It is well known that in general, Japanese have a lower cardiovascular risk than Americans. Therefore, the decision of prescribing a statin for the primary prevention of CV disease cannot be made based on white Caucasian risk scores or randomized controlled trials that included predominately white population. So, how can Japanese clinicians and patients share the decision of taking a statin for the primary prevention of cardiovascular disease and death?

The aim of this workshop is to increase your confidence in your ability to practice evidence-based health care (EBHC) and shared-decision making when deciding to prescribe a statin to your patient that is at high risk of a heart attack or stroke but that still has not have one (primary prevention).

By the end of this workshop, we expect attendants will be able to:
1. Describe the magnitude of CV disease in Japan
2. Demonstrate how to calculate CV risk in Japanese patients
3. List the benefits, risks, and other considerations of the use of statins for CV disease prevention
4. Explain to patients CV risk using different methodologies
5. Demonstrate how to use Cate’s plots