

Understanding Task Force Draft Recommendations

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for lipid disorders in children and adolescents. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from January 24, 2023, to February 21, 2023. The Task Force welcomes your comments.

Screening for Lipid Disorders in Children and Adolescents

The Task Force issued a **draft recommendation statement** on *Screening for Lipid Disorders in Children and Adolescents*.

The Task Force found that there is not enough evidence to determine whether or not screening children for high cholesterol improves heart health into adulthood.

This draft recommendation applies to children and adolescents 20 years and younger who do not have signs, symptoms, or a known diagnosis of a cholesterol disorder.

Facts About High Cholesterol in Children and Adolescents

High cholesterol in children and adolescents can lead to premature cardiovascular events, like heart attacks and strokes, in adulthood. The Task Force looked at the evidence on screening for two types of cholesterol disorders in children and adolescents:

Multifactorial dyslipidemia: high cholesterol that is mainly caused by environmental factors such as high fat diet, sedentary lifestyle, and obesity. This is the most common type of cholesterol disorder and having a high Body Mass Index (BMI) is a risk factor for this form of cholesterol disorder.

Familial hypercholesterolemia: high cholesterol that is caused by a genetic mutation. Having a family member with abnormally high cholesterol levels or who had a heart problem at a young age may be a sign that this condition exists amongst other members of the family.

Screening for High Cholesterol in Children and Adolescents

A blood test measuring different components of cholesterol can be used to look for both types of cholesterol disorders. If cholesterol levels are found to be high, further testing is commonly needed to confirm the diagnosis.

Potential Benefits and Harms of Screening for High Cholesterol in Children and Adolescents

The Task Force did not find enough evidence to determine the benefits and harms of screening for cholesterol disorders in children and adolescents who do not have symptoms.

The Task Force is calling for additional research on the effectiveness of screening for and treatment of high cholesterol in children and adolescents to prevent premature heart attacks, strokes, and death, in adulthood.



What are lipid disorders?

Lipid disorders include particularly high levels of cholesterol and other fats in the blood. They can be caused by genetic factors or environmental factors, such as lifestyle.

Screening for Lipid Disorders in Children and Adolescents

In the absence of evidence, healthcare professionals should use their judgment whether to measure the cholesterol levels of their young patients, and caregivers should share any concerns related to cholesterol or heart health of their children. Importantly, there are other evidence-based ways to promote good heart health among children and teens including screening and counseling for obesity and counseling to prevent tobacco use.

The Draft Recommendation on Screening for High Cholesterol in Children and Adolescents: What Does It Mean?

Here is the Task Force's draft recommendation on screening for lipid disorders in children and adolescents. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues an **I Statement**, it means that there is not enough evidence to recommend for or against the preventive service.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

1 The USPSTF concludes that **the 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.
I Statement

Notes

- 1 current evidence is insufficient**
The Task Force did not find enough evidence to make a recommendation for or against screening.
- 2 screening for lipid disorders**
A blood test is used to measure cholesterol levels.



Screening for Lipid Disorders in Children and Adolescents

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the **Task Force website**.

[Click Here to Learn More About High Cholesterol](#)

-  **Cholesterol**
(Centers for Disease Control and Prevention)
-  **Cholesterol**
(MedlinePlus)
-  **Familial hypercholesterolemia**
(MedlinePlus)

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here to Comment on the Draft Recommendation](#)



The Task Force welcomes comments on this draft recommendation.



Comments must be received between January 24, 2023 and February 21, 2023.



All comments will be considered for use in writing final recommendations.