**STATIN CANDIDATES IN “PRIMARY PREVENTION” DOUBLES WITH THE “ACC/AHA GUIDELINE ON THE TREATMENT OF BLOOD CHOLESTEROL TO REDUCE ATHEROSCLEROTIC CARDIOVASCULAR RISK”: COMPARISON OF TWO AMERICAN GUIDELINES IN TURKISH POPULATION**

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*Objectives*: In a sample representative of Turkish population, we compared “2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol” (ACC/AHA\_gl) with “Adult Treatment Panel (ATP) III” guideline (ATPIII\_gl) regarding statin recommendations for primary prevention.

*Background*: The ACC/AHA\_gl differs from previous guidelines in different aspects of hyperlipidemia management.

*Methods*: A total of 2657 individuals (between 40 and 74; 52.8% female) without known CV disease were included. CV risk was calculated using “Global Framingham Risk Score Equations” (GFRSE) in ATPIII\_gl and Pooled Cohort Risk Assessment Equations (PCRAE) (non-Hispanic Caucasians) in ACC/AHA\_gl. “High risk” was defined as >=20% for “global” CV events” in 10 years for GFRSE and as >=7.5% for “hard” CV events in 10 years for PCRAE.

*Results*: The table depicts the traditional CV risk factors. According to ATPIII\_gl 27.8 % (27.0% of women and 28.6% of men) of the Turkish population were candidates for statin use. This proportion rose to 53.1% (43.3% of women and 62.8% of men) using ACC/AHA\_gl (p<0.001).

*Conclusion*: Compared to ATPIII\_gl recommendations, ACC/AHA\_gl increased the candidates for statins extensively. This difference was more prominent in males. Current guidelines should be interpreted cautiously in the context of efficacy, safety and cost effectiveness.