



2018-2019 Adult Preventive Care Recommendations

Speak with your healthcare provider for appropriate schedules. All updates can be found visiting www.cdc.gov for vaccinations and www.uspreventiveservicestaskforce.org for preventive and wellness care guidelines.

	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65+ Years
Health Maintenance Visit					
Including history at initial and interval; age appropriate physical exam; preventive screenings & health counseling; assessment & appropriate immunizations.	Ages 19-21, health visits Annually Ages 22-29, health visits every 1 - 3 years, depending on risk factors.	Every 1 or 2 years, depending on risk factors.		Every 1 or 2 years, depending on risk factors.	
Cancer Screenings					
Breast Cancer Screening	All women should be familiar with how their breasts normally feel and report any changes to a health care provider right away. * If needed more frequently, it is at the physician's discretion; High Risk patients should discuss the frequency with their physician.		Mammogram for women ages 40-49: Talk with your doctor about when to get started and how often.	Mammograms every 2 years for women 50 - 74 years of age based on patient's physician's recommendations.	
Cervical Cancer Screening	Pap test and pelvic exam should be performed for women ages 21-29 every 3 years . For women ages 30-65 screen with a pap test and HPV every 5 years or screen with a pap test alone every 3 years .				Through age 65 unless serious cervical pre-cancer or cancer in the last 20 yrs.
Prostate & Testicular Cancer	Prostate screening not routine. Clinical testicular exam and self-exam instruction every 1 – 3 years at physician’s discretion .	Prostate-specific antigen (PSA) testing: <ul style="list-style-type: none">Offered at age 45 for men at high riskAt age 50+ follow the recommendations Digital rectal exam (DRE) for patients at high risk. Discuss risks and benefits of PSA testing with your doctor.		PSA test & DRE testing: <ul style="list-style-type: none">Offered at age 50 for men with a life expectancy of at least 10 years. Annual if: PSA is >2.5 ng/ml; Biannually if: PSA is < 2.5 ng/ ml Discuss risks and benefits of PSA testing.	

AvMed adopts evidence-based clinical practice guidelines to assist providers in screening, assessing and treating common disorders. Recommendations are intended to augment, not replace, sound judgment.



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Cancer Screenings (cont.)					
Skin Cancer	Routine cancer related check- ups during periodic health examinations beginning at age 20. Monthly self-examination is recommended for all individuals.				
Colorectal Cancer	Not routine except for patients at high risk or positive family history. *Screen using either one of the following: FOBT (fecal occult blood test), or FIT (fecal immunochemical test, or stool DNA test (every 3yrs) Every 5 years: flexible sigmoidoscopy, CT colonography. Every 10 years: Colonoscopy Physician/patient discretion if screening is after age 75 years.			*Screenings start at age 50 - 75 years. Over age 75 is an individual descision based on overall health and prior history. Risks and benefits of different screening methods vary.	
Recommended Screenings					
Blood Pressure	At every doctor’s visit. In patients 18 to 59 years of age without major comorbidities, and in patients 60 years of age or older who have diabetes, chronic kidney disease, or both conditions, the new goal blood pressure level is <140/90 mmHg.			At every doctor’s visit. In patients 60 years of age or older, who do not have diabetes or chronic kidney disease, the goal blood pressure level is <150/90 mmHg.	
Cholesterol	Initial screening if not previously tested. Every 5 years with fasting lipoprotein profile (total cholesterol, LDL, HDL, and triglyceride).			Every 3 years with fasting lipoprotein profile (total cholesterol, LDL, HDL, and triglyceride).	
	If at risk or screened to have high cholesterol & heart disease, counsel on lifestyle changes including diet, weight management & physical activity. Primary Care Physician (PCP) will evaluate treatment for cholesterol & cholesterol-lowering statin therapy for secondary prevention of atherosclerotic cardiovascular disease (ASCVD).				
Diabetes	Every 3 years beginning at age 45 . Patients who have risk factors such as: age, family history, high blood glucose, overweight etc. screen more often and at a younger age . Physicians should evaluate blood glucose control and disease complications. Patients with diabetes (type 1 or 2) should have the following: <ul style="list-style-type: none">• An annual retinal eye exam.• Hemoglobin A1C (HbA1c) test 2x a year if stable glycemic control (<7%); 4x a year in patients whose therapy has changed or who are not meeting glycemic goals.• Annual Nephropathy to test for the presence of microalbuminuria.• Annual LDL-C screening performed, with a goal of <100mg/dl.				

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Recommended Screenings (cont.)					
Glaucoma	At least once between ages 20 – 29. Every 3 –5 years if at risk or of African descent.	At least twice between ages 30-39. Every 2-4 years if at risk or of African descent.	Every 2 – 4 years between ages 40-64.		Every 2 years for ages 65 and older.
	All screenings should be performed by an eye care professional (i.e. optometrist, ophthalmologist)				
Osteoporosis	Not routine			Bone Mineral Density (BMD) testing in women age 65 and older & in younger women whose fracture risk is ≥ that of a 65-year-old white woman who has no additional risk factors	
Other	All Tests once at baseline: Urinalysis, CBC (RBC, hemoglobin, hematocrit, WBC), rubella titer (females).				
Infectious Disease Screening					
Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis)	For Chlamydia and Gonorrhea: Annual screenings for sexually active if under age 25: Patients 25 and over: Screen annually, if at risk. Screen all pregnant women if at risk. For Syphilis: Screen, if at risk. Advise about risk factors for STDs.				
HIV	Universal counseling. Periodic testing of all patients at risk. Screen all pregnant women. How often you need to get tested depends on your risk for HIV infection.				
Hepatitis C	Screening for hepatitis C virus (HCV) infections in persons at high risk for infection. The USPSTF also recommends offering one time screenings for HCV infection to adults born between 1945 and 1965 and periodic testing of all patients at risk.				
Tuberculosis (PPD or Tine Test)	Tuberculin skin testing for all patients at high risk.				
General Counseling					
All patients should be periodically screened and counseled, as appropriate, regarding: alcohol/substance abuse, tobacco, diet/nutrition, obesity and eating disorders, physical activity, depression/suicide, family violence/abuse, infectious disease/STD, motor vehicle injury prevention, violent behavior/firearms, pregnancy/prenatal care counseling, menopause management, osteoporosis.					
Immunizations					
Influenza (Seasonal)	1 dose annually				
Measles, Mumps & Rubella (MMR)	1 or 2 doses if not previously immunized or have not had measles, mumps or rubella.			Not routine.	

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Immunizations (cont.)					
Pneumococcal	If high risk and not previously immunized. 1 or 2 doses				1 dose at age 65 or later. If vaccinated before age 65, one dose should be given at age 65 or later if at least 5 years have passed since their previous dose.
Tetanus-Diphtheria, Pertussis (TdaP or Td)	Administer a one-time dose of Tdap to those who have not received a dose previously. Then boost with TD every 10 years.				
Human Papillomavirus (HPV)	2 or 3 doses depending on age series initiation: women through age 26 and men through age 21, if not previously immunized. Men may be vaccinated from ages 22 to 26 if risk factors are present. 2 nd dose and 3 rd dose should be 2 and 6 months after 1 st dose.				
Hepatitis A	If high risk. 2 doses – 2 nd dose should be 6-12 months or 6-18 months after 1 st dose				
Hepatitis B	If high risk 3 doses – 2 nd dose 1 month after 1 st dose, 3 rd dose at least two months after 2 nd dose.				
Meningococcal (MenACWY)	If high risk 1 or 2 doses. Revaccination interval is 5 years.				
Measles, mumps, and rubella (MMR)	If previously received ≤2 doses of mumps-containing vaccine and at increased risk during a mumps outbreak-1 dose. Depending on birth year 1957 or later- 1 or 2 doses.				
Varicella (Chickenpox)	2 doses if no evidence of immunity or a second dose if only one dose had been given previously.				
Herpes Zoster (Shingles)				2 dose for adults 50 years of age and older.	

Sources:

www.healthcare.gov/preventive-care

<https://www.uspreventiveservicestaskforce.org/a-and-b-recommendations>

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