

USPSTF: Individualize counseling for primary prevention of cardiovascular disease

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(HealthDay)—The U.S. Preventive Services Task Force (USPSTF)

recommends that physicians individualize the decision to refer adults without known cardiovascular disease (CVD) risk factors to behavioral counseling interventions for healthy diet and physical activity. This recommendation forms the basis of a draft recommendation statement published by the USPSTF on Jan. 18.

Carrie D. Patnode, Ph.D., M.P.H., from the Kaiser Permanente Evidence-based Practice Center in Portland, Oregon, and colleagues conducted a [systematic review](#) to support the USPSTF in updating recommendations on behavioral counseling to promote a healthy diet and physical activity for adults without known CVD risk factors. Data were included from 113 randomized [clinical trials](#), with 129,993 participants. The researchers found that only three trials reported long-term outcomes related to mortality or cardiovascular events, with no clear benefit seen for dietary or physical activity interventions. Few trials demonstrated statistically significant or clinically significant quality-of-life changes after interventions. Small, statistically significant reductions in continuous measures of blood pressure, low-density lipoprotein cholesterol, and adiposity-related outcomes were seen at six months to 1.5 years in association with diet and physical activity behavioral interventions. Consistent evidence was seen for improvements in dietary intake and physical activity levels among participants in behavioral interventions.

Based on these findings, the USPSTF recommends that clinicians should individualize the decision to offer or refer adults without known CVD risk factors to behavioral counseling interventions that promote [healthy diet](#) and [physical activity](#) (C recommendation).

The draft recommendation statement and evidence review have been made available for public comment. Comments can be submitted from Jan. 18 to Feb. 14, 2022.

More information: [Draft Evidence Review](#)

[Draft Recommendation Statement](#)

[Comment on Recommendation Statement](#)

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