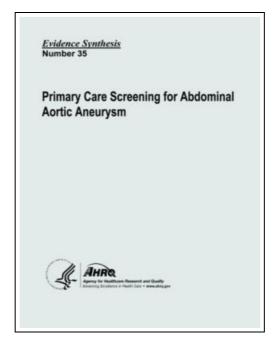
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Reviews

This pdf is definitely not easy to get started on studying but quite entertaining to read through. I am quite late in start reading this one, but better then never. Once you begin to read the book, it is extremely difficult to leave it before concluding.

(Ms. Fatima Erdman)

PRIMARY CARE SCREENING FOR ABDOMINAL AORTIC ANEURYSM: EVIDENCE SYNTHESIS NUMBER 35



CreateSpace Independent Publishing Platform. Paperback. Book Condition: New. This item is printed on demand. Paperback. 62 pages. Dimensions: 11.0in. x 8.5in. x 0.1in.An abnormal bulging of the abdominal aorta, called an abdominal aortic aneurysm (AAA), is a serious condition that often leads to death. The normal diameter of the aorta below the take-off of the renal arteries is approximately 2.0 cm. By consensus, an AAA is present when the infrarenal diameter exceeds 3.0 cm. Based on US vital statistics data, aortic aneurysms accounted for approximately 15 000 deaths in the year 2000. Abdominal aortic aneurysms account for approximately 9000 of these deaths, and the remainder are related to thoracic aneurysms. These estimates also include operative mortality from elective AAA repair. These figures may underestimate the true mortality rate due to AAA. Since the majority of those with ruptured AAAs die before reaching a hospital, these sudden deaths may be attributed to other causes. Risk factors for an AAA include age, a history of regular smoking, family history, coronary artery disease, hypercholesterolemia, hypertension, and cerebrovascular disease. Significant negative risk factors include female gender, diabetes mellitus, and black race. Although women with AAA are on average older than men with AAA, the increased risk associated with age, smoking, and family history are similar for women and men. In 1996, the United States Preventive Services Task Force found insufficient evidence to recommend for or against routine screening of asymptomatic adults for abdominal aortic aneurysm (AAA) either with abdominal palpation or ultrasound. The USPSTF recognized that selective screening of high-risk patients might be beneficial, for example, in men with peripheral vascular disease or a family history of AAA. The USPSTF stated that at the time, however, no direct evidence showed that screening for AAA reduces mortality or morbidity in any population. The...



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