Statins for the Prevention of Cardiovascular Disease

The US Preventive Services Task Force (USPSTF) has recently published recommendations on using statins for primary prevention of cardiovascular disease in adults.

Primary prevention refers to the use of a statin medication to treat individuals without known cardiovascular disease (CVD) to prevent heart attack, stroke, and death. Cardiovascular disease involves buildup of plaque, which causes blockages inside important blood vessels in the body, including arteries of the heart (coronary heart disease) and brain (cerebrovascular disease). Cardiovascular disease can cause heart attacks and strokes. It is the leading cause of death in the US. Risk factors for CVD include dyslipidemia (abnormal levels of cholesterol and/or fats in the blood), high blood pressure, diabetes, and smoking.

What Are Statins?
Statins are a group of medications used to treat dyslipidemia. Statins are effective in decreasing levels of “bad” cholesterol (low-density lipoprotein cholesterol [LDL-C]) and triglycerides (a type of fat) in the blood.

What Is the Patient Population Under Consideration for Use of Statins to Prevent CVD?
This recommendation applies to adults aged 40 years or older without known CVD. This recommendation does not apply to adults with an LDL-C level greater than 190 mg/dL or those with familial hypercholesterolemia, an inherited condition that causes high cholesterol levels.

What Are the Potential Benefits and Harms of Using Statins to Prevent CVD?
Potential benefits of statin use in persons at increased CVD risk include decreased risk of heart attack, stroke, and death. Potential harms of statins include medication side effects (such as muscle aches) and are likely to be minor.

How Strong Is the Recommendation to Use Statins to Prevent CVD?
The USPSTF concludes with moderate certainty that statin use has at least a small net benefit. The USPSTF concludes with moderate certainty that statin use has at least a moderate net benefit. The USPSTF concludes with moderate certainty that statin use has at least a small net benefit. The decision to initiate statins in this group should depend on individual preference, balancing the potential small benefit with the potential harms and inconvenience of taking a daily medication.

For adults aged 76 years or older without known CVD, the USPSTF concludes that the evidence is insufficient to determine the balance of benefits and harms of statin use for prevention of CVD and death.

How Does This Differ From Prior USPSTF Recommendations?
This recommendation is consistent with the 2016 recommendation.

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US Preventive Services Task Force
www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P

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