AHA Comments on Draft USPSTF Recommendation:
Behavioral Counseling to Promote Physical Activity and a
Healthful Diet to Prevent Cardiovascular Disease in Adults

Draft Recommendation: For adults without pre-existing cardiovascular disease or its risk factors, the average benefit of primary care behavioral counseling interventions to promote a healthful diet and/or physical activity for cardiovascular disease prevention is small. Clinicians may consider selectively providing or referring individual patients for medium- or high-intensity behavioral counseling interventions.
Grade: C

1. How could the USPSTF make this draft Recommendation Statement clearer? In particular, how could the USPSTF make the grade “C” recommendation clearer?

The draft recommendation statement applies to “adults without pre-existing cardiovascular disease or its risk factors”. However, the recommendation statement fails to explain how the patient population in question should be identified. To determine if a patient has pre-existing cardiovascular disease or one or more of its risk factors, a healthcare professional must first screen the patient and conduct a comprehensive cardiovascular risk assessment. AHA recommends that the USPSTF clarify that patient screening is an important first step in identifying the patient population targeted by this draft recommendation.

The Task Force should also clarify how it defines “risk factors”. According to the USPSTF Summary of Recommendation and Evidence, the draft recommendation does not apply to patients with pre-existing hypertension, hyperlipidemia, diabetes mellitus, or cardiovascular disease. However, as the recommendation statement is currently worded, it appears to be intended to exclude adults with any risk factor for cardiovascular disease. As the Task Force is aware, there are many additional factors that increase an individual’s risk for cardiovascular disease such as obesity and tobacco use, as well as non-modifiable risk factors such as sex, family history and other genetic factors that indicate future risk.

If the recommendation statement is intended to exclude adults with any risk factor for cardiovascular disease, the recommendation will only apply to a small portion of the population. Unfortunately the portion of the adult population without a single risk factor for cardiovascular disease is small and grows smaller as the population ages.

The recommendation statement, however, does not make it clear that it only applies to a small portion of the adult population. AHA is concerned that the current wording may incorrectly imply that the recommendation applies broadly to the general population. We are also concerned that the wording may falsely imply that individuals without a current risk factor do not have to pursue a healthy diet and
physical activity. When in reality, these healthy behaviors are key elements of primordial prevention and can help prevent the development of risk factors in the future. 90% of Americans will develop a risk factor for cardiovascular disease in their lifetime, so the importance of primordial and primary prevention cannot be overstated.

To summarize, we encourage the USPSTF to revise the recommendation to emphasize the role of screening and risk assessment in identifying the target population, to clarify that the recommendation applies to a limited population of adults, and to clarify that the recommendation evaluates the impact of behavioral counseling, not the value of pursuing a healthy diet and physical activity.

2. What information, if any, did you expect to find in this draft Recommendation Statement that was not included?

It appears that the Task Force’s review of the evidence primarily focused on the ability of behavioral counseling interventions to modify patient behavior and improve diet and physical activity, and the subsequent effect of the modifications and improvements on cardiovascular outcomes. While we agree with the USPSTF that the ability of behavioral counseling to modify and improve diet and physical activity is a key area of focus for this evidence review, we would also like the Task Force to consider the ability of behavioral counseling to help patients who already have a healthy lifestyle maintain those behaviors. Behavioral counseling can support a patient’s efforts to maintain the good diet and physical activity behaviors they already practice and discourage the development of bad behaviors.

We also would like to see the recommendation statement address the need to begin behavioral counseling – at least in some form – at an early age. If behavioral counseling is initiated when patients are young, and patients are able to develop healthy habits at an earlier age, they are more likely to maintain those habits later in life. Encouraging patients to modify their lifestyle when they are older and more likely to be at risk for cardiovascular disease, may be more difficult. Helping patients achieve healthy behaviors at an early age may also decrease their risk of ever developing cardiovascular disease. As the Framingham Heart Study Found, adults that were free of cardiovascular risk factors at age 50 had very little risk of ever developing cardiovascular disease.

Finally, AHA is surprised that the draft recommendation statement focused solely on the need for moderate to high-intensity behavioral counseling. We believe that low-intensity counseling should also have been included. Not every adult will require moderate to high-intensity counseling, particularly since this recommendation focuses on a target population with no risk factors for cardiovascular disease. Low-intensity behavioral counseling could be targeted to those for whom more in-depth counseling is not warranted. And, as we discuss in the following section, if the Task Force had considered scaled behavioral counseling that varies based on each patient’s individual needs, we believe that it would have been appropriate to give the draft recommendation statement a grade of “B”.
3. Based on the evidence presented in this draft Recommendation Statement, do you believe that the USPSTF came to the right conclusions? Please provide additional evidence or viewpoints that you think should have been considered.

AHA questions the Task Force’s conclusion. Although we believe the USPSTF correctly interpreted the evidence it reviewed, we feel the Task Force may have reached a different conclusion if other factors had been taken into consideration.

For example, the Task Force should consider the impact of not providing behavioral counseling to promote a healthy diet and physical activity. As noted above, very few Americans are in ideal cardiovascular health. Ideal cardiovascular health is defined by both the presence of ideal health factors (untreated total cholesterol <200 mg/dL; untreated blood pressure <120/<80 mm Hg; and fasting blood glucose <100mg/dL) and ideal health behaviors (nonsmoking; body mass index <25 kg/m; physical activity at goal levels; and pursuit of a diet consistent with current guideline recommendations). Unfortunately, the number of adults with ideal cardiovascular health continues to shrink. To reverse this trend, it is important for healthcare professionals to encourage their patients to pursue healthy behaviors, including a healthy diet and physical activity. Better food habits, increased physical activity, and appropriate weight management can substantially reduce the risk of developing cardiovascular disease.

While we agree with the Task Force’s conclusion that not all adults require moderate or intense behavioral counseling, most adults—even those without cardiovascular risk factors—should receive some form of healthy diet and physical activity counseling. The counseling could be scaled according to each individual patient’s current and future cardiovascular risks. However, most adults should receive, at a minimum, low-intensity counseling that includes a cardiovascular risk assessment and strong advice from their health care provider regarding their diet and activity level.

The benefits of providing patients with some form of healthy diet and physical activity counseling also appear to far outweigh the risks. According to the Task Force’s evidence review, the risks or harms include minor muscle symptoms such as sore muscles, falls related to physical activity, and cardiac events. While an exercise induced cardiac event is a serious risk, the risk is incredibly low, which the USPSTF itself acknowledges. And behavioral counseling can actually decrease this risk and make exercise safer by advising the patient on safe and productive forms of physical activity.

We are also concerned that the Task Force’s recommendation is based on a very limited body of data, may not fully account for the wide variability in patient counseling techniques, and appears to focus on very narrow parameters that ultimately forced the USPSTF to make a “C” level recommendation.

If the Task Force had broadened its examination beyond the very limited population of adults with no risk factors and had taken into consideration the role of well-designed low-intensity behavioral counseling, we believe the USPSTF would have found it more appropriate to give “Behavioral Counseling to Promote Physical Activity and a Healthful Diet to Prevent Cardiovascular Disease in Adults” a “B” level recommendation.
4. What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?

As discussed in the first section of our response, the draft recommendation statement should emphasize the need to first screen patients and conduct a comprehensive risk assessment. To help primary care providers, the USPSTF should provide guidance on the type of screening and risk assessment that should be performed. Ideally, patient screening would involve the use of laboratory tests to measure cholesterol and blood glucose levels; include an assessment of blood pressure and body mass index; request information on patient-reported behaviors such as tobacco use, diet quality, and physical activity; and consider the patient’s family history and other genetic factors.

5. Do you have other comments on this draft Recommendation Statement?

AHA strongly encourages health care professionals to provide healthy diet and physical activity counseling. We hope that the USPSTF recommendation will do the same.

We remind the Task Force that cardiovascular disease and stroke remain the #1 and #3 leading causes of death in the United States. The good news is that we can reverse this trend, but early prevention will be key. Healthy diet and physical activity counseling is the foundation of primary prevention for cardiovascular disease. This counseling has the potential to either reduce or prevent the development of risk factors for CVD. And as discussed previously, the benefits of this counseling far outweigh any potential risks. Therefore, we see no reason why the Task Force should not recommend some form of healthy diet and physical activity behavioral counseling. This low risk or no risk intervention is essential to preventing the development of risk factors for cardiovascular disease.

In addition, healthy diet and physical activity counseling may also lower the likelihood of other conditions such as accidental injuries, osteoarthritis, and some forms of cancer.

Finally, if the USPSTF recommendation discourages primary care providers from offering behavioral counseling interventions (even unintentionally), the recommendation may ultimately do more harm than good. Providers may choose not to provide healthy diet and physical activity counseling because the benefit is described as “small” or they are not prepared to provide counseling at a moderate or high-intensity level. Unfortunately, if providers do not address diet and physical activity with their patients, they will have no incentive to change their behavior. We urge the Task Force to consider the implications of this recommendation.