

National evaluation of screening for abdominal aortic aneurysm

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Screeningprogrammet är framgångsrikt för att tidigt upptäcka och The screening programme is successful in early detection and treatment of a disease with high mortality, which is also preventable, but there are major regional differences. This is apparent from the National Board of Health and Welfare's first evaluation of screening for abdominal aortic aneurysm, based on the National Board of Health and Welfare's recommendation.

The National Board of Health and Welfare recommends that health services offer screening for abdominal aortic aneurysm to 65 year-old men by means of a single ultrasound examination. The screening programme also recommends that people with abnormal findings in the form of a dilated abdominal aorta of 30 mm or more should be offered a follow-up programme by the health service.

The mortality rate for ruptured abdominal aortic aneurysm is very high. The aim of screening is to reduce the number of emergency operations and the mortality rate. Early detection allows more men to be given the option for planned and preventive surgery at low risk to the patient, both in terms of mortality and serious complications. The screening programme only includes men since there is not sufficient scientific evidence to support the screening of women.

Invitations are a prerequisite for participation

Giving all 65 year-old men in Sweden the opportunity to have an ultrasound investigation is a prerequisite for the screening programme to achieve the desired effect at population level. According to the data that the National Board of Health and Welfare has received from the regions, around 50,000 men in the target population were invited annually in the period 2018–2022, which amounted to approximately 90% of the country's target population. The remaining 10% constituted people who had not been invited and about whom the regions have not reported information.

There is currently no national model for invitations to screening for abdominal aortic aneurysm, instead each region has developed their own.

One way to achieve more equal screening for abdominal aortic aneurysm would be to look at the coordination of invitations at national level.

Screening participation can be improved

Successful screening is based on men in the population who are eligible for the screening programme taking part in the screening. Nationwide screening participation among the men who were invited was 79-83% in the period 2018-2022. However, there are differences between the regions, which shows that there is room for improvement regarding participation. The analysis also clearly shows lower participation among groups with lower levels of education. The regions therefore need to continue their work to facilitate and encourage men in all population groups in the target population to take part in screening for abdominal aortic aneurysm to a greater extent. A good way to achieve high participation is to send out an invitation with a new appointment to men who did not attend their screening appointments. Several screening units do this already, but this is an area of improvement for the other units. Providing access to information in several languages is also a measure for reaching the whole population, which most units do not yet make use of.

Access to data is limited

Access to data with good national coverage is a prerequisite for the health service to get feedback on quality, equality and effectiveness. In the evaluation, certain regions have had major difficulties with providing any data on invitations and undertaken screening investigations. There is also no quality record which can be used for monitoring.

Several areas of improvement for the regions

- It would be good if all units could provide the option of rebooking online. Sending one or more reminders with a new appointment to those men who have been missed out is also an effective measure for ensuring high participation.
- Screening for abdominal aortic aneurysm can cause worry and stress, and some men need more information and support. Therefore, the screening units need to offer extra measures such as a telephone

helpline for those men who feel uncertain. This can help more men to participate in the screening programme.

- The state of knowledge about abdominal aortic aneurysm is continuously evolving. To enable the regions to offer a high-quality screening service which builds on current knowledge, they need to continuously train staff who work with screening for abdominal aortic aneurysm.
- Most screening units have written procedures for how abnormal screening findings should be handled, which is a good result. However, there is room for improvement of quality control in all stages of the screening and follow-up process, for example regular internal and external validation of the ultrasound findings.
- There are many screening units which have no established role that is responsible for the quality of the measurement technology, which can have a negative impact on the screening programme. Even within the Vascular Surgery departments, it is common that there is no established role that is responsible for quality control of the screening programme.
- Since not all regions provide information and examination within 2-4 weeks of abnormal screening findings, this stage needs improvement in order to optimise the care chain and reduce patients' anxiety.

The national screening programme and evaluations

The National Board of Health and Welfare is responsible for developing recommendations for national screening programmes and evaluating them. The aim is to achieve national coordination of screening and create the prerequisites for equality in healthcare.

Go to our website for more information

More information on the evaluation can be found on

The National Board of Health and Welfare's website,
www.socialstyrelsen.se.

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