Increased activity of Lp-PLA2 may lead to increased risk of:

- Coronary heart disease (CHD)
- Myocardial infarction (MI)

Lp-PLA2 Activity can be reduced by:

- Treatment with cholesterol lowering therapies
- Supplementation with omega-3 fatty acids
- Lifestyle modifications (smoking cessation and weight loss)

Clinical Use:

The Lp-PLA2 Activity test may be performed on individuals at intermediate or high risk for developing coronary heart disease.

Testing Frequency:

Lp-PLA2 testing is determined by an individual’s medical history, but may be performed semi-annually or annually as necessary. If the initial test result is abnormal, then follow-up testing may be performed within 3-6 months following treatment.

Days Performed:

Mondays- Saturday

Reference Range:

- <225 Normal
- ≥225 High

Clinical Significance:

Lipoprotein-associated phospholipase A2 (Lp-PLA2), also known as platelet activating factor Acetylhydrolase, is an inflammatory enzyme that circulates bound mainly to low density lipoproteins and has been found to be localized and enriched in atherosclerotic plaques. In multiple clinical trials, Lp-PLA2 activity has been shown to be an independent predictor of coronary heart disease and stroke in the general population. Measurement of Lp-PLA2 may be used along with traditional cardiovascular risk factor measures for identifying individuals at higher risk of cardiovascular disease events. Clinical management may include beginning or intensifying risk reduction strategies. The activity assay is an enzyme assay run on an automated chemistry platform.