health professionals.

For more information, go to www.LEQVIO.com or call 1-833-LEQVIO2 (1-833-537-8462).

What are the ingredients in LEQVIO?

- **active ingredient:** inclisiran sodium
- **inactive ingredients:** water for injection, sodium hydroxide and/or phosphoric acid

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 **LEQVIO**[®]
(inclisiran) injection
284 mg/1.5 mL

— TRUE INSPIRATION —

“Now is the time to *revamp* your lifestyle!”

TV host and professional therapist Quentin R. Jiles, LMSW, let his health take a backseat after his daughter was born. A wake-up call at his next physical made him realize that being a parent doesn't just mean putting your child first—it means making sure you are doing all you can to be there for them for the long haul.

—BY AMY CAPETTA





Quentin R. Jiles is not a man who takes life sitting down. As a fully licensed social worker, he works directly with patients at KBT Counseling and Consulting—a virtual mental health services company. He’s appeared on NBC LX, Black News Channel, and CBS and Fox affiliates as a political analyst and makes frequent appearances as a motivational speaker, including a recent visit to his alma mater Lamar University, where he spoke to students currently working toward their social worker degrees. He was also recently a contestant on the hit reality TV series *The Traitors* on Peacock. And if all that’s not enough? Two years ago he and his wife, Vanessa, gave birth to

their daughter, Alayah.

“When she came along, that was really a radical change for me,” says Quentin. “It’s like everything else stopped and she became my world.”

Part of that world, however, took a turn when the Houston, TX, resident finally made an overdue appointment to see his doctor.

“I realized I hadn’t gone for an annual physical in a while—Alayah is two now, and I hadn’t been since before she was born,” he says.

After two years that involved a lot of takeout meals and food-on-the-go, Quentin knew the number on the doctor’s scale would be higher (“my clothes were tight and I could feel the extra

weight on me”), but he was not expecting to be told he had high cholesterol, with his LDLs (i.e., the “bad” cholesterol) above the recommended 100 mg/dL for adults.

“I couldn’t believe it! But then I thought about my family history—my mother and grandmother both had heart problems—the fact I would also need to watch my cardiovascular health should have been on my mind.”

“Your health needs to be a priority!”

Quentin’s doctor told him he could try taming his numbers using lifestyle changes first—if those didn’t work, medication would be the next step.

“It was time to change my behaviors,” he adds. “I had been a caretaker for my grandmother until she passed away—and I decided a long time ago I didn’t want a heart condition to send me in and out of the hospital and keep me from living.”

Quentin also learned that high cholesterol can have really dire consequences—it’s one of the top causes of heart disease and can lead to heart attacks, stroke, heart failure and more. And heart disease is the top cause of death among Black people in the U.S.

Luckily for Quentin, however, he immediately enacted lifestyle changes ranging from his diet to his fitness routines (see the sidebar for more). And so far, his changes seem to be doing the trick, sending his LDLs on a downward trend.

“It’s all about priorities—my family is number one, but if I’m not there for them because I’ve let my health go, that doesn’t help anyone. Making a choice to lead a heart-healthy lifestyle is making a choice to be there for Vanessa and Alayah for as long as I can be. I’m excited to see what the future holds!” ●

Photos by www.LauriePerez.com



QUENTIN’S TOP TIPS FOR GETTING YOUR HEART HEALTH IN LINE

Looking to follow Quentin’s lead?

Here’s how he made changes for a longer, more active future.

LIMIT DAIRY AND ALCOHOL.

After speaking with his physician about “good” and “bad” cholesterol, Quentin headed to the Internet for additional information. “I was wondering what I could possibly be eating that would give me high cholesterol, so I Googled, ‘What causes high cholesterol.’ When cheese came up, I thought, ‘Oh!’ ” he laughs. “I’m a cheese person—give me a good specialty cheese, like Brie, Gouda and sharp cheddar. My typical snack was crumbled feta cheese.” These days, cheese has been banned from his refrigerator. However, he still enjoys his favorite dairy product on pizza that is ordered with “extra sauce and light on the cheese.” The other culprit in his diet was alcohol. “At night, I would unwind with a glass or two of either wine or a brown liquor. However, my wife and I no longer buy alcohol for the house. In fact, I gave myself a new limit of five drinks a month and I’m not even reaching that number.”

CONSIDER A HEALTHY MEAL DELIVERY SERVICE.

Between his many jobs and juggling his dad duties, Quentin and his wife had been relying on restaurant food. “It was quick and easy—and tasted about five times better than what I could make!” he jokes. After his diagnosis, he signed up for My Fit Foods (myfitfoods.com), a meal prep company that creates healthy dishes. “The meals are balanced with carbs and proteins and come already prepared and vacuum sealed. Plus, this service fits into our weekly budget for groceries—and the food is really good!”

MOVE IT.

Before becoming a husband and father, Quentin was sweating it out in the gym between five and six days a week. “Then my whole life revolved around my daughter, and I spent zero days working out.” Today he’s working with a trainer, who instructs him to do weightlifting twice a week and go for daily walks. “He wants me aiming for 12 miles a week, but for now I’m walking about six miles,” says Quentin, who has lost 16 pounds in four months and can be found on Instagram [@quentinjiles](https://www.instagram.com/quentinjiles) and [@thequeuewithque](https://www.instagram.com/thequeuewithque). “I open the front door and do laps around the neighborhood while listening to podcasts. It’s not difficult at all—I go wherever the wind blows me.”

Health Monitor

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Race and genetics I have had several members of my family die at young ages from heart attacks and other heart-related conditions. I also read recently that Black men and women might be more at risk for high cholesterol and blood pressure. Is this true? Could my family history and race mean I'm even more at risk? If so, what can I do about it?

Q

A

Answers to your questions about high cholesterol

A: A strong family history of heart disease places one at increased risk, and members of the Black community are, in general, at a higher risk to die from it—so yes, you should take it seriously. First, since other members of your family passed away at young ages, it's essential to see your doctor and get your numbers checked out if you haven't already—even if you're young yourself. If your blood pressure, glucose, LDL cholesterol or triglycerides are high, you'll find out before you have a serious event like a stroke or heart attack. If that's the case, you may need medication to control the issue. Practicing a heart healthy lifestyle is especially important. This means getting at

least 150 minutes a week of brisk exercise and eating a heart-healthy diet based on fresh vegetables and fruit, lean protein like chicken and fish, whole grain carbs like brown rice and barley and healthy fats like olive oil and avocado.

—**Jorge Antonio Gutierrez, MD, MHS**, Associate Professor of Medicine, member of Duke Clinical Research Institute, Duke University School of Medicine

NEW MEDICATION CONCERNS

Q: My doctor prescribed a medication to treat my high cholesterol. He said my levels were "dangerously high." The problem is, the medication upsets my stomach and

before I took it, I felt totally fine. If high cholesterol is so dangerous, shouldn't it make me feel bad? Do I really need this medication?

A: High cholesterol—specifically high LDL levels—can lead to major risk factors in cardiovascular diseases such as heart attacks or stroke. You likely felt fine before taking this medication because high cholesterol is considered a "silent killer," as it doesn't cause any symptoms until major complications arise. Your doctor prescribed medication because high cholesterol can lead to atherosclerosis—the buildup of fatty deposits (plaques) in your arteries. These plaques can significantly narrow the arteries over time, reducing blood flow and increasing the risk of blood clots, which can cause serious cardiovascular events. Cholesterol-lowering medications can cause occasional minor side effects, so speak with your doctor so they can adjust your dosage, suggest better ways to take your medication, switch you to a different medication, or provide additional treatments to help manage your side effects. ●

—**Roger S. Blumenthal, MD**, Kenneth Jay Pollin Professor of Cardiology; Director, Ciccarone Center for the Prevention of Heart Disease

— TAKE CHARGE —

The 4-1-1 on fats

Between all the diet plans being touted today and ever-shifting nutritional advice, it's no wonder many of us are confused when it comes to which fats to eat and which to avoid. For clarity on the different types, how they can impact your cholesterol levels and how you can make them part of your heart-healthy eating plan, read on!

—BY CAITLIN BEALE, MS, RDN

What is fat? This macronutrient makes up one of the three core parts of a healthy diet along with carbohydrates and proteins. Consider that fat provides energy to your cells, supports healthy brain function and helps the body absorb vitamins A, D, E and K. And if you exclude it from your diet, it can disrupt digestion, dry out skin and hair, throw your hormones out of whack and more.

NOT ALL FATS ARE CREATED EQUAL!

There are three main types—and each affects the body differently.

UNSATURATED FATS

Unsaturated fats are found primarily in plant foods and fish. Both types—monounsaturated fatty acids (MUFAs) and polyunsaturated fatty acids (PUFAs)—can improve cholesterol levels by causing the liver to produce ketones for energy rather than LDLs, which can clog arteries. PUFAs may help your liver create more HDLs, which helps the body flush excess LDLs.

Top sources: vegetable oils, olives, nuts, avocados and seeds, and fish such as salmon, tuna, anchovies and sardines.

How much: Aim for 20% to 35% of your total daily calories to come from unsaturated fats—for someone who eats 2,000 calories a day, that's about 65 grams—according to the Dietary Guidelines for Americans.

SATURATED FATS

Unlike unsaturated fat, saturated fats are solid at room temperature (think butter or the fat in a steak). What's more, they prompt your liver to produce more artery-clogging LDL cholesterol and triglycerides.

Top sources: butter, cheese, ice cream and meat, as well as some plant-based foods like coconut and palm oil.

How much: Aim for no more than 5% to 6% of daily calories from saturated fat, or 13 grams for someone eating a 2,000-calorie diet, according to the American Heart Association.

TRANS FATS

Once widely used in processed foods like cakes, cookies, chips, frozen pizza and margarine, the FDA banned trans fats in 2018. Trans fat raises LDL levels while lowering HDL cholesterol levels, making it the worst type of fat for heart health.

Though the ban has been effective, trace amounts can still be found in some processed foods. Since there is no recommended "safe" amount to eat, trans fats are best eliminated. To see if a food might contain some, check the ingredient list—if you see "partially hydrogenated" anywhere, it's best avoided.

Top sources: any processed food that contains "partially hydrogenated" ingredients.

How much: None! ●

Dance your way to *fit!*

You already know that staying active is a key way to keep your ticker strong. But if the word “exercise” triggers a sense of dread, rest assured you can get in your recommended 150 minutes of aerobic exercise a week and have fun while doing it. One method? Dance!

—BY SARA ROTONDI

Dance is an “aerobic” exercise, meaning it increases your heart rate and sends a surge of oxygen to your body’s cells. And that’s not all: If you have high cholesterol, you’ll be interested to hear that aerobic exercise also encourages your liver and small intestines to make more HDL cholesterol (i.e., the “good” kind that sweeps “bad” LDL cholesterol from your body). Aerobic exercise is so effective at this, in fact, that a review of studies found that people who performed it at a moderate intensity for at least 150 minutes a week for 12 weeks increased their HDL levels by 4.6% and lowered their LDLs by 5%.

NEED EVEN MORE REASON TO GET YOUR TOES TAPPING?
Consider that dance also...

- **Boosts your mood.** Aerobic exercise boosts the body’s production of dopamine and endorphins—hormones that make you feel happier—and decreases production of cortisol, the so-called stress hormone. Add your favorite dance music to that mix, and the impact is even greater, since listening to just 12 minutes of upbeat music was shown to significantly improve mood and happiness levels,

according to a study in the *Journal of Positive Psychology*.

- **Builds muscle.**

The heart isn’t the only muscle getting a workout when you dance—it also benefits the large muscle groups all over your body, including your legs, arms and core. And research in the *Journal of Sports Medicine* found that just three 45- to 50-minute muscle-building sessions a week led to a significant decrease in LDL levels in study subjects.

- **Keeps you connected.**

Dance *can* be done alone, but it’s also an ideal form of exercise to do with a partner or group. And working out with others has been proven to increase social connectedness, social support and peer bonding, according to research in the *International Journal of Behavioral Nutrition and Physical Activity*. It can also have a cultural impact—joining a salsa, samba or African dance class can connect people within communities, a benefit that has been shown to improve all aspects of health. Finding classes can be simple—just Google “dance classes near me” or “dance studios near me,” or check your local community center or YMCA.

READY TO GET... *on your feet?*

For help getting started, we’ve asked cardio dance expert Kelly Peckholdt, owner and director of Positions Dance Studio in Babylon, NY, for her top tips.



Start slow

For someone who was previously sedentary or someone recovering from a major cardiac event, lower intensity dance—think tango, soul stepping or jazz dance—can be the way to go at first. “Listen to your body and build slowly toward faster, more intense dance styles,” Peckholdt suggests.

Choose your tunes

“When people dance to music they enjoy, it helps to further reduce their stress and anxiety, and research has shown it also encourages them to keep moving for longer,” says Peckholdt. So, while more upbeat music lends itself to a more aerobic dance session, the genre is entirely up to you!

Consider lessons

As a beginner, worrying about your coordination and flexibility is understandable, but don’t feel discouraged. “Dancing truly is for everyone,” assures Peckholdt. If you don’t feel comfortable in a class right away, private lessons can be a great option. “It’s all about building your confidence—even one lesson to learn the basics can be the bridge you need to join a class and keep the movement going.” If private lessons aren’t in the budget, YouTube and TikTok are two sources for free online dance tutorials to try at home.

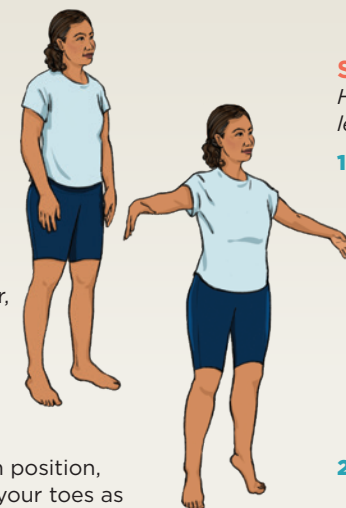
BALLET MOVES PERFECT FOR BEGINNERS!

These are two of Peckholdt’s favorites for dancers who are just starting out. Give them a try!

Relevé

Helps to improve your sense of balance.

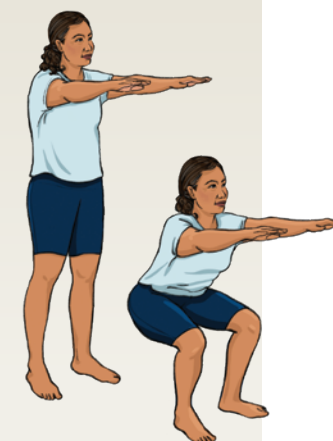
1. Position your feet in one of three ways, depending on which feels the most comfortable: parallel to each other, heels together in a V-shape or shoulder width apart with your toes pointed slightly outward.
2. Once your feet are in position, raise yourself up on your toes as far as you can, then lower back down on your heels.
3. Raise your arms out to your sides until they are parallel with your shoulders and raise and lower them in sync with your toes. Repeat 8-12 times.



Second-position plié

Helps to build & strengthen leg and core muscles.

1. Spread your feet shoulder distance apart with your toes pointed slightly outward. Your knees should also be pointing in the same direction as your middle toes and your back should be completely straight.
2. Squat until your knees bend out over your toes. Try to go as deep as you can without your hips tilting backward.
3. If you need to, feel free to use the back of a chair for support. Hold for 2 seconds then raise back up. Repeat 8-12 times. ●



Illustrations by Juhhee Kim

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