

## MHQP 2005 Adult Routine Preventive Care Recommendations

FINAL

	18 - 29 Years	30 - 39 Years	40 – 49 Years	50 – 64 Years	65 + Years
<b>Health Maintenance Visit</b>					
<b>At Every Age</b> <ul style="list-style-type: none"> <li>Obtain initial/interval history, including family history of disease</li> <li>Perform age appropriate physical exam.</li> <li>Provide preventive screenings and counseling as below.</li> <li>Update immunizations. For current immunization schedules, refer to the U.S. Centers for Disease Control and Prevention 2005 Adult Immunization Guidelines.</li> </ul>	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.
<b>LABS AND SCREENINGS</b>					
<b>Cancer Screening</b>					
<b>Breast Cancer</b>	<ul style="list-style-type: none"> <li>Perform clinical breast exam and provide self-exam instruction.</li> <li>Advise mammography for patients at high risk. Risk factors include: family history of pre-menopausal breast cancer (mother or sister) and personal history of breast/ovarian/endometrial cancer.</li> </ul>		<ul style="list-style-type: none"> <li>Perform clinical breast exam and provide self-exam instruction.</li> <li>Annual mammography at discretion of clinician/patient.</li> </ul>	<ul style="list-style-type: none"> <li>Perform clinical breast exam and provide self-exam instruction.</li> <li>Annual mammography.</li> </ul>	<ul style="list-style-type: none"> <li>Perform clinical breast exam and provide self-exam instruction.</li> <li>Annual mammography through age 69; &gt; age 70 at clinician/patient discretion.</li> </ul>
<b>Cervical Cancer (Pelvic Exam &amp; Pap Test)</b>	<ul style="list-style-type: none"> <li>Initiate Pap test and pelvic exam at 3 years after first sexual intercourse or by age 21.</li> <li>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. Risk factors include: failure to receive regular Pap tests; history of cervical tumors; infection with HPV (human papillomavirus) or other sexually transmitted diseases; high-risk sexual behavior; and HIV/AIDS.</li> </ul> <p>The option to omit Pap test after age 65 may be offered if there is documented evidence of consistently negative results.</p>				

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<b>Colorectal Cancer</b>	Not routine except for patients at high risk. Risk factors include: diagnosis in a first-degree relative; specific genetic syndromes; inflammatory bowel disease; and non-cancerous polyps. High-risk patients should be screened more frequently using complete colonoscopy at clinician/patient discretion.			<ul style="list-style-type: none"> <li>• Colonoscopy at age 50 and then every 10 years, <u>OR</u></li> <li>• Annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, <u>OR</u></li> <li>• Double-contrast barium enema every 5 years, <u>OR</u></li> <li>• 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. Screening after age 80 at clinician/patient discretion.</li> </ul>	
<b>Testicular &amp; Prostate Cancer</b>	<ul style="list-style-type: none"> <li>• Perform clinical testicular exam and provide self-exam instruction every 1 to 3 years at clinician discretion.</li> <li>• Prostate cancer screening not routine.</li> </ul>		<ul style="list-style-type: none"> <li>• Perform DRE exam for patients at high risk for prostate cancer.</li> <li>• Discuss risk and benefits of prostate specific antigen (PSA) blood test with all patients. Offer PSA screening for high-risk patients at clinician/patient discretion. Risk factors include family history and African-American ancestry.</li> </ul>	<ul style="list-style-type: none"> <li>• Perform DRE exam.</li> <li>• Discuss risks and benefits of prostate specific antigen (PSA) blood test with all patients beginning at age 50. Offer PSA screening at clinician/patient discretion.</li> </ul>	
<b>Skin Cancer</b>	<ul style="list-style-type: none"> <li>• Perform skin exams every 3 years between the ages of 20 and 39 and annually age 40 and older, regardless of skin tone and color.</li> <li>• 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.</li> <li>• Educate about skin cancer.</li> <li>• Counsel to limit exposure to the sun (especially between 10am and 4pm), to fully cover skin with clothing and hats, and to use sun block (SPF 15 or greater).</li> </ul>				
<b>Other Recommended Screening</b>					
<b>Body Mass Index</b>	<ul style="list-style-type: none"> <li>• Screen for overweight. Consult the CDC's growth and body mass index (BMI) charts for ages 2-20 (<a href="http://www.cdc.gov/growthcharts/">www.cdc.gov/growthcharts/</a>) and the CDC's BMI chart for adults for ages 21 and older (<a href="http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm">www.cdc.gov/nccdphp/dnpa/bmi/index.htm</a>).</li> <li>• Screen annually for eating disorders. Ask about body image and dieting patterns.</li> <li>• 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 <math>\geq</math> 30kg/m<sup>2</sup> to promote sustained weight loss for overweight adults.</li> </ul>				
<b>Hypertension</b>	Screen for high blood pressure at every acute/non-acute medical encounter and at least once every 2 years.				
<b>Cholesterol</b>	<ul style="list-style-type: none"> <li>• Screen if not previously tested. Screen every 5 with fasting lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride). If the testing opportunity is nonfasting and total cholesterol is &gt;200 mg/dl or HDL is &lt;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; and age.</li> <li>• 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.</li> </ul>				

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<b>Diabetes (Type 2)</b>	<p>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 &gt; 9lbs; impaired glucose tolerance; or polycystic ovary syndrome.</p> <p>A fasting blood sugar is the preferred diagnostic test. The 2-hour oral glucose tolerance test is also acceptable. See MA Department of Public Health Diabetes Prevention and Control Program information at <a href="http://www.mass.gov/dph/fch/diabetes/">www.mass.gov/dph/fch/diabetes/</a>.</p>				
<b>Infectious Disease Screening</b>					
<b>Sexually Transmitted Infections (Chlamydia, Gonorrhea, &amp; Syphilis)</b>	<p>For chlamydia and gonorrhea:</p> <ul style="list-style-type: none"> <li>Sexually active patients under age 25: Screen annually. Consider urine-based screening for women when a pelvic examination is not performed.</li> <li>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).</li> <li>Screen pregnant women at the first prenatal visit and in the third trimester, if at risk.</li> </ul> <p>For syphilis:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Screen pregnant women at the first prenatal visit and in the third trimester, if at risk.</li> </ul> <p>Advise about risk factors for sexually transmitted infections (STIs) and counsel about effective ways to reduce the risk of infection.</p>				
<b>HIV</b>	<ul style="list-style-type: none"> <li>Routine testing of all patients at increased risk, including pregnant women at increased risk. Risk factors include: having received blood or blood products prior to 1985; men having sex with other men; drug abuse; history of prior sexually transmitted infections; new or multiple sex partners; and inconsistent use of condoms.</li> <li>Universal offering of and counseling about HIV/AIDS testing to all pregnant women. Consider “opt-out” strategies for testing.</li> <li>Advise about risk factors for HIV infection.</li> </ul>				
<b>Hepatitis C</b>	<p>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 non-sterile needle; risky sex practices (not using condoms, multiple sex partners).</p>				
<b>Tuberculosis (TB)</b>	<p>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.</p>				
<b>Sensory Screening</b>					
<b>Eye Exam for Glaucoma</b>	<ul style="list-style-type: none"> <li>At least once in patients with no risk factors.</li> <li>Every 3-5 years in high-risk patients. Risk factors include: African American ancestry, age, family history of glaucoma, and severe myopia.</li> <li>Screen annually in patients with diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>Every 2-4 years.</li> <li>Screen annually in patients with diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>Every 2-4 years.</li> <li>Screen annually in patients with diabetes.</li> </ul>	<ul style="list-style-type: none"> <li>Every 1-2 years.</li> <li>Screen annually in patients with diabetes.</li> </ul>	
<b>Hearing and Vision Assessment</b>					Ask about hearing and vision impairment, and counsel about the availability of treatment when appropriate.
<b>General Counseling and Guidance</b>					
<b>Preconception Counseling</b>	<ul style="list-style-type: none"> <li>Advise all women of child bearing age take to take a daily multi-vitamin containing .4 mg folate.</li> <li>Encourage scheduling a visit for preconception counseling.</li> <li>Inform patients on the impact of alcohol, drug, and environmental exposures in early pregnancy, often before pregnancy is diagnosed.</li> <li>Provide pregnant women with specific nutritional guidelines to enhance fetal and maternal health.</li> </ul>				

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<b>Osteoporosis</b>	Counsel about preventive measures, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.				
			<ul style="list-style-type: none"> <li>Consider risk of osteoporosis in all post-menopausal 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.</li> <li>Counsel on the risks and benefits of hormonal and non-hormonal therapies.</li> <li>Provide BMD testing for all postmenopausal women who have one or more additional risk factors for osteoporotic fracture.</li> </ul>	<ul style="list-style-type: none"> <li>Provide BMD testing.</li> <li>Counsel elderly patients on specific measures to prevent falls.</li> </ul>	
<b>Dementia/Cognitive Impairment</b>				<ul style="list-style-type: none"> <li>Observe for possible signs of declining cognitive function in older patients.</li> <li>Evaluate mental status in patients who have problems performing daily activities.</li> <li>Examine patients suspected of having dementia for other causes of changing mental status, including depression, delirium, medication effects, and coexisting medical illnesses.</li> </ul>	
<b>Menopause Management</b>			<ul style="list-style-type: none"> <li>Counsel all menopausal women on the management of menopause, including the risks and benefits of hormonal and non-hormonal therapies.</li> </ul>		
<b>At Every Age</b>					
<b>Depression/Suicide</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Assess depressed patients for risk of suicide by direct questioning about suicidal thoughts, impulses, and personal history of suicidal attempts.</li> </ul>				
<b>Alcohol/Substance Abuse</b>	<ul style="list-style-type: none"> <li>Assess history of alcohol/drug use. Brief questionnaires such as the CAGE or AUDIT may help clinicians assess likelihood of problem or hazardous drinking.</li> <li>Counsel about the effects of alcohol use/substance abuse.</li> <li>Counsel not to drink and drive or ride with someone who is under the influence of alcohol or other substance.</li> <li>Advise pregnant women to stop drinking alcohol during pregnancy and advise them of the potential harmful effects of drug use on fetal development.</li> </ul> <p>For information, resources, or treatment referral, contact the Massachusetts Substance Abuse Information and Education Helpline at 1-800-327-5050.</p>				
<b>Tobacco</b>	<ul style="list-style-type: none"> <li>Ask about tobacco use at every visit.</li> <li>Advise all tobacco users to quit.</li> <li>Assess readiness to quit.</li> <li>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. Refer to <a href="http://www.quitworks.org">www.quitworks.org</a>.</li> <li>Arrange follow-up.</li> <li>Counsel pregnant women to quit and counsel parents on potentially harmful effects of smoking on fetal and child health.</li> </ul>				

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<b>Diet/Nutrition</b>	<ul style="list-style-type: none"> <li>• 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 caloric balance in diet, and choosing foods containing fiber (i.e., fruits, vegetables, grain products).</li> <li>• Counsel to consume recommended amounts of calcium and vitamin D. Also see osteoporosis guidelines.</li> </ul>				
<b>Physical Activity</b>	<ul style="list-style-type: none"> <li>• Counsel on the importance of regular physical activity in the prevention of disease.</li> <li>• Discuss non-traumatic weight-bearing exercise (e.g., walking) for osteoporosis prevention.</li> </ul>				
<b>Safety/Injury and Violence Prevention</b>	<ul style="list-style-type: none"> <li>• Counsel about ways to prevent household and recreational injuries, for example: <ul style="list-style-type: none"> <li>• Alcohol and substance use</li> <li>• Smoke alarm/carbon monoxide detectors</li> <li>• Helmet use for sports (e.g., cycling, skiing, in-line skating) and motorcycles</li> <li>• Potential risks of tattooing or body piercing</li> <li>• Fall prevention measures in the elderly</li> <li>• Motor vehicle safety/seatbelt use</li> </ul> </li> <li>• 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.</li> <li>• Counsel high-risk patients on the risks of violent injury associated with easy access to firearms and alcohol/drug use.</li> <li>• Counsel high-risk patients to learn non-violent approaches to conflict resolution (or refer them to counseling).</li> </ul>				
<b>Family Violence/Abuse</b>	<ul style="list-style-type: none"> <li>• Be alert to physical and behavioral signs of abuse and neglect.</li> <li>• 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 hurt by someone? Are you in a relationship with a person who threatens or physically hurts you? Has anyone forced you to have sexual activities that made you feel uncomfortable?</li> <li>• 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).</li> </ul>				

**Text on Backside on poster above logos of endorsing organizations:**

These guidelines represent a compilation of recommendations from national agencies, including the United States Preventive Services Task Force (USPSTF), the American Cancer Society (ACS), the American College of Obstetrics and Gynecology (ACOG), the American College of Physicians (ACP), and the American Academy of Family Physicians (AAFP). These guidelines have also been endorsed by the following organizations. (List of logos)

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Note: These recommendations represent a core set of clinical guidelines for an asymptomatic patient 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.

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