Institute, 2011). The expert panel's guidelines also include comprehensive screening and treatment guidelines for children with cardiovascular disease risk factors.

- Diagnosis of obesity is paramount in enhancing care of obese pediatric patients. Current laboratory (cholesterol or glucose) screening rates (10%) are inadequate in the outpatient setting (Patel, Madsen, Maselli, et al, 2010).

- Testing for cardiovascular risk factors: HDL cholesterol, LDL cholesterol, fasting glucose, HgbA1C, BP, thyroid stimulating hormone, and ALT should be considered in pediatric patients with increased waist circumference and even normal BMI (l'Allemand-Jander, 2010).

- In obese children, LDL cholesterol, HDL cholesterol, total cholesterol, and triglycerides are significantly different from subjects who are not obese (Simsek, Balta, Balta, et al, 2010).

- Serum triglyceride levels are a predictive risk factor of carotid intima-media thickness (Simsek, Balta, Balta, et al, 2010).

- In children and adolescents (12 to 19 years old) fasting non-HDL cholesterol levels were strongly associated with metabolic syndrome. A non-HDL cholesterol threshold of 120 mg/dl indicated borderline risk for metabolic syndrome, and a threshold of 145 mg/dl indicated high metabolic syndrome risk (Li, Ford, McBride, et al, 2011).

- Cholesterol levels in childhood are a major population predictor for adult cholesterol levels (Daniels, Greer, and Committee on Nutrition, 2008).

- Precursors of atherosclerosis are present in young people. The atherosclerotic process begins early in life with early phases characterized by the development of fatty streaks in the vessels (PDAY study) (Enos, Holmes, and Beyer, 1953; Strong, Malcom, McMahan, et al, 1999).

- Atherosclerosis is related to the presence and degree of