

Dyslipidemia Risk Assessment

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

Dyslipidemia risk assessment is required for certain C&TC visits. Dyslipidemia blood testing is up to provider discretion. Positive risk factors should prompt consideration of further evaluation.

C&TC Requirements

General

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

Dyslipidemia blood testing is not required to bill for a complete C&TC visit. Performing lab testing is up to the provider's discretion.

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 (MDH).

Documentation

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

For documentation examples or for use as a template with your electronic medical record, refer to the [C&TC Provider Documentation Forms](#).

Procedure

Risk Assessment

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

- Parent, grandparent, aunt, uncle, or sibling with myocardial infarction (MI), angina, stroke, coronary artery bypass graft (CABG), 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 (BMI) ≥ 95 th percentile or smokes cigarettes
- Patient has a medical condition that places them at moderate or high risk for dyslipidemia

Laboratory Testing and Management

Ensure appropriate counseling and follow-up based on the results of the risk assessment.

Refer to the [Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents](#) for guidance on laboratory testing and management.

More Information

C&TC guidelines for dyslipidemia risk assessment follow [Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care](#) but differ regarding universal dyslipidemia blood testing.

Anticipatory Guidance

There is strong evidence that good nutrition starting at birth may decrease the future risk of cardiovascular disease. Breastfeeding provides sustained cardiovascular benefits (American Academy of Pediatrics, 2011). For children and young people two years of age and older, counsel using the [Toolkit for Professionals](#).

[Let's Go!](#) has nutrition and physical activity counseling tools.

Professional Recommendations

American Academy of Pediatrics

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

United States Preventive Services Task Force

“Current evidence is insufficient to assess the balance of benefits and harms of screening for lipid disorders in children and adolescents 20 years or younger” (United States Preventive Services Task Force, 2023).

Resources

Minnesota Department of Human Services

- [C&TC Schedule of Age-Related Screening Standards](#)
- [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

- [Prevent Heart Disease](#)

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:10.1001/jama.2023.11330

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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- [Child and Teen Checkups \(C&TC\)](http://www.health.state.mn.us/divs/cfh/program/ctc/index.cfm)
- [Prevent Heart Disease](http://www.cdc.gov/heartdisease/prevention.htm)

Resource Links

- [C&TC Provider Documentation Forms](https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources)
- [Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4536582)
- [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)
- [C&TC Schedule of Age-Related Screening Standards](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&)