

Lipid Profile Update

Audience: Internal & External Clients
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In keeping with current guidelines on management of dyslipidemia [1, 2], Lipid Profile will be updated as follows, effective May 28, 2020.

1. Cholesterol < 5.0 mmol/L

Cholesterol contributes to global CVD risk assessment and risk reduction but has limited clinical utility on its own. Reference limit reported here indicates a level below which is generally considered desirable in adults.
(European Atherosclerosis Society and EFLM 2019)

2. HDL Cholesterol > 1.00 Men mmol/L
> 1.20 Women

HDL Cholesterol contributes to global CVD risk assessment and risk reduction but has limited clinical utility on its own. Reference limit reported here indicates a level above which is generally considered desirable in adults.
(European Atherosclerosis Society and EFLM 2019).

3. LDL Cholesterol < 2.00 mmol/L

Canadian Cardiovascular Society Dyslipidemia Guideline 2016:

<1.8 mmol/L: Should be considered as the treatment target for subjects with clinical atherosclerosis within the last 3 months.

<2.0 mmol/L: Is the primary treatment goal in primary prevention and statin-indicated conditions. Alternatively, a > 49% reduction of LDL-C from baseline may be used.

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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 However, it may be superseded by subsequent communications.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.

>3.4 mmol/L: Pharmacotherapy is indicated in individuals with intermediate (10-19%) CVD risk (FRS*).

>4.9 mmol/L or evidence of genetic dyslipidemia: pharmacotherapy is recommended.

FRS*: Framingham Risk Score for estimating 10-year risk of developing cardiovascular events.

4. Non-HDL-C < 2.6 mmol/L

Canadian Cardiovascular Society Dyslipidemia Guideline 2016:

<2.6 mmol/L: Is an alternative treatment target when Non-HDL-C is used rather than LDL-C.

>4.2 mmol/L: Pharmacotherapy should be considered in individuals with intermediate (10-19%) CVD risk (FRS*)

FRS*: Framingham Risk Score for estimating 10-year risk of developing cardiovascular events.

5. Triglyceride < 1.70 mmol/L

Triglyceride is used for the calculation of LDL-C and has limited utility for predicting CVD.

Reference limit reported here indicates a level below which is generally considered normal in fasting adults (European Atherosclerosis Society and EFLM 2019).

Notes:

> 1.5 mmol/L: Non-HDL-C may be preferred over LDL-C as the treatment target.

> 4.5 mmol/L: LDL-C cannot be calculated; fasting is recommended in subsequent lipid testing.

> 10 mmol/L: Severe hypertriglyceridemia with high risk of acute pancreatitis.

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

References:

1. 2016 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. Canadian Journal of Cardiology 32(2016)1263-1282. DOI:<https://doi.org/10.1016/j.cjca.2016.07.510>
2. Quantifying atherogenic lipoproteins for lipid-lowering strategies: consensus-based recommendations from EAS and EFLM. Clin Chem Lab Med 2020; 58(4): 496–517. DOI: <https://doi.org/10.1515/cclm-2019-1253>