

## Recommendations for Preventative Adult Health Care

Age 18-40	Recommendation	Agency
Cholesterol	All adults age 20 and older should have a complete, fasting lipid profile every 5 years.  If levels are low or repeatedly normal, less frequent tests can be done. If lipid levels are borderline, more frequent testing is advised.  May not need to continue testing after age 65. Lipid levels are less likely to increase at this age; however, anyone over age 65 who has never been tested should have their cholesterol levels measured.	AHA
Hypertension	Starting at age 18-20, BP screening should be done at each regular healthcare visit, at least every two years	AAFP, NIH, USPSTF
Coronary heart Disease	Screen for risk factors. Start Aspirin prophylaxis if patient has a 6% or greater 10-year risk of having a CV event (USPTF) or 10% or greater risk (AHA)	AHA, USPSTF
Cervical CA	At onset of sexual activity or age 18 (whichever comes first), age 21(ACS) and screening at least every 3 years  Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years. Another reasonable option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, plus the HPV DNA test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually	AAFP, ACS, USPSTF

Age 40-50	Recommendation	Agency
Breast Cancer	Beginning at age 40, women should have a mammogram with or without clinical breast exam every 1-2 years as long as her life expectancy is greater than 5 years	ACS, USPSTF, AAFP
Cervical CA	As above and also women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.	ACS
Diabetes	All adults age 45 years and older should be screened for diabetes every 3 years	ADA
Skin Cancer	For everyone over age 40, monthly self-exams and an annual health exam which includes skin screening should be done	ACS,
Cholesterol	If haven't started yet start by 35 (men) age 45 (women)	AAFP, USPSTF

AAFP-American Academy of Family Physicians  
 NIH-National Institutes of Health  
 CDC-Center for Disease Control

USPSTF-U.S. Preventive Services Task Force  
 ADA-American diabetes Association  
 NOF-National Osteoporosis Foundation

ACS-American Cancer Society  
 AHA-American Heart Association

<b>Age 50-65</b>	<b>Recommendation</b>	<b>Agency</b>
Colorectal CA	Adults 50 years of age and older should be routinely screened. Screening should be continued periodically until age or comorbid conditions limit life expectancy	ACS, USPSTF, AAFP
Prostate CA	Men age 50 and older who have a life expectancy of at least 10 years should be offered both a PSA test and digital rectal exam. USPSTF-insufficient to recommend for or against routine screening	ACS
Thyroid disease	Screening is recommended for men and women over 60 years of age. ( <i>USPSTF says insufficient evidence</i> )	AAFP
Osteoporosis/ DEXA	All post-menopausal women every 2 years. Men with risks factors	AAFP, USPSTF

<b>Age 65-</b>	<b>Recommendation</b>	<b>Agency</b>
Cervical CA	Women 65 (USPSTF) or 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening as long as they are in good health.	ACS, USPSTF

**Immunizations-** see CDC guidelines at [cdc.gov](http://cdc.gov)

### Chemoprophylaxis

<b>Recommendation</b>	<b>Age/Frequency</b>	<b>Agency</b>
Calcium/Vitamin D	Calcium 1000 - 1500 mg / day, Vitamin D 400 - 600 IU / day (in diet or as supplements). No change in pregnancy	NIH, NOF
Folic Acid	0.4-0.8 mg/day of folic acid supplementation from at least 1 month prior to conception through the first trimester of pregnancy to women planning to become pregnant who have not had a previous pregnancy affected by a neural tube defect.  Recommend 0.4-0.8 mg/day of folic acid supplementation to all women of childbearing age  Previous NTD 4 mg/day of folic acid supplementation from 1-3 months prior to conception through the first trimester of pregnancy	AAFP, USPSTF
Hormone Replacement	<i>recommends against</i> the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. Risk and benefits should be discussed	AAFP, AHA, USPSTF

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