FCS score

Use this tool to help identify FCS in your patients[1]

TRIGLYCERIDES

Has the patient had fasting TGs of >10 mmol/L for three consecutive blood analyses?	**(+5)** ☐
Has the patient had fasting TGs of >20 mmol/L at least once?	**(+1)** ☐
Has the patient had fasting TGs of <2 mmol/L at least once?	**(-5)** ☐

MEDICAL HISTORY

Does the patient have a history of pancreatitis?	**(+1)** ☐
Does the patient have unexplained recurrent abdominal pain?	**(+1)** ☐
Does the patient have a family history of familial combined hyperlipidaemia?	**(+1)** ☐

DIFFERENTIAL DIAGNOSIS

Have you excluded secondary factors (except pregnancy and ethinylestradiol)?	**(+2)** ☐
Has the patient failed to respond to hypolipidaemic treatment (TG decrease <20%)?	**(+1)** ☐

How old was the patient when their symptoms first appeared?

<40 years	**(+1)** ☐
<20 years	**(+2)** ☐
<10 years	**(+3)** ☐

Score interpretation
FCS likelihood, based on the FCS score:

Total score:

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

☐

What next?

FCS score <7: Reconsider other potential causes.[2] Click here to refamiliarize yourself with other causes of hypertriglyceridemia (HTG).

Consider genetic testing when FCS score ≥7.[2]

You might be able to order this yourself, or you may need to refer your patient to a specialist lipidologist.

a. Plasma TG concentration measured at least one month apart. Eruptive xanthoma may be used as a surrogate for high TG levels (rare).[1]

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.[1]

Reference: 1. Moulin P, et al. Atherosclerosis. 2018;275:265-72. **2.** Bashir et al. Atherosclerosis 391 (2024) 117476, https://doi.org/10.1016/j.atherosclerosis.2024.117476