



PHYSICIANS RECOMMEND ALL CHILDREN, AGES 9-11, BE SCREENED FOR CHOLESTEROL

For Immediate Release:

While cardiovascular disease is rare in children, risk factors present in childhood can greatly increase the likelihood a child will develop heart disease as an adult. In response, new guidelines sponsored by the National Heart, Lung and Blood Institute (NHLBI), part of the National Institutes of Health, and endorsed by the American Academy of Pediatrics (AAP) will give health care providers an integrated road map to address all the major cardiovascular risk factors as part of regular well-child visits.

“The Expert Panel Report on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents,” will be published online Nov. 14, 2011 in the journal *Pediatrics* and will be a supplement to the December 2011 print issue. The article will also be posted online as a preprint Sunday, Nov. 13, on the NHLBI website at: http://www.nhlbi.nih.gov/guidelines/cvd_ped/. The guidelines were written by an expert panel that reviewed and graded the available evidence.

The new guidelines recommend ways to prevent the development of cardiovascular risk factors and optimize cardiovascular health starting with breast feeding and emphasizing a diet low in saturated fat starting at age 1 year. The guidelines also encourage protection from tobacco smoke as well as regular physical activity.

“The more we learn about heart disease and stroke in adults, the more we know that the process begins in childhood and progresses over time,” said Stephen R. Daniels, MD, PhD, FAAP, chair of the expert panel that reviewed the guidelines. “By working with families, we can keep kids at a lower lifetime risk and prevent more serious problems in adulthood.”

A significant change from previous guidelines is the new recommendation that all children be screened for high cholesterol at least once between the ages of 9 and 11 years, and again between ages 17 and 21 years. The NCEP Expert Panel on Blood Cholesterol Levels in Children and Adolescents, issued in 1992, instead called for screening only children with a family history of heart disease or high cholesterol. Physicians now will be able to use a non-HDL cholesterol test that does not require children to fast; children with abnormal results should be followed up with a fasting lipid profile.

It is anticipated that a universal screening will more accurately identify children who are at high risk of cardiovascular disease and allow pediatricians to follow up, Dr. Daniels said.

Less than 1 percent of children – primarily those with genetic dyslipidemias – would qualify for cholesterol-lowering medications. Most children with high cholesterol would be referred to lifestyle modifications including diet and physical activity; for children with high blood pressure, the DASH diet is recommended.

The guideline also identifies age-specific strategies to reduce risk factors and manage cardiovascular disease in children and adolescents.

“We’re aware that pediatricians have a long list of things they have to address as part of health promotion and disease prevention. This is really an important part of what should be on that list,” Dr. Daniels said. “We as pediatricians really need to get kids started on the right track and keep them in as low a risk category as possible.”

For a copy of the summary report, or for an interview with the authors, contact the AAP Department of Communications.

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults. For more information, visit www.aap.org.