

Adult Preventive Services (Ages 50 - 65+)

The following guideline recommends clinical preventive services for adults.

Recommendation	50 - 64 Years	65+ Years
Health Assessment Screening, History & Counseling	One health maintenance exam (HME) every 1 - 3 years according to risk status [D] Each HME should include: <ul style="list-style-type: none"> ◆ Height, weight and Body Mass Index (BMI) ◆ Risk Evaluation & Counseling (Nutrition, overweight/obesity, physical activity, dental health, tobacco use [A], immunizations, HIV prevention [B], sexually transmitted diseases prevention [B] and sexual health, sexual abuse, polypharmacy including over-the-counter and herbal preparations when appropriate, sun exposure) ◆ Safety (Domestic violence, seat belts [B], helmets, firearms, smoke and carbon monoxide detectors) ◆ Behavioral Assessment (Depression, suicide threats, alcohol/drug use, anxiety, stress reduction, coping skills) 	One HME at least every 2 years
Blood Pressure Measurement [A]	At every office visit and at minimum, every 2 years. If BP 120/80 or higher and/or presence of risk factors, more frequent monitoring is recommended.	
Cholesterol and Lipid Screening [B]	Measure a complete fasting lipoprotein profile, i.e. total cholesterol, LDL-C, HDL-C and triglycerides every 5 years if initial test is normal in low risk adults. If multiple risk factors are present, more frequent measurements are recommended.	
Diabetes Mellitus Screening [C]	Fasting plasma glucose (FPG) every 3 years and at clinical discretion	
Osteoporosis Screening [C]	Beginning at age 60 if high risk (e.g. smoking, weight < 127 lbs., estrogen deficiency, alcoholism, personal or family history of fragility, family history osteoporosis, age, gender, etc.): Bone Mineral Density (BMD) test once for initial diagnosis, repeat test not more frequent than every 2 years (<i>per MQIC Osteoporosis guideline</i>)	Women > age 65 regardless of risk factors
Colorectal Cancer Screening [B] for average risk adults	FOBT annually and/or sigmoidoscopy every 5 years; or double contrast barium enema every 5 years; or colonoscopy every 10 years	
Glaucoma Screening [C]	No requirement unless high risk (e.g. increased intraocular pressure, family history, African Americans, people who have diabetes, myopia, regular/long-term steroid use, previous eye injury)	Every 2 years; Screen annually if high risk
Cervical Cancer Screening [A] Pap Smear	At least every 3 years, unless high risk (i.e. history of abnormal Pap results, sexually transmitted diseases or HIV; sexual activity before age 18 or multiple partners; vaginal spotting or bleeding between periods, after intercourse or after menopause; tobacco use) [Consider discontinuation for patients with surgical removal of cervix for benign conditions]	May discontinue after age 65, based on clinical judgement according to risk status
Mammography [A] and Clinical Breast Exam [C]	Every 1 - 2 years	Shared decision-making after age 70
Prostate Cancer Screening [D]	Age 50 - 65 years, shared decision-making for digital rectal examination (DRE) and/or prostate specific antigen (PSA) testing	
Immunizations:		
Tdap/Td [A]	Tdap once after age 11, then Td every 10 years	Td every 10 years
Influenza [B]	Annually	
Pneumonia [B]	No requirement, unless high risk	Once at age 65; booster may be needed after 5 years

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources, including: The Guide to Clinical Preventive Services 2005, Recommendations of the U.S. Preventive Services Task Force (www.preventiveservices.ahrq.gov) and the Advisory Committee on Immunization Practices (ACIP) 2006 Immunization Recommendations (www.cdc.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.