

Age alone should be used to screen for heart attacks and strokes, say experts

May 4 2011

Using age alone to identify those at risk of heart disease or stroke could replace current screening methods without diminishing effectiveness, according to a groundbreaking study published today in the open access journal *PLoS ONE*.

Existing screening methods which include measuring [cholesterol](#) and [blood pressure](#) are expensive and time consuming. The authors of the new study from Barts and The London Medical School say that this finding could save thousands of lives by making it easier for more people to have access to preventive treatment.

The new study compared screening using age alone with screening using age and multiple risk factors, measured via blood tests and medical examination. The authors used existing data to estimate the effects of the two screening approaches on a modelled population of 500,000 people.

Age screening alone using a cut off of 55 years had an 84 per cent detection rate and a 24 per cent false-positive rate. This is equivalent to correctly identifying 84 per cent of all the people in a population who will have a [stroke](#) or [heart attack](#), while incorrectly identifying 24 per cent who will not. Current [screening methods](#) can achieve the same 84 per cent detection rate with a false-positive rate that is only slightly less – 21 per cent.

Professor Sir Nicholas Wald is lead author and Director of the Wolfson Institute at Barts and The London School of Medicine and Dentistry,

part of Queen Mary, University of London. He said: "This study shows that age screening for future cardiovascular disease is simpler than current assessments, with a similar screening performance and cost effectiveness. It also avoids the need for blood tests and medical examinations.

With age screening all individuals above a specified age would be offered preventive treatment. Everyone would benefit because, for blood pressure and cholesterol, the lower the better. The policy of selecting people above a certain age is, in effect, selecting people at high risk. It recognises that age is by far the most important determinant of that risk with other factors adding little extra prognostic information.

"Prevention is better than measurement," Professor Wald added.

"Identifying people at high risk of cardiovascular disease needs to be greatly simplified, enabling people to obtain easy access to preventive treatment from nurses and pharmacists as well as from doctors.

"Offering appropriate preventive treatment to everyone aged 55 and over in England and Wales could prevent over 100,000 heart attacks and strokes every year."

Provided by Queen Mary, University of London

Citation: Age alone should be used to screen for heart attacks and strokes, say experts (2011, May 4) retrieved 25 April 2024 from <https://medicalxpress.com/news/2011-05-age-screen-heart-experts.html>

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