In December 2011, the eagerly awaited new Cardiovascular Health and Risk-Reduction Guidelines from the expert panel of the National Heart, Lung, and Blood Institute (NHLBI) were published in Pediatrics as a supplement in summary form. Then, in 2012, the full report was published by the US Department of Health and Human Services (NIH Publication No. 12-7486). Both the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) endorse the recommendations, which address 14 different risk factors that contribute to premature atherosclerosis. Pediatricians and other health providers who care for children are well positioned to offer useful, evidenced-based information and screening to their patients and families to prevent cardiovascular issues, which often begin in childhood.

As everyone in the health care community is aware, we are now seeing a dramatic increase in the number of children and adolescents who are either overweight or obese, thus adding to the risk of early-onset coronary artery disease. Three major factors have led to this current epidemic, including an increase in sedentary living, an increase in consumption of high-caloric, low-nutrient drinks and foods, and overall less physical activity. This generates a cascade of physiological events resulting in obesity, which can lead to hypertension, dyslipidemia, insulin resistance, risk for type 2 diabetes, and atherosclerosis.

Unfortunately, there are many sources competing for our children and adolescents’ time and money that prevent them embracing a healthy lifestyle. Screen time has morphed into not only viewing television with a limitless number of channels, but also video games, wireless “smart” phones, computers, tablets, Internet surfing, texting, and social media. The guidelines are quite specific in offering various practical measures to reduce cardiovascular risk factors in children and adolescents. Many of the recommendations not only follow the AAP Bright Futures anticipatory guidance but also offer new recommendations such as universal lipid screening with required physical exams for children entering fifth or sixth grade. The idea is to easily use the guidelines in routine visits and health care maintenance.

The guidelines, in particular, address nutrition and diet in detail. In this issue of Pediatric Annals, I have asked registered dieticians, who are knowledgeable experts in working with children and families, to write articles on what the guidelines have to say about this important topic and how to translate the recommendations into practical office-based use for providers who care for children. Incorporated into each article are sample dietary suggestions for meal planning. The information can be easily integrated into the office-based setting and discussed with patients, parents, and families.

I want to thank the authors who have worked hard and dedicated their time, knowledge, and expertise on this important project. Again, it is an honor to work with my teacher, colleague, and friend, Stanford T. Shulman, MD, who encouraged me to put together this edition of Pediatric Annals.

do: 10.3928/00904481-20130823-07

To Access the NHLBI Guidelines:
Visit www.nhlbi.nih.gov. They are reviewed online or can be sent to you at no charge.

REFERENCES


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**Guest Editorial**

Irwin Benuck, MD, PhD, is a professor of clinical pediatrics at Feinberg School of Medicine, Northwestern University and the division head of community-based pediatrics. He has more than 20 years of interest and experience in preventive cardiology and has published and lectured on the identification, prevention, and intervention for children who are at risk for early-onset coronary artery disease. He is the attending pediatrician for the Preventive Cardiology Program at the Ann and Robert H. Lurie Children’s Hospital of Chicago.

Dr. Benuck was a member of the Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents, which was published as a summary supplement in *Pediatrics,* December 2011, and as a report by the US Department of Health and Human Services (NIH Publication No. 12-7486A). These recommendations are geared for pediatric health care providers to incorporate into their clinical practices and developed to correspond with *Bright Futures* in terms of age and developmental stages.

In addition, Dr. Benuck remains active in his general pediatric practice and has done so for the past 31 years. He has previously been a guest editor for this publication (“Enhancing Your Pediatric Practice,” June 2010) and has authored a number of articles for *Pediatric Annals.*