

This fact sheet explains the Task Force's draft recommendation statement on behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults without cardiovascular risk factors. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from November 29, 2016 to January 2, 2017. The Task Force welcomes your comments.

Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Cardiovascular Risk Factors

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation** statement on behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease (CVD) prevention in adults without cardiovascular risk factors. The Task Force recommends clinicians consider offering or referring these individuals counseling to encourage healthy lifestyle choices to prevent cardiovascular disease. Adults who are interested in and want to make behavioral changes may be most likely to benefit from this type of counseling.

This draft recommendation statement applies to adults age 18 and older who are not obese or underweight, and who have not been diagnosed with high blood pressure or cholesterol, diabetes, or abnormal blood glucose.

It is important to note that this recommendation is for individuals without known medical risk factors for heart disease. In separate recommendations, the Task Force recommends intensive behavioral counseling for people who have **obesity**, people with **abnormal blood glucose or diabetes**, and people who are at **higher risk for heart disease and have other known risk factors**.

What is Cardiovascular Disease Prevention?

Cardiovascular disease includes heart disease and stroke. Each year, more than half a million Americans die from heart disease and more than 100,000 die from stroke. Taking action to reduce risk factors can help prevent or delay cardiovascular disease. These actions include:

- not smoking
- eating a healthy diet
- being physically active
- maintaining a healthy weight
- keeping blood pressure and blood cholesterol under control

Facts about CVD and Behavioral Counseling to Promote a Healthful Diet and Physical Activity

Cardiovascular disease, which includes heart attacks and strokes, is the leading cause of death in the United States. By eating a healthy diet and being physically active, people can lower their risk of developing CVD.

Risk factors for CVD, such as obesity, high blood pressure or cholesterol, diabetes, and abnormal blood glucose are common. Even those without these risk factors can benefit from a healthy diet and physical activity.

Behavioral counseling is one way to increase healthy eating behaviors and physical activity. Behavioral counseling consists of programs that help people engage in healthy behaviors such as improving their diet and increasing physical activity. Counseling can include print- or web-based educational materials and generally includes face-to-face individual or group counseling.

Counseling can be done by primary care clinicians, health educators, behavioral health specialists, nutritionists or dietitians, exercise specialists, and coaches. Behavioral counseling can vary in time and intensity, but often last about six months. In general, programs with higher intensity and longer time periods result in greater health benefits.

Potential Benefits and Harms of Behavioral Counseling to Promote CVD Prevention

The Task Force reviewed evidence on behavioral counseling programs to promote CVD prevention in adults at relatively low risk for developing heart disease (which includes people who are not obese and who do not have high blood pressure, high blood cholesterol, diabetes, or problems controlling blood sugar). They found that in these adults, behavioral interventions to promote healthy eating and physical activity are beneficial, but the health benefits are relatively small. Adults who are interested in and want to make behavioral changes may be most likely to benefit from this type of counseling.

The Task Force also reviewed the evidence on harms of behavioral counseling. The Task Force found that the harms of behavioral counseling interventions are no greater than small, with no serious harmful events reported in any of the studies reviewed.

The Draft Recommendation on Behavioral Counseling to Promote CVD Prevention: What Does It Mean?

Here is the Task Force's draft recommendation on behavioral counseling to promote a healthful diet and physical activity for CVD prevention in adults without cardiovascular risk factors. It is based on the quality and strength of the evidence about the potential benefits and harms of counseling for this purpose. It also is based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force makes a **Grade C** recommendation it is because the evidence shows that the preventive service may have benefit for some individuals, but the benefit is small.

Before you send comments to the Task Force, you may want to read the [full draft recommendation statement](#).

The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade.

An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

The Task Force recommends that primary care professionals *individualize the decision* to offer or refer adults who are not *obese* and do not have *hypertension, dyslipidemia, abnormal blood glucose*, or *diabetes* to *behavior counseling* to promote healthful diet and physical activity.

The existing evidence indicates that there is positive but small benefit of behavioral counseling among these adults to prevent cardiovascular disease.

Individuals who are interested and ready to make behavioral changes may be most likely to benefit from behavioral counseling.

Grade C

Notes

individualize the decision

Clinicians should consider individual patient factors such as interest in making behavior changes when deciding whether to offer this type of behavioral counseling to a patient

obese

Having a body mass index (BMI, measure of body fat based on height and weight) of 30 or greater

hypertension

High blood pressure

dyslipidemia

Abnormal amount of cholesterol in the blood

abnormal blood glucose or diabetes

Diabetes is a medical condition in which a person's body has difficulty regulating the amount of sugar in the blood. A person with abnormal blood glucose has not yet met the threshold for being diagnosed with diabetes, but they are at a high risk for developing diabetes.

behavior counseling

Programs that help people engage in healthy behaviors such as improving their diet, increasing physical activity, and limiting unhealthy behaviors.






What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

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[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between November 29, 2016 and January 2, 2017.



All comments will be considered for use in writing final recommendations.