

Person—triglyceride level (measured), total millimoles per litre N[N].N

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Person—triglyceride level (measured), total millimoles per litre N[N].N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Triglyceride level (measured)
METEOR identifier:	359411
Registration status:	Health , Standard 01/10/2008
Definition:	A person's triglyceride level measured in millimoles per litre.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Person—triglyceride level
METEOR identifier:	269684
Registration status:	Health , Standard 01/03/2005
Definition:	A person's triglyceride level.
Object class:	Person
Property:	Triglyceride level

Value domain attributes

Identifying and definitional attributes

Value domain:	Total millimoles per litre N[N].N
METEOR identifier:	270785
Registration status:	Health , Standard 01/03/2005
Definition:	Total number of millimoles per litre (mmol/L).

Representational attributes

Representation class:	Total	
Data type:	Number	
Format:	N[N].N	
Maximum character length:	3	
	Value	Meaning
Supplementary values:	99.9	Not stated/inadequately described.
Unit of measure:	Millimole per litre (mmol/L)	

Data element attributes

Collection and usage attributes

Guide for use:	Record the absolute result of the total triglyceride measurement.
Collection methods:	Measurement of lipid levels should be carried out by laboratories, or practices, which have been accredited to perform these tests by the National Association of Testing Authorities. - To be collected as a single venous blood sample, preferably following a 12-hour fast where only water and medications have been consumed. Note that to calculate the low-density lipoprotein - cholesterol (LDL-C) from the Friedwald Equation (Friedwald et al, 1972): - a fasting level of plasma triglyceride and knowledge of the levels of plasma total cholesterol and high-density lipoprotein - cholesterol (HDL-C) is required, - the Friedwald equation becomes unreliable when the plasma triglyceride exceeds 4.5 mmol/L, and - that while levels are reliable for the first 24 hours after the onset of acute coronary syndromes, they may be unreliable for the subsequent 8 weeks after an event.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Relational attributes

Related metadata references: Supersedes [Person—triglyceride level \(measured\), total millimoles per litre N\[N\].N Health](#), Superseded 01/10/2008

Implementation in Data Set Specifications: [Acute coronary syndrome \(clinical\) DSS Health](#), Superseded 01/09/2012
[Acute coronary syndrome \(clinical\) DSS Health](#), Superseded 02/05/2013
[Acute coronary syndrome \(clinical\) NBPDS 2013-Health](#), Standard 02/05/2013
Implementation start date: 01/07/2013

[Cardiovascular disease \(clinical\) DSS Health](#), Superseded 01/09/2012

DSS specific information:

A relationship between triglyceride and High-density Lipoprotein Cholesterol (HDL-C) and chronic heart disease (CHD) event rates has been shown. This view is supported by the observation that the remnants of triglyceride-rich lipoproteins are the particles that occur in dysbetalipoproteinaemia, a condition associated with a very high risk of premature atherosclerotic vascular disease. There have been two comprehensive reviews of the relationship between plasma triglyceride and CHD (see Criqui et al. 1993 and Austin et al. 1991). Criqui concludes that triglyceride is not an independent predictor of CHD and is probably not causally related to the disease, while Austin provides a compelling case for a causal role of (at least) some triglyceride rich lipoproteins. Conclusions drawn from population studies of the relationship between plasma triglyceride and the risk of CHD include the following:

- an elevated concentration of plasma triglyceride (> 2.0 mmol/L) is predictive of CHD when associated with either an increased concentration of LDL-C or a decreased concentration of HDL-C.
- the relationship between CHD risk and plasma triglyceride is not continuous, with evidence that the risk is greatest in people with triglyceride levels between 2 and 6 mmol/L (Lipid Management Guidelines - 2001, MJA 2001; 175: S57-S88. National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand).

It is likely that the positive relationship between plasma triglyceride and CHD, as observed in many population studies, is because an elevated level of plasma triglyceride in some people is a reflection of an accumulation of the atherogenic remnants of chylomicrons and very Low-density Lipoprotein (LDL). These particles

are rich in both triglyceride and cholesterol and appear to be at least as atherogenic as LDL.

[Cardiovascular disease \(clinical\) NBPDS](#)

[Health](#), Superseded 17/10/2018

DSS specific information:

A relationship between triglyceride and High-density Lipoprotein Cholesterol (HDL-C) and chronic heart disease (CHD) event rates has been shown. This view is supported by the observation that the remnants of triglyceride-rich lipoproteins are the particles that occur in dysbetalipoproteinaemia, a condition associated with a very high risk of premature atherosclerotic vascular disease. There have been two comprehensive reviews of the relationship between plasma triglyceride and CHD (see Criqui et al. 1993 and Austin et al. 1991). Criqui concludes that triglyceride is not an independent predictor of CHD and is probably not causally related to the disease, while Austin provides a compelling case for a causal role of (at least) some triglyceride rich lipoproteins. Conclusions drawn from population studies of the relationship between plasma triglyceride and the risk of CHD include the following:

- an elevated concentration of plasma triglyceride (> 2.0 mmol/L) is predictive of CHD when associated with either an increased concentration of LDL-C or a decreased concentration of HDL-C.
- the relationship between CHD risk and plasma triglyceride is not continuous, with evidence that the risk is greatest in people with triglyceride levels between 2 and 6 mmol/L (Lipid Management Guidelines - 2001, MJA 2001; 175: S57-S88. National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand).

It is likely that the positive relationship between plasma triglyceride and CHD, as observed in many population studies, is because an elevated level of plasma triglyceride in some people is a reflection of an accumulation of the atherogenic remnants of chylomicrons and very Low-density Lipoprotein (LDL). These particles are rich in both triglyceride and cholesterol and appear to be at least as atherogenic as LDL.

[Cardiovascular disease \(clinical\) NBPDS](#)

[Health](#), Standard 17/10/2018

DSS specific information:

A relationship between triglyceride and High-density Lipoprotein Cholesterol (HDL-C) and chronic heart disease (CHD) event rates has been shown. This view is supported by the observation that the remnants of triglyceride-rich lipoproteins are the particles that occur in dysbetalipoproteinaemia, a condition associated with a very high risk of premature atherosclerotic vascular disease. There have been two comprehensive reviews of the relationship between plasma triglyceride and CHD (see Criqui et al. 1993 and Austin et al. 1991). Criqui concludes that triglyceride is not an independent predictor of CHD and is probably not causally related to the disease, while Austin provides a compelling case for a causal role of (at least) some triglyceride rich lipoproteins. Conclusions drawn from population studies of the relationship between plasma triglyceride and the risk of CHD include the following:

- an elevated concentration of plasma triglyceride (> 2.0 mmol/L) is predictive of CHD when associated with either an increased concentration of LDL-C or a decreased concentration of HDL-C.
- the relationship between CHD risk and plasma triglyceride is not continuous, with evidence that the risk is greatest in people with triglyceride levels between 2 and 6 mmol/L (Lipid Management Guidelines - 2001, MJA 2001; 175: S57-S88. National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand).

It is likely that the positive relationship between plasma triglyceride and CHD, as observed in many population studies, is because an elevated level of plasma triglyceride in some people is a reflection of an accumulation of the atherogenic remnants of chylomicrons and very Low-density Lipoprotein (LDL). These particles are rich in both triglyceride and cholesterol and appear to be at least as atherogenic as LDL.

