



U.S. Preventive Services Task Force Recommends Statin Use for Primary Prevention of Cardiovascular Disease in High-Risk 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. – November 13, 2016 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on statin use for the primary prevention of cardiovascular disease (CVD) in adults.

CVD can lead to heart attacks and strokes and is a leading cause of death in the United States, accounting for 1 of every 3 deaths among adults. High cholesterol is a significant risk factor for CVD and statin drugs help prevent the formation of cholesterol. They are most effective at lowering LDL (“bad”) cholesterol, but can also help lower triglycerides (blood fats) and raise HDL (“good”) cholesterol.

The Task Force found that statins can help prevent heart attacks and strokes in people who are 40 to 75 years old, have a risk factor for CVD (i.e., high cholesterol, high blood pressure, diabetes, or smoking), and have an elevated 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 a calculated 10-year risk between 7.5% and 10% can also benefit, but because they have a lower baseline risk, fewer people in this group will avoid a heart attack or stroke. People in this group should make an individual decision with their doctor about whether to start taking 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 benefits and harms of starting statins for the prevention of CVD 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, statins can be a very effective way to help some people between 40 and 75 years old to reduce this risk,” said Task Force chair Kirsten Bibbins-Domingo, Ph.D., M.D., M.A.S.

“Regardless of your risks for heart disease, everyone can benefit from not smoking, eating healthy, exercising, and limiting alcohol use. Statins aren’t always the answer. Talk to your doctor about whether taking a statin to help prevent heart disease is right for you,” said Douglas K. Owens, M.D., M.S., a co-author of the recommendation.

The Task Force’s recommendation has been published online in *JAMA*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of this recommendation was available for public comment from December 22, 2015 to January 25, 2016.

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. Bibbins-Domingo is the Lee Goldman, MD, endowed chair in medicine and professor of medicine and of epidemiology and biostatistics at the University of California, San Francisco (UCSF). She is a general internist, attending physician, and the director of the UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital.

Dr. Douglas K. 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 the senior fellow at the Freeman Spogli Institute for International Studies. He is a physician at the Veterans Affairs Palo Alto Health Care System.

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