



U.S. Preventive Services Task Force Issues Final Recommendation Statement on Behavioral Counseling to Promote a Healthy Lifestyle in Adults Without Risk Factors for Cardiovascular Disease

Evidence shows that counseling can help prevent cardiovascular disease in some people at low or average risk, but the benefits are limited

WASHINGTON, D.C. – July 11, 2017 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease (CVD) prevention in adults not at increased risk for CVD. The Task Force recommends that primary care clinicians should consider offering or referring these adults for counseling to encourage healthy lifestyle choices to prevent cardiovascular disease. **This is a C recommendation.**

Grades in this recommendation:

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

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This recommendation applies to adults who are at average risk for CVD, which means they do not have obesity, high blood pressure or cholesterol, diabetes, or problems controlling blood sugar levels.

CVD, which includes heart attacks and strokes, is the leading cause of death in the United States. Adults who have a healthy diet and are physically active have lower rates of cardiovascular health problems than those who do not. Intensive behavioral counseling on healthy eating and physical activity may help prevent cardiovascular disease for some people who are not at increased risk.

“The Task Force encourages primary care clinicians to talk to their patients about eating healthy and physical activity, and if they are interested and motivated to make lifestyle changes, offer and refer them to counseling,” says Task Force vice chair Susan Curry, Ph.D.

Intensive behavioral counseling includes programs that encourage improving diet, increasing exercise, and limiting unhealthy behaviors. These programs take more time than a single conversation with a health care professional and may happen outside of doctor's offices.

“This recommendation complements separate Task Force recommendations for people at increased risk, which recommend behavioral counseling for all high-risk patients,” says Task Force member Carol M. Mangione, M.D., M.S.P.H.

The Task Force's recommendation has been published online in *Journal of the American Medical Association*, as well as on the Task Force Web site at: www.uspreventiveservicestaskforce.org. A draft version of the recommendation was available for public comment from November 29, 2016 to January 2, 2017.

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

Dr. Curry is interim executive vice president and provost of the University of Iowa, where she also serves as a distinguished professor of health management and policy in the College of Public Health. Dr. Curry's many professional activities include past service as dean of the University of Iowa College of Public Health from 2008 to 2017, vice chair of the board of directors of the Truth Initiative, and member of the National Cancer Institute's Board of Scientific Advisors.

Dr. Mangione is the Barbara A. Levey, MD, and Gerald S. Levey, MD, endowed chair in medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA) and professor of public health at the UCLA Fielding School of Public Health. She is also the director of the UCLA/Drew Resource Center for Minority Aging Research/Center for Health Improvement of Minority Elderly.

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