

Updated screening policies could detect more abdominal aortic aneurysms

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Updating national screening policies could help detect a deadly form of aneurysm in older men; saving lives and resources, according to research presented in the *Journal of the American Heart Association*.

Abdominal aortic aneurysm is a potentially lethal ballooning of the aorta, the body's largest blood vessel, which supplies blood from the heart to the abdomen and on to the rest of the body. Smoking, high blood pressure, male gender and older age are four key risk factors for abdominal aneurysms.

Currently, men 65 and older are screened in the United States and in Europe for the condition based on recommendations from European screening trials and the U.S. Preventive Services Task Force. However, deaths from abdominal aortic aneurysm are moving to older ages.

"The current screening programs in the United Kingdom, United States and Europe are a major step forward in treating abdominal aortic aneurysm, but these strategies need to be adapted to the changing population that they serve," said Dominic Howard, M.D., study senior researcher and vascular surgeon at the University of Oxford in Oxford, U.K. "As people age and smoking rates decrease, strategies will need to be modified to remain effective."

Most ruptured aortic aneurysms now occur in people 75 and older, and the number of those living longer than 75 or more has doubled in the last two decades, researchers said. Plus, the incidence of death due to abdominal [aortic aneurysm](#) is likely to shift to those over 85 during the next few decades.

Researchers noted that the few ruptured aortic aneurysms that do occur in people 65-75 occur almost exclusively in male smokers.

The Oxford Vascular Study was conducted in

92,728 people over a 12 year period, from 2002 to 2014, to assess them for [abdominal aortic aneurysm](#). Researchers calculated that modifying the national United Kingdom screening policy to screen only current [male smokers](#) age 65 and all men at age 75 could prevent nearly four times the deaths and reduce the number of scans required by 20 percent.

A second key finding is recognition that this condition also occurs in older women, although screening has not been previously shown to benefit them. Researchers said women older than 75 with [risk factors](#), such as [high blood pressure](#), should be considered for screening, but this would first require conformation of benefit in a randomized screening trial.

More information: Population-Based Study of Incidence of Acute Abdominal Aortic Aneurysms With Projected Impact of Screening Strategy, . *J Am Heart Assoc.* 2015;4:e001926, [DOI: 10.1161/JAHA.115.001926](#)

Provided by American Heart Association

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