

2009 ADULT PREVENTIVE HEALTH GUIDELINES

Service	Recommendations	
	Age	Frequency
Complete unclothed physical ²	All adults	Every year
Blood Pressure ²	Over 18 years	Every visit
**Cholesterol Screening ¹	Adults 20 or older	Periodically
Comprehensive Exam ²	Adults 20-39 years of age Adults 40 years or older	Every 3 years Every year
*Clinical Breast Exam ⁵	Adults 20-29 years of age or older Adults 30 years of age Adults 40 years of age Adults 50+ years of age	Every 3 years Every 1-2 years if immediate relative has breast cancer Every 1-2 years Every year
*Mammogram ¹	Adults 30 years or older Adults 40 years and older	Every year if immediate relative has breast cancer Every year
Influenza Vaccine ³	All children 18 months -18 years Adults 65 and older Adults 18-64 years All pregnant women	Every year Every year If person is high risk
Pneumovax ³	Adults 65 years or older Adults 18-64 All pregnant women	Immunize Once If member is high risk Immunize Once or Twice <ul style="list-style-type: none"> High risk patients and for those who have constant OR frequent cardiac or pulmonary disease, diabetes mellitus, or no spleen or who live in special environments or social settings with an identified increased risk of pneumonia.
*Fecal Blood Occult ¹ *Sigmoidoscopy ¹	Adults 50 years or older Adults 50 years or older	Every year Every 5 years if colonoscopy is not performed Every 10 years if sigmoidoscopy is not performed
Colonoscopy ¹	Adults 50 years or older	Every year -if father and/or brother is at risk Every year if desired by patient Annually in African American 40 and older
*DRE / PSA ⁵	Adults 30 years or older Adults 50 years or older	Every year -if father and/or brother is at risk Every year if desired by patient Annually in African American 40 and older
Td Booster / DPT ³	Adults 18 years or older	Boosters every 10 years if completed 5 dose series in childhood
Vision screening ¹	Adults 65 years and older Routine under age 21 If Diabetic	Periodically Screening for visual difficulties in elderly adults by performing Snellen acuity testing. Periodically Every year
Glaucoma ¹	Adults 40 years or older	Not enough facts to recommend routine screening
Oral Cancer ¹	All adults	Not enough facts to recommend routine screening
Testicular Cancer Screening ¹	Adults 15-40 years old	Periodically
Thyroid Cancer ¹	All adults	Not enough facts to recommend routine

		screening
*Skin Cancer ¹	All adults High risk patients	Not enough facts to recommend routine screening
Dementia ⁵	Adults 65 years or older	Not enough facts to recommend routine screening
Depression ¹	Adults 65 years or older High risk patients	Periodically
Behavioral Counseling ^{1,2}	Screen, identify and counsel patients on alcohol consumption	Periodically
Obesity ¹	All adults at time of physical	Recommend that family physicians screen all adult patients for obesity and offer intense counseling and behavioral interventions to promote sustained weight loss for obese adults. Intense counseling involves more than one session per month for at least 3 months. clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults
Metabolic, Nutritional and Endocrine Conditions ⁵	All Adults	Recommend intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease
Diabetes ^{1,5}	High risk patients	Insufficient evidence to recommend routine screening for diabetes in asymptomatic adults with blood pressure of 135/80mg or lower.
Physical Activity ¹	All Adults	Regular physical (30 minutes per day) activity helps prevent cardiovascular disease, hypertension, type 2 diabetes, obesity, and osteoporosis.
Menopause / Osteoporosis Hormone Replacement Therapy ¹	All women postmenopausal	Periodically Recommend against the routine use of unopposed estrogen for the preventive of chronic condition in postmenopausal women who have had a hysterectomy. Recommend against the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women.
*Coronary Artery Disease / MI ⁵	Men age 35 –84 with risk factors for Coronary Artery Disease and Post Menopausal Women	Counsel regarding the risks and benefits of Aspirin prophylaxis.
Pap Smear and Pelvic Exam ¹	18 and older if sexually active	Begin screening within 3 years of onset of sexual activity or age 21, whichever comes first. Every year
Screening Services for High Risk Patients		
*TB (PPD) ¹	All persons with HIV, close contact to a patient with TB, alcoholics, IV alcoholic, IV drug users, immigrants from other countries, long term care facilities, medically underserved low income people. High risk patients	Annually screen for TB infection with PPD for high-risk patients.

*HIV infection ⁵	Patients with STD's, homosexuals IV drug use, Persons who exchange sex for money or drugs Having many partners HIV positive persons Bisexuals Person with blood transfusions between 1978-1985	Annually test for HIV Use clinician's judgment as to frequency Clinicians should assess risk factors for HIV, sexual history, and inquire about injections of drugs. <ul style="list-style-type: none"> • Periodic screenings for infection of HIV and High risk patients • Screening recommended for all pregnant women at risk for HIV There is insufficient evidence to recommend for or against universal screening among low-risk pregnant women. Screening infants born to high-risk mothers.
*STDs: Gonorrhea, Chlamydia, (swab and /or culture) ⁵	High risk men and women	Gonorrhea: All high-risk pregnant women should be screened during pregnancy. Chlamydia: Routine screening is recommended for all sexually active pregnant women.
*Syphilis (VDRL or RPR) ⁵	All pregnant women and persons at risk of infection	Routine screening
Sources: 1. 2009 American Academy of Family Physicians 2. 2008 DPCI QM/UM committee recommendations 3. 2009 Advisory Committee on Immunization Practices 4. 2009 American College of Obstetrics / GYN-Primary & Preventive Health Care for Female Adolescents 5. 2008 US Preventive Task Force (USPSTF)		
<p>*The precise age at which to discontinue screening is uncertain. **An age to stop screening is not established. Screening may be appropriate in older people who have never been screened, but repeated screening levels are less important in older people because lipid levels are less likely to increase after age 65. Practitioners should use their own judgment when applying these guidelines.</p>		

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