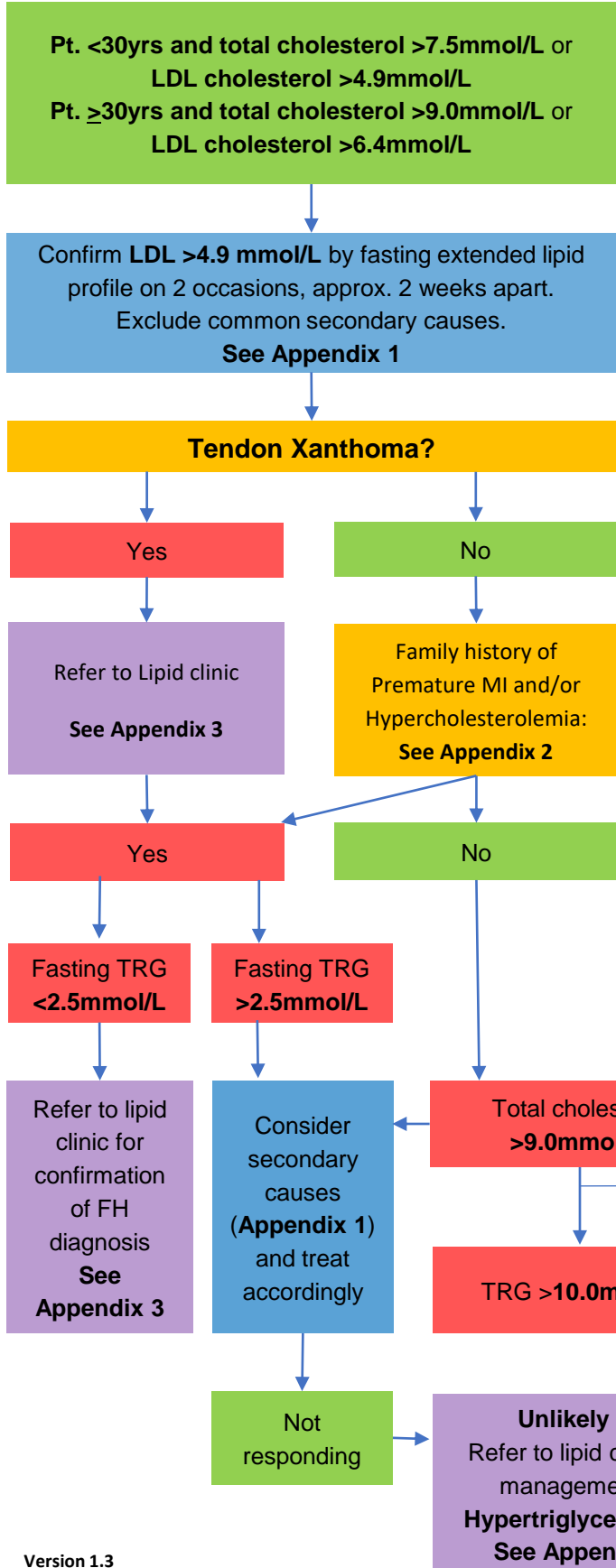


# Referral pathway for adult patients with suspected Familial Hypercholesterolemia (FH)



### Appendix 1

#### Secondary causes:

Uncontrolled diabetes, excess alcohol intake, obesity, medication induced hypercholesterolaemia (See Appendix 1 \*) hypothyroidism, nephrotic syndrome, cholestatic liver disease

### Appendix 1 \*

Antipsychotics, antidepressants, anti-retroviral drugs, antiepileptics, beta-blockers (non-cardioselective) corticosteroids, cyclophosphamide, immunosuppressants, oral oestrogen, retinoids, tamoxifen, thiazide diuretics

### Appendix 2

#### Premature myocardial infarction:

Aged younger than 50 years in second-degree relative or aged younger than 60 years in first-degree relative.

#### Family history of raised total cholesterol:

Greater than 7.5 mmol/l in adult first- or second-degree relative or greater than 6.7 mmol/l in child (aged younger than 16 years)

### Appendix 3

#### Before referral consider:

Baseline (pre-treatment) cholesterol, baseline triglycerides, baseline LDL (if available)

#### CVD history:

Family history of premature MI and/or high cholesterol

## LDL-C correction factor for patients on cholesterol lowering medication

If untreated LDL-C levels are unobtainable, then the following weblink can be used to estimated untreated values:

[https://fhwalescriteria.co.uk/ldl\\_estimator.html](https://fhwalescriteria.co.uk/ldl_estimator.html)

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Approved by Yorkshire and Humber Familial Hypercholesterolemia services (December 2022) References:

NICE 2019. CG71 [www.nice.org.uk/guidance/cg71](http://www.nice.org.uk/guidance/cg71)

NICE 2016. CG181 [www.nice.org.uk/guidance/CG181](http://www.nice.org.uk/guidance/CG181)

[National-Guidance-for-Lipid-Management-Prevention-Dec-2022.pdf](#) (england.nhs.uk)