

Clinician Summary of USPSTF Recommendation

Behavioral Counseling Interventions to Promote a Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors

November 2020



What does the USPSTF recommend?



For adults 18 years or older at increased risk of cardiovascular disease (CVD):
Provide behavioral counseling to promote a healthy diet and physical activity.



To whom does this recommendation apply?

Adults 18 years or older at increased risk of CVD, defined as those with 1 or more of the following:

- 1) Hypertension or elevated blood pressure
- 2) Dyslipidemia
- 3) Mixed or multiple risk factors such as the metabolic syndrome or an estimated 10-year CVD risk of $\geq 7.5\%$

This recommendation does not apply to adults with other known modifiable cardiovascular risk factors such as abnormal blood glucose levels, obesity, and smoking; these populations are incorporated in other USPSTF recommendations.



What's new?

This recommendation is consistent with the 2014 USPSTF recommendation statement; however, it no longer includes adults with impaired glucose tolerance or type 2 diabetes mellitus. This population is included in a separate USPSTF recommendation.



How to implement this recommendation?

- 1. Assess Risk.** Determine if the adult is at increased risk of CVD. This can be done by:
 - a.** Assessing whether a single risk factor or multiple risk factors are present. Risk factors include: dyslipidemia, elevated blood pressure or hypertension, or multiple or mixed risk factors such as the metabolic syndrome or an estimated 10-year CVD risk of $\geq 7.5\%$.
 - b.** Using a risk tool such as the Pooled Cohort Equations or the Framingham Risk Score.
- 2. Provide behavioral counseling** to adults at increased risk for CVD. While effective behavioral counseling interventions vary, they often include:
 - a.** Combination of counseling on a healthy diet and physical activity, which is usually intensive, with multiple contacts that include either individual or group counseling sessions over extended periods.
 - i.** Dietary counseling advice includes reductions in saturated fats, sodium, and sweets/sugars and increased consumption of fruits, vegetables, and whole grains.

- ii. Physical activity counseling focuses on patients achieving 90 to 180 minutes per week of moderate to vigorous activity.
- b. A median of 12 contacts, with an estimated 6 hours of contact over 12 months.
- c. Some 1-on-1 time with an interventionist, and motivational interviewing and behavioral change techniques such as goal setting, active use of self-monitoring, and addressing barriers related to diet, physical activity, or weight change.
- d. Counseling that is done in person, referred to outside counseling services, or informed about media-based interventions.
- e. Interventions carried out by non-physicians, including nurses, registered dietitians, nutritionists, exercise specialists, physical therapists, masters- and doctoral-level counselors trained in behavioral methods, and lifestyle coaches.
- f. Family members as well as the individual with CVD risk factors.



What are other relevant USPSTF recommendations?

The USPSTF has issued other recommendation statements about cardiovascular health at www.uspreventiveservicestaskforce.org, including:

- [Behavioral counseling interventions to promote a healthy diet and physical activity for CVD prevention in adults without cardiovascular risk factors](#) (C recommendation).
- [Behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults](#) (B recommendation)
- [Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women](#) (B recommendation)
- [Screening for abnormal blood glucose and type 2 diabetes mellitus](#) (B recommendation)



Where to read the full recommendation statement?

Visit the USPSTF website to read the [full recommendation statement](#). This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.