

Guidelines differ on recommendations of statin treatment for African-Americans

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Approximately 1 in 4 African American individuals recommended for statin therapy under guidelines from the American College of Cardiology/American Heart Association are no longer recommended for statin therapy under guidelines from the U.S. Preventive Services Task Force, according to a study published online by *JAMA Cardiology*. The study is being released to coincide with its presentation at the American College of Cardiology's 66th Annual Scientific Session.

Modern prevention guidelines substantially increase the number of [individuals](#) who are eligible for treatment with statins. Efforts to refine statin eligibility via coronary calcification have been studied in white populations but not, to the authors' knowledge, in large African American populations. Venkatesh L. Murthy, M.D., Ph.D., of the University of Michigan, Ann Arbor, and colleagues compared the relative accuracy of U.S. Preventive Services Task Force (USPSTF) and American College of Cardiology/American Heart Association (ACC/AHA) recommendations in identifying African American individuals with subclinical and clinical atherosclerotic (plaque build-up within arteries) cardiovascular disease (ASCVD). African Americans are at disproportionately high risk for ASCVD.

The study included 2,812 African American individuals, ages 40 to 75 years, without prevalent ASCVD, who underwent assessment of ASCVD risk. Of these, 1,743 participants completed computed tomography, and coronary artery calcium (CAC) and abdominal aortic calcium scores were determined.

Among the findings central to prevention efforts:

- Approximately 1 in 4 African American individuals recommended for [statin therapy](#) under ACC/AHA guidelines are no longer recommended for statin therapy under USPSTF guidelines. Individuals only eligible for statins under ACC/AHA guidelines experienced a low to intermediate event rate, suggesting decreased sensitivity of the USPSTF recommendations in identifying participants at risk of ASCVD. Consequently, USPSTF guidelines focus treatment on a smaller high-risk group (38 percent of high-risk African American individuals) at the expense of missing significant numbers of African American individuals with vascular calcification.
- While those who were eligible for statins by both USPSTF and ACC/AHA [guidelines](#) had a similar risk of incident ASCVD (i.e., heart attack, ischemic stroke, or fatal coronary heart disease) compared with non-eligible participants, the addition of CAC scoring improved risk stratification above guideline recommendations, suggesting that CAC has the potential to personalize recommendation for statin therapy by both guideline recommendations.

"Despite debate over the potential cost, risk calibration, and metabolic health implications of increasing statin use, these results support a guideline-based approach to statin recommendation, leveraging targeted imaging (or other surrogate atherosclerotic measures) in African American individuals to further personalize statin-based prevention programs," the authors write.

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