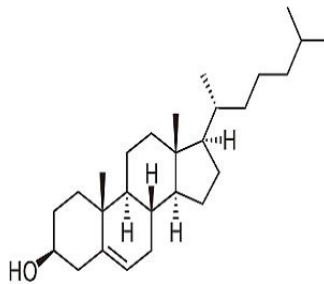


Insufficient Evidence For Lipid Disorders Screening in Children



The U.S. Preventive Services Task Force (USPSTF) has concluded that there is insufficient evidence to assess the benefits and harms of screening for lipid disorders in children and adolescents 20 years or younger. The report is published in *JAMA*.

High levels of LDL-C, non-HDL-C and triglycerides and low levels of HDL are associated with risk of cardiovascular diseases in adults. The National Health and Nutrition Examination Survey (NHANES) estimates that 7.8 percent of children between 8 to 17 years of age have elevated levels of total cholesterol and 7.4 percent of adolescents between 12 to 18 years have elevated LDL-C. Theoretically speaking, screening for lipid disorders in children could lead to early identification and treatment.

However, the USPSTF has reviewed the evidence and has found inadequate evidence on the quantitative difference in diagnostic yield between universal and selective screening for familial hypercholesterolaemia or multifactorial dyslipidaemia.

See also: [New Guidelines For Using Nonstatin Cholesterol-Lowering Drugs](#)

The USPSTF was able to find adequate evidence from short term trials that pharmacotherapy interventions could reduce levels of LDL-C and TC in children with familial hypercholesterolaemia. However, there was inadequate evidence to address whether such treatment could led to a reduced incidence of premature cardiovascular disease. There was also inadequate evidence with respect to the association between changes in intermediate lipid outcomes or noninvasive measures of atherosclerosis in children and adolescents' incidence of mortality. Similarly, there was inadequate evidence on the benefits of lifestyle modification or pharmacotherapy interventions in children and adolescents with multifactorial dyslipidaemia.

Source: [JAMA](#)

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