USPSTF Bulletin

Task Force Issues Final Recommendation Statement on Statin Use for the Primary Prevention of Cardiovascular Disease in Adults

People 40 to 75 at high risk for CVD should take a statin; people 40 to 75 at increased risk should decide with their healthcare professional whether to take a statin

WASHINGTON, D.C. – August 23, 2022 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement on the use of statins to prevent heart disease and stroke, also known as cardiovascular disease (CVD). People ages 40 to 75 who are at high risk for CVD should start taking a statin to prevent a first heart attack or stroke. This is a B grade. People ages 40 to 75 who are at increased risk, but not at high risk, for CVD may benefit from statin use and should decide with their healthcare professional if taking a statin is right for them. This is a C grade. More research is needed on whether people 76 or older should start taking a statin. This is an I statement. These recommendations only apply to people without a history of CVD and who are not already taking statins.

Grades in this recommendation:

B: Recommended.

C: The recommendation depends on the patient's situation.

I: The balance of benefits and harms cannot be determined.

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Cardiovascular disease is the leading cause of death in the United States. For some people, statins are an important tool for preventing CVD and prolonging life.

"Statins effectively and safely prevent first heart attacks and strokes for some people," says Task Force member John Wong, M.D. "Whether someone should start taking a statin depends on their age and their risk for having a first heart attack or stroke."

For people 40 to 75, determining CVD risk is based on (1) a person's estimated chance of having a first heart attack or stroke over the next 10 years and (2) whether they have an additional risk factor for CVD. These risk factors include high cholesterol, high blood pressure, diabetes, and smoking. Adults in this age group should work with their healthcare professionals to figure out their individual CVD risk level.

For people 76 or older, there is not enough evidence on the benefits and harms to make a recommendation for or against starting a statin to prevent a first attack or stroke. In the absence of this evidence, health professionals should use their judgment as to whether to offer a statin to a patient in this age group.

Rates of statin use among people at risk for CVD vary by race and ethnicity, income level, insurance level, access to healthcare, and other factors. Statin use is the lowest among Hispanic adults, followed by Asian and Black adults. Low statin use among Black adults is especially concerning given that Black people have the highest rates of CVD.

"Importantly, we are using this final recommendation statement to call attention to inequities in the rates of CVD and in access to and use of statins," says Task Force member Katrina Donahue, M.D., M.P.H. "It is essential that we work to better understand the causes of these inequities and reverse the negative impacts of systemic racism on cardiovascular health."

Anyone concerned about their risk of having a first heart attack or stroke should talk with their healthcare professional about the best ways to reduce their risk.

The Task Force's final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at: https://www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement and evidence review were available for public comment from February 22, 2022, to March 21, 2022.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Wong is interim chief scientific officer at Tufts Medical Center, and vice chair for Academic Affairs, chief of the Division of Clinical Decision Making, a primary care clinician in the Department of Medicine, and a professor of medicine at Tufts University School of Medicine.

Dr. Donahue is a professor and vice chair of research at the University of North Carolina at Chapel Hill Department of Family Medicine. She is a family physician and senior research fellow at the Cecil G. Sheps Center for Health Services Research and the co-director of the North Carolina Network Consortium, a meta-network of six practice-based research networks and four academic institutions in North Carolina.

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