

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for atrial fibrillation (AFib) with electrocardiography (ECG). It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from December 19, 2017 to January 22, 2018. The Task Force welcomes your comments.

Screening for Atrial Fibrillation with ECG

The Task Force has issued a **draft recommendation statement** on *Screening for Atrial Fibrillation with Electrocardiography*. The Task Force reviewed whether screening people without signs or symptoms of AFib with ECG, a test that records the activity of a person's heart,

is an effective way to identify AFib earlier and prevent strokes. The Task Force found there is not enough evidence to recommend for or against screening for AFib with ECG.

This recommendation applies to older adults without signs or symptoms of AFib.

What is Atrial Fibrillation?

Atrial fibrillation (AFib), is an irregular and often rapid heart rate. It occurs when the two upper chambers of the heart beat rapidly and irregularly and don't move all the blood to the lower chambers of the heart.

When this happens, a blood clot can form. A stroke can occur if the flow of blood to a part of the brain is blocked by a blood clot.

Facts about AFib, Stroke, and ECG

AFib affects nearly 3 million Americans and it is the most common problem related to the rhythm of the heart. Although AFib is a leading cause of stroke, it is sometimes not detected until someone suffers a stroke.

The risk of AFib increases with age. Other risk factors include:

- Obesity,
- High blood pressure,
- Diabetes,
- Heart failure,
- Previous heart surgery,
- Smoking,
- Prior stroke,
- Sleep apnea,
- Alcohol or drug use, and
- Hyperthyroidism.

People are treated for AFib in order to control the heart rate or get the heart back to its normal rhythm and prevent stroke. Controlling heart rate can be done through medicines or using other more invasive methods to restore a normal heart rhythm.

Since AFib is often not identified until a stroke occurs, there is interest in finding ways to identify it before there are signs or symptoms. One potential way is to screen with an ECG. An ECG is a test that records the electrical activity of the heart. It can show normal or abnormal heart activity, including irregular heart rhythms, such as AFib.

Potential Benefits and Harms of Screening for AFib with ECG to Prevent Stroke

The Task Force reviewed the evidence on ECG screening for AFib and concluded there is not enough evidence to determine if screening people without signs or symptoms of AFib with ECG can help clinicians identify AFib earlier than usual care. If clinicians can identify people without signs or symptoms of AFib who have an irregular heartbeat, earlier treatment might be able to prevent progression of the disease or prevent stroke. Usual care may include a routine exam with a clinician checking the patient's pulse and listening to the heart.

The harms of ECGs themselves are minimal. However, there is a chance that the ECG can falsely suggest a heart problem that is not actually present. This can then lead to unnecessary follow up tests and treatment. Harms of treatment may include bleeding from taking blood thinner medications or harms from unnecessary surgeries or other invasive treatments.

The Draft Recommendation on Screening for AFib with ECG: What Does it Mean?

Here is the Task Force's draft recommendation on screening for AFib with ECG. 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 using [electrocardiograms](#) (ECG) to screen for [atrial fibrillation](#) (AFib).
(**I Statement**)

Notes

- 1 [electrocardiograms \(ECG\)](#)
An electrocardiogram, or ECG, is a test that records the electrical activity of the heart. It can show normal or abnormal heart activity and can signal increased risk for atrial fibrillation and stroke.
- [atrial fibrillation \(AFib\)](#)
Atrial fibrillation (AFib), is an irregular and often rapid heart rate and is a major risk factor for stroke. It occurs when the two upper chambers of the heart beat rapidly and irregularly and don't move all the blood to the lower chambers of the heart.

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 AFib, Stroke, and ECG

-  **Atrial Fibrillation**
(MedlinePlus)
-  **What is Atrial Fibrillation?**
(National Heart, Lung, and Blood Institute)
-  **What is a Stroke?**
(National Heart, Lung, and Blood Institute)
-  **Electrocardiogram**
(MedlinePlus)
-  **Electrocardiogram**
(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 December 19, 2017 and January 22, 2018.



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