

Task Force Issues Draft 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 clinician whether to take a statin

WASHINGTON, D.C. – February 22, 2022 – The U.S. Preventive Services Task Force (Task Force) today posted a draft 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 take 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 clinician 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.

Cardiovascular disease is the leading cause of death in the United States. For some people, statins are an effective and safe way to prevent heart attacks and strokes.

“Statins are an important tool for preventing cardiovascular disease and prolonging life,” says Task Force member John Wong, M.D. “Whether someone should start taking a statin to prevent a first heart attack or stroke largely depends on their age and risk for CVD.”

For those 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 are high cholesterol, high blood pressure, diabetes, and smoking.

For those 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, clinicians should use their judgment as to whether to offer a statin to a patient in this age group.

Rates of statin use among those at risk for CVD vary by race and ethnicity, income level, insurance level, access to health care, and other factors. Statin use is the lowest among Hispanic adults. It is also low among Black adults, which is especially concerning given that Black people have the highest rates of CVD.

“The Task Force urgently calls for more research to better understand and help eliminate the inequities in cardiovascular disease and statin use among Black and Hispanic communities,” says Task Force vice chair Carol Mangione, M.D., M.S.P.H. “We are committed to helping reverse the negative impacts of systemic racism on cardiovascular health, such as by identifying ways to improve access to medications that could reduce racial and ethnic disparities.”

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.

[Learn more here](#)

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

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from February 22, 2022, to March 21, 2022, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

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. Mangione is the chief of the Division of General Internal Medicine and Health Services Research; holds the Barbara A. Levey, M.D., and Gerald S. Levey, M.D., endowed chair in medicine; and is a distinguished professor of medicine and public health at the University of California, Los Angeles (UCLA) and the executive vice chair for Health Equity and Health Services Research in the UCLA Department of Medicine.

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