

# Dyslipidemia Risk Assessment

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

## C&TC Requirements

### General

A *risk assessment* for dyslipidemia is required at the following C&TC visits:

- At age two, four, six and eight years of age.
- At least once between the following age ranges: 9-11 years, 12-16 years, and 17-20 years of age.

Universal dyslipidemia blood testing is *not* required for C&TC. It is left up to provider discretion whether to perform laboratory testing or other evaluation or treatment.

### Personnel

Review and interpretation of the dyslipidemia risk assessment should be completed by a licensed health care professional (physician, nurse practitioner, physician assistant) or a qualified registered nurse who has completed the 3-day C&TC Comprehensive Training provided by the Minnesota Department of Health.

### Documentation

Document that risk assessment for dyslipidemia was done, along with appropriate counseling and follow-up.

## Procedure

### Risk Assessment

The following are examples of recommended risk factors that can be identified through the personal and family health history and physical measurements (American Academy of Pediatrics, 2017). Some or all of these factors may be included in the risk assessment:

- Parent, grandparent, aunt or uncle, or sibling with myocardial infarction (MI); angina; stroke; or coronary artery bypass graft (CABG), stent, or angioplasty at younger than 55 years in males and younger than 65 years in females.
- Parent with total cholesterol  $\geq 240$  mg/dL or known dyslipidemia.
- Patient has diabetes, hypertension, or body mass index (BMI)  $\geq 95$ th percentile or smokes cigarettes.
- Patient has a medical condition that places them at moderate or high risk for dyslipidemia.

### Laboratory Testing and Management

Ensure appropriate counseling and other follow-up based on results of the risk assessment. Refer to the Anticipatory Guidance Section on page two of this fact sheet.

Health care providers should use their clinical judgement and consider currently available evidence to determine what type of evaluation (including laboratory testing) may be appropriate based on the patient's age, personal and family health history, and other factors.

Refer to [Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents Summary Report \(www.ncbi.nlm.nih.gov\)](http://www.ncbi.nlm.nih.gov) for guidance on laboratory testing and management.

## More Information

C&TC guidelines for dyslipidemia follow Bright Futures recommendations related to risk assessment, but differ regarding universal dyslipidemia blood testing. The AAP recommends routine dyslipidemia laboratory

screening on all children and youth at 9 to 11 years and 17 to 21 years. However, the U.S. Preventive Services Task Force found insufficient evidence for universal screening.

### Anticipatory Guidance

There is strong evidence that good nutrition starting at birth has potential for decreasing future risk of cardiovascular disease. Breastfeeding provides sustained cardiovascular benefits. (American Academy of Pediatrics, 2011). For children and young people two years of age and older, counsel following the [2015 Dietary Guidelines for Americans](#). Clinical tools for nutrition and physical activity counseling are available on [Let's Go! Toolkits \(www.lets-go.org\)](#).

### Professional Recommendations

#### American Academy of Pediatrics

Risk assessment for dyslipidemia should be done at two, four, six, and eight years, and between 12 and 16 years. Universal lipid screening using the non-fasting, non-HDL total cholesterol should be performed once pre-puberty (at 9 to 11 years) and once post-puberty (at 17 to 21 years) (American Academy of Pediatrics, 2011).

#### U.S. Preventive Services Task Force

The USPSTF issued an “I” statement in 2016, indicating that “current evidence is insufficient to assess the balance of benefits and harms of screening for lipid disorders in children and adolescents 20 years or younger” (United States Preventive Services Task Force, 2016).

### Resources

#### Minnesota Department of Human Services

- [Minnesota Health Care Programs Provider Manual C&TC Section \(www.dhs.state.mn.us\)](#)

#### Minnesota Department of Health

- [Child and Teen Checkups \(www.health.state.mn.us\)](#)

#### Centers for Disease Control and Prevention

- [Preventing Heart Disease \(www.cdc.gov\)](#)

### References

- American Academy of Pediatrics. (2011). Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report. *Pediatrics*, 128(supplement 5), 213-256.
- Pediatrics, A. A. (2017). Evidence and Rationale. In S. J. Hagan JF, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. (p. 285). Oak Grove Village, IL: American Academy of Pediatrics.
- United States Preventive Services Task Force. (2016). Screening for Lipid Disorders in Children and Adolescents: US Preventive Services Task Force Statement. *JAMA*, 316(6), 625-633.

### For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 or email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

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