feasible approach, though it would obviously be more difficult for pediatricians. While not addressed by Bell or Garcia, it would seem to me important for them to have examined how many children with high cholesterols in fact had parents with normal cholesterols. These are the children who would truly be missed given effective screening of parents' cholesterol and subsequent screening of "high-risk" children. This is likely to be a much smaller fraction of hypercholesterolemic children than the 36 to 48 percent found in the Bell and Garcia studies.

Until this type of data is available, it may still make sense for pediatricians to screen all children, given their more limited access to unscreened parents. For family physicians, however, who are likely to have the parents under their care, it may be more desirable to screen parents first, and children of hypercholesterolemic parents second

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References

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- 2. Garcia RE, Moodie DS. Routine cholesterol surveillance in childhood. Pediatrics 1989; 84:751-5.
- Schucker B, Bailey K, Heimbach JT, et al: Change in public perspective on cholesterol and heart disease. Results from two national surveys. JAMA 1987; 258:3527-31.

The above letter was referred to the author of the article in question who offers the following reply.

To the Editor: Dr. Kelly makes an important point that family physicians need to be diligent in screening adult patients for hypercholesterolemia. As he points out, however, up to one-half of all adults have never had their cholesterol levels checked. Healthy young adults often fail to seek preventive health care and may see family physicians only episodically for acute illnesses. On the other hand, most children do routinely see physicians until age 5 to complete primary immunizations. The preschool visit could be a good opportunity for cholesterol screening, discussion of diet, and a reminder that the parents should also have cholesterol levels tested.

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