



## Lipid Screening in Adults Clinical Guideline

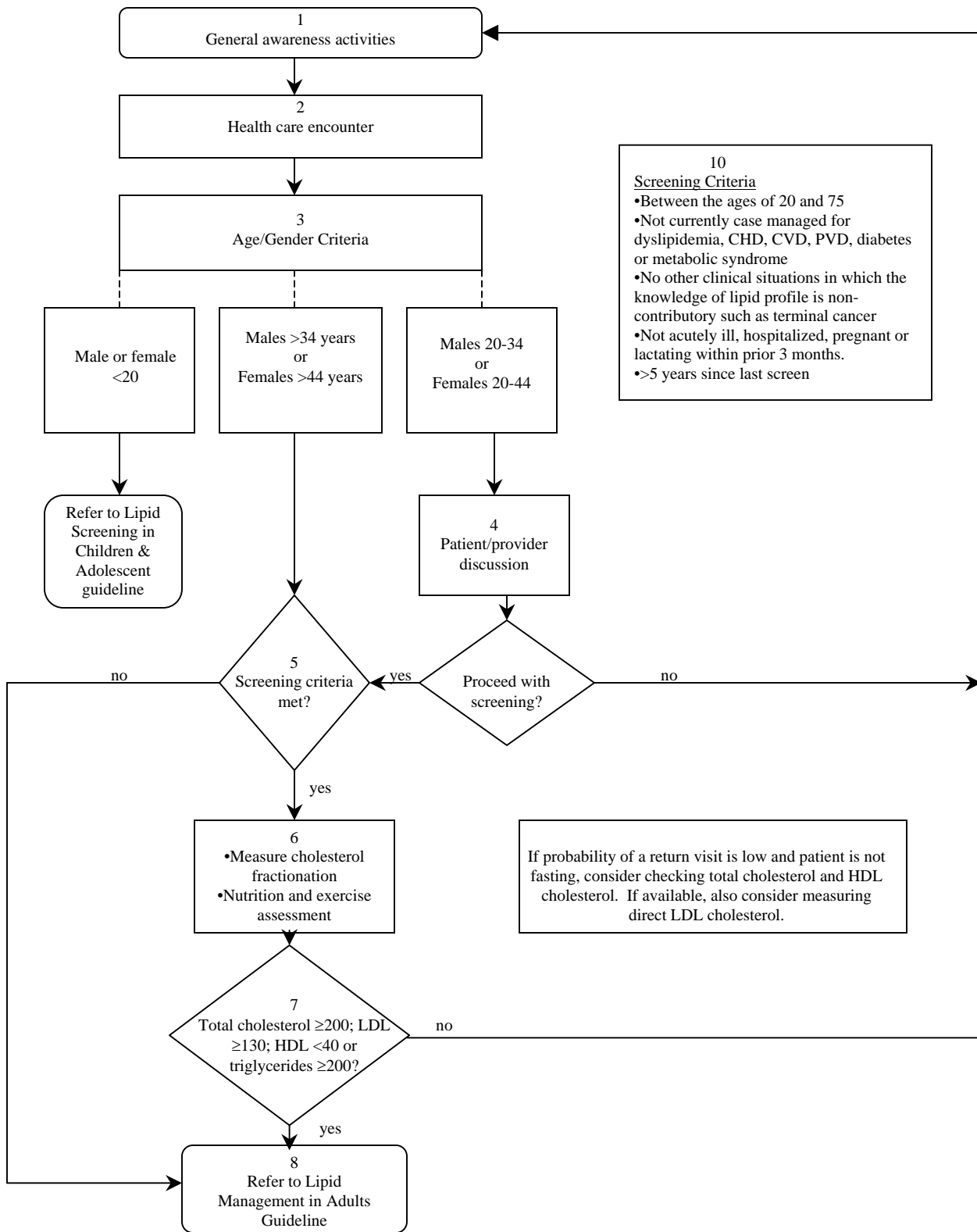
### Guideline History

Date Approved	05/03, 10/03, 10/05, 10/07
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These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

# Lipid Screening in Adults

Source: Institute for Clinical Systems Improvement 2006 and SHM Physician Advisory Council



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# *Lipid Screening in Adults Algorithm Annotations*

## **1. General Awareness Activities**

## **2. Health Care Encounter**

A health care encounter is any visit with a provider that yields an opportunity for screening.

## **3. Age Gender Criteria**

The guideline recommends routine lipid screening for men ages 35-75 and women ages 45-75. The guideline recommends that patients and providers discuss the issues surrounding lipid screening with men between the ages of 20-34, women between the ages of 20-44 years, and men and women after age 75. The elderly have the worst prognosis for adverse events with CAD and aggressive primary and secondary prevention in this group may be beneficial. Once someone is over the age of 75 and develops CAD, their prognosis is worse than for a younger individual.

## **4. Patient Provider Discussion**

No evidence exists to support the treatment of dyslipidemia among men ages 20-34 years, among women ages 20-44 years, or among men and women over 75 years. Individuals in these groups should be screened on the basis of their non-lipid risk factors and treatment availability after discussion of patient preference and the risks and benefits of treatment. A specific example would be the need to screen those men aged 20-34 years and women aged 20-44 years with primary relatives with total cholesterol >300 or history of premature CHD.

## **5. Screening Criteria Met?**

It is believed that patients with histories of dyslipidemia, coronary heart disease (CHD), cerebrovascular disease (CVD), peripheral vascular disease (PVD), diabetes mellitus (DM), metabolic syndrome or who are being case managed for dyslipidemia should not be screened. Their disease management will involve a more aggressive approach to lipid monitoring.

Patients whose health status or life expectancy would not be affected by knowledge of their lipid status (e.g., those with co-morbid conditions such as terminal cancer) should not be screened. In certain circumstances, cholesterol levels may not be representative of a patient's usual levels. These situations include acute illness, hospitalization, weight loss, pregnancy, lactation, or myocardial infarction within the previous three months. Screening should be delayed under these circumstances.

Cholesterol screening is recommended at five-year intervals for those who meet the screening criteria and whose prior screen revealed a total cholesterol of less than 200mg/dL and an HDL-cholesterol of greater than 40 mg/dL.

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**6. Measurement of Serum Cholesterol** fractionation is recommended for those who meet guideline-screening criteria. A 2001 NCEP statement favors measurement of the more sensitive fasting cholesterol fractionation over the previously recommended non-fasting cholesterol and HDL. Providers may choose to measure non-fasting cholesterol and HDL if they believe the patient is unlikely to return for a fasting test, understanding some dyslipidemic patients will be missed with this approach.

**7. Total Cholesterol  $\geq$ 200; LDL  $\geq$ 130; HDL $<$ 40 or Triglycerides  $\geq$ 200?**

Individuals with a total cholesterol less than 200 mg/dL (and HDL-cholesterol of 40 mg/dL or above or triglycerides less than 200) have a desirable cholesterol level and should be advised to repeat cholesterol fractionation in 5 years.

The NCEP ATPIII has stated that a person's ideal LDL-cholesterol should be less than or equal to 100mg/dL. However, the benefit of treating patients with an LDL-cholesterol level between 100and 130mg/dL without known CVD or diabetes is not known.

**8. Refer to Lipid Management in Adults Guideline for Intervention and Case Management**

Individuals with LDL-cholesterol  $>$ 100 mg/dL, HDL-cholesterol  $<$ 40 mg/dL or triglycerides  $>$ 200 mg/dL may be at a higher risk of myocardial infarction and or sudden cardiac death. These patients fall outside the limits of this guideline and should be case managed.

Patients who have been referred for individual case management may return to routine screening practices at their health care provider's discretion. Circumstances that might precipitate a return to routine screening include identification and correction of any underlying cause(s) for secondary dyslipidemia (e.g., thyroid disease), or correction of an underlying risk factor (e.g., smoking) with no other criteria for case management.

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