Editorials

This updated version includes a preventive health care schedule with current recommendations as of November 14, 2016.

Introducing a One-Page Adult Preventive Health Care Schedule: USPSTF Recommendations at a Glance

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The U.S. Preventive Services Task Force (USPSTF) is an independent voluntary panel of experts in primary care, prevention, and evidence-based practice. As of April 2016, the USPSTF has recommendation statements for more than 80 active topics, most of which are endorsed by the American Academy of Family Physicians.[1] Its process has been recognized by the Institute of Medicine as a model for development of evidence-based practice guidelines.[2]

However, numerous barriers exist to implementing these guidelines, including knowledge, time, insurance, and social barriers.[3] For example, knowledge of USPSTF colorectal cancer screening components ranged from 22% to 53% in first- through third-year medical residents.[4] One recent survey from the Centers for Disease Control and Prevention (CDC) found significant gaps in physicians' knowledge regarding the value of screening tests for ovarian and colorectal cancer.[5] Another survey found significant levels of nonadherence to USPSTF recommendations, including beginning cervical cancer screening too early, continuing it too long, and performing it annually rather than every three years as recommended.[6]

In addition, recommendations for behavioral counseling are often not implemented. For example, counseling for tobacco cessation was documented in only 21% of visits in which tobacco use was documented.[7] This gap between guideline recommendations and actual practice has the potential to worsen as recommendations become more complex, vary by age group, and increasingly require risk assessment, as with recommendations for mammography, breast cancer chemoprevention, screening for the *BRCA* gene mutation, and screening for hepatitis B and C virus infections.

With the passage of the Affordable Care Act in 2010, the USPSTF guidelines have taken on new significance. Specifically, grade A and B recommendations must be covered without cost-sharing requirements for patients in nongrandfathered insurance plans.[8] Currently, several resources are available to help physicians understand and implement recommendations:

- Electronic Preventive Services Selector (http://www.epss.ahrq.gov/PDA/index.jsp): an electronic resource allowing physicians to input a patient's characteristics to find applicable USPSTF preventive health care recommendations.
- USPSTF website (http://www.uspreventiveservicestaskforce.org): a web-based resource of all active and inactive recommendations, as well as those referring to another organization, such as the CDC.
- Guide to Clinical Preventive Services, 2014[9]: an 85-page document (excluding appendices) providing summaries of USPSTF recommendations.

Although these resources are helpful, there has been no concise visual representation of USPSTF recommendations as there is for immunization recommendations (http://www.cdc.gov/vaccines/schedules/hcp/adult.html#print). The goals of such a schedule are the following:

- Simplicity (excludes childhood and pregnancy-related topics)
- Familiarity (such as a visual format similar to the CDC vaccine schedule)
- Concise presentation
- Informative
- Easily disseminated

Shown on page 740, the Adult Preventive Health Care Schedule meets these criteria. Although it is not everything a family physician needs to know about screening and prevention, it provides a practical clinical aid. We hope this helps physicians bridge some of the knowledge gaps of USPSTF

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recommendations and apply them to their practice.

EDITOR'S NOTE: The authors will periodically update the online version of this table and supporting documents throughout the year to make it as current a resource as possible. We plan to run an updated version of this table once a year, similar to the annual immunization schedules. In the online PDF, note that there are links in the main table's risk factors to mini-tables showing what those risk factors are.

Dr. Ebell is Deputy Editor for Evidence-Based Medicine for *AFP,* and a member of the USPSTF. This editorial and accompanying figure were produced independently of the USPSTF and do not necessarily represent the views and policies of the USPSTF.

Dr. Swenson developed the original version of the preventive schedule with coauthors Coya Lindberg, Cynthia Carillo, MD, and Joshua Clutter, MD, as a resident at the University of Arizona.

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Adult Preventive Health Care Schedule: Recommendations from the USPSTF (as of November 14, 2016)

To be used in conjunction with USPSTF recommendation statements for additional details (see accompanying tables and references)

Only grade A/B recommendations are shown

Age	*18*	*20*	*21*	*24*	*25*	*35*	*40*	*45*	*50*	*55*	*59*	*65*	*70*	*74*	*75*	*80*
USPSTF screening recommendations																
Alcohol misuse[1]	(B)															
Depression[2]	(B)															
Hypertension[3]	(A)															
Obesity[4]	(B)															
Tobacco use and cessation[5]	(A)															
HIV infection[6]	(A)												(A) **if at increased risk**			
Hepatitis B virus infection[7]	(B) **if at increased risk**															
Syphilis[8]	(A) **if at increased risk**															
Tuberculosis[9]	(B) **if at increased risk**															
BRCA gene screening[10]	(B) **if appropriate family history**															
Chlamydia and gonorrhea[11]	(B) if sexually active				(B) **if at increased risk**											
Intimate partner violence[12]	(B) childbearing-aged women															
Cervical cancer[13]			(A) Pap smear every 3 years, or every 5 years with human papillomavirus cotesting starting at age 30													
Lipid disorder[14]		(B) **if increased CHD risk**				(A)										
		(B) **if increased CHD risk**						(A) **if increased CHD risk**								
Abnormal glucose/diabetes[15]							(B) if overweight or obese									
Hepatitis C virus infection[16]	(B) **if at high risk**								(B) birth years 1945-1965					(B) **if at high risk**		
Colorectal cancer[17]									(A)							
Breast cancer[18]									(B) biennial screening							
Lung cancer[19]										(B) if 30 pack-years and current or former smoker (quit in past 15 years)						
Osteoporosis[20]								(B) if ≥ 9.3% 10-year fracture risk				(B)				
Abdominal aortic aneurysm[21]												(B) if an "ever smoker"				
USPSTF preventive medications recommendations																
Primary prevention breast cancer[22]	(B) **if at increased risk** and only after shared decision making															
Folic acid supplementation[23]	(A) if capable of conceiving															
Aspirin for primary prevention of CVD and colorectal cancer[24]									(B) if ≥ 10% 10-year CVD risk							
Fall prevention (vitamin D)[25]												(B) if community dwelling and increased fall risk				
USPSTF counseling recommendations																
Sexually transmitted infection prevention[26]	(B) **if at increased risk**															
Diet/activity for CVD prevention[27]	(B) if overweight or obese and with **additional CVD risk**															
Skin cancer prevention[28]	(B) if fair skinned															

Legend	*Normal risk*	*With specific risk factor*
Recommendation for men and women		
Recommendation for men only		
Recommendation for women only		

Recommendation grades	
A	Recommended (likely significant benefit)
B	Recommended (likely moderate benefit)
C	Do not use routinely (benefit is likely small)
D	Recommended against (likely harm or no benefit)
I	Insufficient evidence to recommend for or against

CHD = coronary heart disease; CVD = cardiovascular disease; HIV = human immunodeficiency virus; USPSTF = U.S. Preventive Services Task Force.

Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carrilo C, and Clutter J.

HIV RISK FACTORS

IV drug use
Men who have sex with men
Other STI
Requesting STI testing
Sex exchanged for drugs or money
Sex with individuals who are IV drug users, bisexual, or HIV positive
Unprotected sex, including anal intercourse

HIV = human immunodeficiency virus; IV = intravenous; STI = sexually transmitted infection.

HEPATITIS B INFECTION RISK FACTORS

Human immunodeficiency virus infection
Infected sex partner
Intravenous drug use
Living with an infected individual
Men who have sex with men
Origin from regions* with prevalence ≥ 2%
U.S.-born children of immigrants from regions* with prevalence ≥ 8%, if unvaccinated

**—Risk of regions can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm.*

SYPHILIS RISK FACTORS

High-risk sexual behaviors
Incarceration
Local prevalence
Men who have sex with men
Sex exchanged for money for drugs

TUBERCULOSIS RISK FACTORS

Health professionals*
Homelessness, including former
Immunosuppression*
Prisoners, including former
Residents of high-risk regions, including former

**—Evidence for screening not reviewed by the USPSTF because this is standard practice in public health and standard of care for patients with immunosuppression, respectively.*

BRCA MUTATION RISK FACTORS

Family history of breast cancer:
- Bilateral
- Diagnosed before 50 years of age
- Diagnosed in multiple family members
- In one or more male family members
- With a family history of ovarian cancer

Family member with two *BRCA*-related cancers

NOTE: *Consider use of validated risk assessment tools to identify patients with pertinent family history.*

CHLAMYDIA AND GONORRHEA RISK FACTORS

New or multiple sex partners
Other STI, including history of STI
Partner with STI
Partners who have multiple sex partners
Sex exchanged for drugs or money
Sexually active adolescents
Unprotected sex or inconsistent condom use

STI = sexually transmitted infection.

CARDIOVASCULAR DISEASE RISK FACTORS

Diabetes mellitus
Dyslipidemia
Family history
Hypertension
Metabolic syndrome
Obesity
Tobacco use

HEPATITIS C INFECTION RISK FACTORS

Blood transfusion before 1992
Chronic hemodialysis
High-risk sexual behaviors
Incarceration
Intravenous or intranasal drug use
Maternal infection (concern for vertical transmission)
Unregulated tattoo

BREAST CANCER RISK FACTORS

Consider use of a risk-assessment model for patients with a history of biopsy or positive family history

SEXUALLY TRANSMITTED INFECTION RISK FACTORS

Similar to those risk factors listed previously for sexually transmitted infections; consider local and population-based prevalence in individual risk assessment

Adult Preventive Health Care Schedule: Recommendations from the USPSTF

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations):

Alcohol misuse screening[1]

(B) Screen adults and provide brief behavioral interventions for risky alcohol use

Depression screening[2]

(B) Screen adults with systems for evaluation and management

Hypertension screening[3]

(A) Screen adults; exclude white coat hypertension before starting therapy

Obesity screening[4]

(B) Screen adults and offer or refer patients with body mass index ≥ 30 kg per m^2 to intensive behavioral interventions

Tobacco use screening[5]

(A) Screen adults and provide behavioral and U.S. Food and Drug Administration–approved intervention therapy for cessation

(I) IETRFOA electronic nicotine delivery systems for tobacco cessation

Human immunodeficiency virus screening[6]

(A) Screen individuals 15 to 65 years of age

(A) Screen older and younger persons who are at increased risk

Hepatitis B virus infection screening[7]

(B) Screen adolescents and adults at high risk

Syphilis screening[8]

(A) Screen individuals at increased risk

Tuberculosis screening[9]

(B) Screen individuals at increased risk

***BRCA* screening[10]**

(B) Screen women with appropriate family history

(D) Recommend against screening patients without appropriate family history

Chlamydia and gonorrhea screening[11]

(B) Screen sexually active women 24 years and younger, and women at increased risk who are 25 years and older

(I) IETRFOA screening sexually active males

Intimate partner violence screening[12]

(B) Screen women of childbearing age and refer to appropriate services

(I) IETRFOA screening all vulnerable and elderly patients for abuse or neglect

Cervical cancer screening[13] (UIP)

(A) Screen women 21 to 65 years of age

- Papanicolaou smear every three years
- Women 30 to 65 years of age may increase screening interval to five years with cytology and human papillomavirus cotesting

(D) Recommend against screening in women

- Age 20 years and younger
- Older than 65 years if adequately screened previously and no increased risk of cervical cancer
- With hysterectomy (including cervix) without history of cervical intraepithelial neoplasia grade 2 or 3 or cervical cancer
- Younger than 30 years with human papillomavirus testing alone or in combination with cytology

Lipid disorder screening[14] (UIP)

(A) Screen men 35 years and older

(A) Screen women 45 years and older at increased risk of CHD

(B) Screen men 20 to 35 years of age and women 20 to 45 years of age at increased CHD risk

(C) No recommendations for or against screening men 20 to 35 years of age and women 20 to 45 years of age without increased CHD risk

Abnormal glucose and diabetes mellitus type 2 screening[15]

(B) Screen overweight or obese adults 40 to 70 years of age and refer patients with abnormal glucose levels for intensive counseling for healthy diet and exercise

Hepatitis C virus infection screening[16]

(B) Offer one-time screening of patients born between 1945 and 1965

(B) Screen high-risk patients

Colorectal cancer screening[17]

(A) Screen patients 50 to 75 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test

(C) Recommend against routine screening of patients 76 to 85 years of age

Breast cancer screening[18]

(B) Biennial screening mammography in women 50 to 74 years of age

(C) Screening is an individualized decision for women 40 to 49 years of age

(I) IETRFOA

- Mammography after 75 years of age
- Screening with digital breast tomosynthesis
- Adjunctive screening in women with dense breast tissue and negative screening mammogram

Lung cancer screening[19]

(B) Screen annually with low-dose computed tomography for individuals 55 to 80 years of age with a 30 pack-year history who currently smoke or quit within the past 15 years; consider overall health in decision to screen

Osteoporosis screening[20] (UIP)

(B) Screen women 65 years and older

(B) Screen women if fracture risk equal to that of a 65-year-old white woman without other risk factors (9.3% in 10 years by U.S. FRAX [Fracture Risk Assessment] tool)

(I) IETRFOA screening men

continues

CHD = coronary heart disease; CVD = cardiovascular disease; IETRFOA = insufficient evidence to recommend for or against; UIP = update in progress; USPSTF = U.S. Preventive Services Task Force.

Adult Preventive Health Care Schedule: Recommendations from the USPSTF *(continued)*

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations): *(continued)*

Abdominal aortic aneurysm screening[21]

(B) Screen men 65 to 75 years of age who ever smoked (100 or greater lifetime cigarettes) with one-time abdominal aortic aneurysm ultrasonography

(C) Recommend selective screening of never-smoking men 65 to 75 years of age

(I) IETRFOA women 65 to 75 years of age who ever smoked

(D) Recommend against routine screening in never-smoking women 65 to 75 years of age

Primary prevention of breast cancer[22]

(B) Recommend shared decision making for medications (such as tamoxifen and raloxifene) that reduce risk of breast cancer in women at increased risk

(D) Recommend against routine use if no increased risk

Folic acid supplementation[23] (UIP)

(A) 0.4 to 0.8 mg daily for women capable of conception

Aspirin for primary prevention of CVD and colorectal cancer[24]

(B) Recommend low-dose aspirin for patients 50 to 59 years of age with a 10-year CVD risk of 10% or greater, appropriate bleeding risk, and life expectancy of at least 10 years

(C) Recommend individualized decision making for patients 60 to 69 years of age who meet the same criteria

(I) IETRFOA low-dose aspirin for patients younger than 50 years or 70 years or older

Fall prevention in older adults[25] (UIP)

(B) Recommend exercise or physical therapy and vitamin D supplementation for fall prevention in community-dwelling individuals 65 years and older at increased risk of falls

(C) Recommend against automatic comprehensive screening for fall risk in community-dwelling older adults

Counseling to prevent sexually transmitted infection[26]

(B) Recommend counseling to prevent sexually transmitted infection for adolescents and adults at increased risk

Counseling to promote healthy diet and physical activity[27]

(B) Recommend that overweight or obese patients with other CVD risk factor(s) be offered or referred for intensive behavioral counseling

Counseling for skin cancer prevention[28]

(B) Recommend counseling fair-skinned patients 10 to 24 years of age about minimizing ultraviolet light exposure

(I) IETRFOA counseling individuals older then 24 years about reducing risk of skin cancer

Grade C Recommendations:

Physical activity and healthy diet counseling to reduce cardiovascular risk[29] (UIP)

Grade D Recommendations:

Bacteriuria (asymptomatic) screening in men and nonpregnant women[30]

Beta carotene or vitamin E supplementation for CVD or cancer risk reduction[31]

Carotid artery stenosis screening[32]

CHD screening with resting or exercise electrocardiography in low-risk patients[33]

Chronic obstructive pulmonary disease screening with spirometry[34]

Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy[35] (UIP)

Genital herpes screening[36] (UIP)

Ovarian cancer screening[37] (UIP)

Pancreatic cancer screening[38]

Prostate cancer screening with prostate-specific antigen[39] (UIP)

Testicular cancer screening[40]

Vitamin D screening in community-dwelling nonpregnant adults[41]

Vitamin D (≤ 400 IU) and calcium (≤ 1,000 mg) supplementation daily for primary prevention of fracture in noninstitutionalized postmenopausal women[42]

Grade I Recommendations:

Bladder cancer screening[43]

CHD screening with nontraditional risk factors[44] (UIP)

CHD screening with resting or exercise electrocardiography in intermediate- to high-risk patients[33]

Chronic kidney disease screening[45]

Cognitive impairment screening in older adults[46]

Combined vitamin D and calcium supplementation in men or premenopausal women[42]

Hearing loss screening in older adults[47]

Illicit drug use screening[48]

Impaired visual acuity screening in older adults[49]

Multivitamin, single nutrient or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)[31]

Oral cancer screening[50]

Peripheral artery disease and CVD risk screening with ankle-brachial index[51]

Primary open-angle glaucoma screening[52]

Skin cancer screening[53]

Suicide risk screening[54]

Thyroid dysfunction screening[55]

Vitamin D (> 400 IU) and calcium (> 1,000 mg) supplementation daily for primary prevention of fracture in noninstitutionalized postmenopausal women[42]

CHD = coronary heart disease; CVD = cardiovascular disease; IETRFOA = insufficient evidence to recommend for or against; UIP = update in progress; USPSTF = U.S. Preventive Services Task Force.

Adult Preventive Health Care Schedule: Recommendations from the USPSTF *(continued)*

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