

Will lowering my CRP level reduce my risk of stroke?

Reducing CRP levels with [statins](#) —cholesterol-lowering medication that also lowers CRP levels—has been associated with up to a 25% reduction in the incidence of stroke.

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It is believed that this is due to the medication's effect on CRP levels, and not on its lowering of cholesterol.

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However, lowering high CRP levels may not reduce your risk of stroke any further if you do not have detectable atherosclerosis (plaque buildup) in your carotid artery (the main artery leading to your brain). Several studies show that CRP level is a good predictor of cardiovascular events in patients who have plaque buildup that is extensive enough to detect through imaging, with higher CRP levels predicting worse outcomes for these patients. In cases where plaque is minimal, CRP levels do not appear to indicate future stroke risk independently of other well-known risk factors.^{10, 11}

How is high CRP treated?

In general, [statins](#) lower CRP levels by 15% to 25%, but there is a wide variation in how people respond to statin therapy—it has no effect on CRP levels in some men and women.

[Aspirin](#)

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[exercise](#)

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[weight loss](#)

, moderate alcohol consumption, and following the

[Mediterranean diet](#)

all lower CRP levels, but, more importantly, have beneficial effects on other risk factors for stroke, such as high blood pressure and obesity.

Does CRP level affect my outcome after having a stroke?

After a stroke, CRP levels are usually elevated for a period of several days to several months.¹³ Some, but not all, studies indicate that CRP levels following a stroke may be useful in determining the risk of future events. One study of about 200 stroke patients (half were women) found that those with high CRP levels at hospital discharge were 7 times more likely to experience another vascular event or death within 1 year.

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A different study that followed 467 stroke patients for up to 5 years found that having high levels of CRP did not independently predict recurrent stroke, but did double the risk of death during follow-up. It may be that the inflammation indicated by high levels of CRP interferes with healing, or predisposes the patient to other problems.

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