

Knowledge and Clinical Practice of Family Physicians and Pediatricians Regarding Lipid Disorders in Children

Dear Colleagues,

My name is Dr. Kamila Szeliga, a pediatrician specializing in pediatric endocrinology and diabetology at the Upper Silesian Children's Health Center in Katowice. I kindly invite you to complete this anonymous survey, aimed at assessing the knowledge of etiology, attitudes, and clinical practices of primary care physicians, pediatricians, and all physicians caring for children regarding the diagnosis and management of familial hypercholesterolemia (FH) in children.

Familial hypercholesterolemia (FH) is a metabolic disorder that may lead to premature cardiovascular disease if not detected early and treated appropriately.

This survey is fully anonymous and takes approximately 5–7 minutes to complete. The data collected will be used solely for scientific and educational purposes.

Thank you in advance for your participation!

Dr. Kamila Szeliga, MD, PhD

Section A – General Information (Demographics)

1. What is your age at the time of completing this survey?

- <30
- 30–40
- 41–50
- >50

2. What is your gender?:

- Female
- Male
- Non-binary
- Prefer not to say

3. Primary specialty:

- Family Physician

- Pediatrician
- In training for Family Medicine or Pediatrics
- Internal Medicine
- Other: _____

4. Work setting – select all that apply:

- Public out-patient clinic (NFZ) / Family Doctor's Office
- Clinical hospital
- Private practice
- Non-academic hospital

5. City size where you work:

- < 5,000 residents
- 5,000–20,000 residents
- 20,000–100,000 residents
- > 100,000 residents

6. Years in medical practice:

- < 5 years
- 5–10 years
- 10–20 years
- > 20 years

Section B – Knowledge About FH

7. Have you ever heard of familial hypercholesterolemia (FH)?

- Yes
- No

8. What type of disorder is FH? (select all the correct answer):

- Hereditary
- Autoimmune
- A complication of obesity
- Primarily related to an unhealthy diet
- I don't know

9. How often does FH occur in the general population?

- 1 in 50

- 1 in 250–300
- 1 in 500
- 1 in 10,000
- I don't know

10. Are you familiar with the Dutch Lipid Clinic Network Score or the Simon Broome criteria for diagnosing FH?

- Yes
- Never heard of them

11. The main criteria suggesting FH in a child include: (select all that apply)

- Total cholesterol > 310 mg/dl (8 mmol/l)
- LDL-C > 190 mg/dl (4.9 mmol/l)
- Positive family history of premature cardiovascular disease before age 55 in males
- Positive family history of premature cardiovascular disease before age 60 in females
- Tendon xanthomas
- I don't know

12. Which medications would you prescribe for children with hypercholesterolemia? (select all that apply)

- Bile acid sequestrants
- Statins
- Ezetimibe
- Nicotinic acid
- Fibrates
- Omega-3 fatty acids
- None of the above

13. According to guidelines, from what minimum age can statin treatment be initiated in children with FH?

- Age 6 and older
- Age 8 and older
- Age 10 and older
- Age 12 and older
- I don't know

14. What is the probability that a first-degree relative (parent, sibling) of a child with FH also has FH?

- 0%
- 25%
- 50%
- 75%
- 100%
- I don't know

15. How much higher is the risk of premature cardiovascular events in untreated adult patients with FH compared to those without FH?

- 2-times higher
- 5-times higher
- 7-times higher
- 15-times higher
- 20-times higher
- I don't know

Section C – Clinical Practice

16. Do you routinely order lipid profiling in children aged 2–10 years?

- Yes, for all
- No
- Only if there is a positive family history
- No, only in cases of obesity or hypertension
- One-time total cholesterol measurement in life is sufficient

17. Have you ever suspected FH in a child in your practice?

- Yes
- No
- Don't know / don't remember

18. Have you ever referred a child suspected of having FH to a Metabolic Diseases Clinic or a Cardiology Clinic?

- Yes
- No
- I have not had such a case

19. How often do you prescribe lipid-lowering therapy for children in primary care / outpatient / hospital settings?

- Always for children with hypercholesterolemia
- Children do not require cholesterol-lowering medications
- I try to initiate therapy for all children with persistent lipid disturbances
- I rarely initiate the lipid-lowering therapy
- Never

20. What challenges do you most commonly face in caring for children with FH? (select all that apply)

- Lack of clear guidelines
- Lack of access to specialists
- Parental concerns about pharmacotherapy
- Difficulty with dietary adherence
- Cost of medication
- Other: _____

21. What actions would you take for an 8-year-old child with LDL-C > 200 mg/dl and a positive family history of myocardial infarction?

- Observation
- Diet and education
- Family screening
- Specialist consultation
- Consider pharmacotherapy
- I don't know

Section D – Attitudes and Educational Needs

22. Do you believe that primary care physicians / pediatricians are currently adequately prepared to recognize FH?

- Yes
- Rather yes
- No
- Rather no
- Undecided

23. Do you know whether a clinic specializing in pediatric lipid disorders exists in your region?

- Yes
- No, I don't know
- I looked but couldn't find one

24. Would you like to participate in training or a webinar on FH in children?

- Yes
- No
- Not sure

25. Do you consider FH to be a significant but under-recognized public health issue?

- Yes
- Rather yes
- No
- Rather no
- Undecided

26. On a scale from 1 to 5, how well do you understand familial hypercholesterolemia (FH), where 1 means "no knowledge" and 5 means "full understanding"?

- 1
- 2
- 3
- 4
- 5

27. Are you familiar with current guidelines regarding diagnosis and treatment of children with familial hypercholesterolemia?

- Yes
- No

28. In which voivodeship (province) is the hospital or clinic where you work located?

- Lower Silesia
- Kuyavian-Pomeranian
- Lublin
- Lubusz

- Łódź
- Lesser Poland
- Masovia
- Opole
- Podkarpackie
- Podlaskie
- Pomerania
- Silesia
- Świętokrzyskie
- Warmian-Masurian
- Greater Poland
- West Pomeranian