

## Task Force Issues Final Recommendation Statement on Screening for Atrial Fibrillation

*More research is needed to make a recommendation for or against screening*

WASHINGTON, D.C. – January 25, 2022 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening for atrial fibrillation (AFib). The Task Force looked at whether or not screening for AFib helps prevent strokes in adults 50 and older who don't have signs or symptoms of AFib or a history of stroke. The Task Force determined there is not enough evidence to recommend for or against screening for AFib. **This is an I statement.**

### Grade in this recommendation:

I: The balance of benefits and harms cannot be determined.

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AFib is an irregular and often rapid heart rate. It is the most common type of problem with the rate or rhythm of the heartbeat. It occurs when the two upper chambers of the heart beat rapidly and irregularly and don't move all the blood to the lower chambers of the heart. This can cause a blood clot to form, which may move to the brain and cause a stroke.

"Unfortunately, there still is not enough evidence to know if screening for AFib helps to prevent strokes in older adults," says Task Force member Gbenga Ogedegbe, M.D., M.P.H. "Since AFib is a risk factor for stroke and can go undetected, clinicians should use their best judgment to decide whether or not to screen people without signs or symptoms of AFib."

The Task Force looked for evidence on several tests to see if clinicians could use them to screen for AFib. One is an electrocardiogram (ECG), a test that checks the electrical activity of the heart. Other technologies include automated blood pressure cuffs, pulse oximeters, and emerging technologies such as smartwatches and smartphone apps.

"The Task Force expanded the scope of this review to look for evidence on emerging technologies that could help us reach a conclusion about the balance of benefits and harms of screening for AFib," says Task Force vice-chair Carol Mangione, M.D., M.S.P.H. "But even with these new technologies, there is not enough evidence on whether screening for AFib helps prevent strokes, so we are calling for more research on this important health issue."

The Task Force's final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from April 20, 2021, to May 17, 2021.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Ogedegbe is the inaugural and founding director of the Institute for Excellence in Health Equity at NYU Langone Health. He is the Dr. Adolph and Margaret Berger Professor of Medicine and Population Health at NYU Grossman School of Medicine, where he serves as the director of the Center for Healthful Behavior Change, Division of Health and Behavior in the Department of Population Health. Dr. Ogedegbe is a member of the National Academy of Medicine.

Dr. Mangione is the chief of the Division of General Internal Medicine and Health Services Research; holds the Barbara A. Levey, M.D., and Gerald S. Levey, M.D., endowed chair in medicine; and is a distinguished professor of medicine at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA) and the executive vice chair for Health Equity and Health Services Research in the Department of Medicine. She is a distinguished professor of public health at the UCLA Fielding School of Public Health and director of the UCLA Resource Center for Minority Aging Research/Center for Health Improvement of Minority Elderly. Dr. Mangione is a member of the National Academy of Medicine.

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