

Correlation of Lipoprotein(a) levels and family history of cardiovascular disease in a sample of overweight/obese children and adolescents

No conflict of interest

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Introduction

Children with positive familiar history (FH) of cardiovascular disease (CVD), consist a subpopulation in higher risk for early life cardiovascular events. Obesity represents a major risk factor for coronary heart disease and premature death. Recently published studies integrate high levels of lipoprotein(a)(Lp(a)) into the group of cardiovascular risk factors.

The aim was to investigate a possible correlation between Lp(a) levels and FH of CVD in a sample of overweight/obese (ow/ob) children and adolescents and compare them with normal weight controls.

Methods

Data were collected from 147 ob/ow children and adolescents (66 boys, 81 girls) who attended the paediatric obesity clinic of a tertiary centre, and 59 healthy controls (25 boys, 34 girls) with normal body mass index (BMI) for age. From all participants a FH of CVD, a 12-hour-fasting morning lipid profile including Lp(a) were obtained, and a full physical examination was performed. Statistical analysis was performed with IBM SPSS 23, statistical significance set at p value <0.05.

Table 1. Grade of obesity

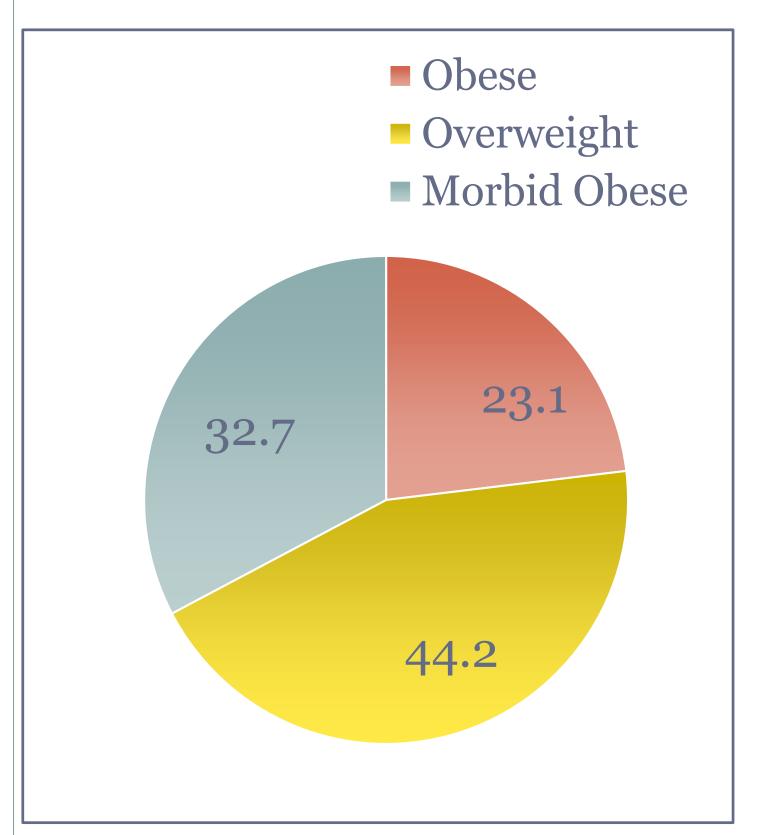
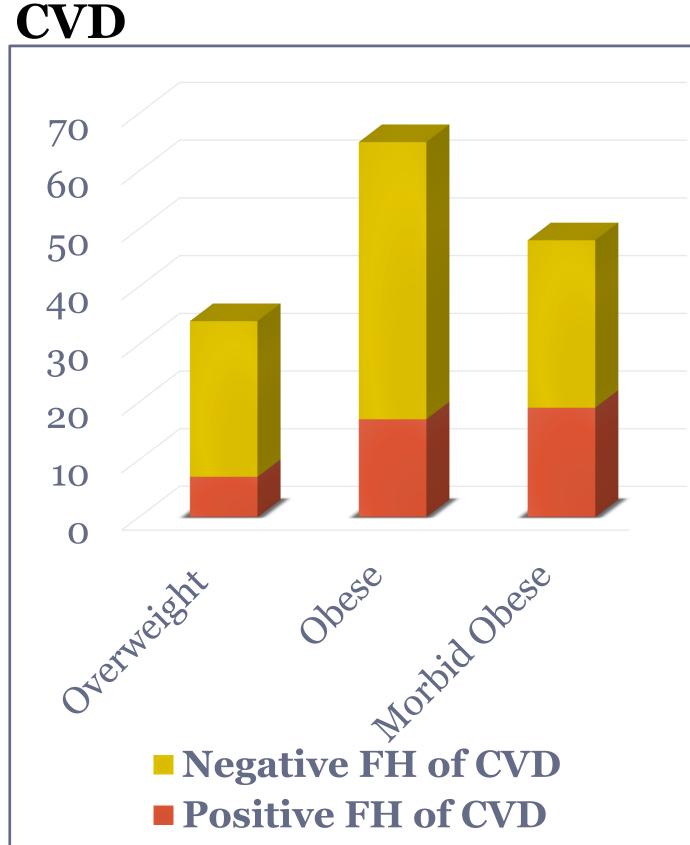


Table 2. Lp(a) and FH of CVD

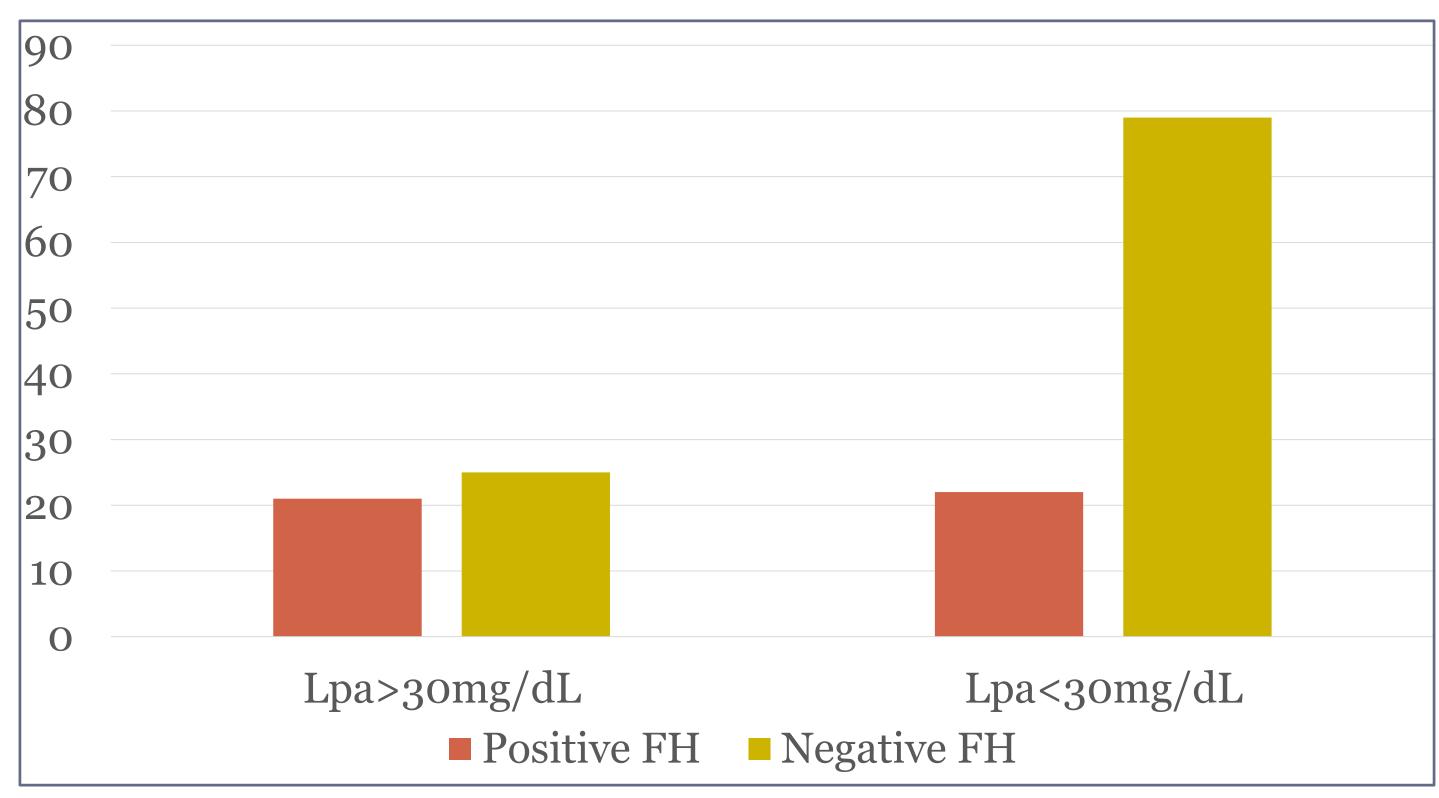


Results and Conclusions

Mean age of ow/ob was 10 years (\pm 2.8), 10.2 (\pm 0.9) of controls. In the ow/ob group 23.1% were overweight, 44.2% obese, 32.7% had morbid obesity (tabl. 1). The mean Lp(a) value in the ow/ob was statistically significant (p<0.05), 31.3mg/dl (\pm 40.8), and 24.2 mg/dl (\pm 34.2) in the controls (tabl. 2). The ow/ob children and adolescents with positive FH of CVD had Lp(a) levels >30mg/dl, mean value 34.8mg/dl (\pm 37.4), the rest with negative FH of CVD had a mean Lp(a) 29.8mg/dl (\pm 42.1), statistically significant difference (p<0.05) (tabl. 3). The association between level of obesity (overweight, obese, morbidly obese) and FH of CVD was also statistically significant (p<0.05).

In the ow/ob children and adolescents of our study raised L(a) levels were found to positively correlate with FH of CVD. Determining Lp(a) levels is important for evaluating obesity in paediatric populations as abnormal Lp(a) levels correlate with higher risk of cardiovascular events in early life. When high Lp(a) levels are found, a more intense intervention is recommended to establish normal weight and at the same time to establish healthier eating habits and a daily exercise routine.

Table 3. Lp(a) levels and FH of CVD



References / Bibliography

- Palmeira ÁC et al.Lipoprotein (a) and cardiovascular risk factors in children and adolescents. Rev Paul Pediatr. 2013;31(4):531-7, doi: 10.1590/S0103-05822013000400017, PMID 24473960
- Guardamagna O et al. Lipoprotein(a) and family history of cardiovascular disease in children with familial dyslipidemias. J Pediatr 2011;159(2):314-9
- Barth JA et al. Family history of early cardiovascular disease in children with moderate to severe hypercholesterolemia: relationship to lipoprotein (a) and low-density lipoprotein cholesterol levels. Lab Clin Med 1999;133(3):237-44
- Gaeta G et al. Lipoprotein(a) levels are increased in healthy young subjects with parental history of premature myocardial infarction. Nutr Metab Cardiovasc Dis 2008;18(7):492-6
- Stein JH, Rosenson RS. Lipoprotein Lp(a) excess and coronary heart disease. Arch Intern Med 1997 Jun 9;157(11):1170-6
- Dirisamer A, Widhalm K. Lipoprotein(a) as a potent risk indicator for early cardiovascular disease. Acta Paediatr 2002;91(12):1313-7

