

Lipid reporting.

(All lipid results are reported in mmol/L)

Lipid reporting for adults reflects the 2013 MOH Cardiovascular Disease Risk Assessment guidelines; targets or reference intervals are not recommended.

For patients < 19 years reference intervals are based on the CALIPER reference interval study.

Reference intervals for patients younger than 19 years:

Triglycerides	
0 - 14 days	0.9 - 3.0
15 days - 1 year	0.6 - 3.0
1 - 19 years	0.5 - 2.3
HDL	
0 - 14 days	0.4 - 1.1
15 days - 1 year	0.3 - 1.9
1 to 19	0.8 - 1.9
Total Cholesterol	
0 -14 days	1.2 - 3.2
15 days - 1 year	1.6 - 6.2
1 - 19 years	2.9 - 5.4

Comments added based on the LDL Cholesterol or total Cholesterol result:

For patients < 16 years with LDL > 4 or ≥ 16 years with LDL > 4.9 the following comment is added:

“LDL cholesterol is elevated. Consider hereditary causes but firstly exclude secondary causes.”

For patients < 16 years with Total Cholesterol > 6.7:

“Total Cholesterol is elevated. Consider hereditary causes but firstly exclude secondary causes.”

For patients ≥ 16 years with Total Cholesterol ≥ 8 or TC: HDL ratio ≥ 8:

“Lipid lowering treatment is usually recommended when Total Cholesterol ≥ 8 mmol/L or TC:HDL ratio is ≥ 8. Treatable secondary causes of dyslipidaemia should be considered before starting lipid medication. Hereditary causes of dyslipidaemia should also be considered.”

For patients 19 years and older

Neither reference intervals nor cut-offs are reported. Instead, comments are reported based on the lipid results. Lipids are one component of a CVD risk assessment.

Total cholesterol is ≥ 8 or TC: HDL ratio is ≥ 8 :

“Lipid lowering treatment is usually recommended when Total Cholesterol is ≥ 8 mmol/L or TC:HDL ratio is ≥ 8 . Treatable secondary causes of dyslipidaemia should be considered before starting lipid medication. Hereditary causes of dyslipidaemia should also be considered.”

Total cholesterol is < 8 and TC: HDL ratio is < 8 :

“A combined CVD risk, of which lipids is one component should be estimated to guide CVD risk management decisions. If lipid modifying medication is considered, suggest checking firstly for treatable secondary causes of dyslipidaemia.”

LDL is > 4.9

“LDL cholesterol is elevated. Consider hereditary causes but firstly exclude secondary causes.”

Triglyceride is > 10 :

“Triglyceride levels > 10 mmol/L are associated with increased risk of pancreatitis. Secondary causes such as obesity, high alcohol intake and impaired glucose tolerance or diabetes should be considered.”

HDL is > 2.5 :

“An elevated HDL is not always associated with decreased CVD risk.”

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