



PEDIATRIC CARDIOMETABOLIC

AS RECOMMENDED BY PEDIATRIC  
TESTING GUIDELINES<sup>1,2</sup>

# CHOLESTECH LDX<sup>™</sup> SYSTEM

Prevention of CVD begins in children. The atherosclerotic processes leading to cardiovascular disease (CVD) begin in early childhood. They are influenced by genetic, environmental and modifiable risk factors. The strongest adult CVD risk factors — dyslipidemia, hypertension, diabetes mellitus, smoking and obesity — may be present at a young age. The obesity epidemic has made lipid screening and management in children now more important than ever.



# The Cholestech LDX™ System for a Complete Pediatric Lipid Profile

## BENEFITS AT A GLANCE

- CLIA-waived — no special training required
- Rapid results (just 5 minutes) — enables face-to-face counseling with parent and child
- Fingerstick sampling — less painful and time consuming
- Small sample size (40 µL) — easy to obtain
- Highly accurate — reliable results
- Improved office efficiencies — eliminates costly callbacks to labs and patients

## TESTING PER GUIDELINES<sup>1</sup>

- Fasting lipid profile: total, HDL and LDL cholesterol and triglycerides
- Nonfasting non-HDL cholesterol (non-HDL = TC - HDL)
- Universal screening at 9–11 and 17–21 years of age with nonfasting non-HDL or fasting lipid profile
- Fasting lipid profile for ages 2–8 and 12–16 years if risk factors are present\*

## PEDIATRIC LIPID TESTING\*

- Utilized in pediatric epidemiology and clinical trial research<sup>6-8</sup>
- 40 µL fingerstick facilitates testing in children as young as 2 years<sup>8</sup>
- Cholestech LDX System accuracy and reproducibility certified by the CDC's LSP and CRMLN programs\*\* (the lipid testing accuracy standards)

## AVAILABLE TESTS

LIPID PROFILE · GLU  
LIPID PROFILE  
TC · HDL · GLU  
TC · HDL  
TC · GLU  
TC

## LIPID MANAGEMENT<sup>1-5</sup>

- Healthy diet — diet modification in children as young as 12 months
- Therapeutic targets for LDL cholesterol guided by degree of risk
- HDL cholesterol and triglycerides important in overweight and obese children
- Pharmacologic intervention in pediatric patients as young as 8 to 10 years

## PRODUCT INFORMATION

CATEGORY NUMBER	PRODUCT
10-959	Cholestech LDX System
10-991	Lipid Profile · GLU
10-989	Lipid Profile
10-990	TC · HDL · GLU
10-987	TC · HDL

CATEGORY NUMBER	PRODUCT
10-988	TC · GLU
10-986	TC
88769	Multianalyte Control Levels 1 and 2 (2 vials Level 1 & 2 vials Level 2, 2 mL each)
88773	Multianalyte Control Levels 1 and 2 (1 vial Level 1 & 1 vial Level 2, 0.25 mL each)

\*Performance of the Cholestech LDX™ System has not been tested on samples from newborns.

\*\*The Lipid Standardization Program (LSP) certifies that laboratories are traceable to the CDC for total and HDL cholesterol and triglycerides; the Cholesterol Reference Method Laboratory Network (CRMLN) certifies manufacturers of clinical diagnostic products that measure total and HDL cholesterol.

Abbott and its distributors do not guarantee product coverage or reimbursement accuracy and appropriate usage of codes.

1. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report. Pediatrics 2011; 129(suppl 5):S1-S44.
2. Kavey RE et al. American Heart Association guidelines for primary prevention of atherosclerotic cardiovascular disease beginning in childhood. Circulation 2003;107:1562-6.
3. American Heart Association scientific statement. McCrindle BW et al. Drug therapy of high-risk lipid abnormalities in children and adolescents. Circulation 2007;115:1948-67.

4. American Diabetes Association. Management of dyslipidemia in children and adolescents with diabetes. Diabetes Care 2003; 26:2194-7.

5. American Heart Association & American Academy of Pediatrics scientific statement. Kavey RE et al. Cardiovascular risk reduction in high-risk pediatric patients. Circulation 2006;114:2710-38.

6. Reis EC et al. Screening children to identify families at increased risk for cardiovascular disease. Pediatrics 2006;118:e1789-97.

7. Muratova VN et al. Cholesterol screening among children and their parents. Prev Med 2001;33:1-6.

8. Williams CL et al. Plant stanol ester and bran fiber in childhood: effects on lipids, stool weight and stool frequency in preschool children. J Am Coll Nutr 1999;18:572-81.