Atherosclerotic cardiovascular disease (ASCVD) remains the leading cause of death in the United States. Most individuals who develop ASCVD have at least 1 antecedent major risk factor, and very few have optimal levels of all risk factors and behavioral factors. Lifestyle and behavioral factors are the foundation of ASCVD prevention, and maintaining healthy habits can help preserve good cardiovascular health over the life course. The key to effective prevention is a comprehensive approach, emphasizing a healthy lifestyle and addressing all major risk factors. The 2019 American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Primary Prevention of Cardiovascular Disease incorporates existing guidelines, statements, and consensus documents into a single comprehensive resource for patients, health care professionals, and public health officials. Recommendations to prevent ASCVD (coronary heart disease, stroke, and peripheral artery disease), atrial fibrillation, and heart failure in adults include lifestyle factors (eg, nutrition, exercise or physical activity, overweight and obesity, and tobacco use) and treatment-associated factors (eg, risk assessment, blood pressure level, blood cholesterol level, diabetes, and aspirin use). This article focuses on lifestyle factors.

Characteristics of the Guideline Source
This guideline was developed by the ACC and AHA with a group that consisted of clinicians, cardiologists, health services researchers, epidemiologists, internists, nurses, and a lay representative. It was reviewed by 2 reviewers from these organizations, 3 reviewers from endorsing organizations, and 23 individual content reviewers.

Evidence Base
An extensive evidence review was conducted including randomized clinical trials, systematic reviews, meta-analyses, and large high-quality cohort studies and observational studies. Previous ACC/AHA guidelines, as well as US Preventive Services Task Force reviews, were evaluated. External consultants performed rapid systematic reviews on key prevention components as well as targeted literatures searches. The sources identified in these reviews were published in an online data supplement and were evaluated by the writing committee for incorporation into the current guideline. Recommendations were voted on, and a modified Delphi process was used to reach consensus.

Benefits and Harm
There is no clear harm associated with lifestyle improvements. However, the short-term and long-term benefits on ASCVD risk factors and ASCVD events can be substantial.

Discussion
Patient-centered care is a foundational aspect of this guideline and an essential part of its effective implementation. Team-based care makes
use of a multidisciplinary group of health care professionals to deliver preventive interventions (Box) and has a superior outcome on ASCVD risk factor control compared with usual practices.\(^3\) Decisions regarding preventive care should be made in a collaborative fashion between practitioners and patients in a process of shared decision-making. Socioeconomic factors have a strong association with ASCVD risk and the feasibility of and approach to risk-reduction strategies.\(^3\)

**Areas in Need of Future Study or Ongoing Research**

The cost-effectiveness of team-based care and its effective implementation in smaller clinical practices and larger health care systems to promote sustained lifestyle improvements is an area of great importance. Further studies are also needed to determine optimal strategies to enhance uptake of and adherence to physical activity and nutrition recommendations.

**REFERENCES**


**ARTICLE INFORMATION**

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