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Original Investigation

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Comparison of Recommended Eligibility for Primary Prevention Statin Therapy Based on the US Preventive Services Task Force Recommendations vs the ACC/AHA Guidelines

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Key Points

Question How do the 2016 USPSTF primary prevention statin recommendations compare with the ACC/AHA 2013 guidelines in terms of the proportion of US adults potentially treated?

Findings Using estimates based on data from 3416 participants in the 2009-2014 NHANES, the USPSTF recommendations would be associated with statin initiation in 16% of US adults aged 40 to 75 years without prior cardiovascular disease (CVD), compared with 24% according to the ACC/AHA guidelines. Of the 8.9% of adults who would no longer be recommended to receive therapy under the USPSTF recommendations, 55% are aged 40 to 59 years with a mean 30-year cardiovascular risk exceeding 30%, and 28% have diabetes.

Meaning Compared with the 2013 ACC/AHA guidelines, adherence to the 2016 USPSTF recommendations could lead to a lower number of individuals recommended for primary prevention statin therapy, including many younger adults with high mean long-term CVD risk.

Abstract

Importance There are important differences among guideline recommendations for using statin therapy in primary prevention. New recommendations from the US Preventive Services Task Force (USPSTF) emphasize therapy based on the presence of 1 or more cardiovascular disease (CVD) risk factors and a 10-year global CVD risk of 10% or greater.

Objective To determine the difference in eligibility for primary prevention statin treatment among US adults, assuming full application of USPSTF recommendations compared with the American College of Cardiology/American Heart Association (ACC/AHA) guidelines.

Design, Setting, and Participants National Health and Nutrition Examination Survey (NHANES) data (2009-2014) were used to assess statin eligibility under the 2016 USPSTF recommendations vs the 2013 ACC/AHA cholesterol guidelines among a nationally representative sample of 3416 US adults aged 40 to 75 years with fasting lipid data and triglyceride levels of 400 mg/dL or less, without prior CVD.

Exposures The 2016 USPSTF recommendations vs 2013 ACC/AHA guidelines.

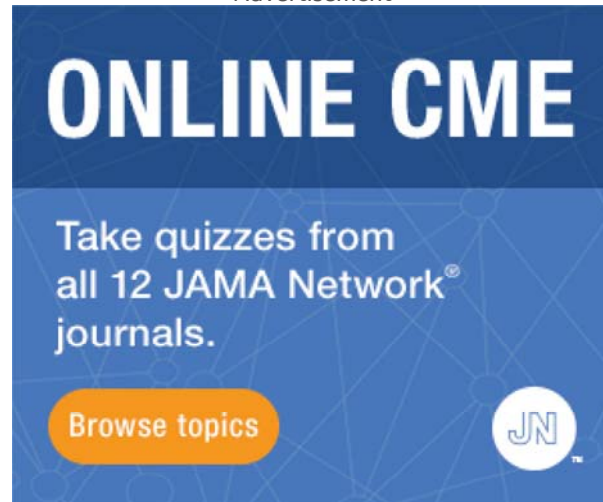
Main Outcomes and Measures Eligibility for primary prevention statin therapy.

Results Among the US primary prevention population represented by 3416 individuals in NHANES, the median weighted age was 53 years (interquartile range, 46-61), and 53% (95% CI, 52%-55%) were women. Along with the 21.5% (95% CI, 19.3%-23.7%) of patients who reported currently taking lipid-lowering medication, full implementation of the USPSTF recommendations would be associated with initiation of statin therapy in an additional 15.8% (95% CI, 14.0%-17.5%) of patients, compared with an additional 24.3% (95% CI, 22.3%-26.3%) of patients who would be recommended for statin initiation under full implementation of the 2013 ACC/AHA guidelines. Among the 8.9% of individuals in the primary prevention population who would be recommended for statins by ACC/AHA guidelines but not by USPSTF recommendations, 55% would be adults aged 40 to 59 years with a mean 30-year cardiovascular risk greater than 30%, and 28% would have diabetes.

Conclusions And Relevance In this sample of US adults from 2009-2014, adherence to the 2016 USPSTF recommendations for statin therapy, compared with the 2013 ACC/AHA guidelines, could lead to a lower number of individuals recommended for primary prevention statin therapy, including many younger adults with high mean long-term CVD risk.

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