

USPSTF updates guidance on statins for primary prevention of CVD

February 22 2022



The U.S. Preventive Services Task Force (USPSTF) recommends statins

for the primary prevention of cardiovascular disease (CVD) for adults aged 40 to 75 years who have cardiovascular risk factors, with the strength of recommendation varying with cardiovascular event risk. These recommendations form the basis of a draft recommendation statement published Feb. 22 by the USPSTF.

Roger Chou, M.D., from the Oregon Health & Science University in Portland, and colleagues updated the 2016 review on statins for primary prevention in adults with cardiovascular risk. The researchers found that [statin therapy](#) was associated with a [reduced risk](#) for all-cause mortality, stroke, [myocardial infarction](#), and composite cardiovascular outcomes (risk ratios, 0.92, 0.78, 0.67, and 0.72, respectively). The estimate for cardiovascular mortality was not statistically significant. The relative benefits were consistent in subgroups, including those with [cardiovascular risk factors](#) without marked dyslipidemia. For [older persons](#), data remained sparse and imprecise. Statin therapy was not significantly associated with increased risks for serious adverse events, myalgia, liver-related harms, or diabetes.

Based on these findings, the USPSTF recommends statins for primary prevention of CVD for adults aged 40 to 75 years with one or more CVD risk factors and with an estimated 10-year risk for a cardiovascular event of 10% or greater (B recommendation). For adults aged 40 to 75 years with one or more CVD risk factors and with an estimated 10-year risk for a cardiovascular event of 7.5 to 10%, the USPSTF recommends that clinicians selectively offer statins for primary prevention (C recommendation). The evidence is currently insufficient for assessing the balance of benefits and harms of statin initiation for primary prevention of CVD and mortality in adults aged 76 years or older (I statement).

More information: The draft evidence review and recommendation statement are available for public comment from Feb. 22 to March 21,

2022.

[Draft Evidence Review](#)

[Draft Recommendation Statement](#)

[Comment on Recommendation Statement](#)

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