

Adult Routine Preventive Care Guidelines

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. If these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence.

PERIODIC HEALTH EVALUATION – At Every Age

- Obtain initial/interval history, including family history of disease.
- Provide preventive screenings and counseling as below.
- Perform age-appropriate physical exam.
- Update immunizations. For current immunization schedules, refer to the [U.S. Centers for Disease Control and Prevention 2015 Adult Immunization Guidelines](#).

PERIODIC HEALTH EVALUATION – Frequency

18-29 Years	30-39 Years	40-49 Years	50-64 Years	65+ Years
• Annually for ages 18-21 • Every 1-3 years, depending on risk factors, for ages 22-29	• Every 1-3 years, depending on risk factors	• Every 1-3 years, depending on risk factors	• Annually	• Annually

LABS AND CANCER SCREENINGS

Breast Cancer

18-39 Years	40-49 Years	50-64 Years	65+ Years
• Starting at age 20, perform clinical breast exam at all periodic health evaluation visits 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 breast cancer (highest risk associated with first-degree relative), premenopausal breast cancer and/or ovarian cancer, genetic predisposition, and personal history of breast/ovarian/endometrial cancer.	• 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.	• Conduct mammography every two years or more frequently at discretion of clinician/patient based on risk factors and patient values regarding benefits/harms.	• 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. After age 75 discuss benefits and limitations in relation to co-morbidity based on patient's health status.

Cervical Cancer

21-29 Years	30-56+ Years
- Initiate Pap test (cytology) at age 21 or earlier, at physician/patient discretion. - Perform Pap test every three years through age 29.	- Screen with combination of Pap test and HPV test every five years. - Physician/patient can discuss performing Pap test every three years in place of the Pap test/HPV five-year cycle, depending on risk factors. - Omit Pap test if a woman has had a hysterectomy for benign disease or after age 65 if there is documented evidence of consistently negative results. - Risk factors include infection with HPV (human papillomavirus); history of other sexually transmitted diseases (including HIV/AIDS); compromised immune system; and history of cervical tumors.

Colorectal Cancer

18-49 Years	50-65+ Years
Not routine except for patients at high risk	- Colonoscopy at age 50 and then every 10 years; OR - Annual fecal occult blood test (FOBT) plus sigmoidoscopy every five years; OR - Annual FOBT - 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 co-morbidity based on patient's health status. - Screen at earlier age and/or more frequently using complete colonoscopy at clinician/patient discretion depending on risk factors. Risk factors include diagnosis in a first-degree relative; specific genetic syndromes; inflammatory bowel disease; and precancerous polyps.

Prostate Cancer

18-49 Years
- Screening and routine discussion of screening are not recommended except for patients at high risk for prostate cancer. - High risk men should be provided with the same screening education and options as men age 50-69, but starting at age 40 or above depending on individual risk. Risk factors include African-American ancestry and a family history* of prostate cancer. <i>*Indicates either a brother or father diagnosed with prostate cancer before age 65.</i>

50-69 Years

- Screening for prostate cancer with prostate specific antigen (PSA) should not be performed or offered routinely without patient education and informed decision making.
- Providers are encouraged to make men aware that PSA screening is controversial and associated with a significant risk of harm, but that screening is an option available to them. Providers are also encouraged to facilitate access to information on harms and benefits for men who may be interested in PSA screening.
- PSA screening may be offered to men who express a clear preference for screening after demonstrating an understanding of the harms and benefits (e.g., through a shared decision-making process) and who have a life expectancy >10 years. For men who express a clear preference for screening after shared decision making:
 - Screen with PSA every 2 years.
 - For confirmed PSA>4.0 assess/refer for possible prostate biopsy.

70+ Years

- Screening and routine discussion of screening are not recommended.

The prostate cancer screening guideline was developed by the Massachusetts Prostate Cancer Screening Guideline Panel as part of a contract from the Patient Centered Outcomes Research Institute (PCORI) to the University of Massachusetts Medical School. [Click here](#) to access the full guideline.

Skin Cancer

18-65+ Years

- Look for skin abnormalities if performing physical exam of patient.
- Educate patients at risk about skin cancer, including using the ABCDE guidelines to check moles (asymmetry, border, color, diameter, evolving/elevation), and risk factors including age (65 and older); personal history of skin cancer or repeated sunburns early in life; family history; certain types and a large number of moles; fair skin; sun-sensitive skin; and chronic exposure to sun.
- Counsel to limit exposure to the sun (*especially between 10 a.m. and 4 p.m.*), to fully cover skin with clothing and hats, and to use sun block (*SPF 15 or greater*).
- Discourage use of indoor tanning.

SENSORY SCREENING

Eye Exam

18-39 Years	40-65+ Years
• Recommend eye exam at physician discretion.	• Recommend eye exam once every 1-3 years at physician discretion through age 60. After age 60 recommend eye exam every 1-2 years. • Recommend eye exam more frequently for patients with diabetes, and for patients at increased risk for glaucoma.

Hearing and Vision Assessment

18-65+ Years

- Ask about hearing and vision impairment, and counsel about the availability of treatment when appropriate.

OTHER RECOMMENDED SCREENING

Abdominal Aortic Aneurysm

65+ Years

- Screen for abdominal aortic aneurysm once in men aged 65–75 who have ever smoked.

Body Mass Index

18–65+ Years

- Screen for obesity at every periodic health evaluation visit. Consult the CDC's growth and body mass index (BMI) charts.
- Screen 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

- Screen if not previously tested. Screen every five years with lipoprotein profile. If 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) and Pre-Diabetes

18–65+ Years

- Screen every three years beginning at age 45. Screen more often and begin 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 (above 140/90mm Hg), history of vascular disease, elevated cholesterol/lipid levels, history of gestational diabetes or birth of a baby > 9 lbs, impaired glucose tolerance, and polycystic ovary syndrome.
- A fasting blood sugar, a two-hour oral glucose tolerance, or HbA1C tests are all acceptable screening methods.
- If test results in diagnosis of pre-diabetes, recommend screening again in 6 months to 1 year, and counsel on diet and lifestyle changes to prevent the onset of Type-2 diabetes.

Hypertension

18–65+ Years

- Check blood pressure at every medical encounter.
- Perform blood pressure screening for hypertension once every two years.

Osteoporosis

18–39 Years	40–64 Years	65+ Years
Counsel about preventive measures, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.		
- Provide bone mineral density (BMD) testing if 10-year fracture risk is equal to or greater than that of a 65-year-old white woman with no additional risk factors. 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 non-hormonal therapies.		- 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
- Obtain sexual history and counsel on effective ways to reduce the risk of infection based on patient's sexual history and risk factors. <i>Chlamydia and gonorrhea</i> - Screen all sexually active female patients age 23 and younger annually. Consider urine-based screening for women when a pelvic examination is not performed. Starting at age 24, screen if at risk. - Risk factors include inconsistent use of condoms; new or multiple sex partners; history of and/or current sexually transmitted infection; partner has other sexual partner(s); and exchanging sex for money or drugs. <i>Syphilis</i> - 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. <i>HPV</i> - For females age 26 and younger and males age 21 and younger, if not previously vaccinated, strongly recommend vaccination and counsel regarding schedule for HPV vaccine.

Hepatitis B

18–65+ Years
Periodic screening for hepatitis B for those at high risk. High-risk populations include persons who immigrated from high-risk areas (Africa, Asia, Greenland, and select countries in Central America, South America, and the Middle East); injection drug users, men who have sex with men, persons needing immunosuppressive therapy, and pregnant women.

Hepatitis C

18–65+ Years
- CDC recommends a one-time screening for all adults born between 1945–1965, regardless of risk factors. - Periodic testing of all patients at high risk. Risk factors include illicit injection drug use; receipt of blood product for clotting problems before 1990 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; intravenous drug use and risky sex practices (not using condoms, multiple sex partners).

HIV

18-65+ Years
• CDC recommends routine HIV screening for all individuals 18 years of age and older and annual testing for those at increased risk. • Counsel about risk factors for HIV infection. 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 men who have had sex with men or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.

Tuberculosis (TB)

18-65+ Years
• 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 the United States 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	50-65+ Years
• Advise all women of child-bearing age to take a daily multivitamin containing 0.4 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. • If patient has BMI >30, recommend weight loss before becoming pregnant. • Counsel pregnant women on the importance of oral health and routine dental care before pregnancy. <i>Note: See MHQP's Perinatal Guidelines for complete recommendations on prenatal care.</i>	N/A

Menopause Management

18-39 Years	40-65+ Year
N/A	• Counsel all menopausal women on the management of menopause, including the risks and benefits of hormonal and nonhormonal therapies.

Dementia/Cognitive Impairment

18–49 Years	50–65+ Years
N/A	• 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 or other causes of changing mental status, including depression, delirium, medication effects, and coexisting medical illnesses.

GENERAL COUNSELING AND GUIDANCE – At Every Age

Cardiovascular Health

- Review and assess known cardiovascular risks, and counsel on mitigating any risks.
- Evaluate the risks and benefits of the use of aspirin for the prevention of cardiovascular disease.

Alcohol/Substance Use

- Assess history of alcohol misuse and drug abuse, including prescription or over-the-counter drugs. Brief questionnaires (e.g., CAGE, AUDIT) may help clinicians assess likelihood of alcohol dependence and abuse.
- Counsel about the effects of alcohol misuse, abuse, or dependence. Provide brief behavioral counseling to people engaged in risky or hazardous behavior.
- Counsel about the effects of substance abuse.
- Counsel not to drive when under the influence of alcohol/substances nor ride with someone who is under the influence.
- Advise pregnant women to stop drinking alcohol and advise them of the potential harmful effects of substance use on fetal development.
- For information, resources, or treatment referral, contact the Massachusetts Substance Abuse Information and Education Helpline at 1-800-327-5050 or www.helpline-online.com/.

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 use.
- 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.

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 (e.g., fruits, vegetables, and 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.
- Advise that the CDC recommends 2.5 hours of moderate-intense aerobic activity/week, and muscle-strengthening activities two days/week.
- Discuss non-traumatic 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 Use

- 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).