FH Europe
The European FH Patient Network

FH Europe in collaboration with EAS FHSC is pleased to share lay summary of the work recently published in The Lancet, a world leading scientific journal.

Global perspective of familial hypercholesterolaemia: a cross-sectional study from the EAS Familial Hypercholesterolaemia Studies Collaboration (FHSC)

EAS FHSC

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01122-3/fulltext#%20

About EAS FHSC

EAS FHSC is a prestigious expanding global network of investigators with an interest in familial hypercholesterolaemia (FH) and has compiled a comprehensive global registry (database) of FH patients. Currently 80 national lead investigators together with almost 600 collaborative investigators from 67 countries contribute to this scientific project which is led by Prof. K.K. Ray at Imperial College London UK. The growing registry currently has over 67,000 patients registered. Visit eas-society.org/general/custom.asp?page=fhsc

About this Article

The coordinating centre investigators at Imperial College London UK together with the national lead and collaborative investigators conducted a study to report the characteristics, detection and management of the adult participants with the most common type of FH (heterozygous FH) in this registry at the time of study.

Key Findings in this Article

- Although FH occurs globally across all WHO regions, there are regional variations.
- For being an inherited condition, i.e. present since birth, FH is diagnosed too late, in mid-40s on average, meaning many years are missed before patients are identified and intervention can be started; Identification of FH must be improved in order to detect those affected much earlier in life.
- Prevalence of cardiovascular disease and cardiovascular risk factors increase with age of diagnosis, suggesting late diagnosis potentially misses opportunities to address other future determinants of health in addition to cholesterol levels.
- Guideline-recommended cholesterol levels are infrequently achieved (<3% of patients overall), particularly with single drug therapy; greater use of combination therapy is likely required to improve FH management and reduce the gap between guideline recommendations and clinical practice; this raises challenges about accessibility and cost, particularly in low/middle-income countries.
- There are gender disparities in detection and management of FH, with potential implications for care and outcomes.
- Non-index cases (affected relatives identified through family screening from the first FH case detected in the family [index case]) appear to be diagnosed earlier, with lower prevalence of cardiovascular disease and cardiovascular risk factors, and lower cholesterol, supporting the role of screening.

What does this mean for FH Care?

This study emphasises the value of wide screening programmes and the need for early detection and management of FH with appropriate use of lipid-lowering and combination therapies to attain cholesterol target levels consistent with clinical guidelines to reduce cardiovascular disease risk. All of these key findings may inform future policy and clinical guidelines.

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