

No treatment or imaging follow-up most effective for tiny UIAs

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(HealthDay)—For patients with unruptured intracranial aneurysms

(UIAs) that are 3 mm or smaller, no preventive treatment or imaging follow-up is the most effective management strategy, according to a study published online Nov. 20 in *JAMA Neurology*.

Ajay Malhotra, M.D., from the Yale School of Medicine in New Haven, Conn., and colleagues used inputs from the medical literature to conduct a decision-analytic model-based comparative effectiveness analysis. Five management strategies were assessed: annual [magnetic resonance angiography](#) (MRA) screening, biennial MRA screening, MRA screening every five years, aneurysm coiling and follow-up, and no treatment or preventive follow-up.

In an analysis of 10,000 iterations simulating adult patients, the researchers found that the highest health benefit was seen for the [management](#) strategy of no treatment or preventive follow-up (mean quality-adjusted life-years, 19.40). MRA every five years was the best of the [management strategies](#) that incorporate follow-up imaging, with the next highest effectiveness (mean quality-adjusted life-years, 18.05). When the annual growth rate and risk of rupture of growing aneurysms are varied, no routine follow-up remains the optimal strategy. No follow-up is the optimal [strategy](#) when the annual risk of rupture of nongrowing UIAs is less than 1.7 percent; coiling should be performed directly if the annual risk of rupture is >1.7 percent.

"Given these findings, it is important to critically evaluate the appropriateness of current clinical practices," the authors write.

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