WHAT'S NEW
From the U.S. Preventive Services Task Force
An Overview of Recommendations

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Screening for Abdominal Aortic Aneurysm

What Does the U.S. Preventive Services Task Force Recommend?

The U.S. Preventive Services Task Force (USPSTF) recommends one-time screening for abdominal aortic aneurysm by abdominal ultrasonography for men between the ages of 65 and 75 who have ever smoked (ie, at least 100 cigarettes during one's lifetime). The USPSTF makes no recommendation for or against screening for abdominal aortic aneurysm in men between the ages of 65 and 75 who have never smoked. The USPSTF recommends against routine screening for abdominal aortic aneurysm in women.

What Are the Risk Factors for Abdominal Aortic Aneurysm?

Being male, 65 or older, and ever having smoked are the major risk factors for abdominal aortic aneurysm. A first-degree family history of abdominal aortic aneurysm requiring surgical repair also elevates a man's risk for this condition; this may also be true for women but the evidence is less certain.

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What Are the Potential Benefits of Screening and Treatment for Abdominal Aortic Aneurysm?

Screening for abdominal aortic aneurysm and open surgical repair of abdominal aortic aneurysms of 5.5 cm or more in older men leads to an estimated 43% reduction in mortality from abdominal aortic aneurysm. In men with abdominal aortic aneurysms of 4.0 to 5.4 cm, periodic surveillance, combined with elective surgery in those whose abdominal aortic aneurysm has progressed, offers comparable mortality benefit to routine elective surgery. Currently, there is no evidence to support any intervention in those with small abdominal aortic aneurysms (3.0-3.9 cm), although some expert opinion-based recommendations favor annual ultrasonography for these patients.

The potential benefit of screening for abdominal aortic aneurysm among women aged 65 to 75 is low due to the small number of deaths related to this condition in this population. A clinician may, however, choose to discuss screening in unusual circumstances, such as in the case of a healthy female smoker in her early 70s who has a first-degree

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the USPSTF. The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in "Primary Care Screening for Abdominal Aortic Aneurysm: Evidence Synthesis," in the USPSTF recommendation statement, and in the cost-effectiveness analyses review, which can be found on the Agency for Healthcare Research and Quality (AHRQ) Web site (www.preventiveservices.ahrq.gov) and through the National Guideline Clearinghouse (www.guideline.gov). The summary of evidence, recommendation statement, and cost-effectiveness analyses review are available in print through the AHRQ Publications Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov).

family history for abdominal aortic aneurysm that required surgery.

One-time screening using ultrasonography is sufficient to detect abdominal aortic aneurysm, since new abdominal aortic aneurysm is extremely rare in persons with an initial negative result. Abdominal ultrasonography is an accurate screening test for abdominal aortic aneurysm if it is performed in a setting with adequate quality assurance (ie, an accredited facility with credentialed technologists). Screening for abdominal aortic aneurysm should be reserved for those who have a reasonable probability of having an abdominal aortic aneurysm large enough to benefit from surgery and for those who have a reasonable life expectancy.

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What Are the Harms of Screening and Treatment for Abdominal Aortic Aneurysm?

The peri-operative mortality for open surgical repair of abdominal aortic aneurysm is 4% to 5%. Nearly one-third of patients who undergo surgery for abdominal aortic aneurysm have important complications, such as cardiac and pulmonary conditions. Men who undergo this surgery are at increased risk for impotence.

Endovascular repair (EVAR) of abdominal aortic aneurysm is being used as an alternative to open surgical repair. Recent studies have shown a short-term mortality and morbidity benefit of EVAR compared with open surgical repair. The long-term effectiveness of EVAR to reduce abdominal aortic aneurysm rupture and mortality is still being studied.

For more information, contact the following organizations:

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National Institutes of Health
www.nih.gov

Members of the USPSTF represent the fields of family medicine, gerontology, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the U.S. Preventive Services Task Force* are:

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