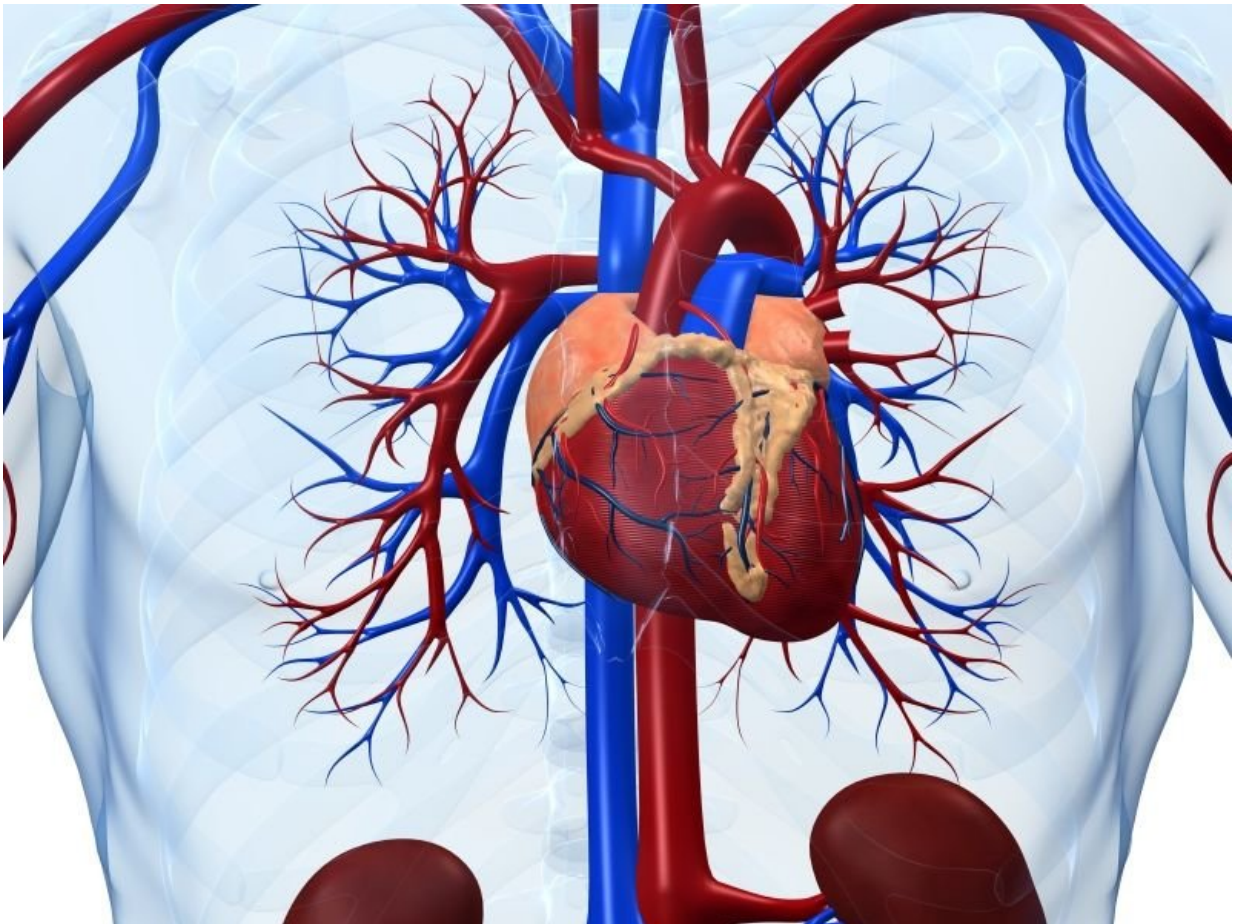


USPSTF: Evidence lacking for nontraditional CVD risk factors

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(HealthDay)—The U.S. Preventive Services Task Force (USPSTF) has

concluded that current evidence is insufficient to assess the use of nontraditional risk factors for cardiovascular disease (CVD) risk assessment. They also conclude that evidence is lacking for the use of the ankle-brachial index (ABI) to screen for peripheral arterial disease (PAD) in asymptomatic individuals. These findings form the basis of two draft recommendation statements published online Jan. 16 by the USPSTF.

Jennifer S. Lin, M.D., from the Kaiser Permanente Center for Health Research in Portland, Ore., and colleagues reviewed use of ABI, high-sensitivity C-reactive protein, and [coronary artery calcium](#) score in asymptomatic adults. The authors found that there was adequate evidence for the benefit of adding these factors to existing CVD [risk assessment](#) models; however, the evidence was inadequate for assessing treatment decision-making guided by these scores. Based on these findings, the USPSTF concluded that the current evidence is insufficient to assess the balance of harms and benefits of adding these scores to traditional risk assessment.

Janelle M. Guirguis-Blake, M.D., also from the Kaiser Permanente Center for Health Research, and colleagues conducted a systematic review relating to ABI screening for PAD and CVD. The researchers found that ABI is an accurate test for detecting PAD in symptomatic patients, but few data were available on the accuracy of ABI for identifying [asymptomatic individuals](#) who could benefit from treatment. Based on these findings, the USPSTF concluded that the current evidence is insufficient for assessing the balance of benefits and harms associated with PAD and CVD risk screening with ABI.

These findings form the basis of two draft recommendation statements, which are available for public comment from Jan. 16 through Feb. 12, 2018.

More information: [Evidence Review - CVD](#)
[Draft Recommendation Statement - CVD](#)
[Comment on Recommendation Statement - CVD](#)
[Evidence Review - PAD](#)
[Draft Recommendation Statement - PAD](#)
[Comment on Recommendation Statement - PAD](#)

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