

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for atrial fibrillation (AFib). It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from April 20, 2021 to May 17, 2021. The Task Force welcomes your comments.

Screening for Atrial Fibrillation

The Task Force issued a **draft recommendation statement** on *Screening for Atrial Fibrillation*.

The Task Force looked at whether screening for atrial fibrillation helps to prevent strokes. The Task Force determined that there is not enough evidence to recommend for or against screening for atrial fibrillation.

This draft recommendation statement applies to adults ages 50 and older who do not have signs or symptoms of AFib, which may include shortness of breath, difficulty exercising, or feelings that a person's heart is skipping a beat or beating too fast.

What is atrial fibrillation?

Atrial fibrillation, or AFib, is an irregular and often rapid heartbeat. It is the most common type of irregular heartbeat (also known as an arrhythmia).

What is a stroke?

A stroke from AFib occurs when a blood vessel that carries oxygen and nutrients to the brain is blocked by a blood clot.

Facts About Atrial Fibrillation

Atrial fibrillation is the most common type of irregular heartbeat. It is a major risk factor for stroke, and often goes undetected.

The risk of AFib increases with age. Other risk factors include:

- Health conditions such as obesity, diabetes, high blood pressure, heart failure, hyperthyroidism (overactive thyroid), or having a prior stroke
- Using alcohol, drugs, or tobacco

Facts About Screening for Atrial Fibrillation

One way of screening for AFib being studied is with an electrocardiogram (ECG), a test that checks the electrical activity in the heart. An ECG can show normal or abnormal heart activity, such as an irregular heart rhythm. Other technologies that check for an irregular heart rhythm are being studied as well, including automated blood pressure cuffs, pulse oximeters, and personal devices like smartwatches and smartphone apps. However, evidence about screening for AFib to prevent stroke using any method is limited.

Potential Benefits and Harms

The Task Force found there is not enough evidence on any screening approach to recommend for or against screening for AFib in people with no signs or symptoms. More research is needed to determine whether screening for AFib is beneficial or not.

A potential benefit of screening for AFib could be to prevent strokes. Potential harms of screening for AFib could include false positive results, which happens when screening suggests a heart problem that is not actually present. This can lead to unnecessary testing and treatment, and treatment with blood thinners, which are sometimes used to decrease risk of stroke, could lead to bleeding which can sometimes be serious.

The Draft Recommendation on Screening for Atrial Fibrillation: What Does It Mean?

Here is the Task Force's draft recommendation on screening for atrial fibrillation. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues an **I Statement**, it means the current evidence is insufficient to assess the balance of benefits and harms of the service.

Before you send comments to the Task Force, you may want to read the **draft recommendation statement**. The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An **evidence document** provides more detail about the scientific studies the Task Force reviewed.

Notes

1 The USPSTF concludes that the current *evidence is insufficient* to assess the balance of benefits and harms of *screening* for atrial fibrillation.
(I Statement)

1 *evidence is insufficient*
There is not enough information to make a recommendation for or against screening.

screening

Tests to see if an individual has atrial fibrillation, an irregular and often rapid heartbeat, including ECG and newer technologies such as pulse oximeters and smartphone apps.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

Click Here to Learn More About Atrial Fibrillation

- Reduce Your Risk of Stroke**
(MyHealthfinder)
- Atrial Fibrillation**
(MedlinePlus)
- Atrial Fibrillation**
(Centers for Disease Control and Prevention)
- Atrial Fibrillation**
(National Institutes of Health)

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between April 20, 2021 and May 17, 2021.



All comments will be considered for use in writing final recommendations.