

U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening for Cardiovascular Disease Risk with Electrocardiography

Task Force recommends against ECG screening in adults at low risk for CVD and finds insufficient evidence on ECG screening in those at medium or high risk

WASHINGTON, D.C.—June 12, 2018—The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement and evidence summary on screening for cardiovascular disease (CVD) risk with electrocardiography (ECG).

The Task Force reviewed evidence on whether adding ECG, a test that records the activity of a person's heart, to the standard ways of measuring CVD risk can improve risk assessment and help prevent heart attack or stroke in people without signs or symptoms of CVD. Based on the evidence, The Task Force recommends against adding ECG screening to standard risk assessments in people at low risk. **This is a D recommendation.**

Grades in this recommendation:

D: Not recommended.

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

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Assessing CVD risk is traditionally based on factors such as age, race/ethnicity, sex, obesity, diabetes, smoking status, cholesterol levels, and blood pressure. "Adding ECG screening for people at low risk of a heart attack or stroke is unlikely to help prevent CVD events and can actually cause harms from subsequent procedures such as angiograms," says Task Force member Seth Landefeld, M.D. "Anyone who has questions about their risk for heart disease, heart attack, or stroke should talk to their clinician."

The Task Force also found that there is insufficient evidence to recommend for or against adding ECG screening to standard risk assessment methods in adults at medium or high risk of heart attack or stroke. **This is an I statement.**

"There is not enough evidence for those who might benefit the most—people at higher risk for CVD—to say if adding ECG screening helps prevent heart attack and stroke," says Task Force member Michael J. Barry, M.D. "Clinicians should continue to use traditional risk factors to assess CVD risk and guide treatment for these patients until more evidence is available."

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: <http://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 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.

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.

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