

## U.S. Preventive Services Task Force Issues Two Draft Recommendation Statements Related to Screening With Electrocardiography (ECG)

*Task Force found insufficient evidence on ECG screening for CVD risk in adults at medium or high risk;  
Task Force found insufficient evidence on ECG screening for atrial fibrillation*

WASHINGTON, D.C. – December 19, 2017 – Cardiovascular disease (CVD), which can lead to heart attack and stroke, is the leading cause of death for adults in the United States. The U.S. Preventive Services Task Force (Task Force) today posted two draft recommendation statements and draft evidence reviews related to CVD: the use of ECG to screen for CVD risk and ECG to screen for atrial fibrillation (AFib).

### Screening for CVD With ECG

Screening for CVD risk is traditionally based on factors such as age, race/ethnicity, sex, obesity, diabetes, smoking status, cholesterol levels, and blood pressure. The Task Force reviewed the evidence on whether adding resting or exercise ECG, a test that records the electrical activity of a person's heart, to this traditional set of risk factors can improve clinicians' ability to assess risk for and prevent heart attack and stroke. Based on its review, the Task Force found that there is insufficient evidence to recommend for or against ECG screening in adults at intermediate or high risk of heart attack or stroke. **This is an I statement.** The Task Force also found that people at low risk of heart disease or stroke should not be screened with ECG because the harms from screening are equal to or greater than the benefits. **This is a D recommendation.**

#### Grades in these recommendations:

**D:** Not recommended.

**I:** The balance of benefits and harms cannot be determined.

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"The evidence shows that people at low risk of CVD do not benefit from screening with ECG," says Task Force member Seth Landefeld, M.D. "For patients with elevated risk levels, clinicians should continue to use traditional risk factors to assess CVD risk and guide treatment until more evidence is available."

This draft recommendation statement updates and is consistent with the 2012 final recommendation statement.

### Screening for AFib With ECG

Separately, the Task Force reviewed the evidence on whether screening for AFib with ECG is an effective way to help diagnose AFib earlier and prevent strokes in older adults with no signs or symptoms. Based on this review, the Task Force found that there is insufficient evidence to determine if the benefits of screening for AFib with ECG outweigh the harms. **This is an I statement.**

AFib affects nearly 3 million Americans and sometimes is not detected until after someone has a stroke. It is a kind of arrhythmia, a problem with the rate or rhythm of the heartbeat. It occurs when the two upper chambers of the heart beat rapidly and irregularly and do not move all the blood to the lower chambers of the heart. When this happens, a blood clot can form and potentially lead to a stroke.

"We need more research to determine whether screening for AFib with ECG can help prevent strokes," says Task Force member Alex Krist, M.D., M.P.H. "Trials in people without signs or symptoms of AFib that compare screening with ECG to usual care will help fill this research gap."

This is the first time the Task Force has reviewed this topic.

The Task Force's two draft recommendation statements have been posted for public comment on the Task Force Web site at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted for both draft recommendations from December 19, 2017 to January 22, 2018.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Landefeld is the chair of the department of medicine and the Spencer chair in medical science leadership at the University of Alabama at Birmingham (UAB) School of Medicine. Dr. Landefeld also serves on the board of directors of the American Board of Internal Medicine, the UAB Health System, and the University of Alabama Health Services Foundation.

Dr. Krist is a professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is co-director of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the Center for Clinical and Translational Research.

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