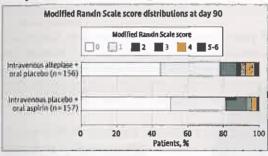
Research

Home Screening for Atrial Fibrillation

Atrial fibrillation (AF) is a common, treatable risk factor for stroke, but many patients with AF are undiagnosed. Steinhubl and colleagues randomized 2659 individuals at high risk for AF to receive immediate or delayed monitoring with a home-based electrocardiographic patch and found that immediate monitoring resulted in a higher rate of AF diagnosis after 4 months. In accompanying Editorials, Peterson and Harrington discuss the applicability of pragmatic trials for evaluating wearable health monitoring devices, and Steinberg and Piccini recommend further research to clarify whether screening for AF can improve clinical

- Editorial 137 and 139
- Animated Summary Video jama.com CME jamanetwork.com/learning

Alteplase for Nondisabling Acute Ischemic Stroke



Alteplase is the standard of care for patients with ischemic stroke and disabling neurologic deficits, but the optimal management of patients with nondisabling deficits is unclear. Khatri and colleagues randomized 313 patients who had acute ischemic stroke with minor

neurologic deficits and found that treatment with alteplase vs aspirin did not increase the likelihood of favorable functional outcome at 90 days. In an Editorial, Powers suggests that patients with ischemic stroke who have minimal deficits should receive aspirin, with close monitoring of neurologic function.

Editorial 141

Acupuncture for Relief of Joint Symptoms

Among women with hormone-sensitive breast cancer, arthralgia is often cited as a reason for discontinuing aromatase inhibitor therapy. Hershman and colleagues randomized 226 postmenopausal women with early-stage breast cancer treated with aromatase inhibitors and observed a small benefit of acupuncture therapy.



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RECOMMENDATION STATEMENT

Screening for PAD With the Ankle-Brachial Index

The risk of peripheral artery disease (PAD) is often assessed with the ankle-brachial index, which is calculated as systolic blood pressure at the ankle divided by systolic blood pressure at the brachial artery while the patient is lying down. This US Preventive Services Task Force statement concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for peripheral artery disease and cardiovascular disease risk with the ankle-brachial index. In an Editorial, McDermott and Criqui emphasize that the US Preventive Services Task Force recommendation applies to individuals without signs or symptoms of disease, and that patients who report ischemic symptoms while walking should be tested with the ankle-brachial index.

Editorial 143 Related Article 184 JAMA Patient Page 212

■ Author Audio Interview jama.com CME jamanetwork.com/learning

EVIDENCE REPORT

Outcomes of Screening for Peripheral Artery Disease

In a review of 5 studies with 5864 participants, Guirguis-Blake and colleagues found no direct evidence and limited indirect evidence on the benefits of screening for peripheral artery disease with the ankle-brachial index in unselected or asymptomatic populations.

Editorial 143 Related Article 177 JAMA Patient Page 212

A Man With Progressive Weakness and Anemia

This JAMA Clinical Challenge by DeFilippis and colleagues presents a 61-year-old man with progressive weakness, cognitive impairment, and macrocytic anemia. What would you do next?

Screening for Peripheral Artery Disease (PAD) With Anale-Brachial Index







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Editor's Audio Summary

Howard Bauchner, MD, summarizes and comments on this week's issue.

Author Interview



Audio Michael J. Barry, MD, author of "Screening for Peripheral Artery Disease and Cardiovascular Disease Risk Assessment With the Ankle-

Brachial Index. US Preventive Services Task Force Recommendation Statement*

Animated Summary Video



Effect of a Wearable ECG Patch on Detection of Atrial Fibrillation

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