

# MyCardioAdvocate™

## Eggs, Diet & Cholesterol

*When "healthy foods" raise risk — and population advice fails the individual*

*Updated March 2026*

---

### Why This Matters

Eggs are protein-rich and affordable. Population-level studies suggest that egg consumption in moderation does not uniformly increase cardiovascular risk. Yet some individuals—particularly those with high baseline cholesterol, familial hypercholesterolemia, or diabetes—are hypersensitive to dietary cholesterol and experience substantial LDL elevation from egg consumption. The challenge: **population advice ('eggs are fine') fails the individual who is a hyper-responder**. Understanding your own lipid response to dietary cholesterol is critical for personalized prevention.

### Why Eggs & Dietary Cholesterol Fly Under the Radar

- **Broad reassurance:** Because population studies show no uniform harm, patients are often told 'eat as many eggs as you want.' This ignores individual hyper-response.
- **Lipid testing forgotten:** Many patients never measure baseline lipids, so they don't know whether their diet is raising LDL.
- **Diet accountability:** Even when lipids are high, diet is not systematically interrogated for cholesterol load.
- **Calculation method matters:** LDL-C calculated using the Friedewald formula (common) can be inaccurate; Martin/Hopkins preferred but underused.

### What Changed in 2026

**Lipid calculation advances:** The Martin/Hopkins equation is increasingly preferred over the Friedewald formula for calculating LDL cholesterol, especially in the context of elevated triglycerides or very low LDL. This can change perceived risk if triglycerides are high. Ask your doctor which formula is used.

**Dietary cholesterol guidance remains unchanged:** Saturated fat intake, not dietary cholesterol per se, is the primary nutritional lever for CV risk reduction. However, for hyper-responders (especially those with FH), dietary cholesterol does matter.

### MyCardioAdvocate™ Checklist: Eggs & Dietary Cholesterol

#### 1. Know Your Baseline Lipids

Obtain a fasting lipid panel: total cholesterol, LDL-C (and the formula used to calculate it), HDL-C, and triglycerides. Ask if Martin/Hopkins or Friedewald was used. These are your personal baseline.

#### 2. Assess Your Hyper-Response Risk

If you have familial hypercholesterolemia, diabetes, or baseline LDL >160, you are at higher risk of hyper-response to dietary cholesterol. Discuss egg consumption limits with your doctor.

#### 3. Measure Your Response

After 2-4 weeks of your current diet (including your egg intake), recheck lipids. Did LDL rise significantly? If yes, you are likely a hyper-responder and should reduce dietary cholesterol.

#### 4. Focus on Saturated Fat Over Dietary Cholesterol

For most people, reducing saturated fat intake is more important for LDL reduction than avoiding dietary cholesterol. Discuss your overall diet quality with a dietitian.

## Key Takeaways

- Population studies show eggs are safe 'on average,' but individual hyper-responders to dietary cholesterol exist.
- Know your baseline lipids and whether your LDL is calculated using Martin/Hopkins or Friedewald.
- If you have familial hypercholesterolemia, diabetes, or high baseline LDL, you may need to limit egg intake.
- Measure your lipid response to dietary cholesterol; population advice may not apply to you.

## Next Steps & Related Content

- Request a lipid panel and ask which calculation method (Martin/Hopkins vs. Friedewald) was used.
- Recheck lipids after 4 weeks of your usual diet to assess your hyper-response risk.
- Discuss your egg and saturated fat intake with your cardiometabolic provider and a registered dietitian.
- Review related briefs: **Dyslipidemia, Familial Hypercholesterolemia, Nutrition & Prevention.**

---

*Disclaimer: This brief is educational and does not replace professional medical advice. Always consult your healthcare provider and a registered dietitian regarding dietary cholesterol and personalized nutrition recommendations.*