

# FCS diagnostic score:

Use this diagnostic tool to help identify FCS in your patients<sup>1</sup>

ITEMS	Score		Your patient's score
	Yes	No	
<b>TRIGLYCERIDES</b>			
Has the patient had fasting TGs of >10 mmol/L for three consecutive blood analyses? <sup>a</sup>	+5	0	
• Has the patient had fasting TGs of >20 mmol/L at least once?	+1	0	
Has the patient had fasting TGs of <2 mmol/L at least once?	-5	0	
<b>MEDICAL HISTORY</b>			
Does the patient have a history of pancreatitis?	+1	0	
Does the patient have unexplained recurrent abdominal pain?	+1	0	
Does the patient have a family history of familial combined hyperlipidaemia?	0	+1	
<b>DIFFERENTIAL DIAGNOSIS</b>			
Have you excluded secondary factors (except pregnancy and ethinylestradiol)? <sup>b</sup>	+2	0	
Has the patient failed to respond to hypolipidaemic treatment (TG decrease <20%)?	+1	0	
How old was the patient when their symptoms first appeared?			
<40 years	+1	0	
<20 years	+2	0	
<10 years	+3	0	
<b>TOTAL</b>			

Adapted from Moulin *et al.* 2018.

If FCS is very likely, consider genetic testing.

- a. Plasma TG concentration measured at least one month apart. Eruptive xanthoma may be used as a surrogate for high TG levels (rare).<sup>1</sup>
- b. Secondary factors include alcohol, diabetes, metabolic syndrome, hypothyroidism, corticotherapy and additional drugs. If diagnosis is made during pregnancy, a second assessment is necessary to confirm diagnosis post-partum.<sup>1</sup>

Reference: 1. Moulin P, *et al.* *Atherosclerosis*. 2018;275:265-72.

Score	
≥10	FCS very likely
≤9	FCS unlikely
≤8	FCS very unlikely