

Everything You Need to Know about Cholesterol and LCHF

Prof Ken Sikaris

A graduate of the University of Melbourne, Dr Sikaris trained at the Royal Melbourne, Queen Victoria, and Prince Henry's Heidelberg Repatriation Hospitals. He obtained fellowships from the Royal College of Pathologists of Australasia and the Australasian Association of Clinical Biochemists in 1992 and 1997 respectively.

Dr Sikaris was Director of Chemical Pathology at St Vincent's Hospital in Melbourne between 1993 and 1996 where he supervised specialised cholesterol testing and consulted patients in the 'lipid clinic'. Dr Sikaris now works at Melbourne Pathology where specialises in Prostate Specific Antigen, cholesterol and improving the quality of clinical laboratory medicine, especially through the use of information technology and he is on several national and international committees developing standards for health in the future.



Summary of discussion points from Ken's interview

View the full interview on the Easy Low Carb Living Facebook group.

What is cholesterol and what do we need to know about it?

Cholesterol is a specific type of fat. It is a natural part of our cells and helps to 'stiffen up' fat so that we can make cells, various transport structures and hormones.

Understanding Your Cholesterol Results

Total Cholesterol: This number is NOT important (according to every specialist in the world). Note however that statin use is based on total cholesterol, which is not ideal 😞

HDL: Always look at this number first when reading your results. LCHF will result in this number increasing, which is a good thing

In males > 1.0mmol/L and in females > 1.3mmol/L is considered healthy (but the higher the better)

LDL: essentially you should ignore the LDL number - this has nothing to do with predicting risk. We need to first look at the Triglyceride levels and/or the HDL:Total cholesterol ratio, this will then tell us if the LDL reading is relevant

Triglyceride: if this number is high, it means there are fats in your body you are not using. When following LCHF we eat more fat but this number will decrease as we begin using fat more efficiently. If triglyceride is > 1.5mmol/L then it is likely that some small dense i.e. harmful LDL particles exist. Ideally triglycerides should be <1.0mmol/L

HDL:Total Cholesterol ratio - a higher ratio is an indication you have small dense (harmful) LDL particles. It is recommended that this number is below 4.5 but ideally we'd like to see it below 4.0

For most people the best solution to improve blood cholesterol profile is LOW CARB HIGH FAT! However there are rare patients; patients that fit into high risk categories and unique situations that need to be considered and where medication must form a part of the solution.

Expectations when following LCHF

Total Cholesterol: We usually see a small increase. In some circumstances we see an exaggerated increase, which may need to be investigated further. An unexplained high cholesterol will often prompt your doctor to check your thyroid function. Genetics can also play a role

HDL: this will increase, which is a very positive outcome

LDL: this will increase. Remember it is your HDL:Total cholesterol ratio and/or triglyceride that will predict if the LDL particle poses any risk. This number in isolation is meaningless. In some circumstances it may be valuable to do 'LDL profiling' to gather more information in regards to risk.

Triglyceride: this number will decrease

HDL:Total Cholesterol ratio: this ratio will decrease

In general, in most people the changes that are experienced in terms of cholesterol when following LCHF are all POSITIVE and greatly decrease risk!

Most people can expect to see these positive changes within 3-6 months of commencing LCHF, although in some individuals these changes can take longer

Other blood tests Ken recommends

HbA1c

This is a form of haemoglobin with glucose stuck to it.

If glucose levels in the blood are increased, the HbA1c will be raised

This is the best way to diagnose diabetes

HbA1c >6.5% = diabetes

Ideal <5.6%

Between 5.7 - 6.4% in other countries this is 'pre-diabetes' but in Australia we are yet to define this - basically you are not diabetic (yet) but you are certainly not healthy either!

Most people on LCHF will achieve an HbA1c of 5.6% or below