

CAN LIPID PROFILE BE USED AS BIOMARKER PREDICTORS OF CARDIOVASCULAR RISKS IN MALE AND FEMALE CHILDREN UNDER AGE 11 YEARS, AS IT DOES FOR MIDDLE AGE AND ELDERLY?

Hussain Al – Wandawi¹, Hadi Mahdi Salih², Ahmad Arak Kamil², Ali Wahad Enad² and Mustafa Nazim Rafeek²

¹Principal Investigator, Department of Pharmacy, AL- Yarmouck Private University College, Baghdad, Iraq.

²Final Year Undergraduate Students, A L–Mustaqbal University College, Hila, Iraq.

Received date: 25 August 2020

Revised date: 15 September 2020

Accepted date: 05 October 2020

*Corresponding author: Hussain Al – Wandawi

Principal Investigator, Department of Pharmacy, AL- Yarmouck Private University College, Baghdad, Iraq.

Email Id:

ABSTRACT

Heart disease is the most frequent condition in elderly. Within this age group, cardiovascular disease will remain the leading cause of death. Heart failure, coronary heart disease (CHD), artery disease and arterial fibrillation are some of the common sequences and reasons. In the last three decades lot of information emerged to show that middle – age and elderly are not the only groups affected by cardiovascular disease (CVD), but children and adolescents as well. Some children have a higher risk for coronary artery disease than others especially if they have family history of heart disease. Some other children are born with congenital heart disease, a type of heart disease that children are born with, usually caused by heart defect that are present at birth. Still other children acquire some risk factors due to sedentary lifestyle, and unhealthy food. With the exception of aging process and inherited - cardiovascular – problems, many others risk factors can be modified if diagnosed and treated early in life, if not, it can lead to heart and circulatory diseases. Screening for CVD at childhood and adolescence stages is one of the effective measures for modifying risk factors for CVD later in life. The results presented in this study; suggest that lipid profile (lipid panel) measurement of children under age 2 years is not recommended for prediction of cardiovascular risk later in life, although it may be required under certain conditions. However, in children age 2 to 5 years and 5 to 10 years such screening is found to be indicative for highlighting some risk factors which if not treated early in life may lead to health problems later in life. Moreover, such early prediction of CVD risks, may help in chaining unhealthy sedentary life style related to CVD later in life. This investigation has also been extended to include males and females from the same community to explore the prevalence of cardiovascular risks at mid - aged and in elderly. The results revealed that elderly are at higher risk of CV compared to persons at their middle age persons. **Objective:** *The objective of this study was to find out whether lipid profile measurement of children can be useful for cardiovascular risks prediction later in life, or one that can be used to identify children who benefit from treatment.*

KEYWORDS: *Lipid profile, cardiovascular risk predictors, in male and female children, middle age, and elderly.*

INTRODUCTION

Cardiovascular diseases (CVDs) are the number one cause of death globally. More people die annually from CVDs than from any other causes (GBD, 2015, WHO, 2017). It is indisputable that the attribute risk of cardiovascular disease is highest in the senior populations (Kannel, 2002, Griffith et al., 2004, Yazdanyar and Newman, 2009, Steenman and Lande, 2017, Rodgers et al., 2019). However, aging is an

inevitable part of life and unfortunately poses the largest risk factor for cardiovascular disease (North and Sinclair, 2012). With aging, there is an incremental acquisition of several cardiovascular disease (CVD) risk factors in an individual's lifespan, but when these risk factors are incorporated in multivariable regression model, age will still an independent risk factor (Dhingra and Vasani, 2012). It has been reported that 50% of all heart failure diagnoses and 90% of all heart failure deaths occurring

in the segment of the population over age 70, therefore, heart failure is largely considered as a disease of the elderly (Strait and Lakatta, 2012). Although, the clinical manifestations of cardiovascular disease (CVD), such as myocardial infarction, stroke, and peripheral vascular disease, seem to appear from middle age, the process of atherosclerosis can begin early in childhood as deposits of cholesterol and its ester, referred to as fatty streaks in the Tunica intima (Newman *et al.*, 1986, McGill, 2000, Hong, 2010, Zachariah 2012). The cardiovascular risks are usually associated with gender and aging (Jones *et al.*, 2019). Moreover, fatty streaks have been found to occur in the aorta of premature fetuses, particularly among those mothers with hypercholesterolemia (Paliniski and Napoli, 2002). The heart disease mortality in men accelerates at a relatively young age, but in women the risk shows a steep increase at approximately 60 years of age. These data emphasize the need to identify and prevent risk factors for CVD, especially in women in their mid-life years (Mikkola *et al.*, 2013). On the other hand, high triglycerides and cholesterol in blood may contribute to hardening of the arteries or thickening of the artery walls (arteriosclerosis) which increases the risk of stroke, heart attack and heart disease. The plasma lipid contents that can be measured with a lipid panel are classified by their density into high - density lipoproteins cholesterol (HDL- C), low- density lipoproteins cholesterol (LDL- C), very low-density lipoproteins cholesterol (VLDL - C) and non-high density lipoproteins cholesterol (non - HDL- C). Cholesterol is a waxy, fat - like substance that's found in all the cells in the body and exerts negative serious effects on cardiovascular system if exceeds certain level. The liver is the major site of cholesterol synthesis, together with intestine make about 80% of endogenous cholesterol, and only about 20% in the blood stream comes from food (Arnold and Kwiterovich, 2003, Corliss, 2019). Thus, cholesterol balance is achieved both by synthesis in the body and by absorption in gastrointestinal tract (Cohen, 2008). However cholesterol cannot pass the blood-brain barrier, and its presence in the brain is due to local synthesis (Björkhem and Meaney, 2004). A triglyceride is a type of fat obtained mostly from the food, but the body also produces it when it converts excess calories to fat for storage. Among other lipid profile - related compounds are; Low - lipoprotein cholesterol (LDL - C). High density lipoprotein cholesterol (HDL - C), and lately (non - HDL - C). As far as children concerned, the issue is not as was before. In the past, doctors felt that children and adolescents were at little risk for developing high cholesterol levels and other risk factors for heart disease until later in life. Now it is known that children and adolescents may have high blood cholesterol and develop atherosclerosis (McGill *et al.*, 1997, Berenson *et al.*, 1998, McGill *et al.*, 2001, Nicklas *et al.*, 2002, Hong, 2010, Saunders *et al.*, 2014, Dwyer, 2019). This may be attributed to the current sedentary life style, like, less vigorous activities, prolong TV viewing, obesity, consuming high fat - rich food, and sugar junk food (Powell *et al.*, 1987, Robinson,

1999, Warren *et al.*, 2010, Grontved and Hu, 2011, Ford and Casperson, 2012, Young *et al.*, 2016). In our study, non - HDL - C is given consideration it deserves, because it is a measure of all atherogenic lipoproteins, that is, LDL and its precursors such as, very low density lipoprotein and intermediate density lipoprotein including remnant lipoproteins. Moreover, non - HDL- C correlates highly with total Apo lipoprotein B levels (Ballantyne *et al.*, 2001, Fruchart *et al.*, 2013, Ghodsi, 2017, Wang *et al.*, 2018). *Therefore, in the present study, along with other parameters, non - HDL cholesterol was also considered.*

MATERIALS AND METHODS

*In collaboration with hospital medical staff at different locations, samples for lipid profile tests were obtained from volunteers of different age and gender groups attending the hospital for minor health complain, non - related vascular disease (children for scheduled for vaccination, routine checkup or on school entrance certificates. Based the age, various techniques were used to collect blood samples. Samples were measured in collaboration between our lab technicians and hospital staff following the same standard methodology employed in the same hospital for easy follow up studies in future. Assessment of the results was carried out using online computer program. Due to nature of this study difficulty of employing fasting procedure in children), expecting glycerides levels far below 400 mg / dL., and we found nonfasting method can be reliable and precise which was also been recommend by others (Vance and Vance, 2002, Gaziano, 2012, Nordestgaard *et al.*, 2016).*

RESULTS AND DISCUSSION

In the controversy to the previous medical opinion, lot of information emerged during the last decades to show that middle - age and elderly are not only the age groups affected by CVD, but children and adolescents as well. The accumulated data also have linked the adverse levels and patterns of lipids and lipoproteins to initiation and progression of the atherosclerotic process in children and adolescents. However, no studies conducted linking absolute levels of lipid and lipoproteins in childhood to incident CVD in adult life. However, evidences, suggested that atherosclerosis and other cardiovascular pathogenesis have life - long trajectories, and that reducing risks at an early age can reap rewards in later years (Hong, 2010, Zachariah, 2014). Based on these and other relevant studies, an expert panel sponsored by (NHLBI) endorsed by (AAP) issued comprehensive guidelines on cardiovascular health and risk reduction in children and adolescents (De Jesus, 2011). According to the guidelines, *children generally do not need many laboratory screening tests but some tests such as lipid profile test early in their early lifespan may helping them develop healthy habits, like eating well and being active, could prevent serious and costly health problems like cardiovascular diseases as they grow older. The current guidelines call for universal screen of children age 9 - 11 and again 17 - 19. It is now an agreed upon concept*

that in children under age 2 years, lipid profile testing is not advised. In children age 2 – 10 years, testing is advised if their other risk factors for heart disease such as diabetes, high blood pressure, obesity, exposure to cigarette smoke, or family history of these or others including early coronary disease, early coronary artery disease or lipid disorder, kidney disease or other chronic inflammatory disease. To fill the gap between the age of lactation and up to 10 years we conducted this study. The background data necessary for later discussion are presented in (Tables 1 - A to 5 - A), and the interpretation of their contents are presented in (Tables 1 - B- to 5 - B) and summarized in (Table – 6). The results (presented in table 1 – B show that lipid profile screening for children age 6 month to 2 years may not be necessary as a predictor for cardiovascular risks later in life, but may be of value in the presence of multiple risk factors. For children age 2 - 5 years (Table – 2 - B), the risk – level of CVD risk calculated (Table – 6) were as follows: very low (16.66%), low risk (75.00%), average

risk (8.33%). The results presented in (Table - 3- B) for children age 5 – 10 years, the levels of risk were as follows; low risk (100%). The possible use of lipid profile as risk predictor was invested in two older age categories, 30 to 45, and 45 – 60 years. Cardiovascular disease and cancer are the leading cause of morbidity and aging is the only risk factor that cannot be prevented. Our study show unquestionable results that in adults and elderly, cardiovascular risks increase with age. In persons age 30 to 45 years, low risk, average risk, and moderate risk have accounted to 5.5%,44%, and 50 % respectively, compared to age group 45 to 60, where, low risk accounted to (0%), average risk (38.40 %), and moderate risk (61.%). These results show that cardiovascular disease is progressing with age not only because of aging process but because several other age – related chronic diseases affecting the elderly. Attention should also may be paid to life style of the elderly, where physical activity and nutrients are important issues.(Lachman et al.,2018).

Tables = 7 tables – see bellow (please check carefully).

Table – 1 - A. Lipid profile of male and female children age 6 month to 2 years.

Subject No.	Gender	Age	TC	HDL-C	LDL-C	Non HDL-C	TGs	TC/HDL-C	TGs/HDL-C	LDL-C/HDL-C	HDL-C/LDL-C
1	Male	6 m	159.7	54.4	90.0	105.3	79.0	2.43	1.45	1.65	0.60
2	female	6 m	164.9	45.8	102.0	119.1	82.4	3.66	1.80	2.27	0.45
3	female	13 m	145.6	43.5	96.9	102.1	70.8	3.55	1.63	3.23	0.45
4	Male	15 m	150.0	42.2	92.6	107.8	75.2	3.56	1.78	2.19	0.46
5	Male	17 m	164.2	44.6	103.2	118.6	82.1	3.68	1.84	2.31	0.43
6	Male	17 m	150.1	41.0	93.6	109.1	78.1	3.66	1.19	2.28	0.44
7	Male	18 m	160.2	49.1	95.1	111.1	81.0	3.26	1.65	1.94	0.52
Average		14.5	156.8	46.3	94.9	110.4	79.1	3.32	1.58	2.07	0.49
Average		9.5	155.3	44.7	99.5	110.6	76.6	3.61	1.72	2.76	0.45

Table – 2 –A. Lipid profile of male and female children age 2 to 5 years.

Subject No.	Gender	Age	TC	HDL-C	LDL-C	Non HDL-C	TGs	TC/HDL-C	TGs/HDL-C	LDL-C/HDL-C	HDL-C/LDL-C
1	male	2 Yr.	159.8	45.4	98.4	114.4	79.9	3.52	1.76	2.17	0.46
2	male	3 Yr.	172.0	54.4	110.9	117.6	82.3	3.16	1.51	2.04	049.
3	female	3Yr.	167.1	47.1	103.0	120.0	84.4	3.55	1.79	2.19	0.46
4	male	3.5	160.6	52.5	91.9	108.1	81.0	3.06	1.54	1.75	0.57
5	male	3.5	155.2	50.1	90.0	105.5	76.2	3.10	1.52	1.80	0.56
6	male	3.5	153.8	48.5	90.1	105.3	75.9	3.17	1.57	1.86	0.54
7	female	4.0	153.8	43.5	99.3	115.0	78.3	3.63	2.27	1.61	0.44
8	male	4.0	160.3	44.3	99.6	116.0	81.9	3.62	2.25	1.85	0.45
9	female	4.5	149.0	66.2	88.2	82.8	73.0	3.23	1.91	1.58	0.52
10	male	4.5	157.2	41.0	1007	116.2	77.9	3.83	2.46	1.90	0.41
11	male	4.7	170.5	70.6	85.7	99.9	71.0	2.42	1.21	1.01	0.82
12	male	5.0	154.2	47.2	92.2	107.0	72.0	1.96	1.92	1.53	0.51
Average		3.7	141.9	50.4	96.3	110.0	77.6	3.09	1.75	1.77	0.53
Average		3.9	156.6	52.3	96.8	105.9	76.0	3.47	1.98	1.79	0.47

Table – 3 –A. Lipid profile of male and female children age 5 to 10 years.

Subject No.	Gender	Age	TC	HDL-C	LDL-C	Non HDL-C	TGs	TC/HDL-C	TGs/HDL-C	LDL-C/HDL-C	HDL-C/LDL-C
1	female	5.5Yr.	163.1	47.1	99.6	116.0	82.0	1.63	1.74	3.46	0.47
2	male	5.6Yr.	160.4	51.3	94.3	109.1	74.3	3.13	1.45	1.84	0.54
3	female	6.0Yr.	167.0	58.2	92.0	108.8	84.0	2.82	1.44	1.58	0.63
4	female	7.0Yr.	160.1	66.3	77.4	93.8	81.9	2.42	1.24	1.17	0.86
5	female	8.0Yr.	162.2	40.0	105.6	122.2	82.0	4.05	2.05	2.64	0.38
6	male	8.0Yr.	157.3	41.1	101.0	116.2	76.8	3.83	1.87	2.47	0.41
7	Female	8.4Yr.	175.2	52.3	106.3	122.9	83.1	3.35	1.59	2.03	0.49
8	male	9.0Yr.	171.0	45.8	108.8	125.2	82.0	3.73	1.79	2.38	0.48
9	female	9.0Yr.	209.0	76.3	102.6	124.6	110.2	2.74	1.44	1.34	0.74
Average		7.5Yr.	162.9	46.1	101.1	116.8	77.7	3.56	2.17	2.23	0.46
Average		7.3Yr.	172.8	56.7	97.3	94.0	87.2	2.84	1.58	2.04	0.60

Table – 4 – A. Lipid profile of middle – age (30 – 45) male and females.

Subject No.	Gender	Age	TC	HDL-C	LDL-C	Non HDL-C	TGs	TC/HDL-C	TGs/HDL-C	LDL-C/HDL-C	HDL-C/LDL-C
1	male	31.0Yr.	196.0	42.0	138.0	154.0	82.0	4.67	1.95	3.29	0.30
2	male	31.0Yr.	181.0	34.0	136.0	147.0	74.3	5.32	2.19	4.00	0.25
3	female	32.0Yr.	123.0	38.0	50.0	85.0	84.0	3.24	2.21	1.32	0.76
4	female	35.0Yr.	162.0	23.0	84.0	139.0	82.0	7.04	3.57	3.65	0.27
5	male	35.0Yr.	150.0	57.0	92.0	93.0	82.0	2.63	1.44	1.61	0.62
6	male	37.0Yr.	135.0	46.0	81.0	89.0	110.0	2.93	2.39	1.76	0.57
7	female	38.0Yr.	204.0	57.0	146.0	147.0	78.0	3.58	1.37	2.56	0.39
8	female	39.0Yr.	212.0	42.0	169.0	170.0	262.0	5.05	6.24	4.02	0.25
9	male	40.0Yr.	220.0	50.0	142.0	166.0	92.0	4.40	1.84	2.84	0.35
10	female	40.0Yr.	216.0	27.0	162.0	189.0	100.0	8.00	3.70	6.00	0.17
11	male	40.0Yr.	223.0	46.0	177.0	177.0	42.0	4.85	0.91	3.85	0.26
12	male	40.0Yr.	185.0	38.0	131.0	147.0	46.0	4.87	1.21	3.45	0.29
13	female	41.0Yr.	220.0	30.0	150.0	190.0	96.0	7.33	3.20	5.00	0.20
14	male	41.0Yr.	162.0	30.0	111.0	132.0	73.0	5.40	2.43	3.70	0.27
15	male	42.0Yr.	162.0	27.0	115.0	135.0	127.0	6.00	4.70	4.26	0.24
16	male	43.0Yr.	162.0	34.0	102.0	128.0	81.0	4.77	2.28	3.00	0.33
17	female	44.0Yr.	169.0	30.0	100.0	139.0	138.0	5.63	4.60	3.33	0.30
18	male	45.0Yr.	227.0	34.0	158.0	193.0	88.0	6.68	2.59	4.65	0.22
Average		36.64	182.09	39.82	124.82	141.91	81.21	4.81	2.55	3.22	0.34
Average		38.43	186.57	35.29	123.00	151.29	119.71	5.85	3.33	3.69	0.32

Table 5 – A. Lipid profile of elderly males and female age (45 – 60 years).

Subject No.	Gender	Age	TC	HDL-C	LDL-C	Non HDL-C	TGs	TC/HDL-C	TGs/HDL-C	LDL-C/HDL-C	HDL-C/LDL-C
1	male	47.0Yr.	231.0	30.0	162.0	201.0	115.0	7.70	3.83	5.40	0.19
2	male	49.0Yr.	258.0	50.0	173.0	208.0	119.0	5.16	2.38	5.16	0.29
3	female	50.0Yr.	231.0	30.0	177.0	201.0	77.0	7.70	2.57	5.90	0.17
4	female	50.0Yr.	138.0	23.0	81.0	115.0	96.0	6.00	4.17	6.32	0.28
5	male	50.0Yr.	193.0	50.0	135.0	143.0	34.0	3.86	0.68	2.70	0.37
6	female	52.0Yr.	289.0	42.0	216.0	247.0	104.0	6.88	2.48	5.14	0.19
7	male	57.0Yr.	181.0	27.0	138.0	154.0	27.0	6.70	1.00	5.11	0.20
8	male	57.0Yr.	131.0	27.0	73.0	104.0	131.0	4.85	4.85	2.70	0.37
9	female	57.0Yr.	154.0	27.0	119.0	127.0	92.0	5.70	3.41	4.41	0.23
10	female	58.0Yr.	173.0	42.0	127.0	131.0	30.0	4.12	0.71	3.02	0.33
11	female	60.0Yr.	177.0	42.0	131.0	135.0	27.0	4.21	0.64	3.12	0.13
12	male	60.0Yr.	247.0	42.0	181.0	205.0	84.0	5.88	2.00	4.31	0.23
13	female	60.0Yr.	258.0	5.0	185.0	208.0	73.0	5.16	1.46	3.70	0.27
Average		53.3	206.8	37.7	143.7	152.5	85.0	4.88	2.32	4.23	0.28
Average		55.3	202.9	36.6	148.0	166.3	71.3	5.42	2.21	4.52	0.23

Table – 6. Percentage of Cardiovascular risk assessment for different age groups.

Age Group	VLCVD risk	LCVD risk	Average CVD risk	Moderate CVD risk
6 to 18 Month	0	100	0	0
2 to 5 years	66.7	15.0	8.3	0
5 to 10 years	0	100	0	0
30 to 45 years	11.1	11.1	27.8	50.0
45 to 60 years	0	7.7	30.8	61.2

Table – 7 (.Interpretation of results presented in Tables 1 – 6)

Subject No	Gender: Female	Age – m/y	Cardiovascular Risk Assessment
1.		6 m	
TC/HDL- C ratio :	2.94		Low risk for CVD
LDL- C/HDL - C ratio :	1.65		Average risk for CVD
TGs/HDL- C ratio :	1.45		Low risk for CVD
TC-HDL-C = 159.7 - 54.4 =	105.30		Healthy level(less than 120mg/dL).
.....			
2.		6 m	
TC/HDL-C ratio:	3.60		Low risk for CVD
LDL-C/HDL-C :	2.23		Average risk for CVD
TGs/HDL-C ratio:	1.80		Low risk for CVD
TC-HDL-C = 164.9 -45.8 =	119.1		Borderline (near healthy leve)
.....			
3.		13 m	
TC / HDL- C ratio :	3.35		Low risk for CVD
LDL-C/ HDL-C ratio:	2.23		Average risk for CVD
TGs/ HDL-C ratio:	1.62		Low risk for CVD
TC- HDL-C=145.6-43.5=	102.1		healthy level
.....			
4.	Gender: male	15 m	
TC / HDL- C ratio :	3.55		Low risk for CVD
LDL-C/HDL- C ratio :	2.19		Average risk for CVD
TGs/ HDL-C ratio :	1.78		Low risk for CVD
TC-HDL- C = 150-42.5=	107.5		Healthy level
.....			
5.	Gender : male	17m	Cardiovascular risk assessment
TC/HDL-C ratio:	3.68		Low risk for CVD
LDL-C/HDL-C ratio :	2.31		Average risk for CVD
TGs/HDL-C ratio:	1.84		Low risk for CVD
TC-HDL-C=164.2 - 44.6=	119.6		Near borderline
.....			
6.	Gender : male	17m	
TC/HDL-C ratio :	3.66		Low risk for CVD
LDL-C/HDL-C ratio :	2.28		Average risk for CVD
TGs/HDL-C ratio :	1.90		Low risk for CVD
TC-HDL-C = 150.1 – 41.0 =	109.1		Healthy level
.....			
7.	Gender: male	18 m	
TC/HDL- C ratio:	3.26		Low risk for CVD
LDL- C /HDL- C ratio:	1.94		Average risk for CVD
TGs/HDL- C ratio :	1.65		Low risk for CVD

Table 2-B. Interpretation of lipid profile of children age 2 to 5 years results presented in Table 2 –A

Subject No.	Gender: male	Age/ month/ year	Cardiovascular Risk assessment
1.		24 m	
TC/HDL-C	ratio: 3.52		Low risk for CVD
LDL-C/HDL-C	ratio: 2.17		Average risk for CVD
TGs/HDL-C	ratio: 1.76		Low risk for CVD
TC – HDL – C =	159 – 45.4 = 114.4		Low risk for CVD
.....			
2.	Gender: male	36m	
TC/HDL-C	ratio: 3.16		Very low risk for CVD
LDL-C/ HDL-C	ratio: 2.04		Average risk for CVD
TGs/HDL-C	ratio: 1.51		Low risk for CVD
Non– HDL – C =	172.0 -54.4 = 117.6		Healthy level
.....			
3.	Gender: female	36m	
TC/HDL-C	ratio : 3.55		Low risk for CVD
LDL-C/LDL-C	ratio : 2.19		Average risk for CVD
TGs/HDL-C	ratio : 1.79		Low risk for CVD
TC- HDL – C =	167.1 - 47.1 = 120		healthy borderline level
.....			
4.	Gender: male	42m	
TC/HDL-C	ratio: 3.06		very Low risk for CVD
LDL-C/HDL-C	ratio: 1.75		Average risk for CVD
TGs / HDL-C	ratio: 1.54		Low risk for CVD
TC – HDL - C =	160.6 – 52.5 =108.1		Healthy level
.....			
5.	Gender: male	42m	
TC / HDL – C	ratio: 3.10		Low risk for CVD
LDL-C / HDL-C	ratio: 1.80		Average risk for CVD
TGs / HDL-C	ratio: 1.52		Low risk for CVD
TC-HDL-C =	155.2 – 50.1 = 105.1		Healthy level
.....			
6.	Gender: male	42m	
TC / HDL – C	ratio : 3.17		Average risk for CVD
LDL – C / HDL-C	ratio : 1.86		Average risk for CVD
TGs:/ HDL-C	ratio : 1.56		Low risk for CVD
TC – HDL – C =	153.0 – 48.5 =105.3		Healthy level
.....			
7.	Gender: female	48m	
TC / HDL – C	ratio: 3.63		Low risk for CVD
LDL – C / HDL – C	ratio: 2.27		Average risk for CVD
TGs / HDL – C	ratio: 1.79		Risk for CVD
TC – HDL – C =	158.8 – 43.8 = 115.0		Healthy level
.....			
8.	Gender: male	48 m	
TC / HDL-C	ratio: 3.62		Low risk for CVD
LDL – C / HDL – C	ratio : 2.25		Average risk for CVD
TGs / HDL – C	ratio: 1.85		Low risk for CVD
TC – HDL – C =	160.3 – 44.3 = 116.0		Healthy level
.....			

9.	Gender: female	53m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level (ideal)
.....			
10.	Gender: male	53m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level
.....			
11.	Gender: male	55m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level
.....			
12.	Gender: male	60 m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level

Table- 3 – B .Interpretation of results presented in Table 3 – A.

Subject No.	Gender: female	Age	Cardiovascular Risk Assessment
1.		65m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level
.....			
2.	Gender: male	66 m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level
.....			
3.	Gender : female	72m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level
.....			
4.	Gender: female	84m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level
.....			
5.	Gender: female	96m	Low risk for CVD Average risk for CVD

TGs / HDL – C ratio: 2.05 TC – HDL – C = 162.0 - 40.0 = 122			Low risk for CVD healthy borderline
.....			
6. TC / HDL – C ratio: 3.83 LDL C / HDL – C ratio: 2.46 TGs / HDL – C ratio: 1.87 TC – HDL – C = 157 – 41 = 116	Gender: male	99m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level
.....			
7. TC / HDL – C ratio: 3.35 LDL – C / HDL – C ratio: 2.03 TGs / HDL – C ratio: 1.59 TC – HDL – C = 175.2 – 52.3 = 129.	Gender: female	100 m	Low risk for CVD Average risk for CVD Low risk for CVD Unhealthy-borderline
.....			
8. C / HDL – C ratio: 3.73 LDL – C / HDL – C ratio : 2.38 TGs / HDL – C ratio : 1.79 TC – HDL – C = 171.0 – 45.8 =125.2	Gender: male	108m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level
.....			
9 TC / HDL – C ratio : 2.63 LDL – C / HDL – C ratio : 1.34 TGs / HDL – C ratio : 1.35 TC – HDL – C = 200.9 – 76.3 = 124.6		108 m	Low risk for CVD Average risk for CVD Low risk for CVD Healthy level

Table - 4 – B. Interpretation of results for adults, age 30 – 45 years, presented in Table 4 - A

Subject No .

	Age	Cardiovascular Risk Assessment
1. TC / HDL – C ratio: 4.67 LDL – C / HDL – C ratio: 3.29 TGs / HDL – C ratio: 1.10 TC – HDL – C = 196.0 – 42.0 = 154.0	Gender: male	31 Yr. Average risk Average risk for CVD Low risk for CVD Unhealthy level
.....		
2. TC / HDL – C ratio : 5.32 LDL – C / HDL – C ratio : 4.00 TGs / HDL – C ratio : 1.35 TC – HDL – C = 181.0 -34.0 = 147 mg / dL	Gender: male	31 Yr. Moderate risk for CVD Moderate risk for CVD Low risk for CVD Unhealthy level
.....		
3. TC / HDL – C ratio : 3.34 LDL –C / HDL – C ratio : 1.32 TGs / HDL – C ratio : 3.03 TC – HDL – C = 123.0 -38.0 = 85	Gender: female	32Yr. Low risk for CVD Low risk for CVD Average risk for CVD Healthy level
.....		
4. TC / HDL – C ratio: 7.04 LDL – C / HDL – C ratio: 3.65 TGs / HDL – C ratio: 6.50	Gender: female	35Yr.' Moderate risk for CVD Moderate risk for CVD High risk for CVD

$$TC - HDL - C = 162.0 - 23.0 = 139 .0$$

healthy borderline

5. Gender: male
 TC / THDL- C ratio: 2.63
 LDL - C / HDL- C ratio : 1.61
 TGs / HDL- C ratio: 1.61
 TC - HDL - C = 150.0 - 57.0 = 93.0

35 Yr.

Very low risk for CVD
 Average risk for CVD
 Low risk for CVD
 Healthy level

6. Gender: male
 TC / HDL- C ratio : 2.93
 LDL - C / HDL - C ratio : 1.76
 TGs / HDL - C ratio : 0.83
 TC - HDL - C : 89

37 Yr.

Very low risk for CVD
 Low risk for CVD
 Low risk for CVD
 Healthy level

7. Gender: male
 TC / HDL - C ratio: 5.05
 LDL - C / HDL - L ratio: 4.02
 TGs / HDL - C ratio: 6.24
 TC - HDL - C = 204 - 57 = 147

38Yr

Average risk for CVD
 Average risk for CVD
 Average risk for CVD
 Unhealthy level

8. Gender: male
 TC - HDL - C ratio : 4.40
 LDL - C / HDL - C ratio : 2.84
 TGs / HDL- C ratio : 1.84
 TC - HDL - C = 212 - 42 = 170

39 Yr.

Moderate risk for CVD
 Moderate risk for CVD
 Low risk for CVD
 Highly unhealthy

9. Gender: female
 TC / HDL - C ratio : 8.00
 LDL - C / HDL - C ratio: 6.00
 TGs / HDL - C ratio: 2.70
 TC - HDL = 216.0 - 27.0 = 189

40 Yr.

High risk for CVD
 High risk for CVD
 Moderate risk for CVD
 highly unhealthy level

10. Gender: male

40 Yr.

TC / HDL - C ratio: 4.85
 LDL - C / HDL - C ratio: 3.85
 TGs / HDL - C ratio: 0.91
 TC - HDL - C = 223 - 46 = 177 mg / dL

Moderate risk for CVD
 Moderate risk for CVD
 Low risk for CVD
 Highly unhealthy level

11. Gender: male
 TC / HDL - C ratio: 4.87
 LDL - C / HDL - C ratio: 3.45
 TGs / HDL - C ratio: 1.21
 TC - HDL - C = 223 - 46 = 177 mg / dL

40 Years

Moderate risk for CVD
 Moderate risk for CVD
 Low risk for CVD
 Very high unhealthy level

12. Gender: female
 TC / HDL - C ratio : 7.33
 LDL - C / HDL - C ratio: 5.00
 TGs / HDL - C ratio : 3.20
 TC - HDL - C = 220 - 30 = 190

40 Yr.

High risk for CVD
 Very high unhealthy level

13	Gender: male	41 Yr.
TC / HDL - C	ratio : 5.40	High risk for CVD
LDL - C / HDL - C	ratio: 3.70	
TGs / HDL - C	ratio: 2.43	
TC - HDL - C =	220 - 30 = 190 mg / d L	Highly unhealthy level
.....		
14.	Gender: male	41 Yr.
TC / HDL - C	ratio : 6.00	High risk for CVD
LDL - C / HDL - C	ratio : 0.71	
TGs / HDL - L	ratio : 4.70	
TC - HDL - C =	162 - 30 = 132 mg / dL	Healthy level - borderline
.....		
15.	Gender: male	42Yr.
TC / HDL - C	ratio: 4.76	Moderate risk for CVD
LDL - C / HDL - C	ratio: 3.00	
TGs / HDL - C	ratio: 2.38	
TC - HDL C =	162 - 27 = 135 mg / dL	Healthy level - borderline
.....		
16	Gender: female	43
TC / HDL	ratio: 5.63	High risk for CVD
LDL - C / HDL - C	ratio : 3.33	
TGs / HDL - C	ratio: 4.6	
TC - HDL - C =	162 - 34 = 128 mg / dL	Healthy borderline
borderline.	139 mg / dL	
.....		
17	Gender: male	45Yr.
TC / HDL - C	ratio : 6.68	High risk for CVD
LDL - C / HDL - C	ratio : 4.64	
TGs / HDL - C	ratio : 2.59	
TC - HDL - C =	169 - 30 = 139 mg / Dl	
.....		
18.	Gender: male	45Yr.
TC / HDL C		
LDL / HDL C		
TGs / HDL - C		
TC - HDL - C :	227 - 34 = 193mg / Dl	Highly unhealthy level

Table - 5 - B. Risk Assessment of results presented in Table - 5 A.

Subject.	Gender	Age / Yr.	Risk assessment of CVD
No.	Gender:		
1	Male	47 Years	
TC / TDL - C	ratio : 7.70		Moderate risk for CVD
LDL - C / HDL - C	ratio : 5.50		Moderate risk for CVD
TGs / HDL - C	ratio : 3.83		Average risk for CVD
TC - HDL - C =	231,0 - 30 = 201.0		Highly unhealthy
.....			
2	2		M
49 Years			
TC / HDL - C	ratio : 4.76		Average risk for CVD
LDL - C / HDL - C	ratio : 3.46		Average risk for CVD

TGs / HDL ratio : 2.38
 TC – HDL – C = 258.0 – 50.0 = 208

Average risk for CVD
 Highly unhealthy

3 F 50 Years

TC / HDL – C ratio : 7.70
 LDL – C / HDL- .ratio : 5.90
 TGs / HDL- C ratio : 2.57
 TC – HDL – C = 231.0 - 30 = 201

Moderate risk for CVD
 Moderate risk for CVD
 Average risk for CVD
 Highly unhealthy

4 F 50 Years

TC / HDL – C ratio : 6.0
 LDL – C / HDL ratio : 3.52
 TGs / HDL – C ratio : 4.17
 TC – HDL – C = 138.0 - 23.0 = 115

Moderate risk for CVD
 Moderate risk for CVD
 High risk for CVD
 Healthy level

5 M 50 Years

TC / HDL- C ratio : 3.86
 LDL -C/ HDL- C ratio : RAGE2.70
 TGs / HDL- C ratio : 0.68
 TC – HDL - C = 193.0 – 50.0 = 143

Low risk for CVD
 Average risk for CVD
 Low risk for CVD
 Unhealthy level

6 F 52 Yrs.

TC / HDL - C ratio : 6.88
 LDL – C / HDL – C ratio : 5.14
 TGs / HDL – C ratio : 2.48
 TC – HDL – C = 289 - 42 = 247

Moderate risk for CVD
 Moderate risk for CVD
 Average risk for CVD
 Highly unhealthy level

7 M 57 Yrs.

TC / HDL – C ratio : 6.70
 LDL – C / HDL – C ratio : 5.11
 TGs / HDL – C ratio : 1.00
 TC – HDL – C = 181 – 27 = 154

Moderate risk for CVD
 Moderate risk for CVD
 Low risk for CVD
 highly unhealthy level

8 M 57Yrs

TC HDL – C ratio : 4.85
 LDL – C / HDL – C ratio : 2.70
 TGs / HDL – C ratio : 4.85
 TC – HDL – C = 131 – 27 = 104

Average risk for CVD
 Average risk for CVD
 High risk for CVD
 Healthy level

9 F 57 Yrs.

TC / HDL – C ratio : 5.70
 LDL – C / HDL – C ratio : 4.41
 TGs / HDL – C ratio : 3.41
 TC – HDL- C = 154 – 27 =
 borderline

Moderate risk for CVD
 Moderate risk for CVD
 Average risk for CVD
 Healthy level –

10	F	58	
TC / HDL-C ratio : 4.12		Average risk for CVD	
LDL – C / HDL – C ratio : 3.02		Average risk for CVD	
TGs / HDL-C ratio : 0.71		Low risk for CVD	
TC –HDL – C =173 – 42 = 131		Healthy level-borderline	
11	F	60	
TC / HDL – C ratio: 4.21		Average risk for CVD	
LDL – C / HDL – C ratio :3.12		Average risk for CVD	
TGs / HDL – C ratio : 0.64		Low risk for CVD	
TC – HDL- C = 177 -42 = 135		Unhealthy level	
12	M	61	
TC / HDL – C ratio: 5.88		Moderate risk for CVD	
LDL- C / HDL- C ratio = 4.31		Moderate risk for CVD	
TGs / HDL- C ratio = 2.00		Low risk for CVD	
TC – HDL-C = 247 – 42 = 135		Unhealthy level	
13	Gender: female	60 Years	
TC / HDL-C ratio: 5.16		Moderate risk [111 for CVDL- C	
LDL-C / HDL – C ratio : 3.70		Moderate risk for CVD	
TGs / HDL – C ratio: 1.46		Low risk for CVD	
TC – HDL – C = 258 – 50 = 208		Unhealthy level-high	

Table – 6. Percentage of Cardiovascular risk assessment for different age groups.

Age Group	VLCVD risk	LCVD risk	Average CVD risk	Moderate CVD risk
6 to 18 Month	0	100	0	0
2 to 5 years	66.7	15.0	8.3	0
5 to 10 years	0	100	0	0
30 to 45 years	11.1	11.1	27.8	50.0
45 to 60 years	0	7.7	30.8	61.2

CONCLUSION

Based on results of this study, it may be concluded that in children age less than 2 years, lipid profile testing cannot be considered as a predictor of CVD later in life unless potential risks factors for CVD are discovered or serious illness is manifested. For Children age 2- 5 and 5 - 10 years, a full lipid profile can be an important part of the child's health information later in life., and also have some benefits for those children currently affected by unhealthy sedimentary life style. The results of this study have also shown that for children age 6 month to 10 years in both gender all parameters which are usually of concern as cardiovascular risk were well beyond their reference levels. In middle – age and elderly, the variation in the levels of these parameters in both males and females were quite clear, and manifest strongly with progress in age,. Thus in elderly (males and females) these, parameters were higher compared to middle aged. **Financial support**

This study received no financial support from any source.

Acknowledgement

The senior author would like to thank all the parents who allowed the blood to be taken from children (under medical supervision), thanks also go to adult volunteers). Finally, the collaboration of hospital staff is highly appreciated.

REFERENCES

1. Berenson GS, Srinivasan SR, Bao W et al. Association between multiple cardiovascular risk factors and atherosclerosis in children and young adults. *N Engl J Med.*, 1998; 338: 1650 – 1656.
2. Bjorkhem I., and Meaney, S. Brain cholesterol: long secret life behind a barrier. *Arterioscler. Thromb Vasc. Biol.*, 2004; 24: 806–815. doi: 10.1161/01.ATV.0000120374.59826.1b.

3. Cohen DE, Balancing cholesterol synthesis and absorption in the gastrointestinal tract. *J Clin Lipidol*, 2008; 2(2): S1 – S3.
4. Corliss J, How it's made : cholesterol production in your body, Harvard Health Publishing, updated : July. 2019.
5. De Jesus, 2011. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report. *Pediatrics*, 2011; 128(Suppl 5): iS213–S256.
6. Dhingra RH, Vasan, RS. Age as cardiovascular risk factor. *Med Clin North Am*. 2012; 96(1): 87 – 91.
7. Mikkola TM, Gissler M, Merikukka M, et al. Sex differences in age – related cardiovascular mortality. *PLoS One.*, 2013; 8(5): e 63347.
8. Dwyer S. Science News, September 1, 2019. Fasting is not routinely required for determination of a lipid profile, Nordestgaard, B.G., Langsted, A., Mora, S., Kolovou, G., Baum, H. et al., *European Heart Journal*, 1 July 2016; 37(25): 1944–958, <https://doi.org/10.1093/eurheartj/ehw152>.
9. Ford ES, and Caspersen CJ. Sedentary behavior and cardiovascular disease: a review of prospective studies. *International Journal of Epidemiology*, October 2012; 41(5): 1338–1353, <https://doi.org/10.1093/ije/dys07860>.
10. Gaziano JM. Should we fast before we measure our lipids? *Arch Intern Med*, 2012; 172: 1705–1706.
11. GBD. Mortality and cause of death collaborators. Global, regional and national age - sex – specific all causes of death, 1990 – 2013: a systematic analysis for the global burden of disease study 2013. *Lancet*, 2015; 385: 117–171.
12. Ghodsi S, Meysamie A, Abbasi M, et al. Non-high-density lipoprotein fractions are strongly associated with the presence of metabolic syndrome independent of obesity and diabetes. A population - based study among Iranian adults. *J Diabetes Metab Disord*, 2017; 25(1): 16–25. doi: 10.1186/s40200-017-0306-6. [PMC free article] [PubMed] [CrossRef] [Google Scholar].
13. Griffith L, Raina P, Wu H, et al. Population attribution risk for functional disability associated with chronic conditions in Canadian older adults. *Age and aging*, 2004; 39: 738 – 745.
14. Grontved A, Hu FB. Television viewing and risk of type 2 diabetes, cardiovascular disease, and all-cause mortality: a meta-analysis. *JAMA*, 2011; 305: 2448–2455. [PMC free article] [PubMed] [Google Scholar].
15. Kannel WB, Coronary heart disease heart disease risk factors in the elderly. *Am J Geriatric Cardiol*, 2002; (2): 101–107.
16. Lachman S, Boekholdt SM, Luben RN, et al. Impact of physical activity on the risk of cardiovascular disease middle aged and older adults: EPIC prospective population study. *Eur J Prev Cardiol*, 2018; 25(2): 200 – 208.
17. Newman WP, Freedman DS, Voors AW, Gard PD, Srinivasan SR, Cresant JL, Williamson GD, Webber LS, Berenson GS. Relation of serum lipoprotein levels and systolic blood pressure to early atherosclerosis: the Bogalusa Heart Study. *N Engl J Med.*, 1986; 314: 138–144. [PubMed] [Google Scholar].
18. Nicklas TA, von Duvillard SP, Berenson GS. Tracking of serum lipids and lipoproteins from childhood to dyslipidemia in adults: The Bogalusa heart study. *Int J Sports Med*, 2002; 25(s1): 39 -43.
19. Nordestgaard BG, Longsted A, Mora S, et al Fasting is not routinely required for determination of a lipid profile: clinical and laboratory implications including flagging at desirable concentration cut-points-a joint consensus statement from the European Atherosclerosis Society and European Federation of Clinical Chemistry and Laboratory Medicine. *European Heart Journal*, 2016; 37(25): 1944 – 58.
20. North JB and Sinclair DA. The interaction between aging and cardiovascular disease. *Cir Rea.*, 2012; 110(8): 1097–1108.
21. Palinski W, Napoli C. The fetal origins of atherosclerosis: maternal hypercholesterolemia and cholesterol-lowering or antioxidant treatment during pregnancy influence *in utero* programming and postnatal susceptibility to atherogenesis. *FASEB J.*, 2002; 16(11): 1348–1360. [PubMed] [Google Scholar]
22. Powell KE, Thompson PD, Caspersen CJ, Kendrick JS. Physical activity and the incidence of coronary heart disease. *Annul Rev Public Health*, 1987; 8: 253–287. [PubMed] [Google Scholar].
23. Puri R, Nissen SE, Shao M, et al. Non-HDL cholesterol and triglycerides: Implications for coronary atheroma progression and clinical events. *Arterioscler Thromb Vasc Biol.*, 2016; 36(11): 2220–2228. doi: 10.1161/ATVBAHA.116.307601. [PubMed] [CrossRef] [Google Scholar].
24. Robinson TN. Reducing children's television viewing to prevent obesity: a randomized controlled trial. *JAMA*, 1999; 282: 1561–1567. [PubMed] [Google Scholar].
25. Jones J, Bolledu Rodgers JL, SI, et al. Cardiovascular risks associated with gender and aging. *J Cardiovasc Dev Dis.*, 2019; (2): 19. PMID: PMC 6616540; PMID: 31035613.
26. Saunders TJ, Chaput JP, Tremblay MS. Sedentary behavior as an emerging risk factor for cardiometabolic diseases in children and youth. *Can J Diabetes*, 2014; 38: 53–61. doi:0.1016/j.cjcd.2013.08.266. CrossrefMedlineGoogle Scholar.
27. Srinivasan BGS, Bao W, Newman WP, et al. Association between multiple cardiovascular risk factors and atherosclerosis in children and young adults: the Bogalusa Heart Study. *N Engl J Med.*, 1998; 338: 1650–1656. [PubMed] [Google Scholar].

28. Steenman M and Lande G. Cardiac aging and cardiac disease in humans. *Biophys Rev.*, 2017; 9(2): 131 – 137.
29. Strait JB and Lakatta EG. Aging – associated cardiovascular changes and their relationship to heart failure. *Heart Fail Clin.*, 2012; 8(1): 143 – 164. doi : 10.116 / j gfc.2012.08.o11.
30. Vance DE and Vance, JE. (2002). *Biochemistry of Lipids, Lipoproteins, and Membranes, New Comprehensive Biochemistry*. 4th ed. Amsterdam: Elsevier.
31. Wang D, Wang L, Wang Z, Chen S, Ni Y, Jiang D. Higher non-HDL-cholesterol to HDL-cholesterol ratio linked with increased nonalcoholic steato hepatitis. *Lipids Health Dis.*, 2018; 17(1): 67. doi: 10.1186/s12944-018-0720-x. [PMC free article] [PubMed] [CrossRef] [Google Scholar].
32. Warren TY, Barry V, Hooker SP, Sui X, Church TS, Blair SN. Sedentary behaviors increase risk of cardiovascular disease mortality in men. *Med Sci Sports Exerc.*, 2010; 42: 879–885. [PMC free article] [PubMed] [Google Scholar].
33. on-HDL-cholesterol to HDL-cholesterol ratio linked with increased nonalcoholic steato hepatitis. *Lipids Health Dis.*, 2018; 17(1): 67. doi: 10.1186/s12944-018-0720-x. [PMC free article] [PubMed] [Cross Ref] [Google Scholar].
34. WHO – Cardiovascular disease (CVD), 17 may, 2017. Yazdanyar A and Newman AB. The burden of cardiovascular disease in the elderly: morbidity, mortality, and costs. *Geriatr Med.*, 2009; (4): 563 – 77.
35. YoungDr Young DR, Hivert MF, Alhassan S, Camhi SM, Ferguson JF, et al. Sedentary behavior and cardiovascular morbidity and mortality : a science advisory from the American Heart Association. *Circulation*, 2016; 134: e-279. [PubMed][Google Scholar]
36. Zachariah MD; Johnson PK. Pediatric lipid Management an earlier approach. *Endocrinology and Metabolism of North America*, 2014; (4): 981 – 992.