

Shared Decision Making – screening for abdominal aortic aneurysm

Next clinical review date March 2018

Deciding whether to get screened for an abdominal aortic aneurysm (AAA)

This short decision aid is to help men aged 65 and over decide if they want to get screened for abdominal aortic aneurysm, also known as AAA or triple A.

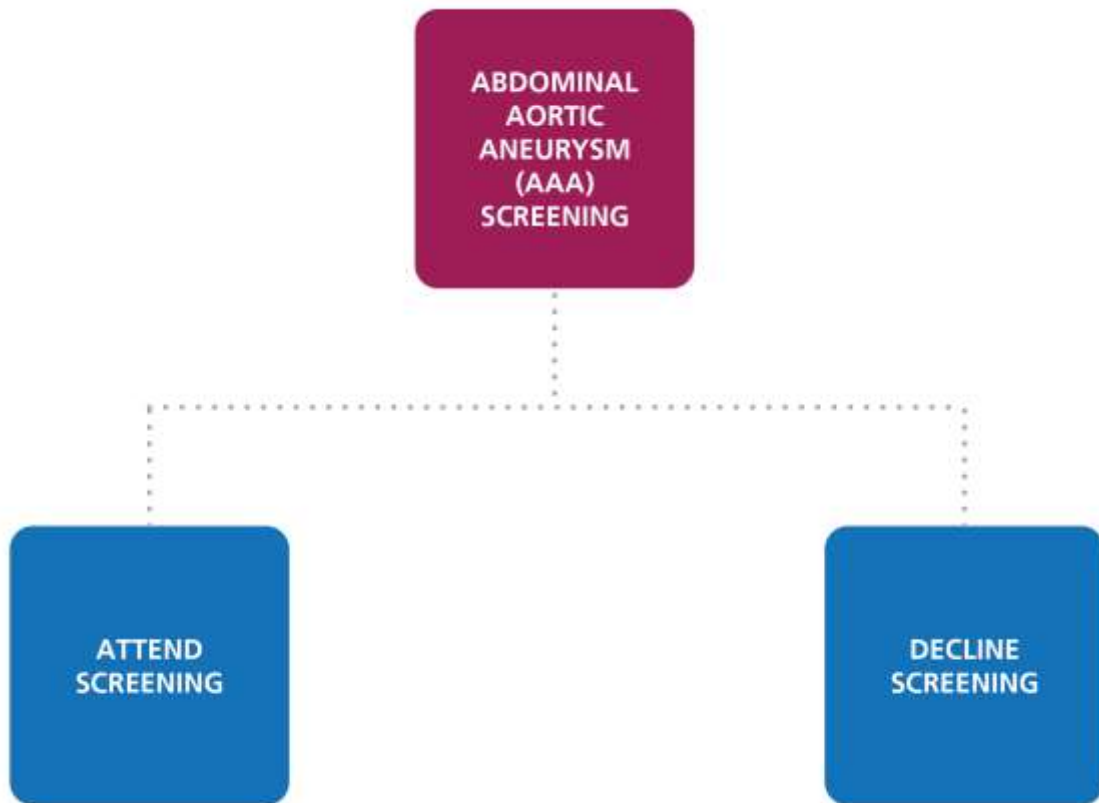
An AAA is formed when the main blood vessel in the body weakens and starts to expand. As they expand, large AAAs can burst. This is a medical emergency that is fatal in around 80 out of every 100 cases.

Men aged 65 and over are most at risk of AAAs. The NHS AAA Screening Programme invites men in England for screening during the year they turn 65. Men over 65 can contact the Programme to arrange to be screened.

Screening is a choice.

There are two options for men aged 65 and over:

- Get screened for abdominal aortic aneurysm
- Do not get screened for abdominal aortic aneurysm



What are my options?

	Attend Screening	Decline Screening
What are the possible screening results?	Screening finds aneurysms early so they can be monitored or treated. About 985 out of every 1,000 men screened [1] are reassured that they have a normal screening result and are not offered any further tests. About 15 out of every 1,000 men screened [1] have an aneurysm and are either invited back for regular tests or given an appointment with a surgeon to discuss treatment options.	Most people who have an aneurysm do not notice any symptoms. This means men who decline screening usually cannot tell if they have an aneurysm and avoid having to make a decision about whether to have a large aneurysm treated. They also avoid the worry that might come from learning they have a small aneurysm, even though it may never cause any problems.

	Attend Screening	Decline Screening
What is the effect on your health?	About 9 out of every 10,000 men who attend screening die due to an AAA within 10 years [1]. The ultrasound screening test itself is completely safe and does not affect health.	About 25 out of every 10,000 men who decline screening die due to an AAA within 10 years.[1],

	Attend Screening	Decline Screening
What are the treatment outcomes?	If you have a large aneurysm detected by screening, you are likely to be offered the choice of planned surgery to repair it. More than 98 out of every 100 patients survive planned surgery to repair an aneurysm [1]. About 1 out of every 10,000 men who attend screening will die following planned surgery to repair an aneurysm and their aneurysm may never have burst if left untreated [1]	If you decline screening you will probably not know you have an aneurysm unless it bursts. If an aneurysm bursts, your chances of survival are about 20 out of 100. About 25 out of every 10,000 men who decline screening will die within 10 years as a result of an abdominal aortic aneurysm [1]. If these men had been screened, their aneurysms may have been detected and repaired successfully following planned surgery.

	Attend Screening	Decline Screening
What is the effect on your lifestyle?	<p>About 985 out of every 1,000 men screened have a normal result and screening does not affect their lifestyle [1]. About 15 out of every 1,000 men screened have an aneurysm [1] and are offered advice on what they can do to help stop the aneurysm getting bigger, including eating healthy foods, regular exercise and not smoking.</p> <p>Men with aneurysms 6.5cm wide or larger are advised to stop driving. Licences are reinstated if their aneurysms are repaired successfully.</p>	<p>Men who decline screening usually cannot tell if they have an aneurysm. They will not receive any advice on what they could do to help stop an aneurysm getting bigger.</p>

What are the pros and cons of each option?

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. All screening involves a balance of benefits and risks.

People have different views on the pros and cons of being screened for abdominal aortic aneurysm. Choosing the option that is best for you means considering how the consequences of each option - being screened and not being screened - will affect your life.

Here are some questions you may want to consider before deciding whether to be screened for abdominal aortic aneurysm:

- Would you want to know if you had an abdominal aortic aneurysm?
- Would you be willing to have major surgery if screening showed that you had a large abdominal aortic aneurysm that could be repaired?

How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than

another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

References

- 1 <https://www.gov.uk/aneurysm-and-driving>