

U.S. Preventive Services Task Force Issues Draft Recommendation Statement: Screening for Peripheral Artery Disease and Cardiovascular Risk Assessment with Ankle Brachial Index

WASHINGTON, D.C. – March 19, 2013 – The U.S. Preventive Services Task Force (Task Force) today posted a draft evidence report and draft statement on screening for peripheral artery disease (PAD) and cardiovascular disease risk assessment with ankle brachial index (ABI) in adults. The Task Force is providing an opportunity for public comment on this draft evidence report and draft statement until April 15. All public comments will be considered as the Task Force develops its final evidence report and recommendation.

This topic is part of a pilot effort demonstrating the Task Force’s continued commitment to an efficient, transparent, and timely process. As part of this pilot, in addition to the draft statement posting for public comment, the Task Force has made the evidence report available for public comment for the first time.

Peripheral artery disease causes decreased circulation and blood flow in the legs and can be a sign of more general cardiovascular disease, which puts people at an increased risk of heart attacks or strokes. The ABI, a test that compares blood pressure at the ankle with blood pressure in the arm, is used to determine if people have PAD.

For adults who have no symptoms of PAD, the evidence is insufficient to determine if using the ABI test to screen for PAD and predict the risk of cardiovascular disease is beneficial. Therefore, the Task Force has issued a draft I statement, which means that there is not enough evidence to make a definitive recommendation.

“The previous Task Force recommendation focused solely on using the ABI to identify PAD, and the Task Force recommended against such routine screening. For this new draft statement, the Task Force responded to public comments by broadening its scope to look at cardiovascular disease risk assessment in general, rather than just PAD,” said Task Force member Kirsten Bibbins-Domingo, Ph.D., M.D. “With this new focus, there was not enough evidence to determine the balance of benefits and harms. Therefore, the draft recommendation has shifted from a D to an I statement.”

This draft statement applies to people who do not have any signs or symptoms of PAD and have not been diagnosed with cardiovascular disease, severe chronic kidney disease, or diabetes. In the absence of clear evidence, a health care professional should consider a number of things when providing guidance to patients, including current scientific research, expert opinion, professional knowledge and experience, as well as the health histories, values, and preferences of patients and their families.

“The Task Force calls on the research community to prioritize studies that examine whether using the ABI to screen for PAD and assess the risk of cardiovascular disease leads to better health,” said Task Force co-vice chairman Albert Siu, M.D., M.S.P.H. “Investments in such research may lead to improved

cardiovascular health for Americans and to a definitive recommendation from the Task Force in the future.”

The Task Force’s draft evidence report and draft statement have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from March 19 to April 15 at www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine who work 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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