

Guidelines for lipid testing and Endocrine referral for Dyslipidemia

When to perform lipid screening:

0 – 2 years: No lipid screening necessary.

2 – 8 years: No routine lipid screening necessary. Obtain a fasting lipid profile if:

- **A first- or second- degree relative had early angina, myocardial infarction, bypass surgery or stroke (early defined as < 55 years old in males, < 65 years old in females).**
- A parent has known dyslipidemia or total cholesterol \geq 240.
- The child has diabetes, hypertension, BMI \geq 95% or smokes.
- The child has a moderate- or high- risk medical condition, such as chronic kidney disease, chronic inflammatory disease (JRA) or Kawasaki disease.

9 – 11 years: Universal lipid screening. All children should have either (a) a non-fasting, non-HDL cholesterol, or (b) a fasting lipid profile drawn.

12 – 16 years: No routine lipid screening necessary. Follow guidelines for testing in 2 – 8 year old group for exceptions.

17 – 21 years: Universal lipid screening. All teens and young adults should have either (a) non-fasting, non-HDL cholesterol, or (b) a fasting lipid profile drawn.

When to refer a patient for dyslipidemia to Endocrine Clinic at Children's Wisconsin

These guidelines are modified from the AAP guidelines to permit greater flexibility and to decrease borderline referrals that may not need specialist treatment:

LDL >250 mg/dl: Refer to Endocrine Clinic.

LDL >190: Repeat after diet and exercise for 6 months. If still >190, refer to Endocrine Clinic.

LDL 130-190: Repeat after diet and exercise for 12 months. If still high, consider referral. (Higher risk categories may be referred sooner, see below.)

TG >200: Refer to Endocrine Clinic.

TG >100 but <200 in < 10 year old: Repeat in 6 months after diet and exercise. If still high, consider referral.

TG >130 but <200 in >10 years old: Repeat in 6 months after diet and exercise. If still high, consider referral.

Counsel all patients to: (a) adopt a healthy diet that is low in refined sugars, trans fats and saturated fat and high in complex carbohydrates, and (b) increase their activity level.

HIGHER RISK CATEGORIES: If there is a **family history of early heart disease** or **one high-risk condition** (diabetes mellitus (type 1 or type 2), chronic kidney disease/end-stage renal disease/post-renal transplant, post-orthotopic heart transplant, Kawasaki disease with current aneurysms) or **two moderate-risk conditions** (Nephrotic syndrome, HIV infection, chronic inflammatory disease (SLE, JRA), Kawasaki disease with regressed coronary aneurysms), then patients with **LDL 130-190 may be referred after the first test.**

