

ADULT HEALTH MAINTENANCE

Adult Health Maintenance Guidelines

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, and the American Cancer Society. 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, Blood Pressure	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 Breast Exam ²	Monthly	Monthly	Monthly	Monthly	Monthly
Prostate Cancer/DRE			After 40, every 3-4 years	Annually	Annually

*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
Cervical Smear w/Pelvic Exam ³	Every 1-3 years	Every 1-3 years	Every 1-3 years	Every 1-3 years	—
Chlamydia Screen ⁴	Every 6 months				
Mammography	—	Baseline ⁵	Every 1-2 years	Annually	Annually
Colorectal Cancer					
Sigmoidoscopy ⁶	—	—	—	Every 5 years ⁶	Every 5 years
Fecal Occult Blood ⁶	—	—	—	Annually ⁶	Annually
Double Contrast BaE ⁶				Every 5-10 years ⁶	
Colonoscopy ⁶				Every 10 years ⁶	
Screening PSA ⁷	—	—	—	—	—
Osteoporosis Screen				Baseline ⁸	Baseline ⁸

SUGGESTED LABORATORY TESTS

	18-25 years	26-39 years	40-49 years	50-65 years	65+ years
Lipoprotein Panel ⁹	Age 20	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Complete Blood Count	NR [#]	NR [#]	NR [#]	NR [#]	NR [#]
Urinalysis	NR [#]	NR [#]	NR [#]	NR [#]	NR [#]
Chemistry Panel (survey liver, kidney functions)	NR [#]	NR [#]	NR [#]	NR [#]	NR [#]
Glucose ¹⁰			Age 45	¹⁰	¹⁰
Chest X-ray (Asymptomatic Patients)	NR [#]	NR [#]	NR [#]	NR [#]	NR [#]
EKG (Asymptomatic Patients)	NR [#]	NR [#]	NR [#]	NR [#]	NR [#]

NR = Not recommended - Most organizations do not recommend routine screening in healthy individuals without indications.

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

² Breast Self-Examination should be taught to all female patients at age 18 or at first health encounter.

³ Screening 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.

⁴ The CDC recommends screening all sexually active females age 25 and under, every 6 months. Annual screening to all sexually active females above 25 with one or more risk factors, i.e., new or multiple sex partners, lack of barrier protection, unmarried.

⁵ The State of Iowa mandates coverage for a baseline mammogram between the ages of 35-40.

⁶ On average risk pt., FOBT annually & flex Sig every 5 years or DCBaE and flex Sig every 5 - 10 years or colonoscopy every 10 years.

⁷ PSA is not recommended at present. This test should be reserved for cases with high index of suspicion.

⁸ Offer baseline screening bone mineral density (BMD) testing to post menopausal women.

⁹ Per the National Cholesterol Education Program, Adult Treatment Panel III.

¹⁰ The ADA recommends glucose testing of asymptomatic adults age 45 and above, every 3 years. Test more often if under 45 and have risks.

Adapted from Advisory Committee on Immunization Practices (ACIP) by the Immunization Action Coalition with review by ad hoc team - October, 1998.

IMMUNIZATIONS

	18-24 years	25-64 years	65 years
Tetanus/Diphtheria Vaccine ¹	X	X	X
Measles ^{2,3}	X	X	
Mumps ²	X	X	
Rubella ⁴	X	X	
Varicella ²	X	X	
Influenza ⁵ (given yearly)			X
Hepatitis B ⁷			
Pneumococcal Vaccine			X

- ¹ Td: Tetanus & diphtheria toxoid, absorbed (for adult use) which is a combined preparation containing < 2 flocculation units of diphtheria toxoid. After the primary series is completed, a booster shot is recommended every 10 years.
- ² Adults without documentation of immunization or seropositivity.
- ³ One dose for all persons born in 1957 or later, two doses for health care workers, college students, or travelers born in 1957 or later.
- ⁴ Women of childbearing age without documentation of immunization or seropositivity.
- ⁵ Adults of any age with chronic metabolic diseases, renal dysfunction, anemia, immunodeficiency disorders, cardiac, vascular or pulmonary conditions.
- ⁶ Those at high risk requiring consideration for early immunization include: chronic illness, immunocompromised individuals, HIV infected, and residents of special environments with an identified risk of pneumococcal exposure. High-risk groups may require repeat vaccination.
- ⁷ Health care professional needs to determine patients' level of risk for this immunization. All adolescents should be immunized.

COUNSELING & EDUCATION

In general, some counseling/education should be carried out at each preventive care visit as well as at other times at clinical discretion. This can be provided by the PCP, nurse or other health professional or educator.

NUTRITION

- Energy/Caloric Balance
- Nutrient Balance
- All females should be counseled to maintain adequate calcium
- Supplements

SUBSTANCE USE/ABUSE

- Tobacco
- Alcohol and Other Drugs

SEXUAL PRACTICES

- STD Prevention
- Unintended Pregnancy Prevention

ADVANCE DIRECTIVES

PHYSICAL ACTIVITY

PREVENTIVE CARE VISITS

- Dental
- Vision
- Hearing

INJURY PREVENTION

- Motor Vehicles, Bicycles
- 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 add-

tion, patients with chronic medical conditions (ie: diabetes, cancer) should also be considered for depression screening.

SKIN CANCER

- Skin protection from UV light

ASPIRIN

- Males 40 yrs and older should be advised about the prophylaxis benefit of aspirin

HRT

- Women 45 and older should be counseled regarding hormone replacement therapy.