

taken, including the health of both parents and all first-degree relatives. Specific questions should be asked regarding early heart disease, hypertension, strokes (CVAs), sudden death, hyperlipidemia, diabetes, and endocrine abnormalities.

Patients and parents should be educated about cholesterol and lipid abnormalities. This should include a brief introduction of the different lipoprotein categories, including an explanation of the components of the lipid profile. Also, lifestyle risk factors for heart disease, such as smoking and exercise, should be reviewed. For management to be effective, parents and patients need to understand that the rationale for dietary or pharmacologic intervention is prevention of future cardiovascular disease and is part of any treatment plan for lipid abnormalities.

A child with a lipid disorder should not be viewed as having a disease, and stringent dietary guidelines may become an issue of control and a source of great stress for many families. Rather, the positive aspects of healthy eating, regularly exercising, and avoiding smoking should be emphasized. Basic dietary changes should be encouraged for the whole family so that the affected child is not singled out. Cultural differences must be considered and recommendations individualized. Substitution rather than elimination needs to be emphasized. Visual aids (e.g., test tubes depicting the amount of fat in a hot dog or the number or packs of sugar in a glass of juice) are often helpful, especially for children. Diets should be flexible and individually tailored by a nutritionist who is experienced in lipid disorders. Dietary recommendations need to meet the nutritional demands of growing children while providing benefit to the overall profile. Parents and patients are encouraged to participate in dietary and educational sessions, ask questions, and share ideas and experiences.

Parents often feel guilty about the hereditary component of hyperlipidemia. Many also believe they have failed if the diet alone is not making a significant difference in their child's lipid profile. They need to be reassured that a dietary approach alone is often not sufficient, especially for children with genetically elevated values.

Parents of children who require pharmacologic therapy need to understand the purpose, dosage, and possible side effects of the various drugs. Medication schedules should remain flexible and should not interfere with the child's daily activities. Follow-up