

# Parental Attitudes and Ideas Regarding Newborn Screening for Familial Hypercholesterolemia



Katie Tobik, MGCS<sup>1</sup>, Kate Murphy Orland, MS, CGC<sup>2</sup>, Xiao Zhang, PhD<sup>1</sup>, Kristina Garcia, MGCS, CGC, <sup>3,4</sup> and Amy L. Peterson, MD, MS<sup>1</sup>

<sup>1</sup>University of Wisconsin – Madison School of Medicine and Public Health, Department of Pediatrics,

<sup>2</sup>University of Wisconsin – Madison School of Medicine and Public Health, <sup>3</sup>Waisman Center, <sup>4</sup>UW Health



## BACKGROUND

- Familial hypercholesterolemia (FH) is an inherited autosomal dominant disorder of low-density lipoprotein cholesterol (LDL-C) metabolism resulting in an earlier onset of atherosclerotic cardiovascular disease<sup>1,2</sup>.
- Current recommendations state universal lipid screening ages 9-11 and 17-21, however screening rates are low (<5%) 3,4.
- One suggestion to improve detection is to include FH on the newborn screen (NBS).
- The purpose of this study was to explore parents' perceptions about the benefits and drawbacks of NBS for FH to improve the health of their children.

# **METHODS**

## **Participants**

- 8 parents of a child with FH
- 3 parents of a child who was diagnosed with a genetic condition through NBS
- 100% white female
- Age: M = 44.2 yrs. (SD = 7.7)
- Health Literacy\*: M = 15.0 (SD = 1.2)

#### **Data Collection**

- Recruitment took place at the institutional pediatric lipid clinic and the cystic fibrosis clinic
- Interviews conducted by telephone in 30-minute sessions guided by a semi-structured interview script. Participants were given a brief overview of the NBS process and FH.
- All interviews were audio-recorded and professionally transcribed.

# Analysis

- Thematic analysis performed in several steps using qualitative data analysis software (NVivo 12 Pro).
- Transcripts reviewed to identify key themes
- Open coding was performed line by line by two reviewers.
   Codes were compared and discrepancies resolved by arbitration
- Final codebook created and used to review the transcripts. Data were categorized and organized into overarching themes.

Newborn Screened for FH via the NBS	
Biggest Factor	Number of Mentions (n=11)
Family	2
Lifestyle Changes	3
Preventative Care	3
Timing	5

Biggest Factor in the Decision to have

All participants
(n=11,100%) were
interested in having
their child undergo
universal lipid
screening via
the NBS

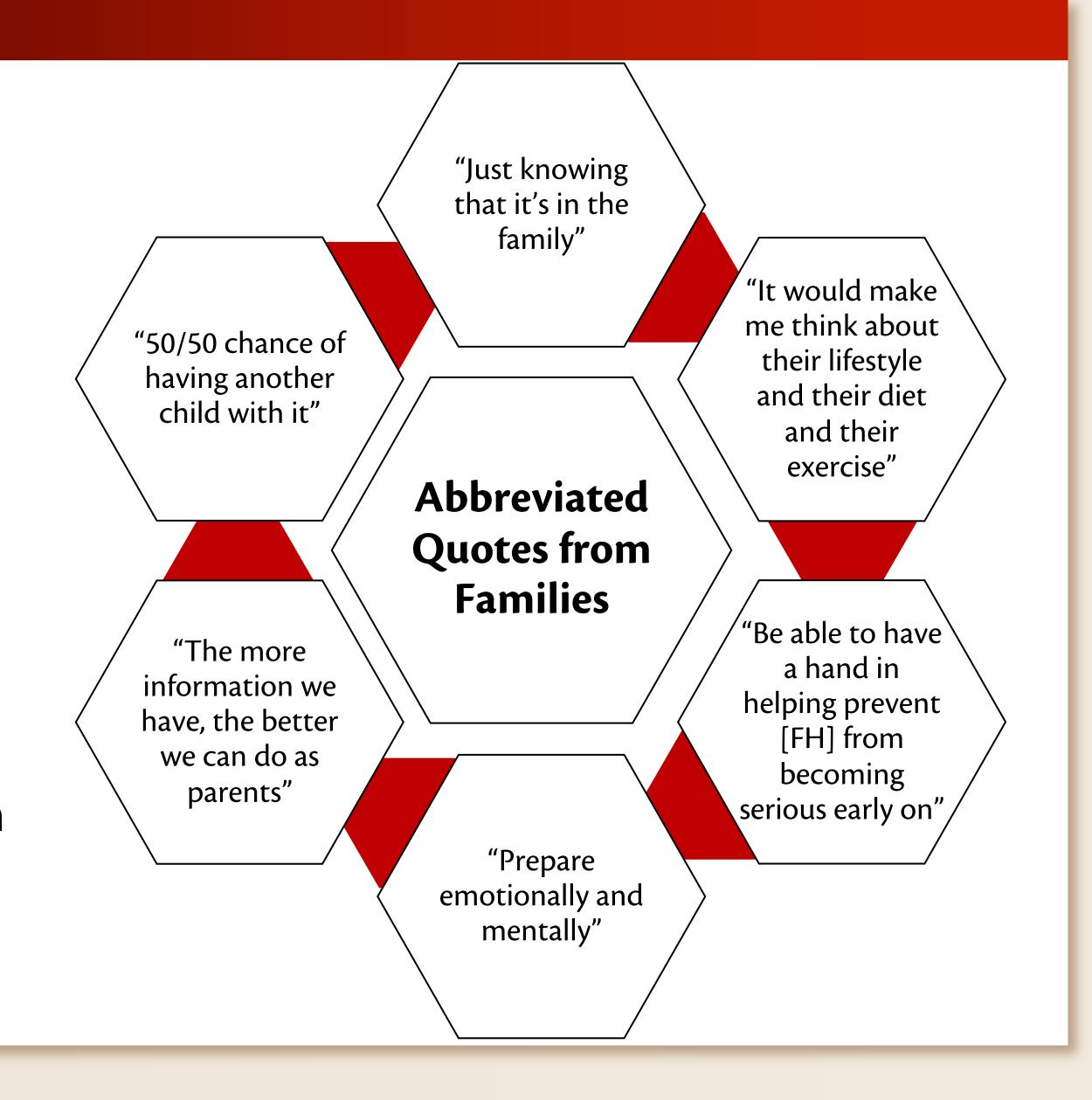
# RESULTS

# **Supporting Screening**

- Knowledge
- Family
- Incorporation of lifestyle changes
- Access to preventative care
- Timing

# Negatives of Screening

- Increased stress or anxiety
- Knowledge
- Stigma
- Delayed from diagnosis to initiation of pharmacotherapy for FH



## CONCLUSIONS

- All 11 participants (100%) indicated that they would be interested in including screening for FH on the NBS.
- Efforts to educate clinicians on the natural history of FH and treatment options available should be increased and guidelines should be readily available.
- The results of this study will be used to help formulate family notification and care protocols for newborns diagnosed with FH.

# ADDITIONAL KEY INFORMATION

#### Resources

- 1. Ned, et al. PLoS Curr 2011.
- 2. Bowen et al. Public Health Genomics 2012.
- 3. Allen-Tice et al. J Clin Lipidol 2020.
- 4. DeSantes et al. J Pediatr 2017.

### Acknowledgments

We would like to thank the following individuals for their assistance in recruitment:

- Ann Dodge, NP
- Darci Pfeil, NP
- Michael J. Rock, MD

Supported by a Research and Development grant from the Department of Pediatrics, University of Wisconsin School of Medicine and Public Health

# **Corresponding Author Information:**

Amy Peterson, MD MS

Associate Professor of Pediatrics, Division of Pediatric Cardiology

apeterson@pediatrics.wisc.edu