

PMID	First Author	Title	Year	Study Type	CVD	RF by CQ	Study Origin	Setting	Search Range	Data Sources	Study Eligibility Criteria	Number of Studies	Main Study Objective	Target Population	Patient Characteristics	Interv. Studies (n)	Interv. Study Characteristics	Interv. Type	Specific Intervention Examined	Intervention Results/Conclusions	OB Studies (n)	OB Study Characteristics	Observational Relationship Assessed	Observational Results/Conclusions	Main Reported Findings by Critical Question	Limitations of Studies Reviewed	Quality of SR
17606543	Haney EM	Screening and treatment for lipid disorders in children and adolescents: systematic evidence review for the US Preventive Services Task Force	2007	SR	None	Q6 (RF5, RF8, RF9, RF11) Q10 (RF5, RF9, RF11)	USA	Mult Settings	1966-Sept 2005	MEDLINE Articles from recent SRs Articles from reference lists of related studies, reviews, editorials, and Web sites Articles from consulting experts	English language Applicable to US clinical practice Provide primary data relevant to key questions Studies of risk factors that provided multivariate adjusted analyses	NR	Synthesize the published evidence regarding the effectiveness of selecting, testing, and managing children and adolescents with dyslipidemia in the course of routine primary care	Pediatric/ Young Adults	NR	NR	NR	Multiple Interventions	Drug treatment Dietary counseling Physical activity	Risk factors that might contribute to a risk-assessment tool have not been studied adequately Family-history questions are not standardized and have limited diagnostic accuracy Evidence for risk factors other than family history for predicting dyslipidemia in children is strongest for overweight, but the magnitude of the effect of overweight on lipid levels, and the potential impact of incorporating overweight into a screening strategy for dyslipidemia, has not been addressed Multiple other risk factors such as diet, physical inactivity, and aerobic capacity/fitness have not been evaluated adequately to assess their contribution to dyslipidemia or usefulness as screening tools either alone or in combination Currently recommended screening strategies have low adherence by providers and limited compliance by parents and children	N/A	N/A	N/A	N/A	Q6: Evidence for risk factors other than family history for predicting dyslipidemia in children is strongest for overweight, but the magnitude of the effect of overweight on lipid levels, and the potential impact of incorporating overweight into a screening strategy for dyslipidemia, has not been addressed Multiple other risk factors such as diet, physical inactivity, and aerobic capacity/fitness have not been evaluated adequately to assess their contribution to dyslipidemia or usefulness as screening tools either alone or in combination Q10: Statins are effective for reducing TC and LDL-C levels in children with FH; it is not clear how this efficacy translates to children with milder and/or nonmonogenic dyslipidemia, and it is not known how frequently these medications are used in children without FH in practice Intensive dietary counseling and follow-up can result in improvements in lipid levels, but these results have not been sustained after the cessation of the intervention The few trials of exercise are of fair-to-poor quality and show little or no improvements in lipid levels for children without monogenic dyslipidemias	Studies not of sufficient duration to determine long term effects of either short or extended use of drug treatments	
17606543	Haney EM	Screening and treatment for lipid disorders in children and adolescents: systematic evidence review for the US Preventive Services Task Force	2007																No trials compared strategies by location, venue, age, or provider, and no studies addressed the frequency and optimal age for testing Adverse effects of screening for dyslipidemia have not been studied adequately Statins are effective for reducing TC and LDL-C levels in children with FH; it is not clear how this efficacy translates to children with milder and/or nonmonogenic dyslipidemia, and it is not known how frequently these medications are used in children without FH in practice Intensive dietary counseling and follow-up can result in improvements in lipid levels, but these results have not been sustained after the cessation of the intervention The few trials of exercise are of fair-to-poor quality and show little or no improvements in lipid levels for children without monogenic dyslipidemias								