

Health, economic impact of CVD preventive services varies

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(HealthDay)—The health and economic impact of three cardiovascular

disease (CVD) preventive services varies with demographic characteristics and clinical objectives, according to a study published in the January/February issue of the *Annals of Family Medicine*.

Steven P. Dehmer, Ph.D., from HealthPartners Institute in Minneapolis, and colleagues used a single, integrated, microsimulation model to generate comparable results for three services recommended by the U.S. Preventive Services Task Force. Lifetime outcomes were compared from the societal perspective for a U.S.-representative birth cohort of 100,000 individuals with and without access to aspirin counseling for primary prevention of CVD and colorectal cancer as well as screening and treatment for lipid disorders and hypertension.

The researchers found health impact was highest for hypertension screening and treatment followed by cholesterol screening and treatment and lower for aspirin counseling (15,600, 14,300, and 2,200 quality-adjusted life-years [QALYs], respectively). Aspirin counseling was cost-saving (\$31 saved per person). The cost-effectiveness of cholesterol and hypertension screening and treatment was \$33,800 and \$48,500 per QALY, respectively. For women, findings favored hypertension over [cholesterol screening](#) and treatment. Across all services, opportunities to reduce disease burden were greatest for non-Hispanic blacks.

"Our findings affirm that aspirin counseling for [primary prevention](#) and asymptomatic screening and treatment of hypertension and lipid disorders should remain among the top prevention priorities for adults in primary care," the authors write.

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