U.S. Preventive Services Task Force

Screening for Lipid Disorders in Children and Adolescents

SCREENING FOR LIPID DISORDERS IN CHILDREN AND ADOLESCENTS: CLINICAL SUMMARY OF THE USPSTF RECOMMENDATION	
What does the USPSTF recommend?	For children and adolescents 20 years or younger: The USPSTF found that the current evidence is insufficient to assess the balance of benefits and harms of screening for lipid disorders. Grade: I statement
To whom does the recommendation apply?	This recommendation statement applies to children and adolescents who do not have signs or symptoms of a lipid disorder.
What's new?	This recommendation statement is consistent with the 2016 USPSTF recommendation.
How to implement this recommendation?	There is insufficient evidence to recommend for or against screening for lipid disorders in children and adolescents. The USPSTF is calling for more long-term data on the effectiveness of screening for and treatment of lipid disorders in the general pediatric population to prevent premature cardiovascular events or death in adulthood.
	In the absence of evidence, clinicians are encouraged to use their judgment when deciding whether to screen for lipid disorders in children and adolescents.
What additional information should clinicians know about this recommendation?	There are 2 main types of lipid disorders seen in children and adolescents: familial hypercholester- olemia (FH) and multifactorial dyslipidemia. FH is a genetic disorder of cholesterol metabolism that causes very high levels of low-density lipoprotein cholesterol early in life. Multifactorial dyslipid- emia is much more common than FH and is primarily associated with environmental factors such as excessive intake of saturated fat, sedentary lifestyle, and obesity.
	The evidence review for FH focused on heterozygous FH, because it is the most common type of FH. Dyslipidemia due to homozygous FH or secondary causes (such as diabetes, nephrotic syndrome, or hypothyroidism), and targeted screening based on family history of premature cardiovascular events, are outside the scope of this review.
	continues

See related Putting Prevention Into Practice in this issue.

but individualize decision-making to the specific patient or situation.

USPSTF = U.S. Preventive Services Task Force.

As published by the USPSTF.

The full recommendation statement is available at https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lipid-disorders-in-children-screening. The USPSTF recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

Note: The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence

A collection of USPSTF recommendation statements published in AFP is available at https://www.aafp.org/afp/uspstf.

SCREENING FOR LIPID DISORDERS IN CHILDREN AND ADOLESCENTS: CLINICAL SUMMARY OF THE USPSTF RECOMMENDATION (continued)

Why are this recommendation and topic important?

Cumulative exposure to abnormal lipid levels over time can lead to early atherosclerotic changes and premature cardiovascular events or death in adulthood.

Interventions to lower lipid levels are available, including lifestyle modification (e.g., changes in diet and physical activity), medication (e.g., statins), and dietary supplements (e.g., plant sterols, fish oil).

What are other relevant USPSTF recommendations?

The USPSTF has recommendation statements on screening for obesity and high blood pressure in children and adolescents. These recommendation statements are available at https://www.uspreventiveservicestaskforce.org/.

What are additional tools and resources?

The National Heart, Lung, and Blood Institute's Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents developed evidence-based guidelines to assist primary care professionals in promoting cardiovascular health and identifying and managing specific cardiovascular risk factors from infancy into young adult life (https://www.nhlbi.nih.gov/node/80308).

The U.S. Department of Health and Human Services published the Physical Activity Guidelines for Americans, which provide evidence-based recommendations for how physical activity can help promote health and reduce the risk of chronic disease for Americans 3 years or older (https://health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines).

The U.S. Departments of Agriculture and Health and Human Services published the Dietary Guidelines for Americans, which provide advice on what to eat and drink at every stage of life to build a healthy diet that can help prevent chronic diseases (https://www.dietaryguidelines.gov/).

The Community Preventive Services Task Force recommends interventions promoting physical activity and healthy eating across the lifespan, including specific recommendations for youth (https://www.thecommunityguide.org/).

Where to read the full recommendation statement?

Visit the USPSTF website or the JAMA Network website (https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.

Note: The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.

USPSTF = U.S. Preventive Services Task Force.