



## Adult Health Maintenance Guidelines

### Guideline History

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Next Review Date	11/19

## Health Maintenance: Adults

Service	Ages 18- 39 yrs.	40-49 yrs.	50-64 yrs.	Age 65 yrs. and Older
Routine Health Exam <sup>1</sup>	Annually	Annually	Annually	Annually
BMI(Body Mass Index) <sup>2</sup>	Annually or at every health encounter	Annually or at every health encounter	Annually or at every health encounter	Annually or at every health encounter
Blood Pressure <sup>3</sup>	With every encounter	With every encounter	With every encounter	With every encounter
Cholesterol <sup>4</sup>	Begin screening at age 20 then at least once every 5 years	At least once every 5 years  Annually with diagnosis of high cholesterol, diabetes or coronary artery disease	At least once every 5 years  Annually with diagnosis of high cholesterol, diabetes or coronary artery disease	At least once every 5 years  Annually with diagnosis of high cholesterol, diabetes or coronary artery disease
Fasting Plasma glucose or HbA1c Diabetes (type2) Screen <sup>5</sup>	As recommended if risk factors are present.	Every 3 Years beginning at 45, sooner if overweight w/risk factors	Every 3 years or sooner if risk factors are present	Every 3 years or sooner if risk factors are present
Smoking Cessation <sup>6</sup>	With every encounter	With every encounter	With every encounter	With every encounter
Alcohol Abuse <sup>7</sup>	With every encounter	With every encounter	With every encounter	With every encounter
Clinical Breast Exam (CBE) <sup>8</sup>  *Recommendations based on ACS 2015 guidelines for women considered to be at <u>average risk for breast cancer</u> *	Not recommended among average-risk women	Not recommended among average-risk women	Not recommended among average-risk women	Not recommended among average-risk women

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Service	Ages 18-39 yrs.	Ages 40-49 yrs.	Ages 50-64 yrs.	65 yrs. and Older
<p><b>Mammography<sup>9</sup></b></p> <p>*Recommendations based on ACS 2015 guidelines for women considered to be at average risk for breast cancer*</p>	<p>Women still have the opportunity to begin annual mammography screening at age 40 to 44. (Qualified Recommendation)</p>	<p>Women with an average risk of breast cancer age 45 to 54 begin screening annually. (Strong Recommendation)</p>	<p>Women 55 years and older should transition to biennial screening or have the opportunity to continue screening annually. (Qualified Recommendation)</p>	<p>Women should continue screening as long as their overall health is good and they have a life expectancy of 10 years or longer. (Qualified Recommendation)</p>
<p><b>Pelvic Examination<sup>10</sup></b></p>	<p>Annual pelvic examination for patients aged 21 years and older</p> <p>*Shared decision-making between physician and asymptomatic patients over whether to have an internal pelvic examination.*</p>	<p>*Shared decision-making between physician and asymptomatic patients over whether to have an internal pelvic examination.*</p>	<p>*Shared decision-making between physician and asymptomatic patients over whether to have an internal pelvic examination.*</p>	<p>*Shared decision-making between physician and asymptomatic patients over whether to have an internal pelvic examination.*</p>
<p><b>Cervical Cancer Screening Co-Testing (PAP test and HPV screen)<sup>11</sup></b></p> <p>*Women of any age should NOT be screened every year by any screening method. *</p>	<p>All women should begin cervical cancer screening at age 21.</p> <p>Women aged 21-29 PAP test every 3 years.</p> <p>Beginning at age 30 Co-testing (PAP &amp; HPV tests) every 5 years and continue until age 65.</p>	<p>PAP test every 3 years OR Co-test PAP &amp; HPV every 5 years</p> <p>Women 30 to 65 have option to test every 3 years with PAP test only.</p>	<p>PAP test every 3 years OR Co-test PAP &amp; HPV every 5 years</p>	<p>*Stop cervical cancer screening following regular screenings in previous 10 years and no serious pre-cancer (CIN2 or CIN3) findings in last 20 years.*</p>
<p><b>Prostate Cancer Screen<sup>12</sup></b></p>		<p>Informed discussion/shared decision making should be had for African American men or those with a positive family history of prostate cancer.</p>	<p>Informed discussion/shared decision making with all men with at least a 10 year life expectancy or greater.</p>	

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Service	Ages 18-39 yrs.	Ages 40-49 yrs.	Ages 50-64 yrs.	65 yrs. and Older
<p><b>Colorectal Cancer Screen: Stool Tests<sup>14</sup></b></p> <p><b>Guaiac-based fecal occult blood test (gFOBT)- <u>every year</u></b></p> <p><b>Fecal Immunochemical Test (FIT)- <u>every year</u></b></p> <p><b>Stool DNA test<sup>15</sup> (Cologuard<sup>13</sup>) – <u>every 3 years</u></b></p> <p><b>*Recommendations are based on the American Cancer Society guidelines for the early detection of colorectal adenomas and cancer in people at increased risk or high risk.*</b></p>	<p><b>People with a family history in any first degree relative before age 60 or 2 or more first degree relatives at any age should start testing at age 40 or 10 years before the youngest case in the immediate family, whichever is earlier.</b></p>		<p><b>50 years of age and older with an average risk for colon cancer. African Americans at 45 years of age.</b></p>	
<p><b>Colonoscopy<sup>14</sup></b> or</p>			<p><b>Every 10 years</b></p>	<p><b>Every 10 years</b></p>
<p><b>Sigmoidoscopy<sup>14</sup></b></p>			<p><b>Every 5 years</b></p>	<p><b>Every 5 years</b></p>
<p><b>Osteoporosis Screening<sup>16</sup></b></p>			<p><b>Postmenopausal women under age 65 with risk factors</b></p>	<p><b>Recommended for all women over age 65 and older and men age 70 and older.</b></p>

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<b>Aortic Abdominal Aneurysm (AAA) Screening<sup>17</sup></b>				<b>One time ultrasonography for men ages 65 to 75 who have ever smoked.</b>
<b>Lung Cancer Screening<sup>18</sup></b>  *The only recommended test for lung cancer screening is low-dose computed tomography (LDCT)			<b>Annually for adults between 55 and 80 years of age who are asymptomatic for lung disease, and smoke now or have quit within the past 15 years, and have a smoking history of 30 pack years or more.</b>	
<b>Skin Cancer screening<sup>19</sup></b>	<b>Self-Exam and with routine health exam.</b>	<b>Self-Exam and with routine health exam.</b>	<b>Self-Exam and with routine health exam.</b>	<b>Self-Exam and with routine health exam.</b>
<b>Vision<sup>20</sup></b>	<b>Adults with no signs or risk factors for eye disease :baseline comprehensive eye evaluation at age 40</b>  <b>Annually for Adults at risk with Diabetes, HTN, or family history of ocular disease.</b>	<b>Adults with no signs or risk factors for eye disease age 40-54: once every 2-4 years by an ophthalmologist.</b>  <b>Annually for Adults at risk with Diabetes, HTN, or family history of ocular disease.</b>	<b>Adults with no signs or risk factors for eye disease: once every 2-4 years by an ophthalmologist through age 54.</b>  <b>Annually for Adults at risk with Diabetes, HTN, or family history of ocular disease.</b>	<b>Adults with no signs or risk factors for eye disease after the age of 54 every 1-3 years by an ophthalmologist</b>  <b>Annually for Adults at risk with Diabetes, HTN, or family history of ocular disease.</b>
<b>Glaucoma<sup>21</sup></b>	<b>Less than 40 with no risk factors, complete eye exam (which includes glaucoma check) every 5 to 10 years.</b>	<b>Ages 40 to 54 with risk factors every 1 to 3 years</b>	<b>Ages 55 to 64 with risk factors every 1 to 2 years</b>	<b>Ages 65 and older with risk factors every 6 to 12 months</b>
<b>Hearing<sup>22</sup></b>	<b>Every 2-10 years</b>	<b>Every 2-10 years</b>	<b>Every 3 years</b>	<b>Every 3 years</b>

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## Health Maintenance: Adults

### Screening for Sexually Transmitted Diseases (STD's)

Service	Ages 18-39 yrs.	Ages 40-49 yrs.	Age 50-64 yrs.	65 yrs. And older
Chlamydia Screening <sup>23</sup>	All non-pregnant sexually active women under 25 years of age and women 25 years of age and older with risk factors should be screened for chlamydia annually.			
HIV testing <sup>24</sup>	Screen all patients 13-64 years of age. All patients should be notified HIV testing will be performed but patient retains option to decline or defer screening. (opt-out)			
Hepatitis C (HCV) Testing <sup>25</sup>	All adults born between 1945-1965 without prior ascertainment of HCV risk factors should be tested once. Any adult with present HCV risk factors should be tested for HCV.			

### Immunizations

Service	Ages 18- 21	40-64 yrs.		Age 65 yrs. and Older
HPV Immunization ( Gardasil Vaccine) <sup>26</sup>	Recommended for both males and females and is routinely given at 11 or 12 years of age. Can be given beginning at age 9 years; females through age 26 years and males through age 21 years.			
Influenza (Flu) Vaccine <sup>27</sup>	one dose each flu season	one dose each flu season	one dose each flu season	one dose each flu season
Pneumococcal (PPSV23 or PCV13) <sup>28</sup>	PPSV23 for at risk individuals who are immunocompromised, have diabetes, chronic pulmonary disease, or have a history of chronic steroid use or splenectomy.		For adults 65 years and older one dose of PCV13 followed by a dose of PPSV23 12 months later.	
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>29</sup>	1-time dose of Tdap then boost with Td every 10 years			

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## Endnotes

- 1) A health maintenance evaluation includes a) identifying risk factors in one's personal and family health history, (b) performing a focused exam, as appropriate, (c) obtaining needed screening tests at the right intervals, and (d) encouraging people to choose health lifestyles to maximize their health. The initial evaluation should include present, past, family, social, work, drug, medication, allergy, and sexual history.
- 2) BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity.
- 3) Blood pressure assessment should be performed at every medical encounter, but a minimum of every 2 years if blood pressure is less than 120/80; every year if 120- 139/80-89.
- 4) The National Cholesterol Education Program (NCEP), an expert group of doctors and scientists affiliated with the National Institutes of Health, recommends that all people older than age 20 have a cholesterol test every 5 years. Adults with a diagnosis of high cholesterol, coronary artery disease or diabetes should be tested once a year.
- 5) The American Diabetes Association recommends prediabetes testing at age 45 for all patients. If tests are normal, repeat testing at a minimum of 3 year intervals. Consider testing for prediabetes in asymptomatic adults of any age with a BMI greater than or equal to 25kg who have 1 or more additional risk factors for diabetes. The FPG is the recommended screening test. The OGTT may be necessary for the diagnosis of diabetes when the FPG is normal.
- 6) Providers should ask about tobacco use at every visit. Advise all tobacco users to quit. Assess readiness to quit. Provide brief counseling and recommend pharmacotherapy.
- 7) Alcohol screening and brief intervention (SBI) is a preventive service like hypertension or cholesterol screening that can occur as part of a patient's wellness visit. It identifies and helps individuals who are drinking too much.
- 8) The American Cancer Society reports breast exams, either from a medical provider or self-exams, are no longer recommended.
- 9) The American Cancer Society [new guidelines for breast cancer screening](#) recommendations say all women should begin having yearly mammograms at age 45, and can change to having mammograms every other year beginning at age 55.
- 10) Annual pelvic examination of patients 21 years of age or older is recommended by the American College of Obstetricians and Gynecologists (ACOG). At this time, this recommendation is based on expert opinion, and limitations of the internal pelvic examination should be recognized. A pelvic examination always is an appropriate component of a comprehensive evaluation of any patient who reports or exhibits symptoms suggestive of female genital tract, pelvic, urologic, or rectal problems. For patients younger than 21 years with problems, such as menstrual disorders, vaginal discharge, or pelvic pain, an internal examination may be necessary.
- 11) Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical pre-cancer (or cancer). Women who have had a hysterectomy without removal of the cervix (called a *supra-cervical hysterectomy*) should continue cervical cancer screening according to the guidelines for prevention and early detection of cervical cancer from the American Cancer Society.
- 12) Controversy exists between major national organizations as to the value of screening and if so, how often. Some suggest screening PSA with or without rectal exam every 2 yrs. unless the patient is member of a high risk group (African-American, positive FH or if last PSA = 2.5 or greater) in which case PSA screening could be moved to yearly. physical
- 13) The American Cancer Society (ACS) guidelines include Cologuard in a recommended list of screening options for colorectal cancer.

- 14) The U.S. Preventive Services Task Force recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age of 75 years. If you are older than 75, ask your doctor if you should be screened.
- 15) The FIT-DNA test (also referred to as the stool DNA test) combines the FIT with a test that detects altered DNA in the stool.
- 16) The National Osteoporosis Foundation recommends a bone density test for all women aged 65 and over, all men age 70 or older, individuals who experience a broken bone after age 50, or a man age 50-69 with risk factors. Risk factors for osteoporosis include age, female gender; family/personal history of fractures as an adult; race (Caucasian/Asian); small- bone structure and low body weight (under 127 lbs.); certain menopause or menstrual histories; lifestyle (smoking, little exercise) and certain medications/chronic diseases.
- 17) The U.S. Preventive Services Task Force recommends one-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men ages 65 to 75 years who ever smoked.
- 18) The U.S. Services Task Force recommends yearly lung cancer screening with low-dose computed tomography for people who have a history of heavy smoking, and smoke now or have quit within the past 15 years, and are between 55 and 80 years of age. Screening is recommended to stop when the person turns 81 years of age, has not smoked in 15 years or if the person develops a health problem that makes him or her unwilling or unable to have surgery if lung cancer is found.
- 19) The Skin Cancer Foundation recommends that everyone practice monthly [head-to-toe self-examination](#) of their skin, so that they can find any new or changing lesions that might be cancerous or precancerous. See your physician every year for a professional skin exam.
- 20) The American Academy of Ophthalmology recommends individuals who develop diabetes mellitus type 1 should be examined by an ophthalmologist 5 years after disease onset and at least yearly thereafter. Individuals who develop diabetes mellitus type 2 should be examined at the time of diagnosis and at least yearly thereafter. Women with type 1 or type 2 diabetes should receive a comprehensive eye examination before conception and then early in the first trimester of pregnancy.
- 21) The American Academy of Ophthalmology recommends a complete eye exam that includes tests that check for glaucoma every 5 to 10 years if you are younger than 40 years of age and have no known risk factors.
- 22) Subjective hearing screening followed by counseling on the availability of hearing devices and making referrals as appropriate should be provided for older adults once every 2-10 years.
- 23) CDC recommends screening at least once a year for syphilis, chlamydia, and gonorrhea for all sexually active gay, bisexual, and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STDs (i.e., at 3-to-6 month intervals).
- 24) USPSTF recommends high-intensity behavioral counseling for all sexually active adolescents and for adults at increased risk for STDs and HIV. CDC recommends all adults and adolescents from ages 13 to 64 should be tested once for HIV and all pregnant women in the United States should be screened for HIV infection at the first prenatal visit, even if they have been previously tested.
- 25) HCV screening is recommended by CDC and USPSTF for all persons born during 1945–1965 and others based on their risk for infection or on a recognized exposure, including past or current injection drug use, receiving a blood transfusion before 1992, long-term hemodialysis, being born to a mother with HCV infection, intranasal drug use, receipt of an unregulated tattoo, and other percutaneous exposures. CDC reports HCV is primarily transmitted parenterally, usually through shared drug-injection needles and paraphernalia.
- 26) Based on the available immunogenicity evidence, a 2-dose schedule (0, 6–12 months) will have efficacy equivalent to a 3-dose schedule (0, 1–2, 6 months) if the HPV vaccination series is initiated before the 15th birthday (GRADE evidence type 3). ACIP recommends a 2-dose schedule for HPV vaccination of girls and boys who initiate the vaccination series at ages 9 through 14 years (Category A

recommendation). Vaccination against human papillomavirus (HPV) is recommended to prevent HPV infections and HPV-associated diseases, including cancers.

- 27) Annual vaccination against influenza is recommended for all persons aged 6 months or older.
- 28) Adults aged 65 years or older who have not received PCV13 or PPSV23: Administer PCV13 followed by PPSV23 in one year. When indicated, only a single dose of PCV13 is recommended for adults.
- 29) ACIP recommends that all adults aged 19 years and older who have not yet received a dose of Tdap should receive a single dose. Tdap should be administered regardless of interval since last tetanus or diphtheria toxoid-containing vaccine. After receipt of Tdap, persons should continue to receive Td for routine booster immunization against tetanus and diphtheria according to previously published guidelines. Administer one dose of Tdap vaccine to pregnant women during each pregnancy (preferably during 27 to 36 weeks' gestation) regardless of interval since prior Td or Tdap vaccination.