

Adult Health Maintenance Guidelines

IT IS EACH PROVIDER'S RESPONSIBILITY TO DECIDE ON AN INDIVIDUAL PATIENT BASIS, THE FREQUENCY OF TESTS AND EXAMINATIONS PERFORMED.

This guideline is a distillation of recommendations from the medical literature including but not limited to the American Academy of Family Physicians Summary of Policy Recommendations, Advisory Committee on Immunization Practices, Centers for Disease Control, National Osteoporosis Foundation, American Cancer Society, U.S. Preventive Services Task Force, Institute for Clinical Systems Information, and the National Heart, Lung, Blood Institute. These guidelines apply to those who do not have symptoms of disease or illness. Those who display symptoms fall outside these guidelines and should be treated accordingly by their physician.

| PHYSICAL EXAM | 18-25 YEARS | 26-39 YEARS | 40-49 YEARS | 50-65 YEARS | 65+ YEARS ¹ |
|--|---------------------------|---------------------------|-----------------------------|-----------------------------|-----------------------------|
| Health Maintenance Exam (HME)* | Every 5 years | Every 5 years | Every 2-3 years | Every 1-2 years | Every 1-2 years |
| Height, Weight, BMI, BP | Every 2-3 years | Every 2-3 years | Every 2-3 years | Every 1-2 years | Every 1-2 years |
| Additional Exams for Cancer Thyroid, mouth, skin, ovaries, testicles, lymph nodes | Every 5 years with HME | Every 5 years with HME | Every 2-3 years with HME | Every 1-2 years with HME | Every 1-2 years with HME |
| Clinical Breast Exam (CBE) | Every 1-3 years | Every 1-3 years | Every 1-2 years | Annually | Annually |
| Self Exams ² breasts, testicles | Monthly | Monthly | Monthly | Monthly | Monthly |
| Prostate Cancer/DRE | | | After 40, every 3-4 years | Annually | Annually |

*CBE, Pap, Pelvic are part of the well female exam & should be included with the complete physical exam.

| SCREENING | 18-25 YEARS | 26-39 YEARS | 40-49 YEARS | 50-65 YEARS | 65+ YEARS ¹ |
|--|-----------------------|-----------------------|-----------------------|-----------------------------|-----------------------------|
| Cervical Smear w/Pelvic Exam ³ | Every 1-3 years | Every 1-3 years | Every 1-3 years | Every 1-3 years | Every 1-3 years |
| Chlamydia Screen ⁴ | Annually | | | | |
| Mammography | — | Baseline ⁵ | Every 1-2 years | Annually | Annually |
| Colorectal Cancer—Fecal Occult Blood ⁶ | — | — | — | Annually ⁶ | Annually ⁶ |
| Sigmoidoscopy/or Double contrast BaE ⁶ | — | — | — | Every 5 years ⁶ | Every 5 years ⁶ |
| Colonoscopy ⁶ | | | | Every 10 years ⁶ | Every 10 years ⁶ |
| Screening for Smoking, Alcohol, or Drug Use ⁷ | With HME ⁷ | With HME ⁷ | With HME ⁷ | With HME ⁷ | With HME ⁷ |
| Osteoporosis Screen | — | — | — | Baseline ⁸ | Baseline ⁸ |
| Depression Screening ⁹ | With HME ⁹ | With HME ⁹ | With HME ⁹ | With HME ⁹ | With HME ⁹ |
| U.S. for Abdominal Aortic Aneurysm ¹⁰ | | | | | One time ¹⁰ |

| SUGGESTED LABORATORY TEST | 18-25 YEARS | 26-39 YEARS | 40-49 YEARS | 50-65 YEARS | 65+ YEARS ¹ |
|---------------------------------|-------------|---------------|---------------|---------------|------------------------|
| Lipoprotein Panel ¹¹ | Age 20 | Every 5 years | Every 5 years | Every 5 years | Every 5 years |
| Glucose ¹² | | | Age 45 | Every 3 years | Every 3 years |

¹Screening for individuals may be discontinued at age 70 or when life expectancy is <10 years, but may continue screening if life expectancy >10 years.

²Clinicians need to teach appropriate self exam techniques and encourage monthly self exams.

³Screening should begin when age 18 or sexually active. In the individual without increased risk, no history of abnormal Pap, and 3 or more consecutive normal annual smears, frequency may be increased to every 3 years. May discontinue screening at age 65 if no history of abnormal smears, HPV, or at any age following benign hysterectomy.

⁴The CDC recommends screening all sexually active females age 25 and under, annually. Annual screening to all sexually active females above 25 with one or more risk factors, e.g., new or multiple sex partners, lack of barrier protection, unmarried.

⁵The State of Iowa mandates coverage for a baseline mammogram between the ages of 35-40.

⁶On average risk patient, FOBT annually & flex Sigmoidoscopy or DCBaE every 5 years or colonoscopy every 10 years.

⁷Screen and provide behavioral counseling to decrease misuse in adults.

⁸Offer baseline screening bone mineral density (BMD) testing to post-menopausal women. If normal, offer rescreening every 2 years up to age 65. After 3 consecutive normal tests, further testing not recommended.

⁹Clinicians should do a depression screening on their patients at every HME, and more often in patients with a history of depression, unexplained somatic symptoms, comorbid psychological conditions, substance abuse or chronic pain. Consider the following questions: 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? Yes to either question requires more investigation.

¹⁰Males between 65-75, if ever was a smoker, need a one time U.S.

¹¹Per the National Cholesterol Education Program, Adult Treatment Panel III.

¹²The ADA recommends glucose testing of asymptomatic adults age 45 and above, every 3 years. Test more often if under 45 and has risks.

Adult Health Maintenance

IMMUNIZATIONS ADAPTED FROM ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) — FEBRUARY, 2008.

Vaccines for adults who meet the age requirements, lack evidence of immunity, and have no other risk factors present.

| VACCINE | 19-49 YEARS | 50-64 YEARS | ≥ 65 YEARS |
|--|---|---------------------------------|---------------------------------|
| Tetanus/Diphtheria, Pertussis (Td/Tdap) ¹ | One dose booster every 10 years | One dose booster every 10 years | One dose booster every 10 years |
| MMR ² | One to two doses | | |
| Varicella ³ | Two doses | Two doses | Two doses |
| Pneumococcal ⁴ | | | One dose |
| Meningococcal | One or more doses for first year college students living in dorms | | |
| Influenza ⁵ | Annually | Annually | Annually |
| HPV | ≤ 26 years females three doses | | |
| Zoster ⁶ | | ≥ 60 years one dose | |

¹Substitute one dose of Tdap for Td for adults <65. Only Adacel is licensed for use in adults.

²MMR-non-pregnant adults with no evidence of immunity- a second dose is recommended for adults who were recently exposed to measles or in an outbreak setting, were previously vaccinated with killed measles vaccine, were vaccinated with an unknown type of measles vaccine during 1963-1967, all adults in post secondary educational institutions.

³Varicella- recommended for all non-pregnant adults without evidence of immunity to varicella.

⁴For persons ≥ 65 years, one time revaccination if they were vaccinated ≥ 5 years previously and were aged < 65 years at the time of primary vaccination.

⁵In-home household contacts and caregivers of children birth through 23 months and anyone who wants to be vaccinated.

⁶One dose for adults ≥60 regardless of whether they report a prior episode of herpes zoster.

For more information: www.cdc.gov/vaccines or (800) 232-4636.

COUNSELING AND EDUCATION

In general, some counseling/education should be carried out at each preventive care visit and at other times based on clinical discretion. This can be provided by the PCP, nurse, or other health professional or educator.

Nutrition

- Energy/Caloric Balance
- Nutrient Balance, supplements
- All females should be counseled to maintain adequate calcium
- Folic acid for women of child bearing potential
- Weight loss counseling for the obese

Sexual Practices

- STD Prevention
- Unintended Pregnancy Prevention

Advance Directives

Physical Activity

- Counseling for obesity prevention and correction

Preventive Care Visits

- Dental
- Vision
- Hearing

Injury Prevention

- Seat belt use, helmet use
- Fire Safety
- Firearm Storage

Mental Health Awareness

- Depression/Anxiety Awareness
- Coping Skills/Stress Reduction
- Consider screening for depression in patients who are post partum, post MI or post CVA. In addition, patients with chronic medical conditions (e.g., diabetes, cancer) should also be considered for depression screening

Skin Cancer

- Skin protection from UV light

Aspirin

- Discuss the use of aspirin to prevent coronary heart disease with patients who are at risk

Hormone replacement therapy

- Women 45 and older should be counseled regarding hormone replacement therapy

Osteoporosis

- Counsel women on risks and prevention

Prostate Cancer

- Discuss testing options for men with high index of suspicion