Who developed these recommendations?
The U.S. Preventive Services Task Force (USPSTF) developed these recommendations. The USPSTF is a group of health experts that reviews published research and makes recommendations about preventive health care.

What is the problem and what is known about it so far?
The aorta is a large blood vessel that passes through the chest and abdomen. Abdominal aortic aneurysms (AAAs) are bulges in weakened sections of the aorta. They are most common in men older than 65 years, people with high blood pressure, and smokers. Large aneurysms can burst or rupture, which often causes death.

The general recommendation is for patients with AAAs larger than 5.5 cm to have surgery to fix the aorta. However, this is a major procedure that can have serious complications, including death. Most patients have no symptoms from AAAs until rupture nears.

Ultrasound is the best test to look for AAA. Screening involves an ultrasound in people at risk for this condition who have normal findings on physical examination and no symptoms. The goal of screening is to find AAAs and, if they are large enough, fix them before rupture.

The USPSTF last looked at screening for AAA in 2005 and wanted to update those recommendations.

How did the USPSTF develop these recommendations?
The USPSTF reviewed published research from January 2004 to September 2013 to identify the benefits and harms of screening for AAA with an ultrasound.

What did the authors find?
Available studies showed that inviting men aged 65 years or older for 1-time screening decreased AAA rupture and death from AAA rupture but did not improve overall survival up to 15 years after screening. Screening was also associated with more overall and elective surgeries but fewer emergency surgeries. Only 1 high-quality study involved women; this study suggested that screening may not reduce AAA-related deaths or improve overall survival, but further research is needed to be certain about this finding.

What does the USPSTF recommend that patients and doctors do?
Men aged 65 to 75 years who have ever smoked should get 1-time screening for AAA with an ultrasound. “Ever smoked” is defined as having smoked at least 100 cigarettes during a lifetime.

Clinicians should selectively offer an ultrasound to men aged 65 to 75 years who have never smoked but need to discuss the small risk for AAA in such men, the harms associated with screening, patient family history, other risk factors, and patient preferences.

The USPSTF did not find enough information to be able to make a recommendation about screening for AAA in women aged 65 to 75 years who have ever smoked. Women who have never smoked should not be screened for AAA.

What are the cautions related to these recommendations?
These recommendations apply to people without symptoms. Ultrasound to look for AAA is indicated in any patient with abnormal findings on medical examination or symptoms that might be due to AAA. Recommendations may change as new studies or safer procedures for AAA repair become available.