

American Academy of Pediatrics

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BLASTFAX

AAP Releases New Policy: Lipid Screening and Heart Health

On July 7, 2008, The American Academy of Pediatrics issued new cholesterol screening and treatment recommendations for children, which was picked up widely by the general media. The policy statement, "Lipid Screening and Cardiovascular Health in Childhood," recommends cholesterol screening of children starting at age two, with a family history of high cholesterol or heart disease, unknown family history or those who have risk factors for heart disease including obesity, high blood pressure or diabetes. The statement also states that pharmacological intervention should be considered with specific risk factors however; diet and exercise should be the first line of treatment.

The statement also recommends the use of reduced-fat dairy products, such as two percent milk, for children as young as 12 months and low-fat dairy products after age 2 for whom overweight or obesity is a concern.

To view the policy in its entirety, please visit <http://pediatrics.aappublications.org/cgi/content/full/122/1/198>

Highlights of this Clinical Report include:

Approach:

- Population approach - A healthy diet should be recommended to all children older than 2 yrs according to Dietary Guidelines for Americans. This approach includes the use of low-fat dairy products for children between 12 mo and 2 yrs of age for whom overweight or obesity is a concern or who have a family history of obesity, dyslipidemia, or CVD.
- Individual approach - For patients with at higher risk for CVD and with a high concentration of LDL includes recommended changes in diet with nutritional counseling and other lifestyle interventions such as increased physical activity.

Screening:

- Screen children with a positive family history of dyslipidemia or premature CVD or dyslipidemia, patients for whom family history is not known or those with other CVD risk factors, such as overweight (BMI \geq 85th percentile - <95th percentile), obesity (BMI \geq 95th percentile), hypertension (blood pressure \geq 95th percentile), cigarette smoking, or diabetes mellitus.
- Before 2 years of age is not recommended.
- A fasting lipid profile is the recommended approach to screening. Currently there are no noninvasive methods to assess atherosclerotic CVD in children. This screening should be done in context of well child visits.
- If values are within the reference range on initial screening, the patient should be retested in 3 to 5 years.

Treatment:

- Patients who are overweight or obese and have a high triglyceride concentration or low HDL concentration, weight management is the primary treatment, which includes improvement of diet with nutritional counseling and increased physical activity.
- Patients 8 yrs and older with an LDL concentration of \geq 190 mg/dL, or \geq 160 mg/dL with a family history of early heart disease, or \geq 2 additional risk factors present or \geq 130 mg/dL if diabetes mellitus is present, pharmacologic intervention should be considered. The initial goal is to lower LDL concentration to <160 mg/dL. However, targets as low as 130 mg/dL or even 110 mg/dL may be warranted when there is a strong family history of CVD, especially with risk factors (obesity, diabetes mellitus, metabolic syndrome, etc).

If you have any [questions](#) regarding this information, please contact Kyla Crane, RD, LD, WIC/Nutrition Coordinator at (404) 881-5093 or email kcrane@gaaap.org.

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