2017 Preventive Health Guidelines for Adults 18 years and Older

Part I: Adults at Average Risk

1. History and Physical Examination (Reference: 28 - ACS)
   a) Height and Weight Measurement: Get baseline height at initial visit and weight at every visit (References: 29 – AHA; 30 - USPSTF)
   b) Calculation of Body Mass Index: At every visit (References: 30 – USPSTF; 29 - AHA)
   c) Blood Pressure Measurement: At every visit (References: 31 - USPSTF)

2. Counseling
   Provide health counseling regarding the following topics: (Reference: 18, 30, 34, 35, 37, 62 – USPSTF, 38 - ACS)
   a) Avoidance of tobacco and/or tobacco cessation
   b) Weight loss for obese adults
   c) Promotion of healthy diet
   d) Benefits of physical activity
   e) Alcohol use
   f) Sexually transmitted infection prevention
   g) Risks and symptoms of endometrial cancer to women of average risk at the time of menopause. Strongly encourage women to report any unexpected bleeding or spotting to their physicians.
   h) Minimizing exposure to ultraviolet radiation to reduce risk for skin cancer

3. Screening Tests
   a) Cholesterol
      Note: Recommendations from different national entities vary. We encourage review of the detailed and nuanced language in the following references: (References: 39 – USPSTF; 40 - ADA; 70 - AHA).
      • Screen men age 35 and older for lipid disorders.
      • Screen women age 45 and older for lipid disorders if they are at increased risk for coronary heart disease.
      • Men age 20 to 35 and women age 20 to 45 that are at increased risk for coronary heart disease should be screened for lipid disorder.
      • Reasonable options for screening interval include: every 5 years; screening at <5 year intervals for people who have lipid levels close to those warranting therapy; and screening at intervals >5 years for low-risk people who have had low or repeatedly normal lipid levels.
      • For adult diabetics, perform a lipid profile at least annually. If lipid values are low-risk, the lipid profile may be performed every two years.

   b) Breast cancer screening (female only)
      Note: Recommendations from different national entities vary. We encourage review of the detailed and nuanced language in the following references: (References: 33, 41 – USPSTF; 32 – ACS)
      • Screen women aged 50 to 74 years for breast cancer with biennial mammography. Some entities recommend annual mammography in this age group.
      • The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient’s values regarding specific benefit and harm. Some entities recommend annual mammography in the 40 to 49 age group.
      • Primary care providers should screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women
with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.

- Clinical breast exams are recommended every 1-3 years from (20-40) years old and annually thereafter.
- Counselling about self-exams and awareness to detect any changes starting at age 20.

c) **Cervical Cancer Screening (Pap) (female only)** (References: 25 – USPSTF; 26 – ACS; also see Reference 27 – ACOG)

- Cervical cytology alone should be used for women aged 21 to 29 years, and screening should be performed every three years.
- Younger women younger than 21 should not be screened, with the exception of women who are infected with HIV. More frequent screening is appropriate for certain women, including those infected with HIV.
- Cytology and human papillomavirus (HPV) co-testing every five years is preferred for women aged 30 to 65 years; cytology alone every three years is acceptable.
- Women younger than 30 years should not undergo co-testing.
- Screening should be discontinued after age 65 years in women with adequate negative prior screening test results.
- Routine cytology and HPV testing should be discontinued and not restarted for women who have had a total hysterectomy and never had cervical intraepithelial neoplasia 2 or higher.
- Acceptable screening methods include liquid-based and conventional methods of cervical cytology collection.

d) **Prostate Cancer Screening (male only)** (Reference: 42 – ACS; also see references 43 – USPSTF and 44 – AUA)

- Prostate cancer screening recommendations vary, and review of the detailed language in the references is recommended. While the USPSTF recommends against PSA-based screening for prostate cancer, the American Cancer Society (ACS) and the American Urological Association (AUA) recommend an informed decision making process for men age 50 and older (ACS) or men age 55-69 (AUA) who have at least a ten year life expectancy. Among the potential considerations for informed decision making are the risks, benefits and uncertainties of screening, as well as individual values and preferences. ACS states that prostate cancer screening should not occur without an informed decision making process.

e) **Colorectal Cancer Screening** (Reference: 46 – USPSTF; also see References 45 – ACS and 47 - ACOG)

Screen men and women age 50-75 for colorectal cancer using:

- Guaiac Fecal Occult Blood Test (gFOBT) annually or;
- Fecal Immunochemical Testing( FIT) annually or;
- Fecal Immunochemical Testing(FIT)-DNA every 1-3 years or;
- Flexible sigmoidoscopy every 5 years or;
- Flexible sigmoidoscopy every 10 years with FIT annually or;
- Colonoscopy every 10 years or;
- CT Colonography every 5 years

- Note: Single–panel gFOBT performed in the medical office using a stool sample collected during a digital rectal examination is not a recommended option for CRC screening due to its very low sensitivity for advanced adenomas and cancer.

f) **Screening for Alcohol Misuse** (Reference: 35– USPSTF)

- Screen adults 18 and over for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief counseling interventions to reduce alcohol misuse.

**g) Screening for Depression** (Reference: 48 – USPSTF)

- Screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
h) Screening for Tobacco Use (Reference: 34 - USPSTF)
   • Ask all adults, including pregnant women, about tobacco use.
2017 Preventive Health Guidelines for Adults 18 years and Older

i) Screening for Obesity (Reference: 30 - USPSTF)
   - Screen all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.

j) HIV Serology (Reference: 56 – USPSTF)
   - Screen for HIV infection in adults age 18 to 65 years. Older adults who are at increased risk should also be screened. Screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. The evidence is insufficient to determine optimum time intervals for HIV screening.

k) Screening for Intimate Partner Violence (Reference: 59 – USPSTF)
   - Screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.

l) Screening for Hepatitis C (Reference: 64 – USPSTF)
   - Screen for Hepatitis C (HCV) infection in persons at high risk for infection and offer one-time screening for HCV infection to adults born between 1945 and 1965.

m) Screening for Lung Cancer (Reference: 69 - USPSTF)
   - Screen annually for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

4. Immunizations (References: 49, 50, 19 – ACIP)
   - Administer immunizations in accordance with the ACIP Recommended Adult Immunization Schedule or in accordance with state law or regulations. See the ACIP Recommended Adult Immunization Schedule at the end of this document.

5. Preventive Treatment
   a) Aspirin (Reference: 51 – USPSTF)
      - Adults aged 50 to 59 years with a ≥10% 10-year CVD risk: The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.

   b) Folic acid (Reference: 52 – USPSTF)
      - All women planning or capable of pregnancy should take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.

   c) Chemoprevention of breast cancer (Reference: 53 – USPSTF)
      - Engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications.

   d) Statins for Cardiovascular Disease Prevention (Reference 73- USPSTF)
      - The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met:
        o they are aged 40 to 75 years;
        o they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking);
        o they have a calculated 10-year risk of a cardiovascular event of 10% or greater.
Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.

Part II: **Recommendations for Select Adult Populations at Increased Risk**

1. **Screening for Diabetes** (References: 54 – USPSTF; 55 – ADA)
   Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
   a) Prevention or Delay of Type 2 Diabetes
      • Test all adults, beginning at age 45, regardless of weight.
      • Test asymptomatic adults of any age who are overweight, are obese, or have one or more additional risk factors for diabetes.
      • Consider metformin therapy to prevent type 2 diabetes for:
        o Prediabetes;
        o BMI > 35 kg/m²
        o Age < 60 years
        o Women who have had gestational diabetes
      • Refer patients with prediabetes to a program of intensive diet and physical activity with a behavioral counseling component:
        o Target 7% body weight loss
        o Encourage at least 150 minutes/week of moderate-intensity physical activity.
        o Offer follow-up, including counseling, diabetes self-management education, and ongoing support.

2. **Tuberculosis Testing: Test person at increased risk for TB**, (References: 23, 24 – CDC)
   - Persons with increased risk for developing TB include the following:
     o Persons who may have recent infection, including: close contacts of persons with infectious pulmonary TB; persons who have recently immigrated from areas of the world with high rates of TB; or groups of people with high rates of TB transmission (homeless persons, those with HIV infections, injection drug use, persons who reside or work in institutional settings).
     o Persons with clinical conditions that are associated with progression to active TB, including: HIV infection, injections drug use, pulmonary fibrotic lesions on CXR, underweight, silicosis, chronic renal failure on hemodialysis, diabetes, gastrectomy, jejunoileal bypass, renal and cardiac transplantation, head and neck cancer, other neoplasms, prolonged corticosteroid or immunosuppressive therapy.

3. **Syphilis Serology** (References: 57, 58 – USPSTF)
   - The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection
   - Perform for all pregnant women.

4. **Gonorrhea Screening** (References: 17 – USPSTF)
   - Screen for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.

5. **Chlamydia Screening** (References: 16 – USPSTF)
   - Screen for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.

6. **Counseling and Interventions to Address Tobacco Use** (Reference: 34 – USPSTF).
• Ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. Provide augmented, pregnancy-tailored counseling for pregnant women who use tobacco.

7. Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling (Reference: 37 - USPSTF)
   • Offer or refer adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.

8. Screening for Hepatitis B Virus Infection (Reference: 68 - USPSTF)
   • Screen for Hepatitis B in adults at high risk for infection.
   • Risk factors include country of origin, HIV positive persons, Injection drug users, household contacts or sexual partners with HBV infection, and men who have sex with men.
   • Screening is also recommended for persons receiving hemodialysis or cytotoxic or immunosuppressive therapy.

9. Sexually Transmitted Infections: Behavioral Counseling (Reference: 18- USPSTF)
   • Intensive behavioral counseling for adults who are at increased risk for sexually transmitted infections (STIs).

Part III: Additional Recommendations for Adults Age 65 and Older

In addition to the services recommended in the guidelines for adults age 19 and older, the following services are recommended for individuals age 65 and older:

1. Immunizations (Reference: 49 – ACIP)
   • Administer immunizations in accordance with the ACIP Recommended Adult Immunization Schedule. A copy is attached.

2. Osteoporosis Screening (Reference: 60 – USPSTF)
   • Screen women age 65 and older routinely for osteoporosis, with screening to begin at age 60 for women at increased risk for osteoporotic fractures.

3. Screening for Abdominal Aortic Aneurysm (Reference: 61 - USPSTF)
   • Men ages 65 to 75 who have ever smoked should be screened one time for abdominal aortic aneurysm, using ultrasonography.

4. Prevention of Falls In Community Dwelling Older Adults (Reference: 63 - USPSTF)
   • Exercise or physical therapy and vitamin D Supplementation to prevent falls is recommended for community-dwelling adults aged 65 years or older who are at increased risk for falls.
## 2017 Preventive Health Guidelines for Adults 18 years and Older

Figures 1 and 2 should be read with the footnotes that contain important general information and considerations for special populations.

### Figure 1. Recommended Immunization Schedule for Adults Aged 19 Years or Older by Age Group, United States, 2017

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-59 years</th>
<th>60-64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td/Tdap²</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR³</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAR⁴</td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBV⁵</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV-Female⁶</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV-Male⁷</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13⁸</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPSV23⁹</td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA⁴</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB⁵</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY or MPSV4¹</td>
<td>1 or more doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB¹¹</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib¹⁲</td>
<td>1 or 3 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1. Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection
2. Recommended for adults with additional medical conditions or other indications
3. No recommendation
References


25. U.S. Preventive Services Task Force. Screening for cervical cancer March 2012. Available at: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcansrs.htm. Accessed March 24, 2017. *The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screen with a combination of cytology and human papillomavirus (HPV) testing every 5 years. The USPSTF recommends against screening for cervical cancer in women younger than age 21 years. The USPSTF recommends against routinely screening women older than 65 for cervical cancer and recommends against routine Pap smear screening in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion or cervical cancer. The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.*

26. Saslo D. Soloman D, Lawson, HW et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology. Screening guidelines for the prevention and early detection of cervical cancer. CA cancer J Clin 2012; 62:147-172. Available at: http://onlinelibrary.wiley.com/doi/10.3322/caac.21139/pdf. Accessed April 05, 2017. *ACS and its partners recommend no screening for cervical cancer before 21 years of age. For women aged 21-29 years, cervical cytology alone is recommended every three years. Women younger than 30 years should not undergo co-testing. Cytology and human papillomavirus (HPV) co-testing every five years is preferred for women aged 30 to 65 years; cytology alone every three years is acceptable. Screening should be discontinued after age 65 years in women with adequate negative prior screening test results. Routine cytology and HPV testing should be discontinued and not restarted for women who have had a total hysterectomy and never had cervical intraepithelial neoplasia 2 or higher.*
Acceptable screening methods include liquid-based and conventional methods of cervical cytology collection.


30. U.S. Preventive Services Task Force. Screening for and management of obesity of adults. June 2012. Available at: http://www.uspreventiveservicestaskforce.org/uspstf/uspsobes.htm. Accessed March 30, 2017. The USPSTF recommends screening all adults for obesity. Body mass index is calculated from the measured weight and height of an individual. No evidence was found about appropriate intervals for screening. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.


Women should undergo regular screening mammography starting at age 45 y; women ages 45 to 54 y should be screened annually; women should have the opportunity to begin annual screening between ages 40 and 44 y. Women aged ≥55 y should transition to biennial screening or have the opportunity to continue screening annually; women should continue screening mammography as long as their overall health is good and they have a life expectancy of ≥10 y.

33. U. S. Preventive Services Task force. Breast Cancer: Screening. January 2016. Available at: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening?ds=1&s=breast cancer. Accessed April 03, 2017. The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient’s values regarding specific benefits and harms. The USPSTF concluded that , the current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older. The USPSTF recommends against
teaching breast self-examination (BSE) and concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.


39. U.S. Preventive Service Task Force. Screening for lipid disorders in adults June 2008. Available at: http://www.uspreventiveservicestaskforce.org/uspstf/uspschol.htm. Accessed March 23, 2017. The USPSTF strongly recommends screening men age 35 and older for lipid disorders. The USPSTF strongly recommends screening women age 45 and older for lipid disorders if they are at increased risk for coronary heart disease. The USPSTF recommends screening men age 20-35 and women age 20-45 if they are at increased risk for coronary heart disease. The optimal interval for screening is uncertain. Reasonable options include every 5 years, shorter intervals for people who have lipid levels close to those warranting therapy, and longer intervals for those not at increased risk who have had repeatedly normal lipid levels.

40. American Diabetes Association. Standards of Medical Care in Diabetes 2017. Available at. \Rchcls1hcdata\hcdata\QIP\Preventive Guidelines 2015-2017\PCG.2017.to 2018\Resources\Diabetes ADA2017_final.pdf. Accessed March 31, 2017. In adults not taking statins, it is reasonable to obtain a lipid profile at the time of diabetes diagnosis, at an initial medical evaluation, and every 5 years thereafter, or more frequently if indicated

USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.


44. American Urological Association. Early detection of prostate cancer. Available at: http://www.auanet.org/guidelines/early-detection-of-prostate-cancer-(2013-reviewed-and-validity-confirmed-2015). Accessed March 30, 2017. The AUA recommends against screening for prostate cancer in men under age 40 years, does not recommend routine screening in men age 40-54 years at average risk, and recommends shared decision making for men age 55-69 years that are considering PSA screening, and proceeding based on a man’s values and preferences. A routine screening interval of two years or more may be preferred over annual screening in those who have decided on screening. Routine PSA screening is not recommended in men over 70 years of age or in any man with less than a 10-15 year life expectancy.

45. Smith, R. A., Manassaram-Baptiste, D., Brooks, D., Doroshenk, M., Fedewa, S., Saslow, D., Brawley, O. W. and Wender, R. (2017), Cancer screening in the United States, 2017: A review of current American Cancer Society guidelines and current issues in cancer screening. CA: A Cancer Journal for Clinicians, 65: 30–54. doi: 10.3322/caac. Available at: http://onlinelibrary.wiley.com/doi/10.3322/caac.21392/full. Accessed April 04/2017. The American Cancer Society recommends that beginning at age 50, men and women should have colorectal cancer screening by means of one of the following screening options: annual FOBT with at least 50% test sensitivity for cancer or FIT with at least 50% test sensitivity for cancer, flexible sigmoidoscopy every 5 years, gFOBT or FIT annually plus flexible sigmoidoscopy every 5 years, double contrast barium enema every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, or stool DNA test, for which the screening interval is uncertain.

46. U.S. Preventive Services Task Force. Screening for colorectal cancer October 2008. Available at: http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm. Accessed April 04/2017. The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. This is an update of the 2008 USPSTF recommendation. In 2008, the USPSTF recommended screening with colonoscopy every 10 years, annual FIT, annual high-sensitivity FOBT, or flexible sigmoidoscopy every 5 years combined with high-sensitivity FOBT every 3 years. In the current recommendation, instead of emphasizing specific screening approaches, the USPSTF has instead chosen to highlight that there is convincing evidence that colorectal cancer screening substantially reduces deaths from the disease among adults aged 50 to 75 years and that not enough adults in the United States are using this effective preventive intervention. The reasons for this gap
between evidence and practice are multifaceted and will require sustained effort among clinicians, policy makers, advocates, and patients to overcome.


50. Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines

Recommendations of the Advisory Committee on Immunization Practices—United States, 2016-17 Influenza Season. Available at: https://www.cdc.gov/flu/professionals/acip/index.htm Accessed April 07, 2017. Routine annual influenza vaccination of all persons aged ≥6 months continues to be recommended. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one product is otherwise appropriate.

51. U. S. Preventive Services Task Force. Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication April 2016. Accessed March 30, 2017 http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/aspirin-to-prevent-cardiovascular-disease-and-cancer-. Adults aged 50 to 59 years with a ≥10% 10-year CVD risk: The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.

52. U.S. Preventive Services Task Force. Folic acid to prevent neural tube defects, May 2009. Available at: http://www.uspreventiveservicestaskforce.org/uspsf/uspsnfol.htm. Accessed March 30, 2017. USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 (400 to 800 µg) of folic acid.

53. U.S. Preventive Services Task Force. Medications for risk reduction of primary breast cancer in women, September 2013. Available at: http://www.uspreventiveservicestaskforce.org/uspsf/uspsbrpv.htm. Accessed March 31, 2017. The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications.

screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

55. American Diabetes Association. Standards of medical care in diabetes 2017. Available at: \[http://care.diabetesjournals.org/content/diacare/suppl/2016/12/15/40.Supplement_1_DC1/DC_40_S1_final.pdf\]. Accessed March 31, 2017. Testing should be considered in all adults who are overweight (BMI≥25 kg\(^2\) or ≥23 kg/m\(^2\) in Asian Americans) and have additional risk factors:

**Prevention or Delay of Type 2 Diabetes**

- Test all adults, beginning at age 45, regardless of weight.
- Test asymptomatic adults of any age who are overweight, are obese, or have one or more additional risk factors for diabetes.
- Consider metformin therapy to prevent type 2 diabetes for:
  - Prediabetes;
  - BMI > 35 kg/m\(^2\);
  - Age < 60 years;
  - Women who have had gestational diabetes.
- Refer patients with prediabetes to a program of intensive diet and physical activity with a behavioral counseling component:
  - Target 7% body weight loss;
  - Encourage at least 150 minutes/week of moderate-intensity physical activity;
  - Offer follow-up, including counseling, diabetes self-management education, and ongoing support.

56. U.S. Preventive Services Task Force. Screening for human immunodeficiency virus infection. April 2013. Available at: \[http://www.uspreventiveservicestaskforce.org/uspsf/uspshivi.htm\]. Accessed March 31, 2017. The USPSTF recommends that clinicians screen for HIV infections in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV. The evidence is insufficient to determine optimum time intervals for HIV screening.


59. U.S. Preventive Services Task Force. Screening for intimate partner violence and abuse of elderly and vulnerable adults. January 2013. Available at: \[http://www.uspreventiveservicestaskforce.org/uspsf/uspsipv.htm\]. Accessed March 30, 2017. The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect.

60. U.S. Preventive Services Task Force. Screening for osteoporosis January 2011. Available at: \[http://www.uspreventiveservicestaskforce.org/uspsf/10osteoporosis/osteors.htm\]. Accessed March 30, 2017. The USPSTF recommends screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white
2017 Preventive Health Guidelines for Adults 18 years and Older

woman who has no additional risk factors. The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis in men.


69. U.S. Preventive Services Task Force. Screening for Lung Cancer December 2013. Available at http://www.uspreventiveservicestaskforce.org/uspstf/uspslung.htm. Accessed March 07, 2016. The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

70. American Heart Association. American College of Cardiology/American Heart Association Task Force on Practice 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A report of The American College of Cardiology/American Heart Association task force on practice guidelines. Available at: http://content.onlinejacc.org/article.aspx?articleid=1879711. Accessed March 04, 2016. The AHA recommends it is reasonable to assess traditional ASCVD risk factors every 4 to 6 years in adults 20 to 79 year of age who are free from ASCVD and estimate 10-year ASCVD risk every 4 to 6 years in adults 40 to 79 years of age who are free from ASCVD. The race- and sex-specific Pooled Cohort Equations to predict 10-year risk for a first hard ASCVD* event should be used in non-Hispanic African Americans and non-Hispanic Whites, 40 to 79 years of age.

73. U.S. Preventive Services Task Force. Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication. Accessed May 17, 2017. Available at: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/statin-use-in-adults-preventive-medication1. The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years. See the “Clinical Considerations” section for more information on lipids screening and the assessment of cardiovascular risk.