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Reference: XXXX\XXXX\G19

DOB: 09/01/1984

Patient: **Sample report**

Clinician: **Dr Test**

Sex: **MALE**

Clinician's reference:

Sample date: **13/05/2019**

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## Homocysteine

		<u>Reference range</u>
Plasma Homocysteine	<b>15.6</b> µmol/L	Up to 12.0

### Comment

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### **Notes**

Homocysteine, which is formed from dietary methionine, is an amino acid that does not take part in protein synthesis, but is a metabolic intermediate, high levels of which may disturb cell physiology.

Deficiencies of folic acid, vitamin B<sub>12</sub>, vitamin B<sub>2</sub> and vitamin B<sub>6</sub>, which serve as cofactors for its metabolism, lead to increases in plasma homocysteine concentrations. Potential approaches for lowering plasma homocysteine include dietary supplementation with folate, vitamins B<sub>12</sub>, B<sub>2</sub>, and B<sub>6</sub>, betaine, or choline.

The reference interval for plasma homocysteine is less than 12.0 µmoles/L, but the treatment goal is somewhat below this figure (typically less than 7.0 µmoles/L of plasma homocysteine).

An elevation of the plasma homocysteine by 5.0 µmoles/L has been associated with an increase of 1.7 in the odds ratio risk of cardiovascular disease (the same as an increase of 500 µmol/l in plasma cholesterol).

Blood samples for homocysteine analysis are best taken non-fasting, at between 3 to 5 hours after a protein-containing meal. This greatly increases the sensitivity of this measurement as compared to analysis of fasting samples.

### **References**

1. Jacobsen DW, Gatautis VJ, Green R et al (1994). Rapid HPLC determination of total homocysteine and other thiols in serum and plasma: sex differences and correlation with cobalamin and folate concentrations in healthy subjects. *Clin Chem* 40:873-881
2. McCully KS. Vascular pathology of homocysteinemia: Implications for the pathogenesis of arteriosclerosis. *Am J Pathol.* 1969;56:111-128.
3. Nygard O, Nordrehaug JE, Refsum H, et al. Plasma homocysteine levels and mortality in patients with coronary artery disease. *N Engl J Med.* 1997;337:230-236.
4. Refsum H, Smith AD, Ueland PM, et al. Facts and recommendations about total homocysteine determinations: an expert opinion. *Clin Chem.* 2004;50:3-32.
5. Olthof MR, Brink EJ, Katan MB, et al. Choline supplemented as phosphatidylcholine decreases fasting and postmethionine-loading plasma homocysteine concentrations in healthy men. *Am J Clin Pathol.* 2005;82:111-117.