Low HDL

Increased Normal Decreased

Lipoprotein a elevation: Isolated or in combination with other dyslipoproteinemias. The table is based on the changes in the concentration of the various types of lipid.

DIAGNOSIS / INVESTIGATION

A simple blood test that checks for low density lipoprotein, high density lipoprotein, and triglyceride will reveal whether the patient's levels are high, low, or in a healthy range. These numbers can change from year to year, so getting annual blood work is advised. If the patient takes medications for dyslipidemia the doctor would request more frequent blood tester. Dyslipidemia is diagnosed by measuring serum lipids. Routine measurements (1pd p colle) include total cholesterol (tc), triglycerides, high density lipoprotein-c, and to chenity inpoprotein-c; these results are used to calculate low density lipoprotein-c and cyclow density lipoprotein-c. Dyslipidemia is often diagnosed with routine representing tests. It may also be suspected in patients with complications of dyslipidemia (e.g. offeroeclerotic diserse). Thysical findings are less common, and suggest primary dyslipidemia.

Primary Lize disorders are suspected way patients have

o Physical signs of dyslipidemia, such as tendon xanthomas, which are pathognomonic for familial hypercholesterolemia.

o Onset of premature atherosclerotic disease (men < 55 years, women < 60 years)

o Family history of premature atherosclerotic disease or severe hyperlipidemia

o Serum cholesterol > 190 mg/dL (> 4.9 mmol/L)

Lipid profile measurement

Total cholesterol (tc), triglycerides (triglycerides), and high density lipoprotein-c are measured directly. Total cholesterol and triglyceride values reflect cholesterol and triglycerides in all circulating lipoproteins, including chylomicrons, very low density lipoprotein, intermediate-density lipoprotein (idl), low density lipoprotein, and high density lipoprotein. Total cholesterol values can vary by 10% and triglycerides by up to 25% day-to-day even in the absence of a disorder.

Total cholesterol and high density lipoprotein-cholesterol may be measured in the non- fasting state, but most patients should have all lipids measured while fasting (usually for 12 hours) for maximum accuracy and consistency.

Testing should be postponed if a patient has acute illness because triglycerides and lipoprotein A levels increase and cholesterol levels decrease in inflammatory states. Also, lipid profiles can vary for about 30 days after an acute myocardial infarction (MI); however, results obtained within 24