

U.S. Preventive Services Task Force Recommends Screening Some Men for Abdominal Aortic Aneurysm

Evidence shows that screening benefits older men who have ever smoked

WASHINGTON, D.C. – June 24, 2014 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening adults age 50 years and older for abdominal aortic aneurysm (AAA). This recommendation statement applies to people who do not have any symptoms of AAA. After reviewing the evidence, the Task Force issued varying guidance for men and women according to their smoking history. The Task Force recommends one-time screening with an ultrasound in men ages 65 to 75 who currently smoke or have smoked 100 cigarettes or more in the past. This is a B recommendation.

AAA is a serious condition that often has no symptoms. It develops as a bulge or “ballooning” in the wall of the main artery that carries blood from the heart to the abdomen. If untreated, a large AAA can burst or rupture without warning, and a high percentage of ruptures can cause death.

“Older male smokers are at the highest risk of developing AAA,” says Task Force co-vice chair Albert Siu, M.D., M.S.P.H. “The good news is that, if you are a 65-to-75-year-old man who smokes or used to smoke, one-time AAA screening with an ultrasound, along with appropriate treatment, can reduce your risk of dying from rupture.”

Older men who have never smoked should consider a number of factors when determining with their doctor whether this type of screening is right for them. The Task Force recommends men ages of 65 to 75 who have never smoked to talk to their doctor or nurse to see if one-time AAA screening is appropriate based on their health history and the potential benefits and harms of screening. This is a C recommendation.

For women, evidence on the benefits and harms of screening is different than for men. The Task Force calls for more research to determine if AAA screening is beneficial for women ages 65 to 75 who have a smoking history. Due to this lack of evidence, the Task Force concluded that it could not recommend for or against screening older women who smoke and issued an I statement.

Among women who don’t smoke, the chance of developing AAA is extremely low (well under 1%), and the Task Force found that AAA screening is very unlikely to benefit these women and may even cause harm. The Task Force recommends against screening for AAA in women who don’t smoke; this is a D recommendation.

“There are many other things that men and women of all ages can do to reduce their overall risk of developing cardiovascular disease,” says Task Force co-chair Kirsten Bibbins-Domingo, Ph.D., M.D. “These include quitting smoking; eating a healthy diet and maintaining a healthy weight; engaging in physical activity; and keeping blood pressure and blood cholesterol under control.”

The Task Force’s final recommendation statement has been published online in *Annals of Internal Medicine*, as well as on the Task Force Web site at www.uspreventiveservicestaskforce.org. A fact sheet that explains the recommendation statement in plain language is also available. A draft recommendation was available for public comment from January 28 to February 24, 2014.

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.

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