

Patients understanding of cholesterol

GPs regularly discuss healthy diets with their patients and perform blood tests to determine “cholesterol” levels. However a recent study raises questions about how much people actually understand about cholesterol and its effect on health.

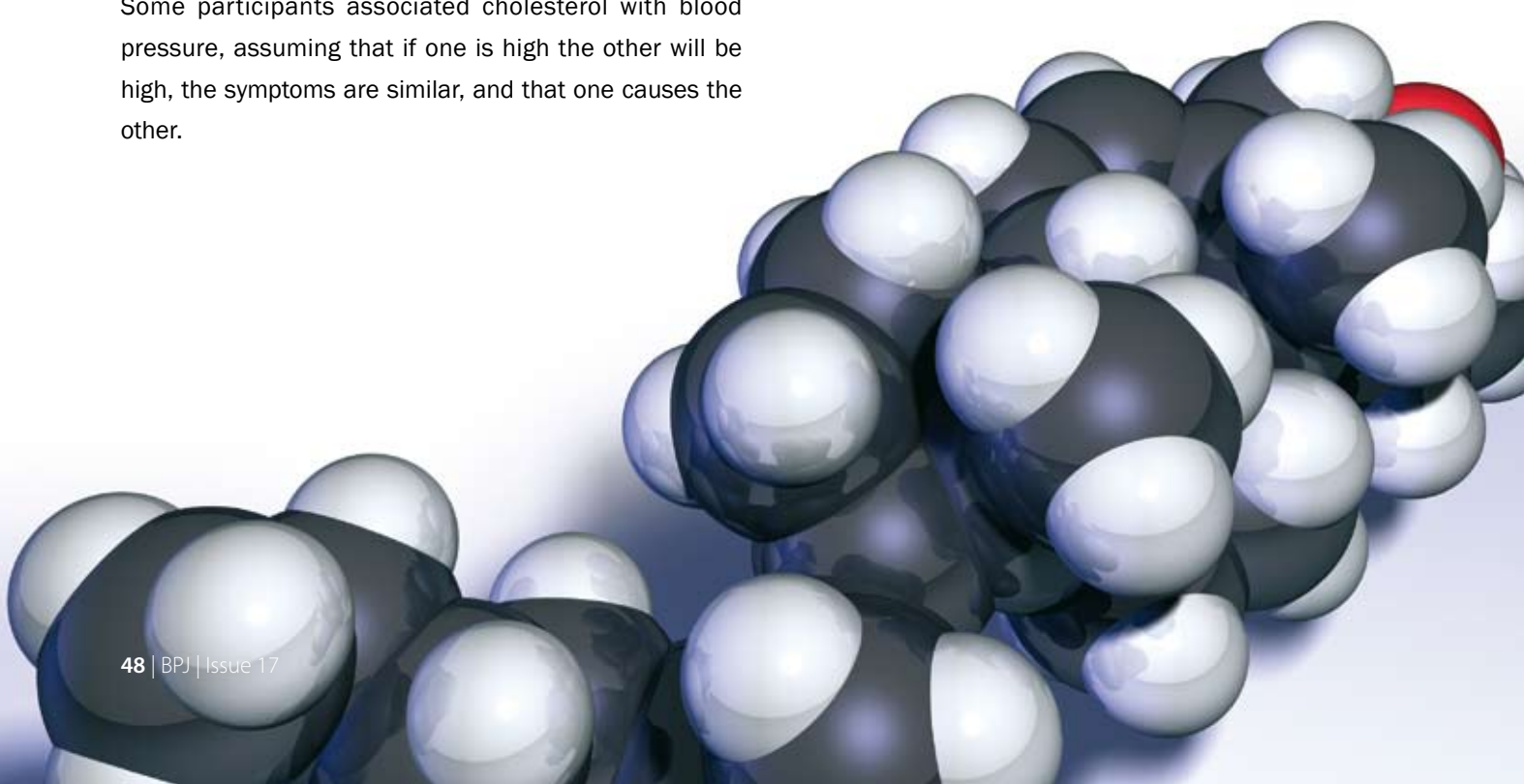
In a series of focus group meetings,¹ people were asked about their knowledge of cholesterol. Overall, participants assumed that:

- Doctors test cholesterol as part of having a blood test
- High cholesterol levels have an adverse effect on health
- High cholesterol was a newly discovered health problem
- Doctors had only recently become concerned about cholesterol

Some participants associated cholesterol with blood pressure, assuming that if one is high the other will be high, the symptoms are similar, and that one causes the other.

Many believed high cholesterol levels were caused by being overweight but they were frustrated by shifting health messages regarding diet and were reluctant to believe dietary recommendations. Many participants told stories about a sibling or friend who eats “whatever they want” and has a normal cholesterol, whereas others who eat a healthy diet have high cholesterol values. Nevertheless, despite prevailing doubts about the accuracy of dietary recommendations, most participants acknowledged some association of diet with high cholesterol levels.

Few participants were familiar with the terms “HDL” (high-density lipoprotein) and “LDL” (low-density lipoprotein), though many had heard of “good” and “bad” cholesterol. Some understood that one type should be high and the other low. This resulted in general confusion about cholesterol being both good and bad, with goals for high and low numbers.





How understanding affects perception of CVD risk

A common theme identified from the focus groups was inadequate knowledge and awareness about cholesterol and its association with CVD risk. Participants said that cholesterol numbers were not an effective way to understand their CVD risk. They expressed surprise that they knew so little about cholesterol.

Most viewed high cholesterol levels as less serious than high blood pressure because they thought that cholesterol can be managed while blood pressure cannot, blood pressure leads more directly to a heart attack, they have known about high blood pressure for longer, and they continue to hear more from physicians about blood pressure. Patients had much less understanding of cholesterol compared to blood pressure. Some prioritised taking blood pressure medication over cholesterol-lowering medication.

Giving patients more medical information may be confusing. There is a current trend towards increasingly

complex explanations (that include total, HDL, LDL, triglycerides, and ratios) which may not lead to optimal understanding of cholesterol.

GP comment

"It can be confusing trying to explain cholesterol. I find using terms such as 'good' and 'bad' cholesterol is helpful and yet I know when I am talking to them I am losing them. It is also confusing to try to explain to patients where cholesterol comes from and that it is not all from their diet."

"I often find patients are not too concerned about the actual numbers, but just want to know what they can do."

Reference

Goldman RE, Parker DR, Eaton CB, et al. Patients' Perceptions of Cholesterol, Cardiovascular Disease Risk, and Risk Communication Strategies. *Ann Fam Med* 2006;4:205-212