Healthy Patients & Cholesterol Management
For people who have not had a heart attack or stroke

Your cholesterol is one of many known risk factors for heart attack or stroke. Other risk factors include your age, sex, smoking, blood pressure, and other conditions such as diabetes.

How often should I have my cholesterol checked?

Health care providers used to check cholesterol every year. They now use cholesterol as one part of your overall risk of having a heart attack or stroke. Your cholesterol changes slowly, about one percent every year, so we don't need to check your cholesterol more than every 5 to 10 years. If you are taking a medicine called a statin, you don't need to recheck your cholesterol. Statins help to prevent heart attacks and strokes no matter what your cholesterol is.

What is my risk of having a heart attack or stroke?

Use https://decisionaid.ca/cvd/ to access the PEER Cardiovascular Decision Aid and talk to your health care provider.

How well do statins work?

Statins may lower your risk of heart attacks and strokes by 25 percent. For example, if your 10-year risk of having a heart attack or stroke is 20 percent, a statin can lower your risk to 15 percent. Statins are the only cholesterol medicine that may lower your risk of dying. Statins are generally well tolerated. Some patients report muscle pains; however, muscle pains occur as often with a placebo (a pill that contains no medicine) as they do with statins.

If you have questions about this information, go to the PEER Cardiovascular Decision aid or talk to your healthcare provider.

What can I do to lower my risk?

Stop smoking: This is likely the best thing you can do for your health. If you need help, talk to a healthcare provider.

Eat a Mediterranean diet: This diet typically includes lots of vegetables, fruits, fish, nuts, and olive oil.*

Increase physical activity: Find an activity you enjoy and can stick with! One type of physical activity is usually not better than another.

Consider medicines: Based on your risk, your healthcare provider may suggest a statin (e.g., atorvastatin and rosuvastatin).


The information provided in this pamphlet is based on recommendations from the 2023 PEER Simplified Lipid Guideline Update.