Screening for carotid artery stenosis is not helpful

Clinical question Should adults be screened to detect asymptomatic carotid artery stenosis?

Bottom line The use of duplex ultrasonography to detect clinically significant carotid artery stenosis in asymptomatic patients is not helpful and is likely to cause harm (grade D recommendation). Widespread screening leads to a significant number of false-positive results, which in turn lead to further testing or treatment that can cause harm. There is no research showing that this type of screening leads to better outcomes. (Level of evidence = 5)

Synopsis In the United States, enterprising clinicians with ultrasound machines travel from city to city offering, for a price, to scan the carotid arteries of people without symptoms of transient ischemia or a history of stroke. The sensitivity (94%) and the specificity (92%) of carotid duplex ultrasound to detect stenosis of 60% or more are fairly good. However, given a prevalence rate of carotid artery stenosis of 1% to 5% for every 100,000 patients screened, between 7,600 and 7,920 patients will be told incorrectly that they have carotid artery stenosis and will be sent either for further testing with angiography, which has its own risk of inducing stroke, or for unnecessary surgery. There is no direct evidence that this type of screening reduces fatal or nonfatal stroke. In this general population, carotid endarterectomy may produce a slight benefit that is nearly outweighed by the increase in stroke (up to 6%) caused by the procedure.

US Preventive Services Task Force. Screening for carotid artery stenosis: US Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2007;147(12):854-859. Wolff T, Guirguis-Blake J, Miller T, et al. Screening for carotid artery stenosis: an update of the evidence for the US Preventive Services Task Force. *Ann Intern Med.* 2007;147(12):860-870.

Acupuncture is effective for some with chronic prostatitis

Clinical question Can acupuncture reduce symptoms in men with chronic prostatitis/chronic pelvic pain syndrome?

Bottom line Some patients with chronic prostatitis/chronic pelvic pain syndrome –symptoms without evidence of bacterial infection–may respond to acupuncture performed twice weekly for 10 weeks. Pain scores after acupuncture improved significantly compared with pain scores after sham acupuncture, and the improvement continued at least 6 months after stopping treatment. (Level of evidence = 1b–)

Synopsis Chronic prostatitis/chronic pelvic pain syndrome is characterized by pain, usually urinary symptoms, and, unfortunately, no effective treatment. This study, conducted in Malaysia, evaluated the role of acupuncture in 89 men with US National Institutes of Health Chronic Prostatitis Symptom Index scores of at least 15 of a possible 43 (average score = 25). The men were randomized (allocation concealment uncertain) to receive twice weekly 30-minute treatments for 10 weeks of either acupuncture or sham acupuncture. The treatment used four points–CV1, CV4, SP6, and SP9–at the appropriate depth. Sham acupuncture consisted of superficial needling 15 mm to the left of actual acupuncture points. When asked during treatment and at the end of treatment, most patients in both groups thought they had received acupuncture, confirming blinding and producing a placebo effect of similar magnitude in both groups. By the end of the treatment period (10 weeks), 72.7% of patients receiving acupuncture and 47% of those receiving sham therapy had at least a 6-point decrease in total scores, which, by consensus, was felt to be a clinically important difference ($P = .02$). The effect was maintained after discontinuation of acupuncture: 6 months after discontinuation, 32% of treated men continued to experience a decrease in symptoms as compared with 13% of patients in the sham group ($P = .04$).

Lee SW, Liong ML, Yuen KH, et al. Acupuncture versus sham acupuncture for chronic prostatitis/chronic pelvic pain. *Am J Med.* 2008;121(1):79e1-79e8.