

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

Task Force found insufficient evidence on screening for PAD and CVD risk assessment with the ABI; Task Force found insufficient evidence on CVD risk assessment using three nontraditional risk factors

WASHINGTON, D.C. – January 16, 2018 – Cardiovascular disease (CVD), which can lead to heart attack and stroke, is the leading cause of death for adults in the United States. The U.S. Preventive Services Task Force (Task Force) today posted two draft recommendation statements and draft evidence reviews related to CVD: screening for peripheral artery disease (PAD) and CVD risk assessment with the ankle-brachial index (ABI) and risk assessment for CVD with nontraditional risk factors.

Grade in these recommendations:

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

[Learn more here](#)

Screening for PAD and CVD Risk Assessment With the ABI

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 resting or walking, poor wound healing, tissue damage, and loss of limbs. People with PAD are also more likely to have a CVD event, such as heart attack and stroke. People with PAD can also have no symptoms. The Task Force looked at the current evidence to determine if screening people without signs or symptoms of PAD with the ABI can help prevent heart attack, stroke, or PAD complications. Based on its review, the Task Force found that there is insufficient evidence to recommend for or against screening for PAD and CVD risk assessment with the ABI in people without signs or symptoms. **This is an I statement.**

“The ABI is a way of taking blood pressure using readings from both the ankle and the arm to determine risk of blocked vessels in the leg,” says Task Force member Alex Krist, M.D., M.P.H. “For people with symptoms of PAD, the ABI can be used for diagnosis. However, more evidence is needed to determine if the ABI can accurately identify PAD in people without signs or symptoms.”

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

CVD Risk Assessment With Nontraditional Risk Factors

Separately, the Task Force reviewed whether adding three nontraditional risk factors to traditional risk models can effectively improve risk assessment for CVD. Traditional risk factors are based on age, race/ethnicity, sex, diabetes, smoking status, cholesterol levels, and blood pressure. The Task Force looked at the evidence for three nontraditional risk factors: the ABI, high-sensitivity C-reactive protein (hsCRP) (which measures the amount of a certain protein in the blood), and coronary artery calcification (CAC) score (which measures the amount of calcium buildup inside the coronary arteries). The Task Force found that there is not enough evidence to recommend for or against assessing CVD risk in adults with these nontraditional risk factors, along with traditional risk factors, to help prevent heart attack or stroke. **This is an I statement.**

“While there is some evidence that ABI, CAC, and hsCRP can slightly improve clinicians’ ability to define risk, the amount of improvement is not large or precise enough to help clinicians make better treatment or care decisions to prevent heart attack or stroke,” says Task Force member Seth Landefeld, M.D. “More research is needed to understand the benefits and harms of using these three nontraditional risk factors in addition to the traditional risk factors for assessing CVD risk.”

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

The Task Force's two draft recommendation statements and draft evidence reviews have been posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from January 16, 2018 to February 12, 2018 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

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. Krist is a professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is co-director of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the Center for Clinical and Translational Research.

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.

Contact: USPSTF Media Coordinator at Newsroom@USPSTF.net / (202) 572-2044