

Information for health professionals

The Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme (NIAAASP) is being introduced in the summer of 2012. This is part of a UK-wide programme that aims to implement AAA screening in England, Scotland, Wales and Northern Ireland by 2013.

Research has shown that providing ultrasound screening to men in their 65th year could reduce the rate of mortality from ruptured AAAs by up to 50%. There is also evidence of the long-term cost-effectiveness of AAA screening in men and further evidence that the early mortality benefit from screening is maintained.

The screening process

Men are automatically invited for screening in the year they turn 65.



Men who are older than 65, and who have not previously been screened or treated for an AAA, can opt in through self-referral direct to the central screening office. There is no evidence to show that inviting men younger than 65 for screening as part of a population-based screening programme would deliver major benefits.



Men receive an invitation letter and information leaflet, along with an appointment time, approximately three weeks in advance.



If the man accepts the invitation, an ultrasound scan of the abdomen is carried out and the aortic diameter measured.



The result is provided verbally immediately after the scan and is sent by post within a few weeks. The result is also sent to the man's GP, even if it is normal.

Structure and delivery

The NIAAASP is being coordinated, managed and delivered by the Belfast Health and Social Care Trust (BHSCT). The programme will provide AAA screening across Northern Ireland. The central screening office, from which invitation letters will be issued, will be located alongside the Vascular Service within the Royal Victoria Hospital (Tel: 028 9063 1828).

The central screening office will also be responsible for organising screening and surveillance clinics, results letters and referrals to the appropriate vascular network. Screening office staff will ensure GPs are informed when men from their practice have been screened and will send their result by post, including when the result is normal.

Screening technicians, or sonographers, working in teams of two will travel to a number of fixed locations throughout Northern Ireland to undertake screening clinics. Locations may include health and care centres, health and wellbeing centres, community hospitals and larger GP practices.

The NIAAASP has adopted the quality standards of the NHS AAA Screening Programme in England. Screening across Northern Ireland will therefore be delivered in line with English national quality standards and protocols.

This is a population-based screening programme. Men seen in general practice with symptoms or an incidental finding of an AAA should be managed according to clinical processes and should not be referred to the screening programme.

Prevalence

- There are around 80–100 deaths each year in Northern Ireland from ruptured AAAs.
- Deaths from ruptured AAAs account for around 2% of all deaths in men aged 65 years and over.
- Around 1 in 40 men aged 65 in Northern Ireland have an AAA.

Risk factors

- The main risk factors are age and being male – 95% of ruptured AAAs occur in men aged 65 years and over.
- The condition is six times more common in men than women.
- The risk of developing an AAA is increased by smoking, high blood pressure and a family history of the condition.

Result

Follow-up

Primary care

Normal (Approximately 975 in every 1,000 men)

Aortic diameter
less than 30mm

No treatment or further
scans required

GP informed of result by letter

No AAA detected

Man discharged from the
AAA screening programme

Small AAA (18–20 in every 1,000 men)

Aortic diameter between
30 and 44mm

Man offered surveillance
once a year

GP informed by letter of the screening result and the
appointment with the specialist nurse

Specialist nurse will contact man
within two working days of
diagnosis

Review and prescribing of medication may be
appropriate

Man may require regular blood pressure monitoring

All men found to have an AAA should be offered
advice and support in line with NICE guidance:

- smoking cessation;
- diet, weight management and exercise;
- lipid modification and statin therapy – **unless contraindicated, all patients diagnosed with an AAA should be started on a statin;**
- prevention, diagnosis and management of diabetes;
- prevention, diagnosis and management of high blood pressure;
- drug therapy and anti-platelet agents.

Medium AAA (4–5 in every 1,000 men)

Aortic diameter between
45 and 54mm

Man offered surveillance
once every three months

GP informed by letter of the screening result and the
appointment with the specialist nurse

Specialist nurse will contact man
within two working days of diagnosis

Identical primary care measures to those above for a
small AAA

Large AAA (3–4 in every 1,000 men)

Aortic diameter
55mm or more

Man referred immediately to a
hospital vascular team and an
appointment arranged, usually within
two or three weeks of diagnosis

GP informed immediately by faxed letter and phone
call of the screening result, referral and nominated
surgeon; a letter confirming the result is also sent to
the GP

Specialist nurse will contact man
within two working days of diagnosis

All men found to have an AAA should be offered
advice and support in line with NICE guidance

Non-visualised

Second scan required
in another clinic

Man offered appointment at hospital
medical imaging department

GP informed by letter