

### ADULT PREVENTIVE HEALTH GUIDELINES AGES 18-49

These guidelines are minimal requirements for healthy adults. These guidelines also suggest that individuals “at risk” may require more frequent evaluations and tests than those specified below. These guidelines in no way represent the level of health care benefits covered by HealthPlus. It is the responsibility of the treating practitioner to provide preventive health services to meet the particular health needs of each patient.

Recommendation	18-39 Years	40-49 Years
Health Assessment Screening, History and Counseling	One health maintenance exam (HME) every 1-5 years [D] according to risk status. Each HME should include: <ul style="list-style-type: none"> <li>• Height, Weight, and body mass index (BMI)</li> <li>• Risk Evaluation and Counseling (nutrition, obesity, physical activity, dental health, tobacco use [A], immunizations, HIV prevention [B], sexually transmitted infections prevention [B] and sexual health, sexual abuse, preconception counseling for all women of reproductive age [B], polypharmacy including over-the counter and herbal preparations when appropriate, sun exposure)</li> <li>• Safety (domestic violence, seat belts [B], helmets, firearms, smoke and carbon monoxide detectors)</li> <li>• Behavioral Assessment (depression, suicide threats, alcohol/drug use, anxiety, stress reduction, coping skills)</li> </ul>	
Blood Pressure Monitoring [A]	At every office visit and, at a minimum, every 2 years. If BP 120-139/80-89 or higher, and/or presence of risk factors, more frequent monitoring is recommended.	
Cholesterol and Lipid Screening [B]	Beginning at age 20, measure a complete fasting lipoprotein profile (i.e., total cholesterol, LDL-C, HDL-C and triglycerides) every 5 years if initial test is normal. If multiple risk factors are present, more frequent measurements are recommended.	
Diabetes Mellitus Screening [D]	Screening may be indicated in patients with risk factors for diabetes (e.g., obesity, family history, high-risk ethnic groups [African Americans, Native Americans, Hispanics and Pacific Islanders], previously identified impaired fasting plasma glucose [FPG] or impaired glucose tolerance; history of gestational diabetes, hypertension, HDL-C <35 mg/dL and/or triglyceride >250 mg/dL, polycystic ovary disease, or history of vascular disease)	FPG every 3 years (especially if BMI >25) starting at age 45
Colorectal Cancer Screening [B] (for average risk adults)	No recommendation unless high risk (e.g., family history, history of colorectal polyps, chronic inflammatory bowel disease)	
Glaucoma Screening [C]	No recommendation unless high risk (e.g., increased intraocular pressure, family history, African American, people who have diabetes, myopia, regular/long-term steroid use, previous eye injury)	Begin screening high-risk patients annually at age 45
<i>For Women Only:</i>		
Cervical Cancer Screening [A]/Pap Smear	At least every 3 years; more frequently if high-risk (i.e., history of abnormal Pap results; sexually transmitted infections or HIV; sexual activity before age 18 or multiple partners; vaginal spotting or bleeding between periods, after intercourse or after menopause; tobacco use) [ <i>Consider discontinuation for patients with surgical removal of cervix for benign conditions</i> ]	
Chlamydia Screening [B]	Recommended every year for all sexually active women age 24 and younger; and every year for sexually active women age 25 and older if high-risk (i.e., new or multiple sexual partners, history of sexually transmitted infections, not using condoms consistently or correctly)	
Mammography with or without Clinical Breast Exam [C]	No recommendation unless high-risk	Every 1-2 years
Folic Acid Supplementation	400 mcg folic acid every day	
<i>Immunizations (Consult ACIP website, <a href="http://www.cdc.gov/vaccines/recs/acip">www.cdc.gov/vaccines/recs/acip</a> for up-to-date recommendations):</i>		
Tdap/Td [A]	Tdap once after age 11, then Td every 10 years	
HPV [D]	All females 26 years and younger should have full 3 vaccine series if not previously completed	
MMR [C]	Ages 19-49 years: 1-2 doses	
Varicella [C]	Two doses for adults without evidence of immunity (evidence includes US-born before 1980 [although not for health care workers or pregnant women], prior immunization, history of varicella, history of herpes zoster, or lab confirmation of immunity)	
Influenza [B]	Every year if high-risk; optional for those who wish to avoid getting the flu	

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

Effective 2009-2010

These guidelines are based on several sources including: *The Guide to Clinical Preventive Services 2008, Recommendations of the U.S. Preventive Services Task Force and the Adult 2007-2008 Immunization Schedule on the CDC website.*

### ADULT PREVENTIVE HEALTH GUIDELINES AGES 50-65+

These guidelines are minimal requirements for healthy adults. These guidelines also suggest that individuals “at risk” may require more frequent evaluations and tests than those specified below. These guidelines in no way represent the level of health care benefits covered by HealthPlus. It is the responsibility of the treating practitioner to provide preventive health services to meet the particular health needs of each patient.

Recommendation	50-64 Years	65+ Years
Health Assessment Screening, History and Counseling	One health maintenance exam(HME) every 1-3 years according to risk status [D] Each HME should include: <ul style="list-style-type: none"> <li>Height, Weight, and body mass index (BMI)</li> <li>Risk Evaluation and Counseling (nutrition, obesity, physical activity, dental health, tobacco use [A], immunizations, HIV prevention [B], sexually transmitted infections prevention [B] and sexual health, sexual abuse, polypharmacy including over-the counter and herbal preparations when appropriate, sun exposure)</li> <li>Safety (domestic violence, seat belts [B], helmets, firearms, smoke and carbon monoxide detectors)</li> <li>Behavioral Assessment (depression, suicide threats, alcohol/drug use, anxiety, stress reduction, coping skills)</li> </ul>	One HME at least every 2 years
Blood Pressure Monitoring [A]	At every office visit and, at a minimum, every 2 years. If BP 120-139/80-89 or higher, and/or presence of risk factors, more frequent monitoring is recommended.	
Cholesterol and Lipid Screening [B]	Measure a complete fasting lipoprotein profile (i.e., total cholesterol, LDL-C, HDL-C and triglycerides) every 5 years if initial test is normal. If multiple risk factors are present, more frequent measurements are recommended.	
Diabetes Mellitus Screening [D]	Fasting plasma glucose every 3 years.	
Colorectal Cancer Screening [B] (for average risk adults)	FOBT annually and/or sigmoidoscopy every 5 years; or colonoscopy every 10 years. Stop routine screening at age 75; use individual consideration.	
Glaucoma Screening [C]	No recommendation unless high risk (e.g., increased intraocular pressure, family history, African American, people who have diabetes, myopia, regular/long-term steroid use, previous eye injury)	Every 2 years; screen annually if high-risk
Osteoporosis Screening [C]	Bone mineral density (BMD) test once for initial diagnosis. Repeat test no more than every 2 years. Screen: <ul style="list-style-type: none"> <li>Men or women on chronic glucocorticosteroids (prednisone &gt;7.5 mg/d, or equivalent, for &gt;6 months) and those who have received a solid organ transplant &gt;2 years ago</li> <li>Post-menopausal women with any of the following: personal history of fracture without substantial trauma <math>\geq</math> age 40, family history of fracture (hip, wrist or spine in first-degree relative <math>\geq</math> age 50); current smoking; weight in lowest quartile (&lt;127 lbs); and frailty</li> </ul>	
<i>For Women Only:</i>		
Osteoporosis Screening [C]		At least once at age 65 or older regardless of risk factors with bone mineral density test; test no more than every 2 years
Cervical Cancer Screening [A]/Pap Smear	At least every 3 years unless high-risk (i.e., history of abnormal Pap results, sexually transmitted infections or HIV; sexual activity before age 18 or multiple partners; vaginal spotting or bleeding between periods, after intercourse or after menopause; tobacco use) <i>[Consider discontinuation for patients with surgical removal of cervix for benign conditions]</i>	May discontinue after age 65, based on clinical judgment according to risk status
Mammography with or without Clinical Breast Exam [C]	Every 1-2 years	Shared decision-making after age 70
<i>For Men Only:</i>		
Prostate Cancer Screening [D]	Age 50-65 years, shared decision-making for digital rectal examination (DRE) and/or prostate specific antigen testing	
<i>Immunizations (Consult ACIP website, <a href="http://www.cdc.gov/vaccines/recs/acip">www.cdc.gov/vaccines/recs/acip</a> for up-to-date recommendations):</i>		
Tdap/Td [A]	Tdap once after age 11, then Td every 10 years	Td every 10 years
Varicella [C]	Two doses for adults without evidence of immunity (evidence includes US-born before 1980 [although not for health care workers or pregnant women], prior immunization, history of varicella, history of herpes zoster, or lab confirmation of immunity)	
Herpes Zoster [C]		Once at age $\geq$ 60, regardless of whether patient has prior episode of herpes zoster
Influenza [B]	Annually	
Pneumococcal [B]	No recommendation unless high-risk	Once at age 65; booster may be needed after 5 years

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

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