

## Clinical Preventive Health Recommendations for the General Population - MEN

Based on U.S. Preventive Services Task Force (USPSTF) A and B recommendations<sup>†</sup> for the general population and as prioritized by the National Commission on Prevention Priorities.

This guideline is not meant to be a comprehensive list of preventive services that may be indicated for a given patient. It is designed to assist clinicians in providing priority preventive services, not to replace a clinician's judgment.

Summary of high risk definitions and all USPSTF recommendations by A, B, C, D, I grade are available at <http://www.coloradoguidelines.org/guidelines/prevention.asp>.

Age	Priority	Preventive Services and Recommendations
<b>ALL MEN</b>	<b>Higher</b>	<p><b>Alcohol misuse screening and brief counseling*</b> – Screen routinely: “When was the last time you had more than 4 (3 &gt;65 yrs.) drinks in one day?” Positive = In the past 3 months. “How many drinks do you have per week?” Positive = More than 14 (more than 7 if &gt;65 yrs.).</p> <p><b>Cholesterol screening*</b> - Screen with total and HDL q 5 yrs. or based on most recent result starting at age 35. Screen men at increased risk starting at age 20. Consider discontinuing after age 65 if consistently normal. Cardiac risk assessment calculator: <a href="http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof">http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof</a></p> <p><b>Hypertension*</b> – Measure blood pressure every 1-2 yrs. based on most recent levels. Hypertension is usually defined &gt; 140/90 mmHg (or lower in certain conditions such as diabetes).</p> <p><b>Immunizations*</b> – Highest priority given to influenza and pneumococcal. See CCGC Adult Immunization Schedule for complete recommendations.</p> <p><b>Tobacco use screening and brief intervention*</b> - Screen routinely for tobacco use, provide brief counseling, refer to the Colorado QuitLine (1-800-QUIT-NOW/1-800-784-8669), and offer pharmacotherapy.</p>
	<b>Medium</b>	<p><b>Depression screening*</b> - Frequency based on risk. Screen in clinical practices that have systems in place to assure accurate diagnosis, treatment and follow-up. “Over the past 2 weeks, have you felt down, depressed, or hopeless?” “Over the past 2 weeks, have you felt little interest or pleasure in doing things?” Positive = yes to either question.</p> <p><b>Obesity screening*</b> - Screen routinely. Offer obese patients high-intensity counseling about diet, exercise, or both together with behavioral interventions for at least 3 mos. Obesity defined as BMI of ≥30 or waist circumference &gt;40 inches. BMI calculator: <a href="http://www.nhlbisupport.com/bmi/">www.nhlbisupport.com/bmi/</a></p>
	<b>Lower</b>	<p><b>Diabetes screening*</b> - Screen in those with sustained blood pressure (either treated or untreated) &gt;135/80 mmHg. USPSTF does not endorse a specific screening test or frequency but screening at least every 3 years with fasting plasma glucose is a reasonable method.</p> <p><b>Diet counseling*</b> - Offer intensive behavioral dietary counseling to those with hyperlipidemia and other known risk factors. Cardiac risk assessment calculator: <a href="http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof">http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof</a></p>
<b>45+ yrs.</b>	<b>Higher</b>	<p><b>Aspirin chemoprophylaxis*</b> - Discuss benefits and harms of daily aspirin use (75-100 mg qd or 325 mg qod) with men age 45-79 yrs. to prevent MI if benefit outweighs harm for GI bleeding. Cardiac risk assessment calculator: <a href="http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof">http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof</a></p> <p><b>Colorectal cancer screening*</b> - Screen with FOBT q 1-2 yrs., flex sig preferably + FOBT q 5 yrs., or colonoscopy q 10 yrs. Consider screening high risk adults earlier. See the CCGC Colorectal Screening Guideline for more information.</p>

\*CCGC Guidelines and other resources related to this service are available at [www.coloradoguidelines.org](http://www.coloradoguidelines.org) or by calling 720-297-1681 or 866-401-2092.

<sup>†</sup>An “A” or “B” recommendation indicates the USPSTF found the net benefit of providing this service outweighed the harms. Complete USPSTF recommendations are available at <http://www.ahrq.gov/clinic/USpstfix.htm>.

## Clinical Preventive Health Recommendations for the General Population - WOMEN

Based on U.S. Preventive Services Task Force (USPSTF) A and B recommendations† for the general population and as prioritized by the National Commission on Prevention Priorities.

This guideline is not meant to be a comprehensive list of preventive services that may be indicated for a given patient. It is designed to assist clinicians in providing priority preventive services, not to replace a clinician's judgment.

Summary of high risk definitions and all USPSTF recommendations by A, B, C, D, I grade are available at <http://www.coloradoguidelines.org/guidelines/prevention.asp>.

Age	Priority	Preventive Services and Recommendations
ALL WOMEN	Higher	<p><b>Alcohol misuse screening and brief counseling*</b> – Screen routinely: “When was the last time you had more than 3 drinks in one day?” Positive = In the past 3 months. “How many drinks do you have per week?” Positive = More than 7.</p> <p><b>Cervical cancer screening</b> – Screen sexually active women with cervix with Pap smears within 3 yrs. of onset of sexual activity or women 21-65 yrs. at least every 3 yrs.</p> <p><b>Cholesterol screening*</b> - Screen with total and HDL every 5 yrs. or based on most recent result starting at age 45. Screen women at increased risk starting at age 20. Consider discontinuing after age 65 if consistently normal. Cardiac risk assessment calculator: <a href="http://hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=prof">http://hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=prof</a></p> <p><b>Hypertension*</b> – Measure blood pressure every 1-2 yrs. based on most recent levels. Hypertension is usually defined &gt;140/90 mmHg (or lower in certain conditions such as diabetes).</p> <p><b>Immunizations*</b> – Highest priority given to influenza and pneumococcal. See CCGC Adult Immunization Schedule for complete recommendations.</p> <p><b>Tobacco use screening and brief intervention*</b> - Screen routinely for tobacco use, provide brief counseling, refer to the Colorado QuitLine (1-800-QUIT-NOW/1-800-784-8669), and offer pharmacotherapy.</p>
	Medium	<p><b>Chlamydia screening</b> – Screen sexually active women &lt;25 yrs. and high risk women routinely (often done with gonorrhea). Rescreening at 6-12 months may be appropriate if previously infected.</p> <p><b>Depression screening*</b> - Frequency based on risk. Screen in clinical practices that have systems in place to assure accurate diagnosis, treatment and follow-up. “Over the past 2 weeks, have you felt down, depressed, or hopeless?” “Over the past 2 weeks, have you felt little interest or pleasure in doing things?” Positive = yes to either question.</p> <p><b>Obesity screening*</b> - Screen routinely. Offer obese patients high-intensity counseling about diet, exercise, or both together with behavioral interventions for at least 3 mos. BMI of ≥30 or waist circumference &gt;35 inches. BMI calculator: <a href="http://www.nhlbisupport.com/bmi/">http://www.nhlbisupport.com/bmi/</a></p>
	Lower	<p><b>Diabetes screening*</b> - Screen in those with sustained blood pressure (either treated or untreated) &gt;135/80 mmHg. USPSTF does not endorse a specific screening test or frequency but screening at least every 3 years with fasting plasma glucose is a reasonable method.</p> <p><b>Diet counseling*</b>- Offer intensive behavioral dietary counseling to those with hyperlipidemia and other known risk factors. Cardiac risk assessment calculator: <a href="http://hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=prof">http://hp2010.nhlbihin.net/atp/iii/calculator.asp?usertype=prof</a></p>
40-49 yrs.	Medium	<p><b>Breast cancer screening</b> – Screen women 40-70 yrs. every 1-2 yrs. with mammography alone or with clinical breast exam.</p>
50+ yrs.	Higher	<p><b>Aspirin chemoprophylaxis*</b> - Discuss benefits and harms of daily aspirin use (75-100 mg qd or 325 mg qod) with women age 55-79 yrs. to prevent ischemic stroke if benefit outweighs harm for GI bleeding.</p> <p><b>Colorectal cancer screening*</b> - Screen with FOBT q 1-2 yrs., flex sig preferably + FOBT q 5 yrs., or colonoscopy q 10 yrs. Consider screening high risk adults earlier. See the CCGC Colorectal Screening Guideline for more information.</p>
	Medium	<p><b>Breast cancer screening</b> – Screen women 40-70 yrs. every 1-2 yrs. with mammography alone or with clinical breast exam.</p> <p><b>Osteoporosis screening</b> – Screen all women 60-64 yrs. with risk factors and all women ≥65 yrs. with DXA of hip every 2 yrs. or less frequent based on risk.</p>

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