



## **Dyslipidemia Risk Assessment**

## CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

Dyslipidemia risk assessment is required at certain C&TC visits. Dyslipidemia blood testing is completed at the provider's discretion. Positive risk factors should prompt further evaluation.

### **C&TC** standards

#### General

Dyslipidemia risk assessment is required at C&TC visits ages 2, 4, 6, and 8 years and at least once between the ages of 9-11, 12-16, and 17-20 years.

Providers do not need to perform dyslipidemia blood testing to bill for a complete C&TC visit. Providers have the discretion to order dyslipidemia blood testing.

#### Personnel

A licensed health care provider should review and interpret the risk assessment: physician, nurse practitioner, physician assistant, or registered or public health nurse (RN, PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health.

#### **Documentation**

Document the dyslipidemia risk assessment along with appropriate counseling and follow-up.

Refer to the <u>C&TC Provider Documentation</u> <u>Forms</u> for documentation examples or to use as a template with your electronic medical record.

### **Procedure**

#### Risk assessment

Identify risk factors through personal and family health history and physical measurements (American Academy of Pediatrics, 2011). Include some or all the following factors in the risk assessment:

- Parent, grandparent, aunt, uncle, or sibling with myocardial infarction, angina, stroke, coronary artery bypass graft, stent, or angioplasty at younger than 55 years in males and younger than 65 years in females.
- Parent with total cholesterol ≥240 mg/dL or known dyslipidemia.
- Patient has diabetes, hypertension, or body mass index ≥95th percentile or smokes cigarettes.
- Patient has a medical condition that places them at moderate or high risk for dyslipidemia.

### Lab testing and management

Ensure appropriate counseling and followup based on the results of the risk assessment.

Refer to the <u>Integrated Guidelines for</u>
<u>Cardiovascular Health and Risk Reduction in</u>
<u>Children and Adolescents</u> for guidance on lab testing and management.

### More information

C&TC guidelines for dyslipidemia risk assessment follow <u>Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care but differ regarding universal dyslipidemia blood testing.</u>

### Anticipatory guidance

Strong evidence suggests good nutrition starting at birth may decrease the future risk of cardiovascular disease. Breastfeeding provides sustained cardiovascular benefits (American Academy of Pediatrics, 2011).

Use the <u>Toolkit for Professionals</u> to counsel children and youth 2 years of age and older.

<u>Let's Go!</u> provides nutrition and physical activity counseling tools.

# Professional recommendations

### **American Academy of Pediatrics**

Dyslipidemia risk assessment is recommended at 2, 4, 6, and 8 years and between 12 and 16 years. Perform universal lipid screening with non-fasting, non-HDL total cholesterol once between 9 and 11 years and 17 and 21 years (American Academy of Pediatrics, 2011).

## United States Preventive Services Task Force

Evidence is insufficient to recommend lipid disorder screening for children and adolescents (United States Preventive Services Task Force, 2023).

#### Resources

## Minnesota Department of Human Services

- <u>C&TC Schedule of Age-Related</u>
   <u>Screening Standards</u>
- Minnesota Health Care Programs
   (MHCP) Provider Manual C&TC Section

## Minnesota Department of Health

Child and Teen Checkups (C&TC)

## Centers for Disease Control and Prevention

Preventing Heart Disease

#### For more information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3650 or email health.childteencheckups@state.mn.us.

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### **Resource links**

- <u>C&TC Provider Documentation Forms</u>
   (https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources)
- Integrated Guidelines for Cardiovascular
   Health and Risk Reduction in Children and
   Adolescents
   (https://www.nhlbi.nih.gov/health topics/integrated-guidelines-for cardiovascular-health-and-risk-reduction-in children-and-adolescents)
- Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care (https://downloads.aap.org/AAP/PDF/periodicity schedule.pdf)
- Toolkit for Professionals
   (https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines/current-dietary-guidelines/toolkit-professionals)
- Let's Go! (https://mainehealth.org/lets-go)
- <u>C&TC Schedule of Age-Related Screening Standards</u>
   (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG)
- Minnesota Health Care Programs (MHCP)
   Provider Manual C&TC Section
   (www.dhs.state.mn.us/main/idcplg?IdcService=GET\_DYNAMIC\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\_150092)
- Child and Teen Checkups (C&TC)
   (www.health.state.mn.us/divs/cfh/program /ctc/index.cfm)
- Preventing Heart Disease
   (https://www.cdc.gov/heart-disease/prevention/index.html)

### References

American Academy of Pediatrics. (2011). Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report. *Pediatrics*, *128*(supplement 5), 213-256. doi:10.1542/peds.2009-2107C

United States Preventive Services Task Force. (2023). Screening for Lipid Disorders in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. *JAMA*, *330*(3), 253-260. doi:doi:10.1001/jama.2023.11330