# PRACTICAL PEARLS: Hyperlipidemia

## INTRODUCTION
- 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.
- 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
- 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
- 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
- (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
- Multidisciplinary team will evaluate and treat children with primary, non-obesity related hyperlipidemia through a combination of lifestyle modification and pharmacotherapy.

---

Author: **Charlotte Boney, MD**  
Pediatric Endocrinology  
September 2015  
Contact: Baystatechildrenshospital@baystatehealth.org