



Adult Periodic Health Examination Guidelines – 2011

	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65+ Years
Health Maintenance Visit					
At age	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.
<ul style="list-style-type: none"> Obtain initial/interval history. Perform age appropriate physical exam. Provide preventive screenings and counseling as below. Update immunizations. For current immunization schedules, refer to CHNCT Recommended Adult Immunization Schedule - 2011 					
Labs and Screenings					
Cancer Screening					
Breast Cancer	<ul style="list-style-type: none"> Starting at age 20, perform clinical breast exam and counsel on benefits and limitations of self-exams. Advise mammography or other imaging test 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. 	<ul style="list-style-type: none"> Perform clinical breast exam and counsel on benefits/limitations of self-examination Discuss benefits and risks of biennial mammography. Decision to conduct screening at discretion of physician/patient based on risk factors. 	<ul style="list-style-type: none"> Perform clinical breast exam and counsel on benefits/limitations of self-examination. Conduct mammography every two years or more frequently at discretion of clinician/patient based on risk factors. 	<ul style="list-style-type: none"> Perform clinical breast exam and counsel on benefits/limitations of self-examinations. Conduct mammography every two years through age 74 or more frequently at discretion of clinician/patient based on risk factors. At 75 and beyond discuss benefits/limitations. 	
Cervical Cancer (Pelvic Exam & Pap Test)	<ul style="list-style-type: none"> Initiate Pap test and pelvic exam at age 21 or earlier at physician/patient discretion. If under age 30, perform Pap test and pelvic exam every two years. Perform pelvic exam and Pap test every 1-3 years depending on risk factors. Pap test at three-year intervals only after 3 consecutive negative results and age 30 and older. 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. 				<ul style="list-style-type: none"> The option to omit Pap test after age 65 may be offered if there is documented evidence of regular previous screenings that are consistently normal.
Colorectal Cancer	Not routine except for patients at high risk. Risk factors include: personal/family history 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"> Colonoscopy at age 50 and every 10 years, OR Annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, OR Annual fecal occult blood test (FOBT). Each of the screening strategies has advantages and disadvantages. Screen patients after discussion of the		

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	18-29 Years	30-39 Years	40-49 Years	50-64 Years	65+ Years
				effectiveness, strength of evidence, risks, and complexity of each testing strategy to ensure an informed choice. Screening after age 75 at physician/patient discretion.	
Testicular & Prostate Cancer	<ul style="list-style-type: none"> Perform clinical testicular exam and provide self-exam instruction. Counsel on benefits/limitations of self-exam. Prostate cancer screening not routine. 		<ul style="list-style-type: none"> Perform clinical testicular exam and counsel on benefits and limitations of self-exam. Perform DRE exam for patients at high risk for prostate cancer. 	<ul style="list-style-type: none"> Perform DRE exam for high risk patients. Risk factors include family history and African-American ancestry. Offer PSA screening at physician/patient discretion. 	
Skin Cancer	<ul style="list-style-type: none"> Periodic total skin exams – every 3 years - beginning at age 20 years and annually age 40 and older. More frequently at physician discretion based on risk factors. Risk factors include: 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. Education regarding skin cancer, including counseling to limit exposure to sun, appropriate use of sun screens, etc. 				
Other Recommended Screening					
Hypertension	Screen at every acute/non-acute medical encounter and at least once every 2 years.				
Cholesterol	Every 5 years beginning at age 18 with fasting lipoprotein profile (total cholesterol, LDL cholesterol, HDL cholesterol, and triglyceride). If the testing opportunity is nonfasting and total cholesterol is > 200 mg/dl or HDL is <40 mg/dl, a follow-up lipoprotein profile should be performed. Screen patients with higher risk indications, e.g., family history of premature heart disease or hyperlipidemia, hypertension, low HDL, diabetes tobacco use, and age, etc., more frequently. As indicated, counsel on lifestyle changes including diet, weight management, and physical activity.				
Diabetes (Type 2)	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, elevated cholesterol/lipid levels, history of gestational diabetes or birth of a baby > 9lbs, impaired glucose tolerance or polycystic ovary syndrome. Fasting blood glucose is preferred diagnostic test; 2-hour GTT or HbA1C acceptable.				
Body Mass Index	Screen for obesity. Consult CDC BMI charts (www.cdc.gov/growthcharts/ and www.cdc.gov/nccdphp/dnpa/bmi/) . Screen annually for eating disorders. Counsel on risks of obesity, diet management and physical activity. Focus intensive counseling on those with BMI>30.				
Infectious Disease Screening					
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, Syphilis, and HPV)	<p>For chlamydia and gonorrhea:</p> <ul style="list-style-type: none"> Sexually active patients under age 25: screen annually. Patients age 25 and over: screen annually, if at risk. Risk factors include: inconsistent use of condoms and new or multiple sex partners in last 3 months, new partner since last test, history of and/or current infection with sexually transmitted disease, partner has other sexual partner(s). Screen pregnant women at the first prenatal visit and in third trimester, if at risk. <p>For syphilis:</p> <ul style="list-style-type: none"> Screen if at risk. Risk factors include: history of and/or current infection with another sexually transmitted disease, having more than one sexual partner within the past 6 months, exchanging sex for money or drugs, and males engaging in sex with other males. Screen pregnant women at the first prenatal visit and in the third trimester, if at risk. <p>For HPV:</p> <ul style="list-style-type: none"> For age 26 and younger, if not previously vaccinated, counsel patients regarding the schedule for HPV vaccine. 				

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HIV	<ul style="list-style-type: none"> • Periodic testing of all patients at increased risk and testing of pregnant women at increased risk. Risk factors include: having received blood or blood products prior to 1985, homosexual or bisexual behavior, drug abuse, history of prior sexually transmitted diseases, new or multiple sex partners, sex partners who have engaged in high risk behaviors, and inconsistent use of condoms. • Universal offering of and counseling of all pregnant women about HIV/AIDS testing. • Counseling about risk factors for HIV infection. 				
Hepatitis C	Periodic testing of all patients at high risk. Risk factors include: injection of illegal drugs; receipt of a blood product for clotting disorder before 1987 and/or receipt of a blood transfusion or solid organ transplant before July 1992; long-term kidney dialysis; evidence of liver disease; receipt of a tattoo and/or body piercing by non-sterile needle; risky sex practices.				
Tuberculosis (TB)	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 illegal drugs; living in U.S. where TB is more common (e.g., shelters, migrant farm camps, prisons, etc.). Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious TB.				
Sensory Screening					
Eye Exam for Glaucoma	<ul style="list-style-type: none"> • At least once in patients with no risk factors. • Every 3-5 years in high-risk patients. Risk factors include: African-American ancestry, age, family history of glaucoma, diabetes mellitus, and severe myopia. • Screen annually in patients with diabetes. 	Every 2-4 years. Note: Screen annually in patients with diabetes.	Every 2-4 years. Note: Screen annually in patients with diabetes.	Every 1-2 years. Note: Screen annually in patients with diabetes.	
Hearing and Vision Assessment	Ask about hearing and vision impairment, and counsel about the availability of treatment when appropriate.				
General Counseling and Guidance					
Preconception Counseling	<ul style="list-style-type: none"> • Encourage the scheduling of a preconception counseling visit. • Inform patients of the effects of alcohol, drug and/or environmental exposures in early pregnancy, often before pregnancy is diagnosed. • Advise and recommend all women of child bearing age to take daily multi-vitamin containing 0.4 mg folate. • Provide pregnant women with nutritional guidelines to enhance fetal and maternal health. 				
Osteoporosis	<ul style="list-style-type: none"> • Counsel about preventive measures, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation. 	<ul style="list-style-type: none"> • Consider risk of osteoporosis in all post-menopausal women. Risk factors include: age, maternal/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, etc.), and certain medications/chronic diseases. • Counsel on the risks and benefits of hormonal and non-hormonal therapies. • Provide BMD testing for all postmenopausal women who have one or more additional risk factors for 	<ul style="list-style-type: none"> • Provide BMD testing for all regardless of risk. • Counsel elderly patients on specific measures to prevent falls. • Counsel about preventive measures related to fracture risk, such as dietary calcium and vitamin D intake, weight-bearing 		

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			<ul style="list-style-type: none"> osteoporotic fracture. Counsel about preventive measures related to fracture risk, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation. 		<ul style="list-style-type: none"> exercise, and smoking cessation.
Dementia/ Cognitive Impairment in the Elderly				<ul style="list-style-type: none"> Be alert 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 for other causes of changing mental status, including depression, delirium, medication effects, and coexisting medical illnesses. 	
Menopause Management			<ul style="list-style-type: none"> Counsel all menopausal women on the management of menopause, including the risks and benefits of hormonal and non-hormonal therapies 		
At every age					
Alcohol/Substance Abuse	<ul style="list-style-type: none"> Assess current/historical use of alcohol/drugs. Brief questionnaires such as the CAGE or AUDIT may help clinicians assess likelihood of problem or hazardous drinking. Counsel about the effects of alcohol use/substance abuse. Counsel not to drink and drive or ride with someone who is under the influence of alcohol or other substance. Advise pregnant women to stop drinking alcohol during pregnancy and advise them of the potential harmful effects of drug use on fetal development. 				
Tobacco	<ul style="list-style-type: none"> 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 (patch, gum, lozenges, nasal spray, inhaler, bupropion–SR) unless contraindicated. Counsel pregnant women to quit, and counsel parents on potentially harmful effects of smoking on fetal and child health. 				
Diet/Nutrition	<ul style="list-style-type: none"> 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). Counsel to consume recommended amounts of calcium. See also osteoporosis guidelines. 				
Dental	<ul style="list-style-type: none"> Counsel on the importance of annual dental assessment and dental care. 				
Obesity & Eating Disorders	<ul style="list-style-type: none"> Screen periodically for obesity using height and weight measurements. See Body Mass Index screening section. Counsel on the risks of obesity and on the benefits of physical activity and a healthy diet to maintain a desirable weight for height. Screen annually for eating disorders. Ask about body image and dieting patterns. 				
Physical Activity	<ul style="list-style-type: none"> Counsel on the importance of regular physical activity in the prevention of disease. Discuss non-traumatic weight-bearing exercise (e.g., walking) for osteoporosis prevention. 				
Infectious Diseases/STD	<ul style="list-style-type: none"> Advise about risk factors for human immunodeficiency virus (HIV) infection and other sexually transmitted diseases (STDs). Counsel about effective ways to reduce the risk of infection. 				
Injury Prevention/Safety	<ul style="list-style-type: none"> Counsel about ways to prevent household and recreational injuries, for example: <ul style="list-style-type: none"> Alcohol and substance use 				

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	<ul style="list-style-type: none"> • Water safety • Cigarette use/fire prevention/smoke alarm • Helmet use for sports (e.g., cycling, skiing, in-line skating, etc.) • Potential risks of tattooing or body piercing • Fall prevention measures in the elderly • Motor vehicle safety/seatbelt use • Dangers of firearms possession in the home 				
Violent Behavior/ Firearms	<ul style="list-style-type: none"> • Counsel about the dangers of firearms possession, particularly handguns, in the home and advise on ways to reduce the risk of injury. • Counsel to keep guns away from children and recommend the voluntary removal of guns from the home. • Counsel patients identified at high risk for violence about the risks of violent injury associated with easy access to firearms and with intoxication. • Counsel high-risk patients to learn non-violent approaches to conflict resolution (or refer them to counseling). 				
Depression/Suicide	<ul style="list-style-type: none"> • Ask all patients the following questions as a screening tool for depression: 1) Over the past two weeks, have you felt down, depressed, or hopeless? 2) 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. Alternatively, assess for depression with Patient Health Questionnaire-9 (PHQ-9). • 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. • Assess depressed patients for risk of suicide by direct questioning about suicidal thoughts, impulses, and personal history of suicide attempts. 				
Family Violence/ Abuse	<ul style="list-style-type: none"> • Ask all patients the following questions as a screening tool for family violence/abuse: 1) Within the past year have you been hit, slapped, kicked, or otherwise physically hurt by someone? 2) Are you in a relationship with a person who threatens or physically hurts you? and 3) Has anyone forced you to have sexual activities that made you feel uncomfortable? Be alert to physical and behavioral signs of abuse and neglect. • For more information or help, contact the National Domestic Abuse Hotline at 1-800-799-SAFE or the Childhelp’s National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453). 				

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