

Task Force Issues Draft Recommendation Statement on Screening for Atrial Fibrillation

More research is needed to make a recommendation for or against screening

WASHINGTON, D.C. – April 20, 2021 – The U.S. Preventive Services Task Force (Task Force) today published a draft recommendation statement on screening for atrial fibrillation (AFib). The Task Force looked at whether screening for AFib is an effective way to help clinicians identify the condition earlier and prevent strokes. The Task Force determined there is not enough evidence to recommend for or against screening for AFib in adults age 50 and older without signs or symptoms.

This is an I statement.

Grade in this recommendation:

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

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AFib is an irregular and often rapid heart rate. It is the most common kind of arrhythmia, a problem with the rate or rhythm of the heartbeat. It occurs when the two upper chambers of the heart beat rapidly and irregularly and don't move all the blood to the lower chambers of the heart. When this happens, a blood clot can form, which may move to the brain and cause a stroke.

"Atrial fibrillation is a major risk factor for stroke, and it often goes undetected," says Task Force member Gbenga Ogedegbe, M.D., M.P.H. "Unfortunately, there is not enough evidence to determine whether or not screening for AFib helps prevent stroke, so physicians and healthcare providers should use their clinical judgement when deciding whether to screen their patients."

Several tests are being studied to see if clinicians could use them to screen for AFib. One is an electrocardiogram (ECG), a test that checks the electrical activity of the heart. Other emerging technologies are being studied as well, such as automated blood pressure cuffs, pulse oximeters, and personal consumer devices like smartwatches and smartphone apps.

"For this recommendation, the Task Force also reviewed evidence on emerging technologies that may help with screening for AFib to prevent stroke," says Task Force member Chyke Doubeni, M.D., M.P.H. "However, even with this expanded look at the evidence, we are once again unable to recommend for or against screening for AFib. As such, the Task Force is encouraging additional research."

The Task Force's draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from April 20, 2021, through May 17, 2021, 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. Ogedegbe is the Dr. Adolph and Margaret Berger professor of medicine and population health and the director of the Center for Healthful Behavior Change and the Division of Health and Behavior in the Department of Population Health at the NYU Grossman School of Medicine. He is also co-director of the Hypertension Specialty Clinic at Bellevue Hospital.

Dr. Doubeni is a professor of family medicine and medicine and directs health equity and community engagement research efforts at the Mayo Clinic to advance the ideal of health equity locally and globally through research and community engagement.

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