

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for peripheral artery disease (PAD) with the ankle-brachial index (ABI). It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from January 16, 2018 to February 12, 2018. The Task Force welcomes your comments.

## Screening for PAD and CVD Risk Assessment with Ankle-Brachial Index

The Task Force has issued a **draft recommendation statement** on *Screening for PAD and CVD Risk Assessment with Ankle-Brachial Index*. The Task Force reviewed current evidence to determine if checking people without signs or symptoms of PAD with ABI can help prevent heart attack, stroke, or other problems related to PAD.

The Task Force found that there is not enough evidence to recommend for or against screening for PAD with ABI to help prevent heart attack or stroke.

This draft recommendation applies to adults who do not have signs or symptoms or a known diagnosis of PAD, cardiovascular disease, or severe chronic kidney disease.

### What is PAD?

Peripheral artery disease (PAD) is when blood flow to the limbs, especially the legs, is reduced. It is caused by narrowing and hardening of the arteries. People with PAD can suffer from conditions related to reduced blood flow including pain with walking, and loss of limbs. People with PAD are also more likely to have a heart attack or stroke.

## Facts about PAD and ABI

Peripheral artery disease, or PAD, is when there is reduced blood flow to the limbs, especially in the legs, which can result in pain, impair walking, and even lead to tissue loss or the need for amputation. This is caused by narrowing and hardening of the arteries, also called atherosclerosis. Not everyone with PAD has symptoms or related problems. People with PAD are more likely to have a heart attack or stroke.

Major risk factors for PAD include:

- Advancing age,
- Diabetes,
- Smoking,
- High blood pressure,
- High cholesterol,
- Obesity, and
- An inactive, or sedentary, lifestyle.

ABI is a way of taking the blood pressure using readings from both the ankle and the arm to determine risk of blocked vessels in the leg.

## Potential Benefits and Harms of Screening for PAD Using ABI to Prevent Heart Attack and Stroke

The goal of screening for PAD is to identify and treat the disease earlier, before there are signs or symptoms and before a heart attack or stroke. However, the Task Force did not find evidence on whether screening and early treatment would improve health outcomes in patients without signs or symptoms. More research is needed to determine whether screening can help improve heart attack, stroke, and overall CVD outcomes.

The harms of having an ABI test are minimal.

There are larger potential harms from other procedures that may be done if someone without signs or symptoms of PAD has an abnormal ABI score. For example:

- Angiograms, a type of x-ray of the blood vessels, can cause heart rate changes, stroke, heart attack, or death. People can also be allergic to the contrast dye used during the test.
- Angioplasty, a procedure that reduces blockages in blood vessels, can lead to heart attack, a tear to a blood vessel, bleeding, kidney failure, or death.

## The Draft Recommendation on Screening for PAD and CVD Risk Assessment with ABI: What Does It Mean?

Here is the Task Force's draft recommendation on screening for PAD and CVD risk assessment with ABI. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against screening and instead issues an **I Statement**.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

- 1 The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for [peripheral artery disease \(PAD\)](#) and [cardiovascular disease \(CVD\)](#) risk with the [ankle-brachial index \(ABI\)](#) in adults.  
(**I Statement**)

## Notes

- 1 [peripheral artery disease \(PAD\)](#)  
A condition that causes reduced blood flow to the limbs, especially the legs. It is caused by narrowing and hardening of the arteries.
- [Cardiovascular disease \(CVD\)](#)  
CVD, also commonly called heart disease, relates to diseases of the heart and blood vessels.
- [ankle-brachial index \(ABI\)](#)  
A way of taking the blood pressure using readings from both the ankle and the arm. It compares these readings to determine a score. A low ABI score can indicate increased risk for CVD, heart attack, stroke, and a blocked blood vessel blockage in the legs.

## What is the U.S. Preventive Services Task Force?




The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

### USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here to Learn More about PAD, CVD, Heart Attack, and Stroke](#)

-  **Peripheral Artery Disease**  
(MedlinePlus)
-  **Heart Disease Facts**  
(Centers for Disease Control and Prevention)
-  **What is a Heart Attack?**  
(National Heart, Lung, and Blood Institute)
-  **What is a Stroke?**  
(National Heart, Lung, and Blood Institute)

 [Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between January 16, 2018 and February 12, 2018.



All comments will be considered for use in writing final recommendations.