Lipid Screening Guidelines - Adult
Washington State Clinical Laboratory Advisory Council
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FOR EDUCATIONAL PURPOSES ONLY
The individual clinician is in the best position to
determine which tests are most appropriate for a
particular patient.

RISK CATEGORIES

Adults >20 years
Non-Fasting Testing
Cholesterol >200 mg/dl
HDL <40 mg/dl
Lipid Screening
Adults >20 years
Perform Lipoprotein Fasting
(Cholesterol, HDL, LDL, Triglyceride)
(see notes 1 & 3)

Little or No Risk
LDL <100 mg/dl
Chol <200 mg/dl
HDL >40 mg/dl
0-1 Risk Factors
(see note 4)
Goal: LDL <160 mg/dl
No Action:
Repeat Test in 5 years
Goal Met

Low Risk
0-1 Risk Factors
(10-yr risk for CHD <10%)
(see notes 4 & 5)
Goal: LDL <130 mg/dl
Optional Goal: LDL <100 mg/dl

Moderate or
Moderately High Risk
2 or more major Risk Factors
(10-yr risk for CHD <20%)
(see notes 4 & 5)
Goal: LDL <100 mg/dl
Optional Goal: LDL<70 mg/dl
(see note 9)

Therapeutic Lifestyle Changes &
Drug Therapy (to meet goals)
(Refer to Implications of Recent
Clinical Trials for the National
Cholesterol Education Program
Adult Treatment Panel III
Guidelines - See Reference 2)

Highest Risk
CHD & CHD Risk equivalent
(see notes 6 & 7)
(10-yr risk for CHD >20%)
(see note 5)
Goal: LDL <100 mg/dl

NOTES:
1. Before action is taken, average at least 2 measurements.
2. Eliminate secondary dyslipidemia before initiating lipid lowering therapies.
   - Diabetes
   - Hypothyroidism
   - Obstructive liver disease
   - Chronic renal failure
   - Drugs that increase LDL cholesterol and decrease HDL cholesterol (progestins, anabolic steroids, and corticosteroids).
3. Consider other risk factors and emerging risk factors such as obesity, physical inactivity, atherogenic diet, Lipoprotein (a), homocysteine, prothrombotic and pro-inflammatory factors, impaired fasting glucose, and evidence of subclinical atherosclerotic disease.
4. Major risk factors (exclusive of LDL cholesterol) that modify LDL goals:
   - Cigarette Smoking
   - Hypertension (blood pressure ≥140/90 mm Hg or on antihypertensive medication)
   - Low HDL cholesterol (<40 mg/dl)
   - Family history of premature CHD (CHD in male first-degree relative <55 yrs; CHD in female first-degree relative <65 yrs)
   - Age (Men ≥45 yrs; women ≥55 yrs).
6. CHD includes history of myocardial infarction, unstable angina, stable angina, coronary artery procedures (angioplasty, or bypass surgery), or evidence of clinically significant myocardial ischemia.
7. CHD risk equivalents include clinical manifestations of noncoronary forms of atherosclerotic disease (peripheral arterial disease, abdominal aortic aneurysm, and carotid artery disease [transient ischemic attacks or stroke of carotid origin or >50% obstruction of a carotid artery]), diabetes, and 2+ risk factors with 10-year risk for hard CHD <20%.
8. For those without CHD, but with 2 or more risk factors and a 10-year risk between 10-20%, LDL <100 mg/dl is the optional goal.
9. Very high risk favors the optional LDL-C goal of <70 mg/dl, and in patients with high triglycerides, non-HDL-C <100 mg/dl.
Who should be screened?

Children & Adolescents: 1 Parent with Total Cholesterol >240 mg/dl

No

Parent/grandparent with premature CHD (i.e., M.I., angina pectoris, peripheral vascular disease, cerebrovascular disease, or sudden cardiac death <55 years of age for males or <65 years of age for females)

Yes

Perform Total Cholesterol

T. Chol <170 mg/dl

T. Chol 170-199 mg/dl

(2 separate averaged results)

T. Chol >200 - <240 mg/dl

Yes

Counsel on diet and exercise

Re-evaluate T. Chol in 2 years

No

Re-evaluate in 5 years

T. Chol >240 mg/dl

Full risk factor evaluation

Follow-up in 3 months

Re-evaluate in 5 years

Repeat screening in 5 years

References:
4. University of Washington Medical Center Lipid Clinic, Harborview Medical Center; reviewed by Dr. Robert Knopp, October, 2005.