

High Cholesterol Does Not Discriminate

(NAPSA)—Most Americans think that eating healthy, staying active and exercising paints them as the picture of health. Unfortunately, that may not always be the case.

For example, high cholesterol has no physical symptoms and can strike anyone—no matter how healthy the diet or rigorous the exercise routine.

A patient can find out if they are one of the nearly 107 million Americans with high cholesterol by asking their physician for a cholesterol test. What's important for the patients living with high cholesterol to know is that it can be managed and the first step is to talk to a physician to develop an individualized treatment plan.

"Management of high cholesterol includes three very important things—an open dialogue and trusting partnership between the physician and patient, identifying a target cholesterol goal and then developing and implementing a treatment plan to reach that goal," said Dr. Art Ulene, author of more than 50 healthy living books, including Dr. Art Ulene's Vitality Challenge, and high cholesterol patient.

Dr. Ulene has been educating Americans about a myriad of health issues for 30 years as former contributor to NBC's "Today" show and ABC's "Home Show."

Like most, Dr. Ulene started managing his cholesterol with some basic lifestyle changes including diet and regular exercise. However, he found this alone was not enough to get his cholesterol down to a healthy range. In fact, his cholesterol numbers

Cholesterol Quick Facts*

Have your total and HDL cholesterol rechecked in one to two years if:

- Your total cholesterol is in the high range.
- Your HDL is less than 40 mg/dL.
- You have other risk factors for heart disease.

LDL Cholesterol Level**

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

*American Heart Association

**National Heart Lung and Blood Institute



barely changed. Like Dr. Ulene, many patients may need to try various treatment options until they find one that brings them to their cholesterol goal.

"My doctor encouraged me to add Crestor into my treatment regimen," said Dr. Ulene. "Within six weeks of adding medication into my plan, I was able to significantly lower my total cholesterol."

September is Cholesterol Education Month and Dr. Ulene is sharing his story and encouraging those with high cholesterol to work with a physician to manage cholesterol and set a target goal.

Cholesterol, a fat-like waxy substance found in the bloodstream, is made up of two important parts—LDL, which is the main source of cholesterol buildup, and HDL, which has the opposite effect.

When determining cholesterol goals, patients should aim to lower LDL and raise their HDL. Because a variety of factors determine cholesterol goals, including other risk factors for heart disease, it is best to work with a physician to identify target numbers.

Patients can also visit the National Heart Lung and Blood Institutes Web site during Cholesterol Education Month to learn some basic background information at <http://hin.nhlbi.nih.gov/cholesterol/month/>

About CRESTOR®

CRESTOR (rosuvastatin calcium) is a once-daily prescription medication for use as an adjunct to diet in the treatment of various lipid disorders including primary hypercholesterolemia, mixed dyslipidemia and isolated hypertriglyceridemia. It is a member of the statin (HMG-CoA reductase inhibitors) class of drug therapy. CRESTOR has not been determined to prevent heart disease, heart attacks or strokes. For patients with hypercholesterolemia and mixed dyslipidemia, the usual recommended starting dose of CRESTOR is 10 mg. Initiation of therapy with 5 mg, once daily should be considered for patients requiring less aggressive LDL-C reductions or who have predisposing factors for myopathy. For patients with marked hypercholesterolemia (LDL-C >190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. AstraZeneca licensed worldwide rights to CRESTOR from the Japanese pharmaceutical company Shionogi & Co., Ltd.

Important Safety Information

CRESTOR is contraindicated in patients with active liver disease or unexplained persistent elevations of serum transaminases, in women who are pregnant or may become pregnant, and in nursing mothers. It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter. Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with CRESTOR and with other drugs in this class. The 40-mg dose of CRESTOR is reserved for those patients who have not achieved LDL-C goal at 20 mg. CRESTOR should be prescribed with caution in patients with predisposing factors for myopathy, such as renal impairment. Patients should be advised to promptly report unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. CRESTOR is generally well-tolerated. Adverse reactions have usually been mild and transient. The most frequent adverse events thought to be related to CRESTOR were myalgia (3.3%), constipation (1.4%), asthenia (1.3%), abdominal pain (1.3%) and nausea (1.3%).

A full copy of the prescribing information for CRESTOR is available at <http://www.astrazeneca-us.com/pi/crestor.pdf> or by calling 1-877-420-7249.