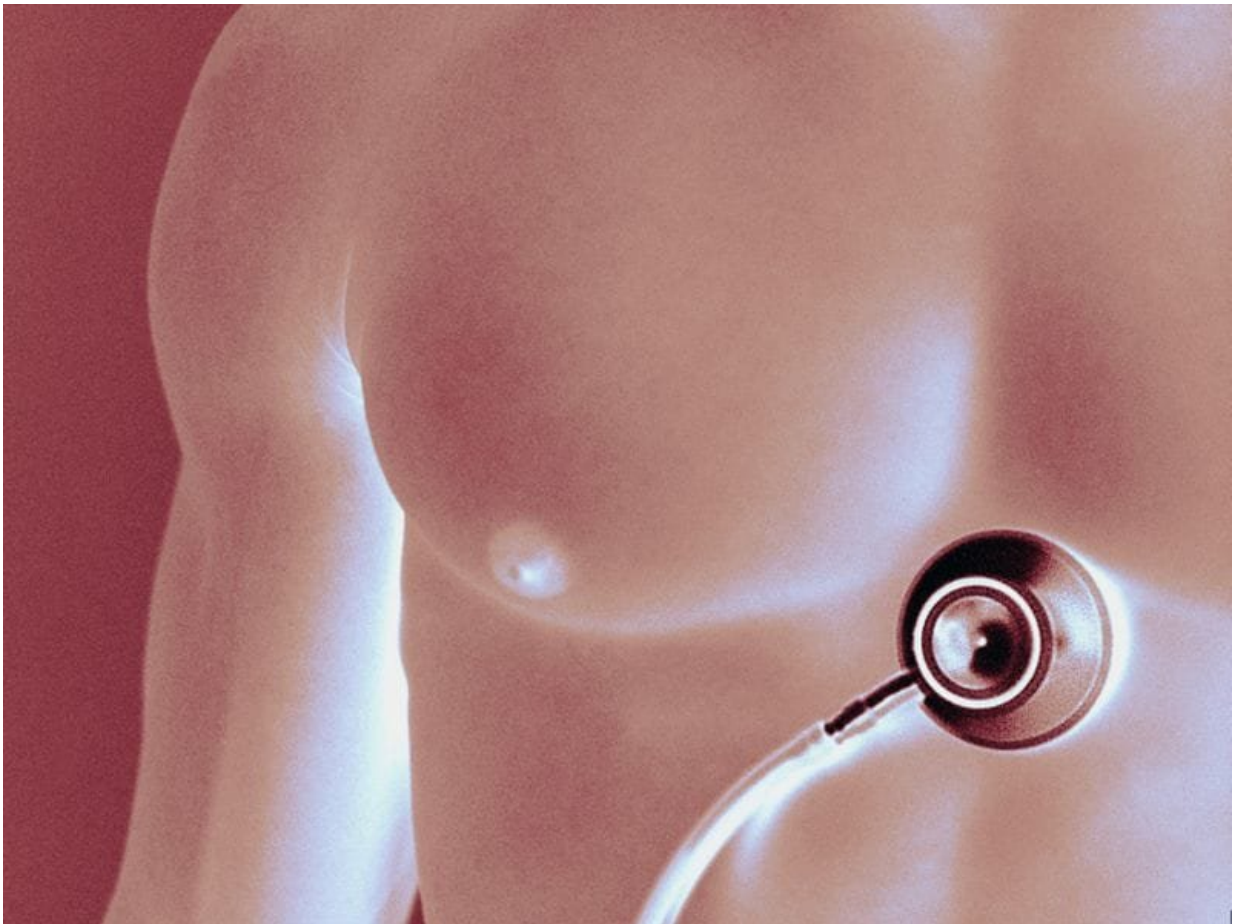


# Perspectives on USPSTF A-fib screening recommendation

August 9 2018

---



(HealthDay)—The U.S. Preventive Service Task Force published a final

recommendation on Aug. 7 citing insufficient evidence to assess the benefits and harms of screening for atrial fibrillation (AF) with electrocardiography (ECG) in asymptomatic, older adults. A series of editorials published in the *JAMA* network journals offer additional perspectives, with recognition of the need to develop a national screening strategy.

"It is now clear that although AF and AF burden are likely causally linked to cardioembolic stroke in *some* patients with AF, this association is not causal in a substantial number of patients. Thus, primary prevention of AF-associated cardioembolic stroke (AFACES) may need to expand beyond even ECG [screening](#) for successful stroke prevention," Jeffrey J. Goldberger, M.D., and Raul D. Mitrani, M.D., from the University of Miami, said in an editorial published in the *Journal of the American Medical Association*. "The development of an effective screening strategy for prevention of AFACES should be a public health priority. ECG screening in at-risk populations is effective in identifying AF cases."

The call for further development of a screening approach was echoed in an editorial published in *JAMA Cardiology*. "It is clear that we need a widespread, cost-effective approach to AF screening," write Rod Passman, M.D., from Northwestern University in Chicago, and Jonathan Piccini, M.D., from the Duke Clinical Research Institute in Durham, N.C. "Given the aging of the world population and the growing prevalence of comorbidities that contribute to AF, including obesity and physical inactivity, the predicted epidemic of AF is already upon us. The costs of unrecognized—and thereby untreated—AF are too great from a personal and societal perspective to make this anything short of a major public health issue."

John Mandrola, M.D., from Baptist Health Louisville in Kentucky, and colleagues call for caution. "If AF screening is adopted in the absence of

any outcomes data, hundreds of thousands, perhaps millions, of people will rightly and wrongly gain the diagnosis of a cardiac disorder. Before turning this many people into patients, there should be compelling evidence," the editorial authors write in *JAMA Internal Medicine*. "We propose and strongly encourage randomized clinical trials of AF screening before adopting this practice."

Goldberger disclosed holding a patent pending for a system and method for mapping and quantifying in-vivo blood flow stasis.

**More information:** [USPSTF Final Recommendation Editorial - JAMA](#)  
[Editorial - JAMA Cardiology](#)  
[jamanetwork.com/journals/jamai ... /fullarticle/2696617"](http://jamanetwork.com/journals/jamai.../fullarticle/2696617)  
target="\_new">Editorial - *JAMA Internal Medicine*

Copyright © 2018 [HealthDay](#). All rights reserved.

Citation: Perspectives on USPSTF A-fib screening recommendation (2018, August 9) retrieved 5 May 2024 from <https://medicalxpress.com/news/2018-08-perspectives-uspstf-a-fib-screening.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--