

USPSTF: insufficient evidence to screen for atrial fibrillation

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(HealthDay)—There is insufficient evidence to support screening for

atrial fibrillation (AF) with electrocardiography (ECG) in older, asymptomatic patients, according to a U.S. Preventive Services Task Force (USPSTF) final recommendation published in the Aug. 7 issue of the *Journal of the American Medical Association*.

Susan J. Curry, Ph.D., from the University of Iowa in Iowa City, and USPSTF colleagues reviewed the evidence on the benefits and harms of screening for AF with ECG in adults 65 years and older. They also assessed the effectiveness of screening with ECG for detecting previously undiagnosed AF compared with usual care, as well as the benefits and harms of anticoagulant or antiplatelet therapy for the treatment of screen-detected AF in [older adults](#).

The Task Force found that most older adults with previously undiagnosed AF have a stroke risk above the threshold for anticoagulant therapy and would be eligible for treatment, which is effective for stroke prevention in symptomatic adults. However, there was inadequate evidence to determine whether screening with ECG and subsequent treatment in asymptomatic [adults](#) is more effective than usual care. The harms of diagnostic follow-up and treatment resulting from abnormal ECG results are well established and include misdiagnosis and invasive testing.

"Clinicians should use their medical judgement on whether to screen for AF in people 65 years and older with no signs or symptoms," Task Force member Michael Barry, M.D., said in a statement.

More information: [Final Recommendation Evidence Report](#)

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