Script – Print – The risk of high cholesterol in children

OSF HealthCare Children's Hospital of Illinois opens first pediatric lipid clinic

Natasha Noel, MD, is a pediatric cardiologist who's been treating children with heart issues for more than a decade. But in the past few years, Dr. Noel has seen a spike in high cholesterol with several kids she cares for.

"It's the diet with respect to fast foods, and the climate, especially in Illinois. Our long winter months mean less physical activity for the kids," explains Dr. Noel. "There is a greater awareness of this condition, and young adults experiencing sudden cardiac death. It all goes hand in hand."

With those factors in mind, OSF HealthCare Children's Hospital of Illinois has opened its first pediatric lipid clinic at its location in Rockford at 444 Roxbury Road. The program is led by Dr. Noel, who is board certified in clinical lipidology.

The clinic specializes in caring for children with cholesterol concerns, focusing on lifestyle changes, nutrition counseling with dietitians, genetic testing and lipid testing as needed. The clinic offers in-person and telehealth visits.

The bottom line, says Dr. Noel, adults aren't the only ones who experience high cholesterol. "Children can have high cholesterol as adults, and it could lead to early cardiac disease over time," says Dr. Noel. "But once found and diagnosed, there is management available. So, I say don't delay (seeking treatment)."

Cholesterol and triglycerides are fats, or lipids, in the blood. Dr. Noel says the body needs lipids and cholesterol, but at high levels it could cause damage, especially heart disease as the years go on.

A simple blood test can determine the child's cholesterol results. It's recommended that children are screened or have their lipid levels checked between the ages of nine to 11, and then again at 17 to 21. However, Dr. Noel adds that if there are specific risk factors, then screening may occur more often or earlier, sometimes as early as age two.

Genetic testing is important when it comes to diagnosing a familial lipid disorder. "Screening is needed to identify that something is wrong and abnormal, because most of these kids are asymptomatic. Genetic testing comes in handy if we suspect something inherited like familial hypercholesterolemia," says Dr. Noel. "It also helps us guide management as needed."

Risk factors include genetics, diet and physical activity. Obesity, diabetes and lack of sleep can also increase cholesterol levels. If cholesterol problems are untreated, it can lead to plaque in the coronary arteries, which leads to cardiac disease and atherosclerosis (the buildup of fats, cholesterol and other substances in and on the artery walls).

Depending on the cause and severity, the treatment plan includes lifestyle and dietary changes, more physical activity and then medication.

Dr. Noel stresses that abnormal test results don't always mean a child is ill or requires medication. That's why she encourages daily physical activity at least three to five days a week. Walking, biking and swimming are some of the activities that can lower a child's risk of cardiovascular disease.

Diet is another important factor. Parents can help their children by encouraging food low in total fat, limiting saturated fats, avoiding full-fat dairy and eating enough fiber. Vegetables, fruits and whole grains are all great options to increase daily fiber intake.

A primary care provider can perform the initial screening and if there is a concern, a referral will be made to a pediatric cardiologist. "I think most of them are comfortable with us taking over that care, especially if medication is needed," says Dr. Noel. For more information on cardiology or other child-related issues, visit the OSF Children's Hospital of Illinois website.