

AUSCULTATION PRIMER

A “SCREEN. DETECT. ACT.” RESOURCE

2.5 million people age 75+ have aortic stenosis (AS), one of the most common forms of heart valve disease.



DON'T WAIT

Early detection of severe AS is critical and waiting for symptoms can put your patients at risk. In a randomized, controlled trial of asymptomatic patients with severe AS, watchful waiting was associated with twice the likelihood of an unexpected or emergency cardiovascular (CV) hospitalization* compared with early treatment.

*Includes any unplanned CV hospitalization and any aortic valve intervention or reintervention within 6 months.



LISTEN AND EXAMINE CLOSELY

One of the most straightforward ways to screen for severe AS is through auscultation. **A heart murmur could be the first sign of severe AS.**

Any of the following findings warrant immediate referral for an echocardiogram (echo):

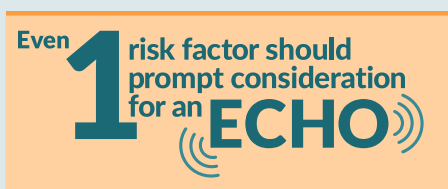
- Harsh, late-peaking systolic murmur loudest over the second right intercostal space that radiates to the carotid arteries
- Diminished or absent aortic second heart sound
- Slow and delayed carotid upstroke
- Less intense murmur that may radiate to the apex in older persons
- Sustained point of maximum impulse

CONSIDER SEVERE AS IF YOUR PATIENT IS ASYMPTOMATIC WITH:

- Holosystolic and late systolic murmurs
- Grade 3 or louder mid-peaking systolic murmurs
- Murmurs that radiate to the neck

You might not hear the full story

The absence of a murmur does not rule out AS. The presence of certain risk factors could warrant an echo to further evaluate your patient for severe AS or other heart diseases.



This is especially important in older adults (particularly those 65 years or older) with common risk factors, such as:

- Metabolic risk factors (including a family history of cardiovascular disease)
- Bicuspid aortic valve
- History of chest radiation



EARLY DETECTION IS THE FIRST STEP TOWARD LIFESAVING MEASURES

Your prompt referral for an echo is crucial for the accurate assessment of AS and its severity, guiding critical clinical decisions and enabling lifesaving intervention.



Screen for AS with a little help.

For more on who and when to refer, plus a comprehensive list of AS risk factors, download the “Detection Checklist” offered as part of this Clinical Resource Kit.

Scan this QR code or visit ScreenHeartValveDisease.com/HCP to download.