

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, and the National Heart, Lung, Blood Institute. 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 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 ⁴	Every 1-3 years	Every 1-3 years	Every 1-3 years	Every 1-3 years	Every 1-3 years
Chlamydia Screen ⁵	Annually				
Mammography	—	Baseline ⁶	Every 1-2 years	Annually	Annually
Colorectal Cancer—Fecal Occult Blood Test ⁷	—	—	—	Annually ⁷	Annually ⁷
Sigmoidoscopy ⁷	—	—	—	Every 5 years ⁷	Every 5 years ⁷
Colonoscopy ⁷				Every 10 years ⁷	Every 10 years ⁷
Screening for Smoking, Alcohol, or Drug Use ⁸	With HME ⁸	With HME ⁸	With HME ⁸	With HME ⁸	With HME ⁸
Osteoporosis Screen—females ⁹ —males ¹⁰	—	—	—	Baseline ⁹	Baseline ¹⁰
Depression Screening ¹¹	With HME ¹¹	With HME ¹¹	With HME ¹¹	With HME ¹¹	With HME ¹¹
U.S. for Abdominal Aortic Aneurysm ¹²					One time ¹²

SUGGESTED LABORATORY TEST	18-25 YEARS	26-39 YEARS	40-49 YEARS	50-65 YEARS	65+ YEARS ¹
Lipoprotein Panel ¹³	Age 20	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Glucose ¹⁴			Age 45	Every 3 years	Every 3 years

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.

⁴Screening should begin when age 18 or sexually active. In the individual without increased risk, no history of abnormal Pap, and 3 or more consecutive normal annual smears, frequency may be increased to every 3 years. May discontinue screening at age 65 if no history of abnormal smears, HPV, or at any age following benign hysterectomy.

⁵The 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.

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

⁷On 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.

⁸Screen and provide behavioral counseling to decrease misuse in adults.

⁹Offer 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.

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

¹¹Clinicians 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.

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

¹³Per the National Cholesterol Education Program, Adult Treatment Panel III.

¹⁴The ADA recommends glucose testing of asymptomatic adults age 45 and above, every 3 years. Test more often if under 45 and have risks.

Adult Health Maintenance

Immunizations adapted from Advisory Committee on Immunization Practices (ACIP) — February, 2009.

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) ¹	One dose booster every 10 years	One dose booster every 10 years	One dose booster every 10 years
MMR ²	One to two doses		
Varicella ³	Two doses	Two doses	Two doses
Pneumococcal PPSV ⁴			One dose
Meningococcal	One or more doses for first year college students living in dorms		
Influenza ⁵	Annually	Annually	Annually
HPV	≤ 26 years females three doses		
Zoster ⁶		≥ 60 years one dose	

¹Substitute one dose of Tdap for Td for adults <65 who have not received Tdap previously.

²MMR-non-pregnant adults with no evidence of immunity- a second dose is recommended for adults who were recently exposed to measles or in an outbreak setting, were previously vaccinated with killed measles vaccine, were vaccinated with an unknown type of measles vaccine during 1963-1967, all adults in post secondary educational institutions.

³Varicella- recommended for all non-pregnant adults without evidence of immunity to varicella.

⁴For persons ≥ 65 years, one time revaccination if they were vaccinated ≥ 5 years previously and were aged < 65 years at the time of primary vaccination.

⁵In-home household contacts and caregivers of children birth through less than 5 years and anyone who wants to be vaccinated.

⁶One 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 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
- Folic acid for women of child bearing potential
- 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

- Consider screening for depression in patients who are post partum, post MI or post CVA. In addition, patients with chronic medical conditions (e.g., diabetes, cancer) should also be considered for depression screening

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