

U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening for Atrial Fibrillation With Electrocardiography

Task Force found insufficient evidence on screening for atrial fibrillation with ECG to prevent strokes

WASHINGTON, D.C. – August 7, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement and evidence summary on screening for atrial fibrillation (AF) with electrocardiography (ECG).

The Task Force looked at whether screening adults age 65 years and older without signs or symptoms of AF using ECG, a test that records the activity of a person's heart, is an effective way to help clinicians diagnose the condition earlier and prevent strokes. The Task Force concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for AF with ECG to prevent strokes in adults 65 years and older who do not have signs or symptoms. **This is an I statement.**

Grade in this recommendation:

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

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“Atrial fibrillation is a major risk factor for stroke in adults 65 years and older and often is not detected until someone has a stroke,” says Task Force member Seth Landefeld, M.D. “If AF could be detected earlier, some of these strokes might be avoided. However, we found that more research is needed to determine whether the benefits outweigh the harms of screening for AF with ECG.”

AF 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 don't move all the blood to the lower chambers of the heart. When this happens, a blood clot can form, which may move to the brain and cause a stroke.

“Clinicians should use their medical judgement on whether to screen for AF in people 65 years and older with no signs or symptoms,” says Task Force member Michael Barry, M.D.

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

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <https://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment 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 of 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. Barry is the director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a physician at Massachusetts General Hospital.

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