syndrome, vascular biology, advanced lipoprotein metabolism, diabetic dyslipidemia, and atherosclerosis imaging.

Results: Students from various specialty areas have enrolled in the program and shown an interest in the CLS role.

Conclusions: The implementation of the clinical lipidology subspecialty program offered within a formal academic unit will increase the number of healthcare providers with specific clinical knowledge to provide care to patients and families with complex dyslipidemia and related cardiometabolic conditions.

Hypertension and Dyslipidemia

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Assessment Of Lipid Profile In Hypertensive And Non-Hypertensive Males: A Case Control Study

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Lead Author's Financial Disclosures: None

Background/Synopsis: Atherogenic dyslipidemia and hypertension are two of the main features of metabolic syndrome (MS) which is becoming an alarming threat globally. Individuals with MS have a higher incidence of development of cardiovascular disease (CVD). As hypertension is easily measurable, determining any association of it with other risk lipid parameters would be an added benefit to the individuals.

Objective/Purpose: To compare the lipid profile: serum total cholesterol (TC), triglycerides, high density lipoprotein (HDL) cholesterol, low density lipoprotein (LDL) cholesterol and TC/HDL ratio in selected age-sex matched hypertensive and non-hypertensive males.

Methods: The study was carried out with hypertensive (n=25) and non-hypertensive (n=25) males aged 35-55 years, who were not on any lipid lowering drugs. Subjects were enrolled from a Clinic attached to University of Sri Jayewardenepura. Blood pressure was measured by a qualified medical professional. Venous blood sample (3.5 mL) was obtained after 12 hours overnight fast and lipid profile was analyzed using standard kits. Results were analyzed using SPSS version 21.

Results: Mean age of hypertensive and non-hypertensive groups were 49±5 and 45±7 years respectively. Mean values for TC, triglycerides, HDL, LDL and TC/HDL ratio in hypertensive group were 195.3±38.4 mg/dL, 131.5±114.5 mg/dL, 41.4±9.0 mg/dL, 127.5±42.7 mg/

dL and 5.0±1.8 respectively. In non-hypertensive group they were 176.0±26.1 mg/dL, 122.3±56.8 mg/dL, 38.4±8.1 mg/dL, 113.0±23.8 mg/dL and 4.7±1.1 respectively. Percentage of subjects above normal reference range and below normal reference range for HDL, according to WHO recommended values/ranges, were 52.0%, 28.0%, 44.0%, 72.0% and 60.0% in hypertensive group and 16.0%, 28.0%, 60.0%, 68.0% and 36.0% in non-hypertensive group for the parameters indicated above respectively. Total cholesterol levels of hypertensive group were significantly higher than non-hypertensive group (p<0.05). Although other lipid parameters were not significantly higher in hypertensive subjects compared to non-hypertensive subjects, in hypertensive group 60% or more subjects had a higher level of LDL and TC/HDL ratio. Further 60% or more non-hypertensive subjects had higher LDL levels and lower HDL levels.

Conclusions: Above data in both hypertensive and non-hypertensive groups indicate that there should be active screening for lipid profile in the community. Lower HDL and higher LDL confirm that subjects should pay more attention on physical activities and food habits.

Quality of Life

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Are There Differences In The Perceived Health-Related Quality Of Life Between Children At Risk For Premature Cardiovascular Disease and Parents?

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Lead Author's Financial Disclosures: None

Background/Synopsis: Cardiovascular disease (CVD) is the leading cause of death in the US. Although CVD-related symptoms and events rarely occur during childhood, risk factors and risk behaviors often develop at a very early age. Approximately 5 to 15% of youth (< 18 yrs of age) have 1 or more risk factors, with > 1 CVD risk factor in those who are obese. While risk factors and behaviors are frequent, limited data is available regarding knowledge and health beliefs related to CVD in this vulnerable population. The PedsQL, a validated clinical and research tool, has been shown to be helpful in measuring health-related quality of life (HRQoL) in youth affected by chronic disease conditions. The PedsQL 4.0 Generic Core Scale can help distinguish differences in 4 areas: physical health, emotional functioning, social functioning, and school functioning. Disease-specific modules (e.g. diabetes and sickle cell anemia) are available. The PedsQL is potentially an aid to help understand the treatment barriers, adherence, and psychosocial concerns of individuals with chronic conditions.