

Clinical Summary

Lipid Disorders in Adults (Cholesterol, Dyslipidemia): Screening, June 2008

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Screening for Lipid Disorders in Adults: U.S. Preventive Services Task Force: Clinical Summary of USPSTF Recommendations

Population	<ul style="list-style-type: none"> • Men age 35 years and older • Women age 45 years and older who are at increased risk for coronary heart disease (CHD) 	<ul style="list-style-type: none"> • Men ages 20 to 35 years who are at increased risk for CHD • Women ages 20 to 45 years who are at increased risk for CHD 	<ul style="list-style-type: none"> • Men ages 20 to 35 years • Women age 20 years and older who are not at increased risk for CHD
Recommendation	Screen for lipid disorders. Grade: A	Screen for lipid disorders. Grade: B	No recommendation for or against screening Grade: C
Risk Assessment	Consideration of lipid levels along with other risk factors allows for an accurate estimation of CHD risk. Risk factors for CHD include diabetes, history of previous CHD or atherosclerosis, family history of cardiovascular disease, tobacco use, hypertension, and obesity (body mass index ≥ 30 kg/m ²).		
Screening Tests	The preferred screening tests for dyslipidemia are measuring serum lipid (total cholesterol, high-density and low-density lipoprotein cholesterol) levels in non-fasting or fasting samples. Abnormal screening results		

	<p>should be confirmed by a repeated sample on a separate occasion, and the average of both results should be used for risk assessment.</p>		
Timing of Screening	<p>The optimal interval for screening is uncertain. Reasonable options include every 5 years, shorter intervals for people who have lipid levels close to those warranting therapy, and longer intervals for those not at increased risk who have had repeatedly normal lipid levels.</p> <p>An age at which to stop screening has not been established. Screening may be appropriate in older people who have never been screened; repeated screening is less important in older people because lipid levels are less likely to increase after age 65 years.</p>		
Interventions	<p>Drug therapy is usually more effective than diet alone in improving lipid profiles, but choice of treatment should consider overall risk, costs of treatment, and patient preferences. Guidelines for treating lipid disorders are available from the National Cholesterol Education Program of the National Institutes of Health (http://www.nhlbi.nih.gov/about/ncep/This link goes offsite. Click to read the external link disclaimer).</p>		
Balance of Benefits and Harms	<p>The benefits of screening for and treating lipid disorders in men age 35 and older and women age 45 and older at increased risk for CHD substantially outweigh the potential harms</p>	<p>The benefits of screening for and treating lipid disorders in young adults at increased risk for CHD moderately outweigh the potential harms.</p>	<p>The net benefits of screening for lipid disorders in young adults not at increased risk for CHD are not sufficient to make a general recommendation.</p>
Other Relevant USPSTF Recommendations	<p>The USPSTF has made recommendations on screening for lipid disorders in children and screening for carotid artery stenosis, coronary heart disease, high blood pressure, and peripheral arterial disease. These recommendations are available at http://www.uspreventiveservicestaskforce.org/.</p>		