

PRACTICAL PEARLS: Hyperlipidemia

INTRODUCTION	<ul style="list-style-type: none"> • Universal screening of children aged 9-11 and 17-21 years is recommended to identify lipid disorders such as familial hypercholesterolemia that increase the risk of early CVD if untreated. http://pediatrics.aappublications.org/content/128/Supplement_5/S213.long • Most lipid abnormalities are secondary to obesity (dyslipidemia: elevated TG/low HDL) and are treated with lifestyle modification.
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none"> • A non-fasting TC ≥ 200 mg/dl and/or non-HDL-C (TC-HDL) ≥ 145 mg/dl necessitate a fasting lipid panel. • Mild elevations (LDL ≥ 130-160 mg/dl, TG ≥ 150-500 mg/dl) can be treated with dietary modification. • Medical causes of hyperlipidemia should be ruled out. • Email or securely text (using Cortext) Dr. Boney for a courtesy review of fasting lipid profile and recommendation for further evaluation.
WHEN TO REFER	<ul style="list-style-type: none"> • TC > 250 mg/dl, LDL ≥ 160 mg/dl, fasting TG ≥ 500 mg/dl and/or HDL < 20 mg/dl warrant referral to a lipid specialist.
HOW TO REFER	<ul style="list-style-type: none"> • (413) 794-KIDS: Lipid Clinic (Dr. Conroy pediatric endocrinologist, Dr. Mackie cardiologist, Ms. Lynn Henry dietician; Dr. Boney advisor)
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	<ul style="list-style-type: none"> • Multidisciplinary team will evaluate and treat children with primary, non-obesity related hyperlipidemia through a combination of lifestyle modification and pharmacotherapy.

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