



Adult Preventive Services (Ages 50 - 65+)

The following guideline recommends clinical preventive services for adults.

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"> Height, weight and Body Mass Index (BMI) 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) Safety (Domestic violence, seat belts, helmets, firearms, smoke and carbon monoxide detectors) Behavioral Assessment (Depression, suicide threats, alcohol/drug use, anxiety, stress reduction, coping skills) 	One HME at least every 2 years
Blood Pressure Monitoring [A]	At every office visit and at 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 in low risk adults). If multiple risk factors are present, more frequent measurements are recommended.	
Diabetes Mellitus Screening	Fasting plasma glucose (FPG) every 3 years beginning at age 45. FPG may be performed earlier in patients at increased risk of diabetes (e.g., those with BMI ≥ 25, family history and high-risk ethnic groups - African Americans, Native Americans, Hispanics and Pacific Islanders)	
Colorectal Cancer Screening [A] 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 requirement unless high risk (e.g. increased intraocular pressure, family history, African Americans, people who have diabetes, myopia, regular/long-term steroid use, previous eye injury)	Every 2 years; Screen annually if high risk
Osteoporosis Screening [C]	<ul style="list-style-type: none"> Men or women on chronic glucocorticosteroids (prednisone > 7.5 mg/d, or equivalent, for > 6 months) and those who have received a solid organ transplant > 2 years ago should be screened. Post-menopausal women with any of the following: personal history of fracture without substantial trauma ≥ age 40; family history of fracture (hip, wrist or spine in first-degree relative ≥ age 50); current smoking; weight in lowest quartile (< 127 lbs); and frailty. Bone Mineral Density (BMD) test once for initial diagnosis. Do not repeat test more frequently than every 2 years (per MQIC Osteoporosis guideline). 	Women > age 65 regardless of risk factors
Cervical Cancer Screening [A] Pap Smear	At least every 3 years, unless high risk (i.e. history of abnormal Pap results, sexually transmitted diseases or HIV; sexual activity before age 18 or multiple partners; vaginal spotting or bleeding between periods, after intercourse or after menopause; tobacco use) [Consider discontinuation for patients with surgical removal of cervix for benign conditions]	May discontinue after age 65, based on clinical judgement according to risk status
Mammography [A] with or without Clinical Breast Exam [B]	Every 1 - 2 years	Shared decision-making after age 70
Prostate Cancer Screening [D]	Age 50 - 65 years, shared decision-making for digital rectal examination (DRE) and/or prostate specific antigen (PSA) testing	
Immunizations (Consult ACIP website, www.cdc.gov/vaccines/recs/acip/ for up-to-date recommendations):		
Tdap/Td [A]	Tdap once after age 11, then Td every 10 years	Td every 10 years
Varicella [C]; Zoster [C]	Varicella as indicated by ACIP guidelines. Single dose zoster vaccine aged ≥ 60 years	
Influenza [B]	Annually	
Pneumococcal vaccine [B]	No requirement, unless high risk	Once at age 65; booster may be needed after 5

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

This guideline lists core management steps. It is based on several sources, including: The Guide to Clinical Preventive Services 2007, Recommendations of the U.S. Preventive Services Task Force (www.preventiveservices.ahrq.gov) and the Advisory Committee on Immunization Practices (ACIP) 2006 Immunization Recommendations (www.cdc.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.