Whereas, Our American Medical Association has recognized that cardiovascular morbidity and mortality is an urgent public health concern; and

Whereas, Lipids analysis is one of the most ordered lab tests; and

Whereas, All adult patients should have a lipid analysis for assessment of their cardiovascular risk; and

Whereas, Patients are usually asked to fast for eight hours for lipid analysis; and

Whereas, Studies show that lipids and lipoproteins change only minimally in response to normal food intake¹; and

Whereas, There is no scientific evidence that fasting is superior to non-fasting in evaluating cardiovascular risk from lipid analysis; and

Whereas, All adult patients with diabetes should have a lipid analysis and fasting may increase risk of hypoglycemia, a risk minimized by non-fasting in patients with diabetes; and

Whereas, Guidelines from relevant medical societies in the United States, United Kingdom, Europe, and elsewhere endorse non-fasting lipid profiles; and

Whereas, Pediatrics does not require fasting blood for lipid analysis in children and adolescents since the sample could be drawn at the same time as their physician visit; and

Whereas, Not fasting would simplify timing of blood draws while avoiding the inconvenience of early morning sampling, additional trips to the lab and a second copay; therefore be it

RESOLVED, That our American Medical Association develop educational programs affirming that fasting is not required for lipid analysis. (Directive to Take Action)

Fiscal Note: Approximately $50k for the development of CME-accredited interactive e-learning including staff costs and external vendor contracting.

Received: 4/26/23

REFERENCES
RELEVANT AMA POLICY

Prevention of Coronary Artery Disease H-425.990
The AMA believes that (1) total serum cholesterol should be measured under supervision of a physician, with proper safeguards for quality assurance and (2) when serum cholesterol levels are excessive, appropriate measures should be taken to educate the patient concerning methods to improve serum lipids and thereby reduce the risk of coronary heart disease.
Citation: Res. 165, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CSAPH Rep. 2, A-08; Reaffirmed: CSAPH Rep. 01, A-18;

Point of Care Availability for Blood Glucose Testing D-260.994
Our AMA will work with the Food and Drug Administration and the Centers for Medicare & Medicaid Services to maintain the Clinical Laboratory Improvement Act exempt status of point-of-care glucose testing.
Citation: (Res. 727, A-14)