Sunnybrook HEALTH SCIENCES CENTRE

LABORATORY MEDICINE BULLETIN

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Lipid Profile Update

Audience: Internal and External Clients
Issuing Dept.: Biochemistry, Dept. of Clinical Pathology
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In keeping with updated Guidelines on Management of Dyslipidemia [see references 1 and 2 below], our "Lipid Profile" reporting will be revised as follows, effective Feb 19, 2015.

1. LDL-C (calculated) upper reference limit:- revised to <2.10 mmol/L

   Interpretations:
   <2.10 mmol/L: Is the primary treatment goal for individuals with intermediate to high CVD risk (FRS)*. A >49% reduction from baseline is an alternative treatment goal and also applies to individuals with low CVD risk (FRS*).
   >3.4 mmol/L: Pharmacotherapy is indicated in individuals with intermediate CVD risk (FRS)*.
   >4.9 mmol/L or evidence of genetic dyslipidemia: Pharmacotherapy is recommended.

2. Non-HDL-C (calculated as the difference between Total Cholesterol and HDL-C) is now included as a component test of the "Lipid Profile".

   Interpretations:
   If non-HDL-C is used as an alternative treatment target rather than LDL-C, then <2.7 mmol/L is the treatment target for individuals with intermediate to high CVD risk (FRS)*.
   If >4.2 mmol/L: then consider pharmacotherapy in individuals with intermediate CVD risk and LDL-C<3.5 mmol/L.

3. Total Cholesterol to HDL-C Ratio will no longer be reported

The information in this Bulletin is current as of the date and time indicated above. However, it may be superseded by subsequent communications. Please check to make sure you are reviewing the most recent communique.

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*FRS: Framingham Risk Score for estimating 10-year risk of developing "total" cardiovascular events [Reference #3 below];

If you have further questions or comments, please contact the Sunnybrook Laboratories directly.

References:

1. 2012 Update of the Canadian Cardiovascular Society Guidelines for the diagnosis and treatment of dyslipidemia for the prevention of cardiovascular disease in the adult. *Can J Cardiol*. 2013;29:151–167
2. *NICE clinical guideline* 181 (2014). http://www.guidance.nice.org.uk/cg181.
3. General cardiovascular risk profile for use in primary care: the Framingham Heart Study. *Circulation* 2008;117:743-753

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