



What does the USPSTF recommend?



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



For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD risk of 7.5% to 10%: Selectively offer a statin.



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



To whom does this 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 organization's guidelines on management of hypercholesterolemia.



What's new?

This recommendation is consistent with the 2016 USPSTF recommendation.



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 (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 is this recommendation and topic important?

CVD is the leading cause of mortality in the US, 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.
- The Centers for Disease Control and Prevention has information about [cholesterol-lowering medications](#), including statins, and resources for [clinicians](#).



Where to read the full recommendation statement?

Visit the [USPSTF](#) website or the [JAMA](#) website 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.