

U.S. Preventive Services Task Force Issues Two Final Recommendation Statements Related to Risk Assessment for Cardiovascular Disease

Task Force found insufficient evidence on whether additional methods provide more information than traditional measures of risk; Task Force found insufficient evidence on use of ABI as a screening tool

WASHINGTON, D.C. – July 10, 2018 – Today, the U.S. Preventive Services Task Force (Task Force) published two final recommendation statements and evidence summaries on ways to help prevent cardiovascular disease (CVD), the leading cause of death for adults in the United States:

- Risk assessment for CVD with nontraditional risk factors
- Screening for peripheral artery disease (PAD) and CVD risk assessment with the ankle-brachial index (ABI)

Clinicians have effective standard, or traditional, ways of measuring someone's risk for future CVD, heart attacks, and strokes. These recommendation statements focus on whether additional tests to measure risk can help identify more people at greatest risk of CVD.

Risk Assessment for CVD With Nontraditional Risk Factors

The Task Force found that there is not enough evidence to recommend for or against using nontraditional risk factors in addition to traditional risk factors to assess CVD risk and help prevent heart attack or stroke. **This is an I statement.**

Clinicians check for someone's risk of CVD by looking at traditional risk factors such as age, race/ethnicity, sex, diabetes, smoking status, cholesterol levels, and blood pressure. The Task Force reviewed whether adding three additional (also referred to as "nontraditional") tests for risk factors can improve risk assessment for CVD and help prevent heart attack or stroke. The three additional risk factor tests include:

- The ABI, a comparison of the blood pressure measured at your ankle to blood pressure measured at your arm
- The coronary artery calcium (CAC) score, a measurement of calcium buildup in the coronary arteries
- The amount of a specific protein in the blood called high-sensitivity C-reactive (hsCRP) protein

"While there is some evidence that the ABI, CAC, and hsCRP can provide clinicians with additional information on risk, we could not determine whether this was enough to help clinicians make better treatment or care decisions," says Task Force member Michael Barry, M.D. "More research is needed to know if adding these three tests for nontraditional risk factors to CVD risk assessment can help improve our ability to prevent heart attack or stroke."

This final recommendation updates and is consistent with the 2009 recommendation statement.

Screening for PAD and CVD Risk Assessment With the ABI

Separately, the Task Force looked at the evidence to determine if using the ABI as a screening tool can help prevent heart attack, stroke, or PAD complications. Based on its review, the Task Force found that there is not enough evidence to recommend for or against screening for PAD with the ABI in people without signs or symptoms. **This is an I statement.**

Grade in these recommendations:

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

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PAD is a condition where blood flow to the limbs, especially the legs, is reduced due to a narrowing and hardening of the arteries. PAD can cause leg and foot pain when sitting or walking and poor wound healing, and lead to amputation of the feet or legs. People with PAD are also more likely to have a heart attack or stroke. People with PAD often have no symptoms.

“We know that the ABI can be used for diagnosis of PAD in people with symptoms. However, the Task Force looked at whether it can be used to identify the risk of developing blocked vessels in the leg among people without signs or symptoms of PAD,” says Task Force member Seth Landefeld, M.D. “At this time, there is not enough evidence to recommend for or against using the ABI as a screening tool.”

This final recommendation statement updates and is consistent with the 2013 recommendation statement.

These recommendation statements have 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>. Draft versions of these recommendations were available for public comment from January 16, 2018 to February 12, 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. Barry is 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.

Dr. Landefeld is the chair of the department of medicine and the Spencer chair in 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.

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