**Calculation of age and gender related non-HDL-C percentiles from Health Survey for England data – Implications for diagnosis of Familial Hypercholesterolaemia (FH)**

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Objective – To develop clinically acceptable charts of lipid valyes illustrating age and gender specific differences to refine the referral for full genetic testing of possible Familiar Hypercholesterolaemia (FH) patients.

Background - Familial Hypercholesterolaemia (FH) is a genetic disorder characterised by high LDL-cholesterol levels causing premature cardiovascular disease. Phenotypic scoring systems such as the Dutch Lipid Clinic Network Score (DLNCS) or the Simon Broome Criteria (SBC) are recommended for selection of patients with a high likelihood of having monogenic FH. These criteria all incorporate the index case’s personal and family history, physical signs and LDL-C concentration. The specific LDL-C thresholds applied are independent of age and gender however, FH diagnosis may be improved by the use of percentile cholesterol thresholds based on nationally-representative population data.

Methods – The Health Survey for England data (2003 – 2013) was used to estimate gender specific total and nonHDL Cholesterol age distributions for healthy adults (>16). Using GAMLASS procedures, the authors created smoothed curves demonstrating population based 90th, 97.5th, 99th, 99.5th percentiles.

Results - The curves we based on SAMPLE SIZE adults (>16 years old) for males and females. Curves showed remarkably consistency in shape and magnitude across years for males and females.

Discussion

A non-HDL-C concentration of 5.7mmol/L can be considered equivalent to a Friedewald calculated LDL-C of 4.9 mmol/L in patients with a normal fasting triglyceride of ≤1.7 mmol/L. This corresponds to the adult diagnostic threshold for FH according to the SBC and yields a score of 3 in the DLNCS. Our data show that for males aged 35-64, this values lies close to the 90th centile for non-HDL-C but is above the 99th centile for females aged 16-24. The use of this single threshold is likely to lead to under-diagnosis in males <35 and females <45, as well as over-diagnosis in females > 55.

Conclusions

Incorporation of age and gender specific non-HDL-C percentiles into UK based FH scoring systems could potentially improve the sensitivity and specificity for FH diagnosis and refine the selection of index cases for targeted genetic testing.

Introduction

Methods

This study is based on repeated cross sections of the Health Survey for England (HSE) from 2003 – 2013. HSE is an annual survey which looks at changes in the health and lifestyle of people across England. It includes an in-home questionnaire on a variety of demographics and health topics, and physical measures as well as laboratory measures.

Sample

We includes adults ( age > 16) who had at least … common lipid levels available. We excluded adults who were on lipid lowering medication

Laboratory measures

Recalibrate values…