

LIPIDS PROFILE



Lipids profile:

Lipid profile: A pattern of lipids in the blood.

A lipid profile usually includes the levels of total cholesterol, high-density lipoprotein (HDL) cholesterol, triglycerides, and Using these values, a laboratory may also calculate: Very lowdensity lipoprotein and Cholesterol :HDL ratio

It is ordered to determine the risk of heart disease



Lipids profile :

 The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.



Blood lipoprotein:

- □ They are lipids carrier particals .
- □ Composed of:

cholesterol, cholesterol ester, TG, phospholipids and protein

- □ Four major types: vLDL, LDL, HDL and chylomicron
- □ They differ in the contents of each composition.
- Function: transport lipids in blood to organs (lipids are hydrophobic and can't transport in blood without carrier)
- Then these lipids are either: stored in adipose tissue or oxidized to give energy

Lipoproteins vary in size and composition

LDL

*ADAM.





Bad vs. Good Cholesterol





Cholesterol:



- □ Is steroid
- Cholesterol is a type of fat, found in your blood. It is produced by your body and also comes from the foods you eat (animal products). Cholesterol is needed by your body to maintain the health of your cells. Too much cholesterol leads to coronary artery disease. Your blood cholesterol level is related to the foods you eat or to genetic conditions (passed down from other generations of family members).
- □ Has important function in body:
 - > important part in membrane of cells, organs and tissues in the body
 - > is used to make hormones,
 - > forms acids that are needed to absorb nutrients from food.

Therefore, cholesterol deficiency is not good.

□ Source: 70% synthesized in body,

30% from food (animal source as meat, eggs and dairy products)

Cholesterol levels:

- □ High level associated with heart disease
- □ Good level: below 200 mg/dl (low risk of heart disease).
- □ Border line: 240mg/dl (if higher at high risk)
- □ <u>Notes:</u>
- □ Measuring blood cholesterol level not need fasting?

Cholesterol level is not affected by single meal but affected by long term pattern of eating (change from high fat diet to low fat diet for several weeks)

- □ Cholesterol level is <u>elevated</u> during pregnancy (till 6 weeks after delivery)
- □ Some drugs are known to increase cholesterol levels as anabolic steroids, beta blockers, epinephrine, oral contraceptives and vitamin D.

Causes of raised cholesterol

Raised cholesterol caused by LDL

Common

- Polygenic hypercholesterolaemia
- Drugs (eg, sertraline)

Less common

- Hypothyroidism
- Nephrotic syndrome
- Cholestasis
- Familial hypercholesterolaemia*
- Anabolic steroids

Causes of raised cholesterol and Triglycerides

Common

- Type 2 diabetes mellitus/obesity
- ETOH
- Pregnancy
- Drugs (eg, risperidone)

Less common

- Familial combined hyperlipidaemia
- Hypothyroidism
- End stage renal disease







1-LDL (low density lipoprotein):

- LDL: bad cholesterol " carry cholesterol from liver to blood then to organs
- □ It has less protein content and contains more cholesterol.
- □ LDL cholesterol is easy to stick to the walls of blood vessels.
- High LDL in blood associated with atherosclerosis, heart disease and myocardial infraction
- Reducing LDL levels is a major treatment target for cholesterollowering medications.
- Because high LDL in blood will deposited in blood artery and trigger clot formation





Preparation:

Blood should be collected after a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least 2 months after a heart attack, surgery, infection, injury or pregnancy to check LDL levels.

Goal values:

- Less than 70 mg/dL for those with heart or blood vessel disease and for other patients at very high risk of heart disease (those with metabolic syndrome)
- Less than 100 mg/dL for high risk patients (e.g., some patients who have multiple heart disease risk factors) if you have heart disease or diabetes.
- Less than 130 mg/dL for individuals who are at low risk for coronary artery disease . if you have 2 or more risk factors.
- □ LDL less than 160 mg/dL if you have 0 or 1 risk factor.

Measuring LDL-C level:

□ LDL level calculated either : directly or by equation

LDL= Total cholesterol -(HDL+Triglycerides/5)

Risk of high LDL and heat disease

- High blood LDL will deposit cholesterol in the inner walls of the arteries that feed the heart and brain.
- It can form plaque (thick, hard deposit) that can narrow the arteries and make them less flexible.
- □ This condition is known as <u>atherosclerosis</u>.
- If a clot forms and blocks a narrowed artery, heart attack or stroke can result.





HDL (high density lipoprotein) :

- HDL: good cholesterol, carry cholesterol from organs and blood to liver to get rid of it
- It removes excess cholesterol from tissues (it cleans blood).
- High levels linked to a reduced risk of heart and blood vessel disease. The higher your HDL level, the better.





Goal value:

- Greater than 40 mg/dL
- A good level of HDL is 60 mg/dl or more.

Preparation:

 This test may be measured any time of the day without fasting. However, if the test is drawn as part of a total lipid profile, it requires a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least two months after a heart attack, surgery, infection, injury or pregnancy to check HDL levels.

Total Cholesterol (TC)

- Directly linked to risk of heart and blood vessel disease.
- Goal values:
- □ 75-169 mg/dL for those age 20 and younger
- \square 100-199 mg/dL for those over age 21

Preparation:

This test may be measured any time of the day without fasting. However, if the test is drawn as part of a total lipid profile, it requires a 12-hour fast (no food or drink, except water). For the most accurate results, wait at least two months after a heart attack, surgery, infection, injury or pregnancy to check cholesterol levels.

- Principle:

HDL cholesterol determination

- Enzymatic methods, involving cholesterol esterase and oxidase and Trinders color system.

- The enzymatic reaction sequence employed in the assay of cholesterol is as follows:

Cholesterol Esters ______ Cholesterol + Fatty Acids

Cholesterol + $O_2 \xrightarrow{.OXIDASE}$ Cholesten-3-one + H_2O_2

 $2 H_2O_2 + 4$ -Aminoantipyrine + Phenol (red dye)

- Cholesterol Esters are hydrolyzed to produce cholesterol, Hydrogen peroxide is then produced from the oxidation of cholesterol by cholesterol oxidase. In a coupled reaction catalyzed by peroxidase, quinoneimine red colored dye is formed from 4-aminoantipyrine, phenol and hydrogen peroxide. The absorption of light at 505 ± 5 nm of the solution of this dye is proportional to the concentration of cholesterol in the sample.

Triglycerides TG:

- □ Triglyceride is body storage form of fat and energy
- □ Most TG found in adipose tissue
- □ Give energy in case of absence of carbohydrates
- Some triglycerides circulate in the blood to provide fuel for muscles to work.
- Extra triglycerides are found in the blood after after meal TG "gut" >>>> blood>>>> adipose
- Elevated in obese or diabetic patients. Level increases from eating simple sugars or drinking alcohol. Associated with heart and blood vessel disease.

TG levels:

- TG test needs 12 hrs fasting because its level is effected by meal (fatty meal, high carbohydrates meal)
- □ Level should be: Less than 150 mg/dl
- □ High TG leads to fatty liver



HYPERLIPIDEMIA

Is the condition of abnormally elevated levels of any or all <u>lipids</u> and/or <u>lipoproteins</u> in the <u>blood</u>. It consider a heterogeneous group of disorders.





- Primary hyperlipidemias are probably genetically based, but the genetic defects are known for only a minority of patients
- Secondary hyperlipidemia may result from diseases such as diabetes, thyroid disease, renal disorders, liver disorders, and Cushing's syndrome, as well as obesity, alcohol consumption, estrogen administration, and other drugassociated changes in lipid metabolism
- Hyperlipidemia is a major, modifiable risk factor for atherosclerosis and cardiovascular disease, including coronary heart disease; this is true both of disorders involving hypercholesterolemia and hypertriglyceridemia

Normal Range

NORMAL RANGE

Men: 40-160 mg/dl (0.45-1.81 mmol/L) Women: 35-135 mg/dl (0.40-1.53 mmol/L)

Hypertriglyceridemia:

Suspicious: > 150 mg/dl (>1.7 mmol/L) Elevated: > 200 mg/dl (>2.3 mmol/L)

