Why Standard Cholesterol Tests Miss Real Heart Disease Risk Transcript

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The limitations of labs

I've worked with hundreds of patients I've worked with hundreds of patients whose cholesterol looked normal, yet whose cholesterol looked normal, yet they were still quietly heading toward they were still quietly heading toward heart disease. And very often, this one heart disease. And very often, this one test is where the real story finally test is where the real story finally shows up. If you're new here, I'm Dr.

shows up. If you're new here, I'm Dr. Fred Bloom, an integrated physician. A Fred Bloom, an integrated physician. A big part of my work is helping people big part of my work is helping people who've been told, "Your labs look fine," who've been told, "Your labs look fine," but they don't feel fine. And deep down, but they don't feel fine.

The NMR lipo profile

And deep down, >> Today I want to talk about cholesterol >> Today I want to talk about cholesterol but not in the usual way. I want to but not in the usual way. I want to explain the NMR lipo profile by LabCore explain the NMR lipo profile by LabCore and why it often changes how we assess and why it often changes how we assess real cardiovascular risk even when real cardiovascular risk even when standard labs look reassuring. This standard labs look reassuring. This isn't about fear. It's about clarity and isn't about fear. It's about clarity and prevention. Most routine cholesterol prevention. Most routine cholesterol tests measure total cholesterol, LDL, tests measure total cholesterol, LDL, HDL, and triglycerides. Those numbers HDL, and triglycerides. Those numbers tell you how much cholesterol is being tell you how much cholesterol is being carried in the blood. What they don't carried in the blood. What they don't tell you is how many particles are tell you is how many particles are carrying it, how aggressive those carrying it, how aggressive those particles are, or how likely they are to particles are, or how likely they are to cause plaque and inflammation. I've seen cause plaque and inflammation. I've seen many patients with perfect LDL and no many patients with perfect LDL and no warning flags who still had significant warning flags who still had significant cardiovascular risk once we look deeper.

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Analyzing lipid particles

That disconnect is far more common than That disconnect is far more common than people realize. The NMR lipo profile people realize. The NMR lipo profile looks at lipoprotein particles, not just looks at lipoprotein particles, not just cholesterol content. That distinction cholesterol content. That distinction matters. Think of it this way. One truck matters. Think of it this way. One truck carrying 10 boxes versus 10 trucks, each carrying 10 boxes versus 10 trucks, each carrying one box. Same amount of cargo, carrying one box. Same amount of cargo, very different traffic risk. One of the very different traffic risk. One of the most important markers on this test is most important markers on this test is the LDL particle number, LDLP. You can the LDL particle number, LDLP. You can have normal LDL cholesterol, but a high have normal LDL cholesterol, but a high LDL particle count. More particles mean LDL particle count. More particles mean more contact with the arterial wall, more contact with the arterial wall, more oxidative stress, and higher plaque more oxidative stress, and higher plaque risk. When LDLP is elevated, I pay risk. When LDLP is elevated, I pay attention. Even if LDL cholesterol attention. Even if LDL cholesterol itself looks fine. Another key finding itself looks fine. Another key finding is small, dense LDL. These particles is small, dense LDL. These particles penetrate the arterial wall more easily.

penetrate the arterial wall more easily. They oxidize more readily and they're They oxidize more readily and they're strongly linked to insulin resistance strongly linked to insulin resistance and inflammation. When I see this and inflammation. When I see this pattern, I'm not just thinking about pattern, I'm not just thinking about cholesterol. I'm thinking about cholesterol. I'm thinking about metabolic health, blood sugar metabolic health, blood sugar regulation, chronic inflammation, and regulation, chronic inflammation, and hormonal balance. This is where hormonal balance.

Metabolic health markers

This is where cardiology and metabolism overlap. HDL cardiology and metabolism overlap. HDL is another area where people get is another area where people get confused. HDL cholesterol alone can be confused. HDL cholesterol alone can be misleading. HDL particle number gives misleading. HDL particle number gives insight into how well cholesterol is insight into how well cholesterol is actually being cleared. I've seen actually being cleared. I've seen patients with great HDL numbers whose patients with great HDL numbers whose HDL particles weren't doing their job HDL particles weren't doing their job effectively. Function matters more than effectively. Function matters more than appearance. One of the most clinically appearance. One of the most clinically useful parts of this test is the LPIR useful parts of this test is the LPIR score, a marker of insulin resistance.

score, a marker of insulin resistance. This score often becomes abnormal years This score often becomes abnormal years before diabetes shows up, before fasting before diabetes shows up, before fasting glucose rises, and before A1C looks glucose rises, and before A1C looks concerning. In real life, this helps concerning. In real life, this helps explain why weight loss feels explain why weight loss feels impossible, why inflammation won't impossible, why inflammation won't settle, and why cardiovascular risk settle, and why cardiovascular risk stays elevated. It gives us a head stays elevated.

Targeted treatment strategies

It gives us a head start, not a late diagnosis. Traditional start, not a late diagnosis. Traditional cholesterol management often turns into cholesterol management often turns into one number, one medication, and one one number, one medication, and one standard approach that misses nuance.

standard approach that misses nuance. When I use advanced lipid testing, I ask When I use advanced lipid testing, I ask different questions. What's driving the different questions. What's driving the particle dysfunction? Is this metabolic, particle dysfunction? Is this metabolic, inflammatory, hormonal, or lifestyle inflammatory, hormonal, or lifestyle related? Treatment may involve nutrition related? Treatment may involve nutrition timing, improving insulin sensitivity, timing, improving insulin sensitivity, sleep and circadian rhythm support, sleep and circadian rhythm support, hormone optimization, hormone optimization, targeted supplements, and sometimes targeted supplements, and sometimes medication, but deliberately, not medication, but deliberately, not automatically. The goal is correction, automatically. The goal is correction, not suppression. In my experience, this not suppression. In my experience, this test is especially useful if you have a test is especially useful if you have a family history of heart disease, carry family history of heart disease, carry weight around the abdomen, are weight around the abdomen, are parmenopausal or post-menopausal, have parmenopausal or post-menopausal, have metabolic syndrome, or want prevention metabolic syndrome, or want prevention rather than surprises. This isn't about rather than surprises. This isn't about being extreme, it's about being precise.

being extreme, it's about being precise. I never interpret this test in I never interpret this test in isolation. I integrated with isolation. I integrated with inflammation markers, hormones, thyroid inflammation markers, hormones, thyroid function, glucose and insulin patterns, function, glucose and insulin patterns, symptoms, and sometimes imaging. That's symptoms, and sometimes imaging.

Conclusion and engagement

That's how lab data becomes inside, not how lab data becomes inside, not anxiety. Cholesterol itself isn't the anxiety. Cholesterol itself isn't the villain. The real issues are particle villain. The real issues are particle burden, inflammation, and metabolic burden, inflammation, and metabolic dysfunction. The NMR lipo profile dysfunction. The NMR lipo profile doesn't replace clinical judgment. It doesn't replace clinical judgment. It sharpens it. And for the right patient, sharpens it. And for the right patient, it can change the entire trajectory.

it can change the entire trajectory. Now, I'd love to hear from you. Have you Now, I'd love to hear from you. Have you ever been told your cholesterol was ever been told your cholesterol was normal, but something didn't sit right?

normal, but something didn't sit right? Has anyone ever explained particle Has anyone ever explained particle number or insulin resistance to you? Do number or insulin resistance to you? Do you think prevention should start you think prevention should start earlier than it currently does? And earlier than it currently does? And would you want deeper testing, or does would you want deeper testing, or does it feel overwhelming? Drop your thoughts it feel overwhelming? Drop your thoughts in the comments. I read everyone. And if in the comments. I read everyone. And if this was helpful, like, subscribe, and this was helpful, like, subscribe, and share it with someone who keeps hearing share it with someone who keeps hearing your labs look fine, but knows there's your labs look fine, but knows there's