Abstract:
Lipid profile is a very common screening test in health care; it is mainly used to monitor/diagnose or assess the risk of Coronary Artery Diseases CAD (atherosclerosis); it could also give an indication of other disorders like kidney problems and Pancreatitis. CAD occurs when a plaques consisting mostly of cholesterol form an inner arterial wall leading to decreased blood flow and eventually causing a stroke or myocardial infraction. Therefore, the screening for Lipid profile to assess the risk factors of Coronary Heart Disease CHD became important worldwide.

There are several health care settings where the patient can benefit from having a near patient testing cholesterol analyzer, such as primary care, diabetic clinic, cardiac clinic and lipid disorders clinics. Various Point Of Care Testing cholesterol measurement analyzers is becoming available in the market with advertised improved patient outcomes and an acceptable accuracy and precision.

The benefits of performing the assay in different health care settings could be demonstrated when considering the outcomes of patient care, patient satisfaction, physician’s efficiency and overall improvement in the mortality and morbidity rate of cardiovascular patients.

However, the justification of performing the assay could be challenged when considering the urgency of the result, limitation of procedure, the overall cost and the extensive quality assurance program.

Despite the fact that POCT solution is knowingly expensive, the cost effectiveness in the assay could be justified by the beneficial outcomes in improving patient care, satisfaction, physician enhanced productivity, shorter hospital stays, no second appointment to check results and the improvement in the morbidity and mortality rate.

On the other hand, there are several drawbacks and challenges against performing the assay as a point of care test. The first in line is the fact that the lipid profile is not a tool to diagnose an immediate life threatening situation where the direct detection is crucial for the patient life; it is an indicative test of diseases which happen gradually.

Therefore and the decision whether to implement the Point of Care Cholesterol Testing or to continue performing the test in the clinical laboratory has to be weighed by the particular health care setting considering all previous factors to justify having the assay in a specific health care setting. The consideration would be different from a setting to another depending on the mission of the care provider and the resource available.

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