

2010/11

Adult Routine Preventive Care Recommendations

These recommendations represent a core set of clinical guidelines for average-risk patients from the general population. The guidelines should not supplant clinical judgment or the needs of individual patients. These guidelines are intended as quality-practice recommendations and are not intended as a description of benefits, conditions of payment, or any other legal requirements of any particular health plan or payor. Each health plan or payor makes its own determination of coverage and benefits. In the event that these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence.

HEALTH MAINTENANCE VISIT

At Every Age

- Obtain initial/interval history, including family history of disease.
- Perform age-appropriate physical exam.
- Provide preventive screenings and counseling as below.
- Update immunizations. For current immunization schedules, refer to the U.S. Centers for Disease Control and Prevention 2010 Adult Immunization Guidelines.

Frequency

18–29 Years	30–39 Years	40–49 Years	50–64 Years	65+ Years
<ul style="list-style-type: none"> • Annually for ages 18–21. • Every 1–3 years, depending on risk factors, for ages 22–29. 	<ul style="list-style-type: none"> • Every 1–3 years, depending on risk factors. 	<ul style="list-style-type: none"> • Every 1–3 years, depending on risk factors. 	<ul style="list-style-type: none"> • Annually. 	<ul style="list-style-type: none"> • Annually.

LABS AND CANCER SCREENINGS

Breast Cancer

18–39 Years	40–49 Years	50–64 Years	65+ Years
<ul style="list-style-type: none"> • Starting at age 20, perform clinical breast exam and counsel on the benefits and limitations of self-exams. • Advise mammography or other imaging test for patients at high risk. Risk factors include: family history of premenopausal breast cancer (<i>mother or sister</i>) and personal history of breast/ovarian/endometrial cancer. 	<ul style="list-style-type: none"> • Perform clinical breast exam and counsel on the benefits and limitations of self-exams. • Discuss the benefits and risks of biennial mammography with patient. Decision to conduct screening at discretion of clinician/patient based on risk factors and patient values regarding benefits/harms. 	<ul style="list-style-type: none"> • Perform clinical breast exam and counsel on the benefits and limitations of self-exams. • Conduct mammography every two years or more frequently at discretion of clinician/patient based on risk factors and patient values regarding benefits/harms. 	<ul style="list-style-type: none"> • Perform clinical breast exam and counsel on the benefits and limitations of self-exams. • Conduct mammography every two years through age 74 or more frequently at clinician/patient discretion based on risk factors and patient values regarding benefits/harms. ≥ age 75 discuss benefits and limitations in relation to co-morbidity based on patient's health status.

Cervical Cancer (Pelvic Exam & Pap Test)

21–29 Years	30–65+ Years
<ul style="list-style-type: none"> Initiate Pap test and pelvic exam at age 21, or earlier at physician/patient discretion. Perform Pap test and pelvic exam every two years through age 29. 	<ul style="list-style-type: none"> Perform pelvic exam and Pap test every 1–3 years, depending on risk factors. Pap test may be performed at 3-year intervals only after 3 consecutive negative results and age 30 or older. Risk factors include: failure to receive regular Pap tests; history of cervical tumors; infection with HPV (<i>human papillomavirus</i>) or other sexually transmitted diseases; high-risk sexual behavior; and HIV/AIDS. The option to omit Pap test after age 65 may be offered if there is documented evidence of consistently negative results.

Colorectal Cancer

18–49 Years	50–65+ Years
<ul style="list-style-type: none"> Not routine except for patients at high risk. Risk factors include: diagnosis in a first-degree relative; specific genetic syndromes; inflammatory bowel disease; and noncancerous polyps. High-risk patients should be screened more frequently using complete colonoscopy at clinician/patient discretion. 	<ul style="list-style-type: none"> Colonoscopy at age 50 and then every 10 years; OR Annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years; OR Annual FOBT. Each of the screening strategies has advantages and disadvantages. Screen patients after discussion of the effectiveness, strength of evidence, risks, and complexity of each testing strategy to ensure an informed choice. Discuss benefits and limitations of screening after age 75 in relation to comorbidity based on patient’s health status.

Testicular Cancer

18–49 Years
<ul style="list-style-type: none"> Perform clinical testicular exam. Counsel on the benefits and limitations of testicular self-exam.

Prostate Cancer

50–65+ Years
<ul style="list-style-type: none"> Perform DRE exam for high risk patients. Risk factors include family history and African-American ancestry. Offer PSA screening at clinician/patient discretion.

Skin Cancer

18–65+ Years
<ul style="list-style-type: none"> Perform skin exams more frequently at clinician discretion based on risk factors, including: age; personal history of skin cancer or repeated sunburns early in life; family history; certain types and a large number of moles; light skin, light hair, and light eye color; sun-sensitive skin; and chronic exposure to the sun. Educate about skin cancer. Counsel to limit exposure to the sun (<i>especially between 10 A.M. and 4 P.M.</i>), to fully cover skin with clothing and hats, and to use sun block (<i>SPF 15 or greater</i>). Discourage use of indoor tanning.

SENSORY SCREENING

Eye Exam for Glaucoma

18–39 Years	40–49 Years	50–64 Years	65+ Years
<ul style="list-style-type: none"> At least once in patients with no risk factors. Every 3–5 years in high-risk patients. Risk factors include: African-American ancestry, age, family history of glaucoma, and severe myopia. Screen annually in patients with diabetes. 	<ul style="list-style-type: none"> Every 2–4 years. Screen annually in patients with diabetes. 	<ul style="list-style-type: none"> Every 2–4 years. Screen annually in patients with diabetes. 	<ul style="list-style-type: none"> Every 1–2 years. Screen annually in patients with diabetes.

Hearing and Vision Assessment

18–65+ Years
<ul style="list-style-type: none"> Ask about hearing and vision impairment, and counsel about the availability of treatment when appropriate.

OTHER RECOMENDED SCREENING

Abdominal Aortic Aneurysm

65+ Years
<ul style="list-style-type: none"> Screening for Abdominal Aortic Aneurysm in men aged 65 to 75 who have ever smoked.

Body Mass Index

18–65+ Years
<ul style="list-style-type: none"> Screen for obesity. Consult the CDC’s growth and body mass index (BMI) charts. Screen annually for eating disorders. Ask about body image and dieting patterns. Counsel on the benefits of physical activity and a healthy diet to maintain a desirable weight for height. Offer more-focused evaluation and intensive counseling for adults with BMI > 30kg/m² to promote sustained weight loss for obese adults.

Cholesterol

18–65+ Years
<ul style="list-style-type: none"> Screen if not previously tested. Screen every 5 years with fasting lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride). If the testing opportunity is nonfasting and total cholesterol is >200 mg/dl or HDL is <40 mg/dl, a follow-up lipoprotein profile should be performed. More routine screening for patients with high-risk at clinician discretion. High risk includes family history of premature heart disease or hyperlipidemia; hypertension; low HDL; diabetes; tobacco use; age; and weight (BMI > 30). If at risk or screened to have high cholesterol and heart disease, counsel on lifestyle changes including a diet low in saturated fats and high in fiber; weight management; and physical activity.

Diabetes (Type 2)

18–65+ Years
<ul style="list-style-type: none"> Screen every 3 years beginning at age 45. Screen more often and beginning at a younger age for those who are overweight and if risk factors are present. Risk factors include: age; first-degree relative with diabetes; physical inactivity; race/ethnicity (African-American, Hispanic, Native American, Asian); high blood pressure; history of vascular disease; elevated cholesterol/lipid levels; history of gestational diabetes or birth of a baby > 9 lbs; impaired glucose tolerance; or polycystic ovary syndrome. A fasting blood sugar is the preferred diagnostic test. The 2-hour oral glucose tolerance or HbA1C tests are also acceptable.

Hypertension

18–65+ Years
<ul style="list-style-type: none"> Screen for high blood pressure at every acute/nonacute medical encounter and at least once every 2 years.

Osteoporosis

18–29 Years	30–39 Years	40–64 Years	65+ Years
<ul style="list-style-type: none"> Counsel about preventive measures, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation. 			
		<ul style="list-style-type: none"> Consider risk of osteoporosis in all postmenopausal women. Risk factors include: age; female gender; family/personal history of fractures as an adult; race (Caucasian/Asian); small-bone structure and low body weight (under 127 lbs.); certain menopause or menstrual histories; lifestyle (smoking, little exercise); and certain medications/chronic diseases. Counsel on the risks and benefits of hormonal and nonhormonal therapies. Provide BMD testing for all postmenopausal women who have one or more additional risk factors for osteoporotic fracture. 	<ul style="list-style-type: none"> Provide BMD testing. Counsel elderly patients on specific measures to prevent falls.

INFECTIOUS DISEASE SCREENING

Sexually Transmitted Infections (*Chlamydia, Gonorrhea, Syphilis, and HPV*)

18–65+ Years
<ul style="list-style-type: none"> Advise about risk factors for sexually transmitted infections (STIs) and counsel about effective ways to reduce the risk of infection. <p>For chlamydia and gonorrhea:</p> <ul style="list-style-type: none"> Sexually active male and female patients under age 25: Screen annually. Consider urine-based screening for women when a pelvic examination is not performed. Patients age 25 and over: Screen annually, if at risk. Risk factors include: inconsistent use of condoms and new or multiple sex partners since last test; history of and/or current sexually transmitted infection; partner has other sexual partner(s). <p>For syphilis:</p> <ul style="list-style-type: none"> Screen if at risk. Risk factors include: history of and/or current infection with another sexually transmitted infection; having more than one sexual partner within the past 6 months; exchanging sex for money or drugs; and men having sex with other men. <p>For HPV:</p> <ul style="list-style-type: none"> For age 26 and under, if not previously vaccinated, counsel patients regarding the schedule for HPV vaccine.

Hepatitis C

18–65+ Years
<ul style="list-style-type: none"> Periodic testing of all patients at high risk. Risk factors include: illicit injection drug use; receipt of blood product for clotting problems before 1987 and/or receipt of a blood transfusion or solid organ transplant before July, 1992 (if not previously tested); long-term kidney dialysis; evidence of liver disease; a tattoo or body piercing by nonsterile needle; risky sex practices (not using condoms, multiple sex partners).

HIV

18–65+ Years
<ul style="list-style-type: none"> • CDC recommends annual testing for those at increased risk and routine HIV screening for all individuals 18 years of age and older. • Counsel about risk factors for HIV infection. • Routine screening of all patients at increased risk. Risk factors include: injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and persons (MSM or heterosexual) who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.

Tuberculosis (TB)

18–65+ Years
<ul style="list-style-type: none"> • Tuberculin skin testing for all patients at high risk. Risk factors include: having spent time with someone with known or suspected TB; having HIV infection; coming from a country where TB is very common; having injected illicit drugs; living in U.S. where TB is more common (e.g., shelters, migrant farm camps, prisons); health care worker; or spending time with others with these risk factors. Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious TB.

GENERAL COUNSELING AND GUIDANCE

Preconception Counseling

18–49 Years	50–64 Years	65+ Years
<ul style="list-style-type: none"> • Advise all women of child bearing age take to take a daily multivitamin containing .4 mg folate. • Encourage scheduling a visit for preconception counseling. • Inform patients on the impact of alcohol, drug, tobacco, and environmental exposures in early pregnancy, often before pregnancy is diagnosed. • Counsel pregnant women on the importance of oral health and routine dental care before pregnancy. <p><i>(Note: See MHQP’s Perinatal Guidelines for complete recommendations on prenatal care.)</i></p>		

Menopause Management

18–29 Years	30–39 Years	40–65+ Year
		<ul style="list-style-type: none"> • Counsel all menopausal women on the management of menopause, including the risks and benefits of hormonal and nonhormonal therapies.

Dementia/Cognitive Impairment

18–29 Years	30–39 Years	40–49 Years	50–65+ Years
			<ul style="list-style-type: none"> • Observe for possible signs of declining cognitive function in older patients. • Evaluate mental status in patients who have problems performing daily activities. • Examine patients suspected of having dementia for other causes of changing mental status, including depression, delirium, medication effects, and coexisting medical illnesses.

GENERAL COUNSELING AND GUIDANCE (AT EVERY AGE)

Cardiovascular Health

- Counsel on the use of aspirin for the prevention of cardiovascular disease.

Alcohol/Substance Abuse

- Assess history of alcohol/drug use. Brief questionnaires such as the CCAGE or AUDIT may help clinicians assess likelihood of problem or hazardous drinking.
- Counsel about the effects of alcohol use/substance abuse, including prescription and over-the-counter drugs.
- Counsel not to drink and drive or ride with someone who is under the influence of alcohol or other substance.
- Advise pregnant women to stop drinking alcohol during pregnancy and advise them of the potential harmful effects of drug use on fetal development.
- For information, resources, or treatment referral, contact the Massachusetts Substance Abuse Information and Education Helpline at 1-800-327-5050.

Depression

- Be aware of signs and symptoms of depression and evaluate risk factors. Risk factors include: family/personal history; female gender; postpartum period; other medical illnesses; little social support; stress; and current alcohol/drug abuse.
- Ask high-risk patients the following questions as a screening tool for depression: “Over the past two weeks, have you felt down, depressed, or hopeless? Over the past two weeks, have you felt little interest or pleasure in doing things?” A YES response to either question requires further evaluation for depression.
- Assess depressed patients for risk of suicide by direct questioning about suicidal thoughts, impulses, and personal history of suicidal attempts.
- For more information see the MacArthur Foundation at www.depression-primarycare.org.

Diet/Nutrition

- Counsel on the importance of a healthy diet in the prevention of disease, including limiting dietary intake of fat (especially saturated fat) and cholesterol, maintaining portion-size control and caloric balance in diet, and choosing foods containing fiber (i.e., fruits, vegetables, grain products).
- Counsel to consume recommended amounts of calcium and vitamin D. Also see osteoporosis guidelines.

Physical Activity

- Counsel on the importance of regular physical activity including aerobic, strength, and flexibility training in the prevention of disease.
- Discuss nontraumatic weight-bearing exercise (e.g., walking) for osteoporosis prevention.

Safety/Injury and Violence Prevention

- Counsel about ways to prevent household and recreational injuries. For example:
 - Alcohol and substance use;
 - Smoke alarm/carbon monoxide detectors;
 - Helmet use for sports (e.g., cycling, skiing, in-line skating) and motorcycles;
 - Potential risks of tattooing or body piercing;
 - Fall prevention measures in the elderly;
 - Motor-vehicle safety/seatbelt use.
- Advise about the dangers of firearms possession, particularly handguns, in the home and advise ways to reduce the risk of injury. Advise to keep guns away from children and recommend the voluntary removal of the gun from the home.
- Counsel high-risk patients to learn nonviolent approaches to conflict resolution (or refer them to counseling).

Tobacco

- Ask about tobacco use at every visit.
- Advise all tobacco users to quit.
- Assess readiness to quit.
- Assist tobacco users in quitting. Provide brief counseling. Recommend use of pharmacotherapy. Obtain consent to enroll patient for Quitworks services through the TRY-TO-STOP TOBACCO Resource Center. See Quitworks at www.quitworks.org.
- Arrange follow-up.
- Counsel pregnant women to quit and counsel parents on potentially harmful effects of smoking on fetal and child health.

Violence/Abuse in the Home

- Be alert to physical and behavioral signs of abuse and neglect.
- Ask all patients the following questions as a screening tool for family violence/abuse: Within the past year have you been hit, slapped, kicked, or otherwise physically or emotionally hurt by someone? Are you in a relationship with or cared for by a person who threatens or physically hurts you? Has anyone forced you to have sexual activities that made you feel uncomfortable?
- For more information or help, contact the National Domestic Violence Hotline at 1-800-799-SAFE or Childhelp’s National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453).

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