Routine cholesterol screening in kids: Pros and Cons

By ACSH Staff — July 24, 2012

The recurring question of how to detect and treat high cholesterol in children and teenagers continues to stir up debate among physicians and public health officials. Since last November, when an NIH panel recommended that pediatricians screen children between the ages of 9 and 11 for elevated lipid levels, proponents of early testing and treatment have been countered by those who believe routine testing will lead to over-diagnosis and treatments with potentially toxic medications.

Yesterday, those in the latter camp had their say in the journal *Pediatrics*. A commentary by researchers at the University of California, San Francisco, called the approach too aggressive and expressed concern that widespread screening would lead to prescribing medications such as statins to kids.

But as several panel members point out, statin treatment would be recommended for less than one percent of those children tested. They also noted that, aside from extreme cases, statins should not be prescribed for children under the age of 10 and treatment should begin with adjustments to diet and exercise first.

Furthermore, testing children early can provide long-term benefits for treating elevated cholesterol. ACSH scientific advisor Dr. Judy Stern, emerita professor of clinical nutrition and internal medicine at the University of California-Davis, agrees with the latest recommendation, while pointing out that consensus statements involve compromise. She adds, I don't see any problem with kids getting their cholesterol tested a number of times as they get older. Physicians can document any changes over time, which could help with treatment. And on a larger scale, Dr. Stern points out how tracking cholesterol will provide us with better clinical information about outcomes."

However, in addition to criticizing the panel s recommendation, these same researchers are alleging that some panel members were influenced by financial ties to drugmakers. These critics hold that, given that routine screening is likely to lead to more drug treatment, the panel members financial ties to the drug industry compromise the objectivity of their recommendation.

We d like to point out, however, that industry-funded research is typically scrutinized more carefully before publication and thus is actually more credible. The problem is the people who care about this issue are doing research on it, and there s no way to get research done without some involvement of the industry, explains Dr. Sarah De Ferranti, spokeswoman for the American Academy of Pediatrics and director of preventive cardiology at Boston Children s Hospital.

If people don t want researchers to have any ties to industry, says ACSH s Dr. Gilbert Ross, then scientific research will become unproductive and ultimately pose a threat to public health, as less experienced and less knowledgeable people will lead the recommendation panels. Peter Pitts, a
former Associate FDA Commissioner and current principal in the Center for Medicine in the Public Interest, notes, If you’re willing to settle for second- or third-best expert opinion, then sure eliminate anyone with industry ties.

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