

## **Appropriate Statin Prescribing Based on Current Guidelines: A Retrospective Review at a Community Clinic**

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Cardiovascular disease (CVD) remains the leading cause of mortality in the United States. In 2022, the U.S. Preventive Services Task Force (USPSTF) issued a Grade B recommendation supporting the use of low- to moderate-dose statins for adults aged 40–75 with at least one cardiovascular risk factor (e.g., hypertension, diabetes, smoking, or dyslipidemia) and a 10-year atherosclerotic cardiovascular disease (ASCVD) risk of 10% or higher. Although the benefits of statin therapy for primary prevention are well-documented, adherence to these guidelines in realworld primary care settings remains variable. This retrospective study examined statin prescribing trends over a three-year period (1/1/2022 to 1/1/2025) at Whittier Clinic, a community-based primary care setting. Among 2,295 patients eligible for statin therapy based on the USPSTF Grade B criteria, 76.8% were prescribed statins—significantly higher than the national average of 41.8% reported between 2002 and 2013. Despite this progress, 23.2% of eligible patients were not prescribed statins, with underprescription more notable among individuals with hypertension and current smokers. Barriers to optimal prescribing may include provider hesitancy, lack of patient education, absence of automated ASCVD risk flags within the electronic medical record (EMR), and inconsistent guideline-based prescribing practices. These findings highlight the need for system-level interventions, such as integrating automated ASCVD risk flags into EMRs, enhancing provider education, and reinforcing patient engagement strategies. Strengthening these areas could further improve adherence to USPSTF recommendations and enhance primary prevention of cardiovascular disease.