# 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? 

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#### 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 sedimentary 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 Vasan, 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 $400 \mathrm{mg} / \mathrm{dL}$., 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 <br> No. | Gender | Age | TC | HDL-C | LDL-C | Non <br> HDL-C | TGs | TC/HDL-C | TGs/HDL-C | LDL- <br> C/HDL-C | HDL- <br> 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 <br> No. | Gender | Age | TC | HDL-C | LDL-C | Non <br> HDL-C | TGs | TC/HDL-C | TGs/HDL-C | LDL- <br> C/HDL-C | HDL- <br> 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 ane female children age 5 to 10 years.

| Subject <br> No. | Gender | Age | TC | HDL-C | LDL-C | Non <br> HDL-C | TGs | TC/HDL-C | TGs/HDL-C | LDL- <br> C/HDL-C | HDL- <br> 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 ( $\mathbf{3 0} \mathbf{- 4 5 )}$ male and females.

| Subject <br> No. | Gender | Age | TC | HDL-C | LDL-C | Non <br> HDL-C | TGs | TC/HDL-C | TGs/HDL-C | LDL- <br> C/HDL-C | HDL- <br> C/LDL-C |
| :---: | :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | male | $31.0 Y r$. | 196.0 | 42.0 | 138.0 | 154.0 | 82.0 | 4.67 | 1.95 | 3.29 | 0.30 |
| 2 | male | $31.0 Y r$. | 181.0 | 34.0 | 136.0 | 147.0 | 74.3 | 5.32 | 2.19 | 4.00 | 0.25 |
| 3 | female | $32.0 Y r$. | 123.0 | 38.0 | 50.0 | 85.0 | 84.0 | 3.24 | 2.21 | 1.32 | 0.76 |
| 4 | female | $35.0 Y r$. | 162.0 | 23.0 | 84.0 | 139.0 | 82.0 | 7.04 | 3.57 | 3.65 | 0.27 |
| 5 | male | $35.0 Y r$. | 150.0 | 57.0 | 92.0 | 93.0 | 82.0 | 2.63 | 1.44 | 1.61 | 0.62 |
| 6 | male | $37.0 Y r$. | 135.0 | 46.0 | 81.0 | 89.0 | 110.0 | 2.93 | 2.39 | 1.76 | 0.57 |
| 7 | female | $38.0 Y r$. | 204.0 | 57.0 | 146.0 | 147.0 | 78.0 | 3.58 | 1.37 | 2.56 | 0.39 |
| 8 | female | $39.0 Y R$. | 212.0 | 42.0 | 169.0 | 170.0 | 262.0 | 5.05 | 6.24 | 4.02 | 0.25 |
| 9 | male | $40.0 Y r$. | 220.0 | 50.0 | 142.0 | 166.0 | 92.0 | 4.40 | 1.84 | 2.84 | 0.35 |
| 10 | female | $40.0 Y r$. | 216.0 | 27.0 | 162.0 | 189.0 | 100.0 | 8.00 | 3.70 | 6.00 | 0.17 |
| 11 | male | $40.0 Y r$. | 223.0 | 46.0 | 177.0 | 177.0 | 42.0 | 4.85 | 0.91 | 3.85 | 0.26 |
| 12 | male | $40.0 Y r$. | 185.0 | 38.0 | 131.0 | 147.0 | 46.0 | 4.87 | 1.21 | 3.45 | 0.29 |
| 13 | female | $41.0 Y r$. | 220.0 | 30.0 | 150.0 | 190.0 | 96.0 | 7.33 | 3.20 | 5.00 | 0.20 |
| 14 | male | $41.0 Y r$. | 162.0 | 30.0 | 111.0 | 132.0 | 73.0 | 5.40 | 2.43 | 3.70 | 0.27 |
| 15 | male | $42.0 Y r$. | 162.0 | 27.0 | 115.0 | 135.0 | 127.0 | 6.00 | 4.70 | 4.26 | 0.24 |
| 16 | male | $43.0 Y r$. | 162.0 | 34.0 | 102.0 | 128.0 | 81.0 | 4.77 | 2.28 | 3.00 | 0.33 |
| 17 | female | $44.0 Y r$. | 169.0 | 30.0 | 100.0 | 139.0 | 138.0 | 5.63 | 4.60 | 3.33 | 0.30 |
| 18 | male | $45.0 Y r$. | 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 | $\begin{gathered} \text { Non } \\ \text { HDL-C } \end{gathered}$ | TGs | TC/HDL-C | TGs/HDL-C | $\begin{gathered} \text { LDL- } \\ \text { C/HDL-C } \end{gathered}$ | $\begin{gathered} \text { HDL- } \\ \text { C/LDL-C } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 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 | 50.0 Yr . | 231.0 | 30.0 | 177.0 | 201.0 | 77.0 | 7.70 | 2.57 | 5.90 | 0.17 |
| 4 | female | $50.0 Y \mathrm{Yr}$. | 138.0 | 23.0 | 81.0 | 115.0 | 96.0 | 6.00 | 4.17 | 6.32 | 0.28 |
| 5 | male | 50.0 Yr . | 193.0 | 50.0 | 135.0 | 143.0 | 34.0 | 3.86 | 0.68 | 2.70 | 0.37 |
| 6 | female | $52.0 Y \mathrm{Yr}$. | 289.0 | 42.0 | 216.0 | 247.0 | 104,0 | 6.88 | 2.48 | 5.14 | 0.19 |
| 7 | male | 57.0 Yr . | 181.0 | 27.0 | 138.0 | 154.0 | 27.0 | 6.70 | 1.00 | 5.11 | 0.20 |
| 8 | male | $57.0 Y r$. | 131.0 | 27.0 | 73.0 | 104.0 | 131.0 | 4.85 | 4.85 | 2.70 | 0.37 |
| 9 | female | 57.0 Yr . | 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 | 60.0 Yr . | 177.0 | 42.0 | 131.0 | 135.0 | 27.0 | 4.21 | 0.64 | 3.12 | 0.13 |
| 12 | male | 60.0 Yr . | 247.0 | 42.0 | 181.0 | 205.0 | 84.0 | 5.88 | 2.00 | 4.31 | 0.23 |
| 13 | female | $60.0 Y \mathrm{Yr}$. | 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)

| $\begin{gathered} \text { Subject No } \\ 1 . \end{gathered}$ |  | Gender: Female | $\begin{array}{r} \text { Age }-m / y \\ 6 m \end{array}$ | Cardiovascular Risk Assessment |
| :---: | :---: | :---: | :---: | :---: |
| 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 $120 \mathrm{mg} / \mathrm{dL}$ ). |

2. 

| TC/HDL-C ratio: | 3.60 | Low risk for $C V D$ |
| :--- | :---: | ---: |
| LDL-C/HDL-C : | 2.23 | Average risk for $C V D$ |
| TGs/HDL-C ratio: | 1.80 | Low risk for $C V D$ |
| TC-HDL-C $=164.9-45.8=119.1$ | Borderline (near healthy leve) |  |

TGs/HDL-C ratio: $\quad 1.80$
$T C-H D L-C=164.9-45.8=119.1 \quad$ Borderline (near healthy leve)
3.

TC/HDL-C ratio : 3.35
LDL-C/ HDL-C ratio: 2.23
TGs/ HDL-C ratio: 1.62
$T C-H D L-C=145.6-43.5=102.1$
$13 m$
Low risk for CVD Average risk for CVD Low risk for CVD healthy level
4.

TC/HDL-C ratio : 3.55
LDL-C/HDL-C ratio : 2.19
TGs/HDL-C ratio : 1.78
$T C-H D L-C=150-42.5=107.5$

Gender: male $\quad 15 \mathrm{~m}$
Low risk for CVD
Average risk for CVD
Low risk for CVD Healthy level
5. Gender : male $17 \mathrm{~m} \quad$ Cardiovascular risk assessment

TC/HDL-C ratio: 3.68 Low risk for CVD
LDL-C/HDL-C ratio : $2.31 \quad$ Average risk for CVD
TGs/HDL-C ratio: 1.84
Low risk for CVD
$T C-H D L-C=164.2-44.6=119.6$
Near borderline


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


| 3. |  | Gender: female | 36 m |  |
| :--- | ---: | :--- | :--- | :--- |
| 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 |  |  |

$4 . \quad$ Gender: male 42 m
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 $-\mathrm{C}=160.6-52.5=108.1$
Healthy level
5.
Gender: male
42 m

| TC / HDL - C | ratio: 3.10 |
| :--- | :--- |
| LDL-C / HDL-C ratio: 1.80 | Low risk for CVD |
| TGs $/$ HDL-C | ratio: 1.52 |

6. 

Gender: male
42 m

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 $-\mathrm{C}=153.0-48.5=105.3$
Healthy level

| 7. | Gender: female 48 m |  |
| :---: | :---: | :---: |
| 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 $-\mathrm{C}=158.8-43.8=115.0$ |  | Healthy level |
| $8 . \quad$ 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 $-\mathrm{C}=160.3-44.3=116.0$ |  | Healthy level |


| $9 . \quad$ Gender: female | 53 m |  |
| :---: | :---: | :---: |
| TC / HDL - C ratio: 2.25 |  | Low risk for CVD |
| LDL C / HDL- C ratio: 1.33 |  | Average risk for CVD |
| TGs / HDL - C ratio : 1.10 |  | Low risk for CVD |
| TC - HDL $-\mathrm{C}=149.0-66.2=82.8$ |  | Healthy level (ideal) |
| 10. Gender: male | 53 m |  |
| TC / HDL-C ratio: 3.83 |  | Low risk for CVD |
| LDL - C HDL - C ratio: 2.46 |  | Average risk for CVD |
| TGs / HDL - C ratio :1.90 |  | Low risk for CVD |
| TC - HDL - $\mathrm{C}=157.2-41.0=116.2$ |  | Healthy level |
| $11 . \quad$ Gender: male | 55m |  |
| TC / HDL - C ratio: 3.83 |  | Low risk for CVD |
| LDL - C / HDL -C ratio: 2.42 |  | Average risk for CVD |
| TGs / HDL - C ratio: 1.01 |  | Low risk for CVD |
| TC HDL - C = 170.5-70.6 = 99.9 |  | Healthy level |
| 12. | 60 m |  |
| TC / HDL - C ratio: 3.27 |  | Low risk for CVD |
| HDL - C / HDL - C ratio: 1.95 |  | Average risk for CVD |
| TGs / HDL $-\mathrm{C}=$ ratio: 1.53 |  | Low risk for CVD |
| TC - HDL $-\mathrm{C}=154.2-47.2=107.0$ |  | Healthy level |

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

| Subject No. | Gender: female | Age | Cardiovascular Risk Assessment |
| :---: | :---: | :---: | :---: |
| 1. |  | 65 m |  |
| TC / HDL - C | ratio: 3.46 |  | Low risk for CVD |
| LDL - C / HDL - C | ratio: 2.11 |  | Average risk for CVD |
| TGs / HDL - C | ratio: 1.74 |  | Low risk for CVD |
| TC $-\mathrm{HDL}-\mathrm{C}=163$. | $\mathrm{I}-47.1=116.0$ |  | Healthy level |


4.

TC / HDL - C ratio: 2.14
LDK - C / HDL - C ratio: 1.17
TGs / HDL - C ratio: 1.24
$\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=160.1-66.3=93.8$

Gender: female

## 84 m

Low risk for CVD
Average risk for CVD
Low risk for CVD
Healthy level
5.

TC / HDL- C ratio: 4.05
LDL - C / HDL - C ratio : 2.64

Gender: female
$96 m$
Low risk for CVD
Average risk for CVD

| TGs $/$ HDL $-\mathrm{C} \quad$ ratio: 2.05 | Low risk for CVD |
| :--- | :--- |
| TC - HDL $-\mathrm{C}=162.0-40.0=122$ | healthy borderline |


| 6. | Gender: male | 99 m |  |
| :--- | :--- | :---: | :--- |
| TC / HDL - C | ratio: 3.83 |  | Low risk for CVD |
| LDL C / HDL - C | ratio: 2.46 |  | Average risk for CVD |
| TGs / HDL - C | ratio: 1.87 |  | Low risk for CVD |
| TC - HDL - C $=$ | $157-41=116$ |  | Healthy level |


| 7. | Gender: female | 100 m |  |
| :---: | :---: | :---: | :---: |
| TC / HDL - C ratio: 3.35 |  |  | Low risk for CVD |
| LDL - C / HDL - C ratio: 2.03 |  |  | Average risk for CVD |
| TGs / HDL - C ratio: 1.59 |  |  | Low risk for CVD |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=175.2-52.3=129$. |  |  | Unhealthy-borderline |
| 8. | Gender: male | 108 m |  |
| C / HDL - C ratio: 3.73 |  |  | Low risk for CVD |
| LDL - C / HDL - C ratio : 2.38 |  |  | Average risk for CVD |
| TGs / HDL - C ratio : 1.79 |  |  | Low risk for CVD |
| TC - HDL $-\mathrm{C}=171.0-45.8=125.2$ |  |  | Healthy level |

## 9

TC / HDL - C ratio : 2.63
LDL - C / HDL - C ratio: 1.34
TGs / HDL - C ratio : 1.35
TC - HDL $-\mathrm{C}=200.9-76.3=124.6$

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 |  |
| :--- | :---: | :---: | :--- | :---: |
| Gender: male |  | 31 Yr. |  |  |
| TC $/$ HDL - C | ratio: 4.67 |  | Average risk |  |
| LDL - C $/$ HDL - C | ratio: 3.29 |  | Average risk for CVD |  |
| TGs $/$ HDL - C | ratio: 1.10 |  | Low risk for CVD |  |
| TC - HDL - C $=196.0-42.0=154.0$ |  | Unhealthy level |  |  |


| 2. | Gender: male | 31 Yr. |
| :--- | :---: | :--- |
| TC $/ \mathrm{HDL}-\mathrm{C} \quad$ ratio $: 5.32$ |  | Moderate risk for CVD |
| $\mathrm{LDL}-\mathrm{C} / \mathrm{HDL}-\mathrm{C}$ ratio $: 4.00$ | Moderate risk for CVD |  |
| TGs $/ \mathrm{HDL}-\mathrm{C} \quad$ ratio $: 1.35$ | Low risk for CVD |  |
| TC $-\mathrm{HDL}-\mathrm{C}=181.0-34.0=147 \mathrm{mg} / \mathrm{dL}$ | Unhealthy level |  |


| $3 . \quad$ Gender: female | 32 Yr . |  |
| :---: | :---: | :---: |
| TC / HDL - C ratio : 3.34 |  | Low risk for CVD |
| LDL - / HDL - C ratio : 1.32 |  | Low risk for CVD |
| TGs / HDL - C ratio : 3.03 |  | Average risk for CVD |
| TC - HDL - $\mathrm{C}=123.0-38.0=85$ |  | Healthy level |
| $4 . \quad$ Gender: female | 35Yr.' |  |
| TC / HDL - C ratio: 7.04 |  | Moderate risk for CVD |
| LDL - C / HDL - C ratio: 3.65 |  | Moderate risk for CVD |
| TGs / HDL - C ratio: 6.50 |  | High risk for CVD |


| TC - HDL $-\mathrm{C}=162.0-23.0=139 . \mathrm{O}$ | healthy borderline |
| :---: | :---: |
| $5 . \quad$ Gender: male | 35 Yr . |
| TC / THDL- C ratio: 2.63 | Very low risk for CVD |
| LDL - C / HDL- C ratio : 1.61 | Average risk for CVD |
| TGs / HDL- C ratio: 1.61 | Low risk for CVD |
| TC - HDL $-\mathrm{C}=150.0-57.0=93.0$ | Healthy level |


| $6 . \quad$ Gender: male | 37 Yr. |  |
| :---: | :---: | :---: |
| TC / HDL- C ratio : 2.93 |  | Very low risk for CVD |
| LDL - C / HDL - C ratio : 1.76 |  | Low risk for CVD |
| TGs / HDL-C ratio : 0.83 |  | Low risk for CVD |
| TC - HDL-C : 89 |  | Healthy level |
| $7 . \quad$ Gender: male | 38 Yr |  |
| TC / HDL - C ratio: 5.05 |  | Average risk for CVD |
| LDL - C / HDL - L ratio: 4.02 |  | Average risk for CVD |
| TGs / HDL - C ratio: 6.24 |  | Average risk for CVD |
| TC $-\mathrm{HDL}-\mathrm{C}=204-57=147$ |  | Unhealthy level |


| 8. | Gender: male | 39 Yr |  |
| :--- | :---: | :---: | :--- |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}$ | ratio $: 4.40$ |  | Moderate risk for CVD |
| $\mathrm{LDL}-\mathrm{C} / \mathrm{HDL}-\mathrm{C}$ | ratio $: 2.84$ | Moderate risk for CVD |  |
| TGs $/ \mathrm{HDL}-\mathrm{C}$ | ratio $: 1.84$ | Low risk for CVD |  |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=$ | $212-42=170$ | Highly unhealthy |  |


| $9 . \quad$ Gender: female | 40 Yr. |
| :---: | :---: |
| TC / HDL - C ratio : 8.00 | High risk for CVD |
| LDL - C / HDL - C ratio: 6.00 | High risk for CVD |
| TGs / HDL - C ratio: 2.70 | Moderate risk for CVD |
| TC - HDL $=216.0-27.0=189$ | highly unhealthy level |


| 10. Gender: male | 40 Yr. |
| :---: | :---: |
| TC / HDL -C ratio: 4.85 | Moderate risk for CVD |
| LDL - C / HDL - C ratio: 3.85 | Moderate risk for CVD |
| TGs / HDL - C ratio: 0.91 | Low risk for CVD |
| TC $-\mathrm{HDL}-\mathrm{C}=223-46=177 \mathrm{mg} / \mathrm{dL}$ | Highly unhealthy level |
| 11. Gender: male | 40 Years |
| TC / HDL - C ratio: 4.87 | Moderate risk for CVD |
| LDL - C / HDL-C ratio: 3.45 | Moderate risk for CVD |
| TGs / HDL - C ratio: 1.21 | Low risk for CVD |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=223-46=177 \mathrm{mg} / \mathrm{dL}$ | Very high unhealthy level |
| 12. Gender: female | 40 Yr . |
| TC / HDL - C ratio: 7.33 | High risk for CVD |
| LDL - C / HDL - C ratio: 5.00 |  |
| TGs / HD L-C ratio : 3.20 |  |
| TC $-\mathrm{HDL}-\mathrm{C}=220-30=190$ | 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 |  |  |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=220-30=190 \mathrm{mg} / \mathrm{d} \mathrm{L}$ |  | 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 |  |  |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=162-30=132 \mathrm{mg} / \mathrm{dL}$ |  | Healthy level - borderline |
| 15. Gender: male |  | 42 Yr . |
| 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 = $135 \mathrm{mg} / \mathrm{dL}$ |  | 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 |  |  |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=162-34=128 \mathrm{mg} / \mathrm{dL}$ | $139 \mathrm{mg} / \mathrm{dL}$ | Healthy borderline |
| borderline....................................................................................................... |  |  |
| 17 Gender: male |  | 45 Yr . |
| TC / HDL - C ratio : 6.68 |  | High risk for CVD |
| LDL - C / HDL - C ratio : 4.64 |  |  |
| TGs / HDL - C ratio : 2.59 |  |  |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=169-30=139 \mathrm{mg} / \mathrm{Dl}$ |  |  |
| $18 . \quad$ Gender: male |  | 45 Yr . |
| TC / HDL C |  |  |
| LDL / HDL C |  |  |
| TGs / HDL- C |  |  |
| TC - HDL - C : 227-34 = 193mg $/ \mathrm{Dl}$ |  | 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 <br> LDL - C / HDL -C ratio : 5.50 <br> TGs / HDL- C ratio : 3.83 <br> TC - HDL-C $=231,0-30=201.0$ |  |  | Moderate risk for CVD <br> Moderate risk for CVD <br> Average risk for CVD <br> Highly unhealthy |
| $\begin{aligned} & 2 \\ & 49 \text { Years } \end{aligned}$ | 2 |  | M |
| TC / HDL- C ratio : 4.76 <br> LDL - C / HDL-C ratio : 3.46 |  |  | Average risk for CVD <br> Average risk for CVD |


| TGs / HDL ratio : 2.38 <br> $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=258.0-50.0=208$ |  |  | Average risk for CVD Highly unhealthy |
| :---: | :---: | :---: | :---: |
| 3 | F | 50 Years |  |
| TC / HDL -C ratio : 7.70 <br> LDL - C / HDL- .ratio : 5.90 <br> TGs / HDL- C ratio : 2.57 $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=231.0-30=201$ |  |  | Moder ate risk for CVD <br> Moderate risk for CVD <br> Average risk for CVD Highly unhealthy |
| 4 | F | 50 Years |  |
| TC / HDL-C ratio : 6.0 <br> LDL - C / HDL ratio : 3.52 <br> TGs / HDL-C ratio : 4.17 $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=138.0-23.0=115$ |  |  | Moderate risk for CVD <br> Moderate risk for CVD <br> High risk for CVD Healthy level |


| 5 | M | 50 Years |  |
| :---: | :---: | :---: | :---: |
| TC / HDL- C ratio : 3.86 |  |  | Low risk for CVD |
| LDL -C/ HDL- C ratio :RAGE2.70 |  |  | Average risk for CVD |
| TGs / HDL- C ratio : 0.68 |  |  | Low risk for CVD |
| TC - HDL $-\mathrm{C}=193.0-50.0=143$ |  |  | Unhealthy level |
| 6 | F | 52 Yrs. |  |
| TC / HDL - C ratio : 6.88 |  |  | Moderate risk for CVD |
| LDL - C / HDL - C ratio : 5.14 |  |  | Moderate risk for CVD |
| TGs / HDL - C ratio : 2.48 |  |  | A verage risk for CVD |
| TC $-\mathrm{HDL}-\mathrm{C}=289-42=247$ |  |  | Highly unhealthy level |


| 7 | M |  | 57 Yrs. |  |
| :---: | :---: | :---: | :---: | :---: |
| TC / HDL-C ratio : 6.70 | M |  | 57Yrs | Moderate risk for CVD Moderate risk for CVD Low risk foe CVD highly unhealthy level |
| LDL - C / HDL - C ratio : 5.11 |  |  |  |  |
| TGs / HDL - C ratio : 1.00 |  |  |  |  |
| TC $-\mathrm{HDL}-\mathrm{C}=181-27=154$ |  |  |  |  |
| 8 |  |  |  |  |
| TC HDL-C ratio : 4.85 |  |  |  | Average risk for CVD |
| LDL - C / HDL - C ratio : 2.70 |  |  |  | Average risk for CVD |
| TGs / HDL - C ratio : 4.85 |  |  |  | High risk for CVD |
| $\mathrm{TC}-\mathrm{HDL}-\mathrm{C}=131-27=104$ |  |  |  | Healthy level |
| 9 |  | F | 57 Yrs. |  |
| TC / HDL - C ratio : 5.70 |  |  |  | Moderate risk for CVD |
| LDL - C / HDL - C ratio : 4.41 |  |  |  | Moderate risk for CVD |
| TGs / HDL - C ratio : 3.41 |  |  |  | Average risk for CVD |
| $\text { TC }- \text { HDL }-\mathrm{C}=154-27=$ <br> borderline |  |  |  | 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 - $\mathrm{C}=173-42=131$ |  | 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- $\mathrm{C}=177-42=135$ |  | Unhealthy level |
| 12 M |  | 61 |
| TC / HDL - C ratio: 5.88 |  | Moderate risk for CVD |
| LDL- $\mathrm{C} / \mathrm{HDL}-\mathrm{C}$ 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 - $\mathrm{C}=258-50=208$ |  | 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

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## 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, Noordestgaard, 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 Casperson 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-highdensity 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. do: 10.1186/s40200-017-0306-6. [PMC free article] [PubMed] [CrossRef] [Google Scholar].
13. Griffith L, Raina $\mathrm{P}, \mathrm{Wu} \mathrm{H}$, 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 fromchildhood 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. PMCID: 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.jcjd.2013.08.266.CrossrefMedlineGoog le 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 : 1016 / 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.


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