In addition to a referral to Brenner FIT®, consider the following referrals:

**Hypertension**
Nephrology referral:
- Stage 1 hypertension or higher
Brenner FIT referral only:
- Elevated or borderline blood pressure

**Risk of Type 2 Diabetes**
Endocrinology referral:
- Type 2 Diabetes (HgA1c > 6.4)
- Fasting blood sugar >125
- Random blood sugar >200
Brenner FIT referral only:
- Prediabetes (HgA1c < 6.5)
- Acanthosis nigricans
- Fasting blood sugar 100-125

**Elevated Liver Enzymes**
Gastroenterology referrals:
- All other liver diseases
Brenner FIT referral only:
- NAFLD, NASH or suspected fatty liver (elevated liver enzymes in patient with obesity)

**Elevated Lipids or Low HDL**
Brenner FIT referral only:
*Do not* refer to Cardiology: lipid disorders are managed by Brenner FIT and Metabolic Syndrome and Prevention physicians.

Brenner FIT® will assess and manage care in partnership with Metabolic Syndrome and Prevention Clinic, Cardiology, Gastroenterology, Nephrology, and Endocrinology.
Brenner FIT®

PEDIATRIC WEIGHT MANAGEMENT

Brenner FIT and Metabolic Syndrome and Prevention Clinic

For patients with obesity with comorbidities, Brenner FIT is the gold-standard to address weight and management of comorbid conditions. If family does not wish to pursue weight management, the child’s obesity-related comorbidities can be managed in the Metabolic Syndrome and Prevention Clinic. You do not need to refer to both.

The Metabolic Syndrome and Prevention Clinic is a part of Brenner FIT, and is for children with or without obesity, and with suspected familial hyperlipidemia (LDL cholesterol >160) or hypertriglyceridemia (triglycerides >500). For patients who decline Brenner Fit and have prediabetes or abnormal weight gain, they will first be seen in our Metabolic Syndrome and Prevention Clinic, then referred to other specialist(s) as deemed appropriate. Treatment may include nutrition education through a registered dietitian at follow-up visits. Referrals can be made by telephone, fax, or electronic health record orders to “Metabolic Syndrome and Prevention Clinic.”

<table>
<thead>
<tr>
<th>Laboratory test</th>
<th>Normal (fasting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td>&lt;100</td>
</tr>
<tr>
<td>Hemoglobin A1C*</td>
<td>&lt;5.7%</td>
</tr>
<tr>
<td>AST</td>
<td>&lt;60</td>
</tr>
<tr>
<td>ALT</td>
<td>&lt;60</td>
</tr>
<tr>
<td>Total Cholesterol**</td>
<td>&lt;200</td>
</tr>
<tr>
<td>LDL</td>
<td>&lt;130</td>
</tr>
<tr>
<td>HDL</td>
<td>&gt;40</td>
</tr>
<tr>
<td>Triglycerides**</td>
<td>&lt;150</td>
</tr>
<tr>
<td>★ Insulin level not needed</td>
<td></td>
</tr>
<tr>
<td>★ If the laboratory study is non-fasting: non-HDL cholesterol (Total – HDL) should be &lt;145 and triglycerides &lt;200. If either is elevated, follow with a fasting lipid profile.</td>
<td></td>
</tr>
</tbody>
</table>

When to be concerned about Familial Hyperlipidemia

- LDL > 160
- Triglycerides > 500
- History of early onset heart disease (men < 55 years, women < 65 years) or hyperlipidemia in 1st degree relatives