



U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Statin Use for the Primary Prevention of Cardiovascular Disease in Adults

Task Force found evidence that statin use is beneficial for some people aged 40 to 75 at increased risk for cardiovascular disease; not enough evidence to recommend statins for people over 75

WASHINGTON, D.C. – December 22, 2015 – Today, the U.S. Preventive Services Task Force (Task Force) posted a draft recommendation statement and draft evidence reviews on Statin Use for the Primary Prevention of Cardiovascular Disease in Adults.

The Task Force found that statins, popular cholesterol-lowering medications, can help prevent heart attacks and strokes in people who are 40 to 75 years old, have a risk factor for cardiovascular disease (i.e., have high cholesterol, high blood pressure, or diabetes, or who smoke), and have at least a 7.5% risk of having a cardiovascular event in the next 10 years. Statins are most beneficial for individuals who have a calculated 10-year risk of a cardiovascular event that is 10% or greater.

This is a B recommendation. People with between a 7.5% and 10% calculated 10-year risk of a cardiovascular event can also benefit, but because they have a lower baseline risk, fewer in this group will avoid a heart attack or stroke. Therefore, people in this group should make an individual decision with their doctor about whether or not to take statins. **This is a C recommendation.**

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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The Task Force found that the current evidence is insufficient to assess the balance of the benefits and harms of statin use for the prevention of cardiovascular disease in adults 76 years and older. **This is an I statement.**

“People with no signs, symptoms, or history of cardiovascular disease can still be at risk for having a heart attack or stroke. Fortunately, for certain people at increased risk, statins can be very effective at preventing these events,” said Task Force member Douglas K. Owens, M.D., M.S.

“The Task Force looked carefully at current data to identify who can benefit the most from taking statins. Your doctor can help you determine whether taking a daily statin would be of benefit to you,” said Task Force chair Albert L. Siu, M.D., M.S.P.H.

All adults can reduce their risk of cardiovascular disease by not smoking, eating a healthy diet, engaging in physical activity, and limiting alcohol use. Managing high blood pressure and high cholesterol and taking aspirin when indicated can also help to prevent heart attacks and strokes.

The Task Force's draft recommendation statement and draft evidence reviews have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from December 22 to January 25 at

<http://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>.

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. Owens is the Henry J. Kaiser, Jr., professor at Stanford University, where he is also a professor of medicine, health research and policy (by courtesy), and management science and engineering (by courtesy), as well as senior fellow at the Freeman Spogli Institute for International Studies.

Dr. Siu is the Ellen and Howard C. Katz Mount Sinai Health System chair and professor of the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai. He is also director of the Geriatric Research, Education, and Clinical Center at the James J. Peters Veterans Affairs Medical Center, and has served as deputy commissioner of the New York State Department of Health.

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