NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

AAA screening rates in Internal Medicine and Family Medicine at UNMC

Priority 1 (Research Category)

Clinical research (other)

Presenters

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Abstract

Context: An abdominal aortic aneurysm (AAA) is typically defined as aortic enlargement with a diameter of 3.0 cm or larger. The USPSTF recommends 1-time screening for AAA with ultrasonography in men aged 65 to 75 years who have ever smoked. (B recommendation) The USPSTF recommends that clinicians selectively offer screening for AAA with ultrasonography in men aged 65 to 75 years who have never smoked rather than routinely screening all men in this group

Objectives: This project's purpose is to determine the rate at which screenings for abdominal aortic aneurysm (AAA) have been ordered and completed in Nebraska Medicine Family Medicine and Internal Medicine clinics.

Study Design and Analysis: Retrospective chart search of the electronic medical records of a specific sub-group of patients at UNMC.

Setting: Criteria Time Frame: 2013-01-01 to 2023-12-31. Number of patients who meet inclusion criteria at Family Medicine Clinics: 6,551 Patients. The number of patients who meet inclusion criteria at General Internal Medicine Clinics: 4,254 Patients

Population studied: Total number of participants in this study is 9488. 96.2% are Not Hispanic or Latino and 87.7% are White or Caucasian. Of the participants, the average years of tobacco use is 27.7. There is an average age of 67.2 years old.

Intervention: None at this time. That is the second stage of the study.

Outcome Measures: Whether or not a screening study was ordered on the patient per guidelines.

Results: There is not a statistically significant difference in overall screening rates. Patients were equally likely to be screened (49.7%) as to not be screened (50.3%) (p=0.538). Those of unknown ethnicity are significantly less likely to be screened (25%) than not screened (75%). Those who are Hispanic/Latino

and those who are not Hispanic/Latino are equally likely to be screened or not screened ($p<0.001$). Those who are Black/African American are significantly more likely to be screened (61.8%) than not screened (38.2%), while those who are White/Caucasian are significantly more likely to not be screened (51.4%) than to be screened (48.6%). Those of other races are equally likely to be screened or not screened ($p<0.001$).

Conclusion: There is a need for more screening for AAA in primary care. Now that the need has been found it is the goal of the Internal Medicine and Family Medicine Departments at UNMC to increase screenings rates.