

# 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, the National Heart, Lung, Blood Institute, American Diabetes Association, and the American College of Obstetrics and Gynecology. 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 <sup>1</sup>
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 <sup>2</sup> breasts, testicles	Monthly	Monthly	Monthly	Monthly	Monthly
Prostate Cancer <sup>3</sup>			See footnote 3	See footnote 3	See footnote 3

\*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 <sup>1</sup>
Cervical Smear w/Pelvic Exam <sup>4</sup>					
Chlamydia Screen <sup>5</sup>	Annually				
Mammography	—	Baseline <sup>6</sup>	Every 1-2 years	Annually	Annually
Colorectal Cancer—Fecal Occult Blood Test <sup>7</sup>	—	—	—	Annually <sup>7</sup>	Annually <sup>7</sup>
Sigmoidoscopy <sup>7</sup>	—	—	—	Every 5 years <sup>7</sup>	Every 5 years <sup>7</sup>
Colonoscopy <sup>7</sup>				Every 10 years <sup>7</sup>	Every 10 years <sup>7</sup>
Screening for Smoking, Alcohol, or Drug Use <sup>8</sup>	With HME <sup>8</sup>	With HME <sup>8</sup>	With HME <sup>8</sup>	With HME <sup>8</sup>	With HME <sup>8</sup>
Osteoporosis Screen—females <sup>9</sup> —males <sup>10</sup>	—	—	—	Baseline <sup>9</sup>	Baseline <sup>10</sup>
Depression Screening <sup>11</sup>	With HME <sup>11</sup>	With HME <sup>11</sup>	With HME <sup>11</sup>	With HME <sup>11</sup>	With HME <sup>11</sup>
U.S. for Abdominal Aortic Aneurysm <sup>12</sup>					One time <sup>12</sup>

SUGGESTED LABORATORY TEST	18-25 YEARS	26-39 YEARS	40-49 YEARS	50-65 YEARS	65+ YEARS <sup>1</sup>
Lipoprotein Panel <sup>13</sup>	Age 20	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Glucose <sup>14</sup>	Testing should be considered in all adults who are overweight, (BMI ≥ 25) and have additional cardiovascular risks.				

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

<sup>2</sup>Clinicians need to teach appropriate self exam techniques and encourage monthly self exams.

<sup>3</sup>Do risk assessment on all men 50 and over, and discuss testing options, risks and benefits. For African American men and men with family history of prostate cancer, begin risk assessment at age 40.

<sup>4</sup>Pap smear screening should start at age 21 and repeat every 2 years until age 30. Age 30 – if 3 consecutive normal Pap results, can rescreen every 3 years. Can consider stopping screening at age 65-70 if 3 consecutive normal screens and no abnormal Pap smears in the last 10 years.

<sup>5</sup>The 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.

<sup>6</sup>The State of Iowa mandates coverage for a baseline mammogram between the ages of 35-40.

<sup>7</sup>On average risk patient, FOBT annually & flex Sigmoidoscopy every 5 years or colonoscopy every 10 years. Consider upper age limit for screening of 75 or where curative therapy would not be offered due to life limiting co-morbidity.

<sup>8</sup>Screen and provide behavioral counseling to decrease misuse in adults.

<sup>9</sup>Offer 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.

<sup>10</sup>Periodically assess risk factors for osteoporosis in older men above age 65—order DEXA for those at increased risk and if candidate for drug therapy.

<sup>11</sup>Clinicians 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.

<sup>12</sup>Males between 65-75, if ever was a smoker, need a one time U.S.

<sup>13</sup>Per the National Cholesterol Education Program, Adult Treatment Panel III.

<sup>14</sup>In the absence of any identifiable risk factors, individuals age 45 and older should be screened and if normal repeat every 3 years.

# Adult Health Maintenance

## Immunizations adapted from Advisory Committee on Immunization Practices (ACIP) — February, 2010.

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)	One-time dose of Tdap for Td booster for adults 19-64, then boost with Td every 10 years		
MMR <sup>1</sup>	One to two doses.		
Varicella <sup>2</sup>	Two doses	Two doses	Two doses
Pneumococcal PPSV <sup>3</sup>			One dose
Meningococcal MCV4	One or more doses for first year college students living in dorms		
Influenza Seasonal <sup>4</sup>	Annually	Annually	Annually
HPV	≤ 26 years females three doses		
Zoster <sup>5</sup>		≥ 60 years one dose	

<sup>1</sup>Non pregnant adults with no evidence of immunity should receive 1 or more doses of MMR. Adults born before 1957 generally are considered immune to measles and mumps.

<sup>2</sup>A 2 dose regimen is recommended for all nonpregnant adults without evidence of immunity to varicella.

<sup>3</sup>For persons ≥ 65 years, one time revaccination if they were vaccinated ≥ 5 years previously and were aged < 65 years at the time of primary vaccination.

<sup>4</sup>Seasonal Influenza – vaccinate all persons aged greater than or equal to 50 years, and any younger persons who would like to decrease their risk for influenza.

<sup>5</sup>One dose for adults ≥ 60 regardless of whether they report a prior episode of herpes zoster, and who do not have a chronic condition that constitutes a contraindication.

For more information: [www.cdc.gov/vaccines](http://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
- Because a woman may not know she is pregnant until later, it is recommended that all women of childbearing age get 0.4 milligrams of folic acid daily
- Weight loss counseling for the obese

### Sexual Practices

- STD Prevention
- High intensity behavioral counseling to prevent STD for adults who are at increased risk of STD
- 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

### 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