



OUTPATIENT REFERRAL GUIDELINES

Familial Hypercholesterolaemia Clinic

Southern Adelaide Local Health Network (SALHN)

Service Description

This clinic is open to referrals from General Practitioners (GP) and Specialists.

- For patients with identified or probable inherited familial hypercholesterolemia (FH), this Clinic provides the (public) tertiary facility to have expert cardiac genetic advice, investigation and commencement/uptitration of medical therapy.
- Cascade clinical screening of first degree relatives of confirmed proband (including current and planned offspring).
- Entry into genetics clinic database (with consent)
- Ongoing Cardiology clinical care is not provided by this service; this will be in the hands of the referring GP/Specialist. (maximum of three clinical visits - the first to assess if testing is of value, and the following to feedback the results and their meaning to the patient, including implications for first degree relatives).
- The clinic will liaise with a patient's referring Physician and GP following initial consultation.

Exclusion criteria

- Non-LDL dyslipidaemia
- Secondary causes of hypercholesterolaemia have not been excluded (i.e. primary hypothyroidism, proteinuria, cholestasis and medications such as corticosteroids)
- Where the patient has not had repeated bloods after life-style intervention

Alternate care

- Where the patient has dyslipidaemia, but the primary potential diagnosis is not FH, please consider referring to a General Cardiology or Endocrinology clinic

Minimum Referral Criteria

The patient has:

- Dutch Lipid Clinic Network Score (DLCNS) of ≥ 4
- Useful link: <https://bit.ly/2ACSRbU> (athero.org.au/fh/health-professionals/how-to-diagnose-fh/ - scroll down to "diagnostic tools and use DLCNS calculator and supporting documentation)
- Where family history is included in the DLCNS, their accurate age and sex at time of diagnosis must be included – see useful link for cut-offs.

Minimum Information Required

Cardiac assessment including:

- Medical and relevant medication history
- Family history of cardio/cerebro/peripheral-vascular disease – age at onset required
- Examination (consider optometrist for arcus cornealis)
- Lipid profile, repeated levels after lifestyle intervention
- Blood work, to exclude uncontrolled diabetes, thyroid, hepatic and renal disease

Referral will be returned without this

Fax Referrals to (attn. Dr Kathryn Waddell-Smith)

Flinders Cardiac Clinic Fax (08) 8177 1589

Red Flags

Red flags should prompt immediate GP referral to **Emergency Department**

- Significantly elevated triglyceride level with symptoms of (acute) pancreatitis such as severe pain
- Symptoms of acute coronary syndrome or cardiac decompensation

Suggested GP Management

- Manage cardiovascular risk factors aggressively
- Exclude secondary causes of hypercholesterolaemia
- Provide lifestyle advice (i.e. regarding cessation of smoking, dietary modification (strongly consider referral to dietician), exercise and alcohol intake)

Clinical Resources

- The diagnosis of Familial Hypercholesterolaemia
<https://www.athero.org.au/fh/healthprofessionals/how-to-diagnose-fh/>
<https://www.racgp.org.au/afp/2012/december/familial-hypercholesterolaemia/>
- The Familial Hypercholesterolaemia Australasia Network:
<https://www.athero.org.au/fh/>

General Information to assist with referrals and the and Referral templates are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	12 March 2019	11 Feb 2021	Original
2.0	01/11/2023	01/11/2025	Revised