

15.5 Adult Preventive Health Clinical Practice Guidelines

This guideline is intended to assist the practitioner in clinical decision-making and attempt to define clinical practices that apply to most patients in most circumstances. The treating practitioner should make the ultimate decision regarding the care of a particular patient.

Scope and Target Population

Nearly every patient contact for any reason should be used as a possible prevention opportunity. Relying upon routine “checkup” appointments for the delivery of these services will clearly miss many patients, especially those who may need them the most. It is also important to consider ways to remind patients of their need for these services at other times than during office visits. The focus of this guideline is to provide a comprehensive approach to the provision of preventive services, counseling, education, and disease screening for average-risk, asymptomatic adults age 21 and over. This guideline generally does not address the needs of:

- Pregnant women
- Individuals with chronic disorders
- High-risk populations

Key Implementation Recommendations

- 1 Develop a process that allows patients to complete a risk assessment questionnaire prior to preventive visits, and update as necessary. This questionnaire then becomes part of the medical record.
- 2 The results of the health risk assessment questionnaire are used to identify needs for counseling and other preventive services.
- 3 The provision of needed preventive services is documented in the medical record and monitored.
- 4 Develop a process that identifies patients (routine office visits) behind in their preventive visit schedule and create a catch-up plan.
- 5 Develop a risk-assessment questionnaire that allows for easy identification and monitoring of counseling needs.
- 6 Risk assessment questionnaires should be in a consistent and easily accessible place in the patient’s chart.

Preventive Services Worthy of Attention

Level I - Preventive services that providers and care systems must deliver based on best practice evidence. If you cannot deliver this many services in any single visit, at least have a systems in place to track whether or not patients are up-to-date with the high priority preventive services recommended for their age group.

- Alcohol abuse; hazardous and harmful drinking screening and brief counseling - Identify those with risky or hazardous drinking, as well as those who have carried that behavior to the point of meeting criteria for dependence, and then provide intervention.
- Aspirin chemoprophylaxis counseling - Discuss w/postmenopausal women, men above age 40, and younger men and women who are at increased risk of CHD.
- Breast cancer screening - Mammogram every 1-2 years for women age 40 years of age and older.

- Cervical cancer screening - Beginning at age 21 or three years after first sexual intercourse, whichever is earlier; every 3 years after 3 consecutive normal Pap smears over 5 years. Women 65 years and older with new sexual partner should resume routine screening.
- Chlamydia screening - All sexually active women aged 25 years and younger and any women at increased risk for infection.
- Colorectal cancer screening - Ages 50 years and older or age 45 and older if African American, at appropriate intervals as determined by whichever screening method is chosen.
- Hypertension screening - BP every 2 years if less than 120/80; every year if 120-139/80-89 Hg.
- Influenza immunization - Annually throughout entire flu season for all persons who wish to decrease the likelihood of contracting influenza.
- Lipid screening - Fasting fractionated lipid screening for men age 35 and older and women age 45 every five years.
- Pneumococcal immunization - Immunize high-risk groups once. Re-immunize those at risk of losing immunity once after 5 years. Immunize at 65 if not done previously. Reimmunize once if first received more than 5 years ago and before age 65 or an appropriate immunocompromising condition is present.
- Tobacco use screening and brief intervention - Establish tobacco use status and provide ongoing cessation services to all tobacco users.
- Vision screening – Provide vision testing for older adults and make referral as appropriate.

Level II - Preventive services that providers and care systems should deliver based on good evidence and have been shown to be effective when provided. If practitioners are successful in keeping patients on time with high-priority services during illness and disease management visits, preventive services in the second group can be delivered at any given opportunity.

- Abdominal aortic aneurysm screening - Men ages 65-75 who have ever smoked greater than 100 cigarettes in lifetime.
- Depression screening - Routine screening if there are systems in place to ensure accurate diagnosis, effective treatment and careful follow-up.
- Folic acid chemoprophylaxis counseling - Counsel women of reproductive age to use 800 micrograms of folic acid per day from food sources or supplements.
- Hearing screening - Subjective hearing screen followed by counseling on hearing aid devices and making referrals as appropriate for older adults.
- Hepatitis B immunization - Universal immunization for young adults less than 40 years of age.
- Herpes zoster/shingles immunization - Immunize at age 60 or older in patients who have no contraindications.
- Human Papillomavirus (HPV) immunization - Catch up through age 26.
- Inactivated polio vaccine (IPV) immunization – Vaccination should occur for non-immune adults who are at greater risk of exposure to wild-type polioviruses.
- Measles, mumps, rubella (MMR) immunization - Persons born during or after 1957 should have one dose of MMR; a second dose may be required in special circumstances.
- Obesity screening - Record height, weight and BMI at least annually.
- Osteoporosis screening – Review historical risk factors for osteoporosis, and record accurate serial height measures with a stadiometer and observe posture for kyphosis. Among different bone measurement tests performed at various anatomical sites, bone density measured at the femoral neck by dual energy x-ray absorptiometry (DXA) is the best predictor of hip fracture in women age 65 and older.
- Tetanus-diphtheria immunization – All adults should have completed a primary Td series. For all adults, immunize with a booster dose of Td every 10 years thereafter.
- Varicella immunization – For all adults without evidence of immunity, a dose of varicella vaccine should be given followed by a second dose at an interval of at least 28 days. A catch-up second dose

of varicella vaccine is recommended for all children, adolescents and adults who received only one dose previously.

Interventions Considered and Recommended for the Periodic Health Examination Ages 21 and Older

Most authorities recommend these visits every 1-3 years until age 65 and yearly thereafter for healthy, asymptomatic individuals.

Some patients with special risk factors may require more frequent and additional types of preventive care.

SCREENING	21	30	35	40	45	50	55	60	65	70	75	80+
Blood Pressure	X	X	X	X	X	X	X	X	X	X	X	X
Height & Weight	X	X	X	X	X	X	X	X	X	X	X	X
BMI	X	X	X	X	X	X	X	X	X	X	X	X
Total Blood Cholesterol and HDL (men)	H	H	X	X	X	X	X	X	X	X	X	X
Total Blood Cholesterol and HDL (women)	H	H	H	H	X	X	X	X	X	X	X	X
Fecal occult blood test and/or sigmoidoscopy or Colonoscopy or Double contract barium enema (DCBE)	H	H	H	H	H	X	X	X	X	X	X	X
Pap test <i>annually</i> / 3 or more normal tests, then q 1-3 years	X	X	X	X	X	X	X	X	H	H	H	H
HIV screening: all pregnant women and adults at increased risk for HIV infection	H	H	H	H	H	H	H	H	H	H	H	H
Mammogram with or w/o clinical breast exam <i>annually</i> age 40 and older				X	X	X	X	X	X	X	X	X
Osteoporosis screening (women) Bone Density Scan								H	X	X	X	X
Chlamydia Screening: all sexually active and pregnant women <i>aged 25 and younger annually</i> and for those women at high risk (multiple partners, STD hx, etc) Rescreening 3 to 4 months following treatment	X	H	H	H	H	H	H	H	H	H	H	H
Gonorrhea Screening: all pregnant women and sexually active women	X	X	X	X	H	H	H	H	H	H	H	H
Human Papillomavirus; all women who have not completed the series	X	H	H	H	H	H	H	H	H	H	H	H
Assess for problem drinking	X	X	X	X	X	X	X	X	X	X	X	X
Assess for hearing impairment	X	X	X	X	X	X	X	X	X	X	X	X
Signs and symptoms of depression	X	X	X	X	X	X	X	X	X	X	X	X
Family violence screening	X	X	X	X	X	X	X	X	X	X	X	X
Vision Screening	X	X	X	X	X	X	X	X	X	X	X	X
COUNSELING	21	30	35	40	45	50	55	60	65	70	75	80+
Tobacco cessation	X	X	X	X	X	X	X	X	X	X	X	X
Second hand smoke	X	X	X	X	X	X	X	X	X	X	X	X
Limit fat and cholesterol, maintain caloric balance; emphasize grains, fruits, vegetables	X	X	X	X	X	X	X	X	X	X	X	X
Adequate calcium intake (women)	X	X	X	X	X	X	X	X	X	X	X	X
Regular physical activity	X	X	X	X	X	X	X	X	X	X	X	X
Lap/shoulder belts	X	X	X	X	X	X	X	X	X	X	X	X

COUNSELING CONTINUED	21	30	35	40	45	50	55	60	65	70	75	80+
Motorcycle/bicycle/ATV helmets	X	X	X	X	X	X	X	X	X	X	X	X
Smoke detector	X	X	X	X	X	X	X	X	X	X	X	X
Safe storage/removal of firearms	X	X	X	X	X	X	X	X	X	X	X	X
Fall prevention									X	X	X	X
Hot water heater to <120 degrees F									X	X	X	X
STD prevention: avoid high risk behavior, use condoms	X	X	X	X	X	X	X	X	X	X	X	X
Unintended pregnancy: contraception	X	X	X	X	X	X	X	X				
Regular visits to dental care provider	X	X	X	X	X	X	X	X	X	X	X	X
Floss, brush with fluoride toothpaste	X	X	X	X	X	X	X	X	X	X	X	X
Advance Directives	H	H	H	H	H	H	H	H	X	X	X	X
IMMUNIZATIONS	21	30	35	40	45	50	55	60	65	70	75	80+
Tetanus –diphtheria (Td) boosters ; routine boosters q 10 yrs.; Tetanus, diphtheria, acellular	X	X	X	X	X	X	X	X	X	X	X	X
Pertussis (Tdap); Substitute 1 dose Tdap for Td	X	X	X	X	X	X	X	X	X			
Influenza yearly age 50 and older; recommend at earlier age for those in high risk professions and patients with chronic illnesses	H	H	H	H	H	X	X	X	X	X	X	X
Pneumococcal age 65 > and older; earlier for those patients immunocompromised, chronic CV or pulmonary disorder history	H	H	H	H	H	H	H	H	X	X	X	X
Hepatitis A and B vaccine for those not previously immunized and at high risk for infection	H	H	H	H	H	H	H	H	H	H	H	H
Varicella vaccine for those not previously immunized and at high risk for infection	H	H	H	H	H	H	H	H	H	H	H	H
MMR 1 dose if vaccination history unreliable; 2 doses for persons with occupational, geographic or other indications (ex: negative titer)	X	X	X	X	X	H	H	H				
Meningococcal	H	H	H	H	H	H	H	H	H	H	H	H
HPV	X	H	H	H	H	H	H	H	H	H	H	H
CHEMOPROPHYLAXIS	21	30	35	40	45	50	55	60	65	70	75	80+
ASA usage for patients at high risk for coronary heart disease. Men >40 years old and postmenopausal women	H	H	H	X	X	X	X	X	X	X	X	X
Multivitamin with folic acid (if female and planning pregnancy)	X	X	X	X	X	X	H	H	H	H	H	H
Hormone prophylaxis, peri/post menopausal women				H	H	H	H	H	H	H	H	H

X – To be performed

H – To be performed based on patient history and/or symptoms

Based on the U.S. Preventive Services Task Force, Guide to Clinical Preventive Services 2005, update 2008; Morbidity and Mortality Weekly Report (MMWR), Notice to Readers: Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps, June 1, 2006; the CDC, Recommended Adult Immunization Schedule – United States, October 2006-September 2007. MMWR 2006; 55Q1-Q4; CA A Cancer Journal for Clinicians, American Cancer Society for the Early Detection of Cancer, 2006, Volume 56, Number 1, January/February 2006; and ICSI, Institute for Clinical

Systems Improvement, Preventive Services for Adults, fourteenth edition, October 2008.
Adopted by the Quality Medical Management Committee (QMMC) September 1999
Revised & approved by the QMMC May 2001
Revised & approved by the QMMC November 2002
Revised & approved by the QMMC August 2004
Revised & approved by the QMMC October 2005
Revised & approved by the QMMC August 2006.
Revised & approved by the QMMC November 2006.
Revised & approved by the QMMC February 2007.
Revised & approved by the QMMC February 2009.