

SUPPLEMENTARY INFORMATION

This appendix formed part of the original submission and has been peer-reviewed. We post it as supplied by the authors.

Supplement to:

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Appendix. Dutch Lipid Clinic Network Diagnostic Criteria (page 1)

APPENDIX. Dutch Lipid Clinic Network Diagnostic Criteria

Criteria	Score
 Family history First-degree relative with known premature (men: <55 years; women <60 years) coronary or vascular disease, or first-degree relative with known LDL-C above the 95th percentile First-degree relative with tendinous xanthomata and/or arcus cornealis, or children <18 years with LDL-C above 95th percentile 	1 2
Clinical history Patient with premature (men: <55 years, women: <60 years) coronary artery disease Patient with premature (men: <55 years, women: <60 years) cerebral or peripheral vascular disease	2 1
Physical examination* • Tendon xanthomata • Arcus cornealis <45 years	6 4
LDL-C levels	8 5 3 1
DNA analysis Functional mutation in the LDLR, APOB, or PCSK9 gene	8

Choose only one score per group, the highest applicable Diagnosis (diagnosis is based on the total number of points obtained)

- A 'probable' FH diagnosis requires 6-8 points
- A 'possible' FH diagnosis requires 3-5 points
- A 'definite' FH diagnosis requires >8 points

Abbreviations: APOB = apolipoprotein B; FH = familial hypercholesterolaemia; LDL-C = low-density lipoprotein cholesterol; LDLR = low-density lipoprotein receptor; PCSK9 = proprotein convertase subtilisin-kexin type 9

Reference

1. Civeira F, International Panel on Management of Familial Hypercholesterolemia. Guidelines for the diagnosis and management of heterozygous familial hypercholesterolemia. Atherosclerosis 2004;173:55-68.

^{*} Exclusive of each other (ie, maximum 6 points if both are present)