

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, American College of Physicians, 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. These are guidelines, not a guarantee of Wellmark coverage. Depending on the member's policy, all or some of these preventive services may be covered with or without a member cost share.

**Wellmark Blue Cross Blue Shield of Iowa
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PHYSICAL EXAM	18-25 YEARS	26-39 YEARS	40-49 YEARS	50-65 YEARS	65+ YEARS ¹
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 ² breasts, testicles	Monthly	Monthly	Monthly	Monthly	Monthly
Prostate Cancer ³			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 ¹
Cervical Smear w/Pelvic Exam	Start at age 21 to screen all sexually active women who have a cervix. Repeat every 1-3 years. Consider discontinuing at age 65.				
Screen for Sexually Transmitted Infections - Chlamydia - all sexually active females under age 24 and older females if at increased risk - Gonorrhea - all sexually active women if at increased risk for infection - Syphilis - all persons at increased risk for infection - HIV - all adults at increased risk for infection	Annually				
Mammography	—	One baseline between 35-40	Every 1-2 years	Annually	Annually
Colorectal Cancer—Fecal Occult Blood Test (FOBT) ⁴	—	—	—	Annually ⁸	Annually ⁸
Sigmoidoscopy ⁴	—	—	—	Every 5 years ⁸	Every 5 years ⁸
Colonoscopy ⁴				Every 10 years ⁸	Every 10 years ⁸
Screening for Smoking, Alcohol, or Drug Use ⁵	With HME ⁹	With HME ⁹	With HME ⁹	With HME ⁹	With HME ⁹
Osteoporosis Screen—females ⁶ —males ⁷	—	—	—	Baseline ¹⁰	Baseline ¹¹
Depression Screening ⁸	With HME ¹²	With HME ¹²	With HME ¹²	With HME ¹²	With HME ¹²
U.S. for Abdominal Aortic Aneurysm ⁹					One time ¹³

SUGGESTED LABORATORY TEST	18-25 YEARS	26-39 YEARS	40-49 YEARS	50-65 YEARS	65+ YEARS ¹
Lipoprotein Panel ¹⁰	Age 20	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Glucose	Screen all adults with a sustained BP (treated or untreated) of > 135/80.				

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

²Clinicians need to teach appropriate self exam techniques and encourage monthly self exams.

³Do 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.

⁴On 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.

⁵Screen and provide behavioral counseling to decrease misuse in adults.

⁶Screen in women 65 and older, or in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.

⁷Periodically assess risk factors for osteoporosis in older men above age 65 –order DEXA for those at increased risk and if candidate for drug therapy.

⁸Clinicians 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.

⁹Males between 65-75 years old, if ever smoked, need a one-time ultrasound.

¹⁰Males age 35+ and repeat every 5 years if normal. Males 20-35 if at increased risk for CHD repeat every 5 years if normal. Females starting at age 20 if at increased risk for CHD, and repeat every 5 years if normal.

Adult Health Maintenance

Immunizations adapted from Advisory Committee on Immunization Practices (ACIP) — February, 2011.

Vaccines for adults who meet the age requirements, lack evidence of immunity, and have no other risk factors present.

VACCINE	19-26 YEARS	27-49 YEARS	50-59 YEARS	60-64 YEARS	≥ 65 YEARS
Tetanus/Diphtheria, Pertussis (Td/Tdap)	Substitute one-time dose of Tdap for Td booster for adults 19-64, then boost with Td every 10 years				Td booster every 10 years
MMR ¹	One to two doses		One dose		
Varicella ²	Two doses				
Pneumococcal PPSV ³	One or two doses				One dose
Meningococcal MCV4	One or more doses for first year college students living in dorms	One or more doses			
Influenza Seasonal ⁴	Annually	Annually	Annually	Annually	Annually
HPV	≤ 26 years females three doses				
Zoster ⁵					One dose

¹Non 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.

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

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

⁴Seasonal 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.

⁵One dose for adults age 60 and older 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 or (800) 232-4636.

Yellow= for all who meet the age requirements and lack evidence of immunity

Purple = recommended if other risk factor is present

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

- Counsel for a healthy diet- intensive behavioral counseling for adults with hyperlipidemia and other known risk factors for CHD and diet related chronic disease
- 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

Breast Health

- Offer BRCA testing and possible referral to genetic counseling to women whose family history is associated with increased risk for deleterious mutations for BRCA 1 OR 2 genes.
- Discuss potential benefit and harms of chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention.