

Clinical Preventive Health Recommendations for the General Adult & Targeted Populations

Based on U.S. Preventive Services Task Force (USPSTF) A and B recommendations[†] for the general population and as prioritized by the National Commission on Prevention Priorities.

This guideline is not meant to be a comprehensive list of preventive services that may be indicated for a given patient. It is designed to assist clinicians in providing priority preventive services, not to replace a clinician's judgment. Summary of high risk definitions and all USPSTF recommendations by A, B, C, D, I grade are available at:

<http://www.healthteamworks.org/guidelines/prevention.html>

Preventive Services for Adults ♀ Services for women only.		Age (Years)							
		18 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+
HIGHER PRIORITY	Alcohol misuse screening and brief counseling* Screen routinely.	"When was the last time you had 4 or more (women/men >65 yrs.) or 5 or more (men ≤65 yrs.) drinks in one day?" Positive = in the past 3 months. "How many drinks do you have per week?" Positive = more than 7 (women/men >65 yrs.)/14 (men) drinks per week.							
	Aspirin chemoprophylaxis* Discuss q 5 yrs. or more frequently (75-100 mg qd or 325 mg qod).	Risk assessment tools: Men (MI): http://hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=prof Women (Ischemic stroke): http://www.westernstroke.org/PersonalStrokeRisk1.xls			Men 45-79 yrs. to prevent MI if benefit outweighs risk for GI bleeding.		Women 55-79 yrs. to prevent ischemic stroke if benefit outweighs risk for GI bleeding.		
	Cervical cancer screening ♀ Pap smears – q 3 yrs.	Screen women who have been sexually active and have a cervix within 3 yrs. of onset of sexual activity or 21-65 yrs.							
	Cholesterol screening* Total and HDL – q 5 yrs. or based on most recent result.	Cardiac risk assessment calculator: http://hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=prof							
		Screen men 20-34 yrs. at increased risk.		Screen men ≥35 yrs.					Consider discontinuing after age 65 if consistently normal.
		Screen women 20-44 yrs. at increased risk.			Screen women ≥45 yrs.				
	Colorectal cancer screening* FOBT – q 1-2 yrs. Sigmoidoscopy – q 5 yrs., or Colonoscopy – q 10 yrs.	Consider screening high-risk adults earlier. See HealthTeamWorks Colorectal Screening guideline for more information about high risk individuals <50 yrs. and individuals with a family or personal history of polyps or colorectal cancer.				Screen adults ≥50 yrs. with FOBT, flex sig preferably with FOBT, or colonoscopy. Use a high sensitivity guaiac-based or fecal immunochemical test (FIT). Discontinue screening based on co-morbid conditions that limit life expectancy, especially after age 75. Recommend against screening after age 85.			
	Hypertension screening* q 1-2 yrs. based on most recent levels.	Measure blood pressure. Hypertension is usually defined as >140/90 mmHg (or lower in certain conditions such as diabetes).							
	Immunizations*	Highest priority given to influenza and pneumococcal. See HealthTeamWorks Adult Immunization Schedule for complete recommendations.							
	Tobacco use screening and brief intervention* Screen routinely.	Provide brief counseling (provide feedback with permission and explore motivation to quit); refer to the Colorado QuitLine (1-800-QUIT-NOW/1-800-784-8669); recommend Nicotine Replacement Therapy (NRT); offer pharmacotherapy.							
MEDIUM PRIORITY	Breast cancer screening ♀ Mammography with or without clinical breast exam – q 1-2 yrs.	<i>The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.</i>				Biennial screening mammography for women aged 50-74 years old.			
	Chlamydia screening ♀	Screen sexually active women <25 yrs. and all women at increased risk routinely (often done with gonorrhea). Rescreening at 6-12 months may be appropriate if previously infected.							
	Depression screening* Frequency based on risk.	Screen in practices that have systems in place to assure accurate diagnosis, treatment, and follow-up. "Over the past 2 weeks, have you felt down, depressed, or hopeless?" "Over the past 2 weeks, have you felt little interest or pleasure in doing things?" Positive = yes to either question.							
	Obesity screening* Screen routinely.	Screen for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss. Obesity defined as BMI of ≥30 or waist circumference >40 in. for men, >35 in. for women. High-intensity intervention: more than 1 person-to-person (individual or group) session/month for at least the first 3 mths of the intervention. BMI calculator: http://www.nhlbisupport.com/bmi/							
Osteoporosis screening ♀ DXA of hip – q 2 yrs. or less frequent based on risk.	Screen younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. Risk assessment: U.S. FRAX tool http://www.shef.ac.uk/FRAX/						Screen all women ≥65 yrs.		
LOWER PRIORITY	Diabetes screening (type 2)*	Screen in those with sustained blood pressure (either treated or untreated) >135/80 mmHg. USPSTF does not endorse a specific screening test or frequency but screening at least every 3 years with fasting plasma glucose is a reasonable method.							
	Healthy diet counseling*	Offer intensive behavioral counseling by primary care clinicians or referral to other specialists (nutritionists or dietitians) to those with hyperlipidemia and other known risk factors for CVD. Largest effect has been observed with multiple sessions, 30 minutes or longer. Cardiac risk assessment calculator: http://hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=prof							

*HealthTeamWorks Guidelines and other resources related to this service are available at www.healthteamworks.org or by calling 720-297-1681 or 866-401-2092.

[†]An "A" or "B" recommendation indicates the USPSTF found the net benefit of providing this service outweighed the harms. Complete USPSTF recommendations are available at <http://www.ahrq.gov/clinic/USpstfix.htm>.

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High Risk Adult	
Preventive Services	High Risk Recommendations
Abdominal aortic aneurysm screening with ultrasound	Screen men 65-75 yrs. once if ever smoked.
Breast cancer preventive medication discussion	Discuss chemoprevention with women >40 yrs. at increased risk. Breast cancer risk assessment calculator at: http://www.nci.nih.gov/bcrisktool/Default.aspx
Genetic counseling and evaluation for BRCA testing	Refer women with defined risk (see high risk criteria).
Gonorrhea screening (often done with chlamydia)	Screen women <25 yrs. and women with risk factors.
HIV screening	Screen all adults with risk factors.
Syphilis screening	Screen all adults at increased risk.
STI Prevention	High-intensity behavioral counseling for adults at increased risk for STIs. High risk: Consider the community served (in practice populations with a high rate of STIs- all sexually active patients in nonmonogamous relationships). High-intensity counseling: Multiple sessions; total duration 3-9 hrs. (though shorter may be effective). May offer in a group setting.

Preconception/Pregnancy		
Preventive Services	Preconception	Pregnant Women
Alcohol misuse screening and brief counseling*	✓	✓
Tobacco use screening and brief intervention*	✓	✓
Folic acid - In childbearing age women (The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid).	✓	✓
Chlamydia screening - Women <25 yrs. or at increased risk.	✓	✓
Gonorrhea screening - Women <25 yrs. or at increased risk.	✓	✓
Asymptomatic bacteriuria screening		✓
Hepatitis B virus screening		✓
HIV screening		✓
Iron deficiency anemia screening		✓
Promotion of breastfeeding		✓
Rh (D) incompatibility screening - At first prenatal visit.		✓
Syphilis screening		✓

Child/Adolescent				
Preventive Services	0-1 yrs.	2-5 yrs.	6-10 yrs.	11-18 yrs.
Immunizations*	See HealthTeamWorks Immunization Schedule for Children and Adolescents and/or use the Colorado Immunization Information System (CIIS) recommend function.			
Newborn hearing screening	Screen all newborns.			
Congenital hypothyroidism screening	Screen all newborns.			
Phenylketonuria screening	Screen all newborns.			
Sickle cell disease screening	Screen all newborns.			
Gonorrhea prophylaxis	Prophylactic medication for all newborns.			
Iron supplementation	6-12 mos. if at increased risk for iron deficiency anemia (recent immigrants; premature, or LBW).			
Dental caries	Oral fluoride supplementation 6 mos.-5 yrs. if primary water source deficient in fluoride.			
Vision	Screen children ≤5 yrs. as part of well child care.			
Obesity Screening*			Screen children ≥6 yrs. for obesity. Offer or refer to comprehensive, intensive behavioral interventions to promote improvement in weight status.	
Cervical cancer screening				Screen within 3 yrs. of onset of sexual activity.
Chlamydia and gonorrhea screening				Screen sexually active females routinely. Rescreening at 6-12 months may be appropriate if previously infected.
HIV screening				Screen those with risk factors.
STI Prevention				High-intensity behavioral counseling for all sexually active adolescents.
Depression screening				Screen adolescents 12-18 yrs. for depression when systems are in place to ensure accurate diagnosis, treatment and follow-up.

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