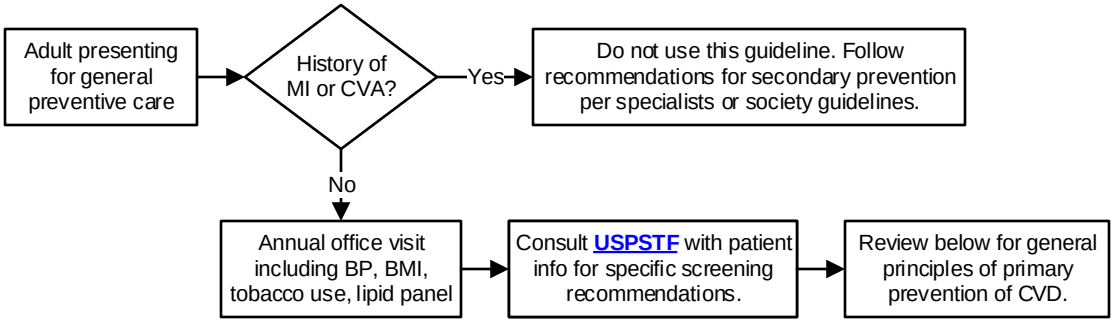
Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Primary Prevention of Cardiovascular Disease



Aspirin	Age 40-59	Calculate **10 yr ASCVD risk**. If risk > 10%, recommend shared decision making. Evidence supports a moderate likelihood that aspirin will prevent non-fatal MI or CVA. There is no evidence of impact on mortality or colorectal cancer. There is increased risk of bleeding (GI, hemorrhagic stroke), of uncertain degree.
	Age > 60, or 40-59 with < 10% ASCVD risk	Recommend against initiation of aspirin for primary prevention.

Statins	Age 40-75 with 1+ risk factor (HTN, dyslipidemia, DM, tobacco use) and 10 yr ASCVD risk > 10%	Recommend statin. There is evidence of moderate mortality benefit. Refer to hyperlipidemia guideline for dosing options.
	Age 40-75 with 1+ risk factor and 10 yr ASCVD risk 7.5 – 10%	Recommend shared decision making. There is evidence of a small mortality benefit and not more than a small risk of harm. Refer to hyperlipidemia guideline for dosing options.
	Age > 76 with no hx CVD and not already taking statin	Inadequate evidence to make recommendation. Inadequate evidence of benefits and harms in this age group.
	LDL > 190	These patients are excluded from above recommendations. Refer to **hyperlipidemia guideline**.

Hypertension	Annual screening for all adults > 40 and adults 18-40 with increased risk (obesity, Black persons, prior high normal BPs, tobacco use, others.) USPSTF reports insufficient evidence to recommend cutoff at 130/80 vs 140/90. Recommend confirming with ambulatory BP monitoring if possible. Can refer to this **State of Alaska program** for home BP cuff. See hypertension guideline for medication recommendations.

Tobacco cessation	All adults who use tobacco	Strong recommendation with strong certainty to encourage cessation. "Refer to Nicotine Control- Internal." There is convincing evidence to support to use of NRT, bupropion sustained-release, and varenicicline. There is convincing evidence to support combining two types of NRT (e.g. gum/lozenge + patch) orcombining NRT with bupropion. There is insufficient evidence of benefit for e-cigarettes.

Obesity	Adults with BMI > 30 on annual screening	USPSTF recommends referral to multicomponent behavioral intervention for weight loss. At YK, consider: referral to Diabetes nutrition counseling if diabetic, referral to **State of Alaska program**, or regular clinic visits for discussion of safe and sustainable programs, goal setting, and follow through.

Diabetes	Adults >35 with BMI > 25 and/or risk factors (hx gestational diabetes, PCOS, family history, dietary concerns)	Screen with A1c every 3 yrs if value remains normal (< 5.7). There is moderate certainty evidence of moderate mortality and morbidity benefit. If A1c > 5.7, refer to **Diabetes guideline**.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 3/11/24. Click **here** to see the supplemental resources for this guideline.
If comments about this guideline, please contact clinical_guidelines@ykhc.org.