

U.S. Preventive Services Task Force

Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Clinical Summary of the USPSTF Recommendation

STATIN USE FOR THE PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE IN ADULTS: CLINICAL SUMMARY OF THE USPSTF RECOMMENDATION

What does the USPSTF recommend?

For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD risk of 10% or greater:

Initiate a statin.

Grade: B

For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD risk of 7.5% to less than 10%:

Selectively offer a statin.

Grade: C

For adults 76 years or older:

The evidence is insufficient to recommend for or against starting a statin.

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To whom does the recommendation apply?

These recommendations apply to adults 40 years or older who do not already have CVD or signs or symptoms of CVD.

They do not apply to adults with a low-density lipoprotein cholesterol level greater than 190 mg/dL (4.92 mmol/L) or known familial hypercholesterolemia. These populations are at very high risk for CVD, and considerations on the use of statins in these populations can be found in other organizations' guidelines on management of hypercholesterolemia.

What's new?

This recommendation is consistent with the 2016 USPSTF recommendation.

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Note: The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.

CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.

See related Putting Prevention Into Practice on page 185.

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This series is coordinated by Joanna Drowos, DO, contributing editor.

A collection of USPSTF recommendation statements published in *AFP* is available at <https://www.aafp.org/afp/uspstf>.

The full recommendation statement is available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/statin-use-in-adults-preventive-medication>.

The USPSTF recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

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How to implement this recommendation?

Consider the patient's age.

- **For adults aged 40 to 75 years:**

- Determine whether the patient has a cardiovascular risk factor (i.e., dyslipidemia, diabetes, hypertension, or smoking).
- Estimate CVD risk using a CVD risk estimator.
- In patients who have a cardiovascular risk factor and an estimated 10-year CVD risk of 10% or greater, initiate a moderate-intensity statin after discussing the rationale and provided the patient agrees.
- In patients who have a cardiovascular risk factor and an estimated 10-year CVD risk of 7.5% to less than 10%, the benefit of starting a statin is smaller, so clinicians should selectively offer a statin, taking patient values and preferences into account.

- **For adults 76 years or older:** The evidence is insufficient to recommend for or against starting a statin.

What additional information should clinicians know about this recommendation?

- Age is one of the strongest risk factors for CVD.
- Men have a higher prevalence of CVD than women, although women experience higher mortality from certain cardiovascular events. On average, men experience CVD events earlier in life compared with women.
- Among both sexes, Black persons have the highest prevalence of CVD.
- To achieve the full benefits of statin use, it is essential to equitably improve statin use in both women and men of all races and ethnicities, and especially among Black and Hispanic adults, who have the highest prevalence of CVD and the lowest utilization of statins, respectively.

Why are this recommendation and topic important?

CVD is the leading cause of mortality in the United States, accounting for more than 1 in 4 deaths. In 2019, there were an estimated 558,000 deaths caused by coronary heart disease and 109,000 deaths caused by ischemic stroke.

What are additional tools and resources?

- The Million Hearts initiative provides information on statins at <https://millionhearts.hhs.gov/learn-prevent/scoop-on-statins.html>.
- The Centers for Disease Control and Prevention has information about cholesterol-lowering medications, including statins, at https://www.cdc.gov/cholesterol/treating_cholesterol.htm, and resources for clinicians at https://www.cdc.gov/cholesterol/educational_materials.htm.

Where to read the full recommendation statement?

Visit the USPSTF website or the JAMA Network website (<https://jamanetwork.com/collections/44068/united-states-preventive-services-task-force>) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.

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