

WHAT'S NEW

From the Third U.S. Preventive Services Task Force

AHRQ Publication No. APPIP01-0011

March 2001

Screening Adults for Lipid Disorders

What Are Lipid Disorders?

Lipid disorders are abnormal levels of cholesterol in the blood that put men and women at risk for heart disease. Some cholesterol is necessary to maintain cell membranes and other aspects of health. However, too much cholesterol can lead to heart disease. Heart disease is the leading cause of death in the United States: heart attacks kill nearly 500,000 men and women each year.

Lipid disorders are risk factors for heart disease, the leading cause of death in the United States.

Cholesterol is carried through the blood bound to two types of "lipoproteins." Low-density lipoprotein (LDL) carries most of the cholesterol in the blood. High levels of LDL can cause cholesterol to deposit in blood vessels, clogging the arteries. High-density lipoprotein (HDL) helps remove cholesterol from the blood and helps

prevent cholesterol from building up. The risk for heart disease increases as levels of LDL increase and as levels of HDL decrease.

Who Should Be Screened for Lipid Disorders?

The third U.S. Preventive Services Task Force (USPSTF) recommends that:

- All men aged 35 and older and all women aged 45 and older should be screened routinely for lipid disorders. This extends the recommendations of the second USPSTF, which recommended that adults be screened until age 65.
- Younger adults—men aged 20-35 and women aged 20-45—should be screened if they have other risk factors for heart disease. These risk factors include tobacco use, diabetes, a family history of heart disease or high cholesterol, or high blood pressure. This recommendation expands on the

recommendations of the second USPSTF, which focused on screening middle-aged men and women.

- Clinicians should measure HDL in addition to measuring total cholesterol or LDL. There is insufficient evidence to recommend for or against measuring triglycerides.

The third USPSTF makes no recommendation for or against routine cholesterol screening in young adult men and women who are not at risk for heart disease.

Why Screen for Lipid Disorders?

Heart disease may be the first sign of abnormal cholesterol levels. Screening can detect cholesterol abnormalities and lead to treatment before heart disease develops or worsens.

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on work of the third U.S. Preventive Services Task Force (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent diseases)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in the Systematic Evidence Review, Summary of the Evidence, and USPSTF Recommendations and Rationale on the Agency for Healthcare Research and Quality (AHRQ) Web site (<http://www.ahrq.gov/clinic/uspstfix.htm>), through the National Guideline Clearinghouse (<http://www.guideline.gov>), in print through the AHRQ Clearinghouse (1-800-358-9295), and in the April 2001 Supplement to the *American Journal of Preventive Medicine*.

www.ahrq.gov

Screening can detect cholesterol abnormalities before heart disease develops or worsens.

Does Treatment Work?

Several large studies have shown that patients who took cholesterol-lowering drugs for 5-7 years and had either high total cholesterol or low HDL cholesterol decreased their risk of heart disease by about 30 percent. In the one study that included women, the treatment appeared to be as effective in postmenopausal women as in men.

Reducing dietary saturated fat and losing weight can lower total and LDL cholesterol as much as 10-20 percent in some men and women. On average, however, most patients achieve reductions in total cholesterol of about 2-6 percent after modifying their lifestyles.

The Take-Home Message

All men aged 35 and older and all women aged 45 and older should be screened routinely for lipid disorders to find out whether their cholesterol levels increase their risk for heart disease. Younger adults should be screened for lipid disorders if they are otherwise at risk for heart disease. Clinicians should consider overall risk of heart disease in making treatment decisions. Clinicians should counsel all patients about

changing their lifestyles (reducing dietary saturated fat, exercising, and losing weight) to improve their lipid levels. Many men and women, especially those at highest risk, may need medications to best control their lipid abnormalities. Guidelines for treating high cholesterol are available from the National Heart Lung and Blood Institute/National Cholesterol Education Program (see their listing below).

For more information on screening and treatment for lipid disorders, contact the following organizations:

American Academy of Family Physicians

11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: 913-906-6000
<http://www.aafp.org>

American College of Cardiology

Heart House
9111 Old Georgetown Road
Bethesda, MD 20814
Phone: 1-800-253-4636
Fax: 301-897-9745
<http://www.acc.org>

American College of Physicians/American Society of Internal Medicine

190 N. Independence Mall West
Philadelphia, PA 19106-1572
Phone (customer service):
1-800-523-1546, ext. 2600
<http://www.acponline.org>

American Heart Association

National Center
7272 Greenville Avenue
Dallas, TX 75231
Phone (customer heart and stroke information): 1-800-AHA-USA1
<http://www.americanheart.org>

Drug treatment is usually more effective than dietary changes alone for reducing total cholesterol.

Healthfinder

<http://www.healthfinder.gov>

National Heart Lung and Blood Institute (NHLBI)/National Cholesterol Education Program

NHLBI Information Center
Attn: Web Site
P.O. Box 30105
Bethesda, MD 20824-0105
Phone: 301-592-8573
Fax: 301-592-8563
<http://www.nhlbi.nih.gov/about/ncep>



Agency for Healthcare
Research and Quality
www.ahrq.gov



U.S. Preventive Services
Task Force

Members of the third USPSTF are an independent panel of experts who represent the fields of family medicine, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the third USPSTF are:

Alfred O. Berg, MD, MPH,
Chair
Janet D. Allan, PhD, RN, CS,
Vice Chair
Paul S. Frame, MD
Charles J. Homer, MD, MPH
Tracy A. Lieu, MD, MPH
Cynthia D. Mulrow, MD, MSc

Carole Tracy Orleans, PhD
Jeffrey F. Peipert, MD, MPH
Nola J. Pender, PhD, RN
Harold C. Sox, Jr., MD
Steven M. Teutsch, MD, MPH
Carolyn Westhoff, MD, MSc
Steven H. Woolf, MD, MPH