
Summary of Recommendations for Clinical Preventive Services

May 2012

These policy recommendations describe AAFP policy for a number of clinical preventive services for general and specific populations.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.

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Introduction to AAFP Summary of Recommendations For Clinical Preventive Services

The AAFP Summary of Recommendations for Clinical Preventive Services (RCPS) is a document that is periodically updated through the work of the AAFP's Commission on Health of the Public and Science (CHPS) and is approved by the AAFP Board of Directors. The starting point for the recommendations is the rigorous analysis of scientific knowledge available as presented by the United States Preventive Services Task Force (USPSTF). <http://www.ahrq.gov/CLINIC/uspstfix.htm> The USPSTF conducts impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling, and preventive medications.

The CHPS reviews recommendations released by the USPSTF and makes recommendations to the AAFP Board of Directors. In most cases the AAFP agrees with the USPSTF, however, there are circumstances where there are differences.

In 2007, the USPSTF changed the grading of evidence for new recommendations issued (<http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm>). Therefore, the AAFP has also changed its grading of the evidence to be more consistent with the USPSTF. The USPSTF and AAFP are in a transition period and are implementing the use of two different grading systems for the recommendations. The first grading system applies to the recommendations that occurred before May 2007, and the second grading system applies to recommendations that occurred during or after May 2007. These grading systems are outlined below.

The AAFP grading systems for the recommendations that occur during or after May 2007 includes:

A Recommendation: The AAFP recommends the service. There is high certainty that the net benefit is substantial.

B Recommendation: The AAFP recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

C Recommendation: The AAFP recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.

D Recommendation: The AAFP recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

I Recommendation: The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

I-HB Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

The AAFP grading system for those recommendations before May 2007 includes:

SR Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

R Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is

only fair. The intervention is perceived to be cost effective and acceptable to most patients.

NR No Recommendation Either For or Against: Either good or fair evidence exist of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

RA Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.

I Insufficient Evidence to Recommend Either for or Against: No evidence of even fair quality exists or the existing evidence is conflicting.

I-HB Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

Where appropriate, specific website URL's are provided which link directly to the clinical consideration section of the U.S. Preventive Services Task Force. The clinical consideration section provides additional information needed to interpret and implement the recommendations.

Physicians are encouraged to review not only the needs of individual patients they see, but also of the populations in the communities they serve to determine which specific population recommendations need to be implemented systematically in their practices. The recommendations contained in this document are for screening, chemoprophylaxis and counseling only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new

knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Abdominal Aortic Aneurysm, Men	<p>The AAFP recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 years who have ever smoked. (2005) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</p> <hr/> <p>The AAFP makes no recommendation for or against screening for abdominal aortic aneurysm (AAA) in men aged 65 to 75 years who have never smoked. (2005) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</p>
Abdominal Aortic Aneurysm, Women	<p>The AAFP recommends against routine screening for abdominal aortic aneurysm (AAA) in women. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</p>
Alcohol Misuse, Adults	<p>The AAFP recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. (2004) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/alcohol/acomisrs.htm#clinical)</p>
Alcohol Misuse, Adolescents	<p>The AAFP recognizes avoidance of alcohol products by adolescents is desirable. The effectiveness of physician's advice and counseling in this area is uncertain. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspdrin.htm)</p>
Bacteriuria, Asymptomatic, Pregnant Women	<p>The AAFP recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/asymptbact/asbactrs.htm#clinical)</p>
Bacteriuria, Asymptomatic, Men, Non-Pregnant	<p>The AAFP recommends against screening for asymptomatic bacteriuria in men and nonpregnant women. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)</p>
Bacterial Vaginosis, Pregnant Women	<p>The AAFP recommends against screening for bacterial vaginosis in asymptomatic pregnant women at low risk for preterm delivery. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)</p> <hr/> <p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for bacterial vaginosis in asymptomatic pregnant women at high risk for preterm delivery. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)</p>
Behavioral Counseling to Prevent Sexually Transmitted Infections	<p>The AAFP recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)</p>

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Behavioral Counseling to Prevent Sexually Transmitted Infections	The AAFP <i>concludes that the current evidence is insufficient to assess the balance of benefits and harms</i> of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)
Bladder Cancer, Adults	The AAFP <i>concludes that the evidence is insufficient to assess the balance of benefits and harms</i> of screening for bladder cancer in asymptomatic adults. (August 2011) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/bladdercancer/bladcanrs.htm#clinical)
Breast Cancer, Mammography	<i>Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.</i> The AAFP <i>recommends</i> that the decision to conduct screening mammography before age 50 should be individualized and take into account patient context including her risks as well as her values regarding specific benefits and harms. (January 2010) (Grade C Recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical The AAFP <i>recommends</i> biennial (every two years) screening mammography for women between ages 50 and 74. (January 2010) (Grade B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical The AAFP <i>concludes that the current evidence is insufficient</i> to assess the benefits and harms of screening mammography in women aged 75 years and older. (January 2010) (Grade I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical
Breast Cancer, Self BSE	<i>Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.</i> The AAFP <i>recommends against</i> clinicians teaching women Breast Self-Examination (BSE). (January 2010) (Grade D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Breast Cancer, Clinical Examination (CBE)	<p><i>Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.</i></p> <p>The AAFP concludes that the current evidence is insufficient to assess the benefits and harms of clinical breast examination (CBE) for women aged 40 years and older. (January 2010) (Grade I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical</p>
Breast Cancer, Digital Mammography or MRI	<p><i>Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.</i></p> <p>The AAFP concludes that current evidence is insufficient to assess benefits and harms of either digital mammography or MRI instead of film screen mammography as screening modalities for breast cancer. (January 2010) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical</p>
Breast Cancer, Prevention Medication	<p>The AAFP recommends against routine use of tamoxifen or raloxifene for the primary prevention of breast cancer in women at low or average risk for breast cancer. (2002) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespre.htm#drec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/breastchemo/breastchemorr.htm#clinical)</p> <p>The AAFP recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. (2002) (Grade B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespre.htm#drec) (Clinical Considerations: Clinicians should inform patients of the potential benefits and harms of chemoprevention: http://www.uspreventiveservicestaskforce.org/3rduspstf/breastchemo/breastchemorr.htm#clinical)</p>
Breast Cancer/BRCA Mutation Testing	<p>The AAFP recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (2005) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)</p> <p>The AAFP recommends against routine referral for genetic counseling or routine breast cancer susceptibility gene (BRCA) testing for women whose family history is not associated with increased risk for deleterious mutations in breast cancer susceptibility gene 1 (BRCA1) or breast cancer susceptibility gene 2 (BRCA2). (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)</p>
Breastfeeding, Structured Education and Counseling	<p>The AAFP recommends interventions during pregnancy and after birth to promote and support breastfeeding. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/breastfeeding/brfeedrs.htm#clinical) (For Definition of Interventions: http://www.uspreventiveservicestaskforce.org/uspstf08/breastfeeding/brfeedsum.htm)</p>

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Cardiovascular Disease, Aspirin for the Prevention of	The AAFP <i>recommends</i> the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical)
Cardiovascular Disease, Aspirin for the Prevention of	The AAFP <i>recommends</i> the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical
Cardiovascular Disease, Aspirin for the Prevention of	The AAFP <i>recommends against</i> the use of aspirin for stroke prevention in women younger than 55 years and for myocardial infarction prevention in men younger than 45 years. (2009) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical
Cardiovascular Disease, Aspirin for the Prevention of	The AAFP <i>concludes that the evidence is insufficient to assess the benefits and harms</i> of aspirin for cardiovascular disease prevention in men and women 80 years or older. (2009) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical
Carotid Artery Stenosis, Adults	The AAFP <i>recommends against</i> screening for asymptomatic carotid artery stenosis (CAS) in general adult populations. (2007) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf07/cas/casrs.htm#clinical)
Cervical Cancer	The AAFP <i>recommends</i> screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. (2012) (Grade: A recommendations) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinicala)
	The AAFP <i>recommends against</i> screening for cervical cancer in women younger than age 21 years. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinicala)
	The AAFP <i>recommends against</i> screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the <i>Clinical Considerations</i> for discussion of adequacy of prior screening and risk factors. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinicala)
	The AAFP <i>recommends against</i> screening for cervical cancer 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 (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. (2012) (D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinicala)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Cervical Cancer	The AAFP recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years. (2012) (D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrr.htm#clinical)
Chlamydia, Women	The AAFP recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk. (2007) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)
Chlamydia, Pregnant Women	The AAFP recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk. (2007) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)
	The AAFP recommends against routinely providing screening for chlamydial infection for women aged 25 and older whether or not they are pregnant, if they are not at increased risk. (2007) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)
Chlamydia, Men	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms screening for chlamydial infection for men. (2007) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)
Chronic Obstructive Pulmonary Disease, Adults	The AAFP recommends against screening asymptomatic adults for chronic obstructive pulmonary disease (COPD) using spirometry. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/copd/copdrs.htm#clinical)
Colorectal Cancer, Adults	The AAFP recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risk and benefits of these screening methods vary. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Go to Rationale and Clinical Consideration : http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)
Colorectal Cancer, Adults	The AAFP recommends against routine screening for colorectal cancer in adults age 76 to 85 years. There may be considerations that support colorectal cancer screening in an individual patient. (2008) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Go to Rationale and Clinical Consideration : http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)
	The AAFP recommends against screening for colorectal cancer in adults older than age 85 years. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Go to Rationale and Clinical Consideration : http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)
Colorectal Cancer, Chemo Prevention	The AAFP recommends against the routine use of aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) to prevent colorectal cancer in individuals at average risk for colorectal cancer. (2008) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/aspcolo/aspcolors.htm#clinical)
Colorectal Cancer, Chemo Prevention, DNA Testing	The AAFP concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic colongraphy and fecal DNA testing as screening modalities for colorectal cancer. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)
Congenital Hypothyroidism	The AAFP recommends screening for congenital hypothyroidism (CH) in newborns. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/conhypo/conhyprs.htm#clinical)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Coronary Heart Disease, Adults	<p>The AAFP <i>recommends against</i> routine screening with resting electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) events in adults at low risk for CHD events. (2004) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/chd/chdrs.htm#clinical)</p> <p>The AAFP <i>found insufficient evidence to recommend for or against</i> routine screening with electrocardiography (ECG), exercise treadmill test (ETT), electronbeam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the predication of coronary heart disease (CHD) events in adults at increased risk for CHD events. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/chd/chdrs.htm#clinical)</p>
Coronary Heart Disease Risk Assessment, Using Nontraditional Risk Factors	<p>The AAFP <i>concludes that the current evidence is insufficient to assess the balance of benefits and harms</i> of using the nontraditional risk factors discussed in this statement to screen asymptomatic men and women with no history of CHD to prevent CHD events. (Select "Clinical Considerations" for suggestions for practice when evidence is insufficient). The nontraditional risk factors included in this recommendation are high-sensitivity C-reactive protein (hs-CRP), ankle-brachial index (ABI), leukocyte count, fasting blood glucose level, periodontal disease, carotid intima-media thickness (carotid IMT), coronary artery calcification (CAC) score on electron-beam computed tomography (EBCT), homocysteine level, and lipoprotein(a) level. (2010) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/riskcoronaryhd/coronaryhdrs.htm#clinical)</p>
Dementia, Adults	<p>The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> routine screening for dementia in older adults. (2003) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/dementia/dementtr.htm#clinical)</p>
Dental Caries, Fluoride Supplementation	<p>The AAFP <i>strongly recommends</i> ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm). (2004)</p>
Depression, Adults	<p>The AAFP <i>recommends</i> screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. "Staff-assisted depression care supports" refers to clinical staff that assist the primary care clinician by providing some direct depression care and/or coordination, case management, or mental health treatment. (2010) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf09/adultdepression/addeprrs.htm#clinical)</p> <p>The AAFP <i>recommends against</i> routinely screening adults for depression when staff-assisted depression care supports are not place. There may be considerations that support screening for depression in an individual patient. "Staff-assisted depression care supports" refers to clinical staff that assist the primary care clinician by providing some direct depression care and/or coordination, case management, or mental health treatment. (2010) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf09/adultdepression/addeprrs.htm#clinical)</p>
Depression, Children and Adolescents	<p>The AAFP <i>recommends</i> screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. (2009) (Grade: B statement) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/depression/chdeprrs.htm#clinical)</p>

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Depression, Children and Adolescents	The AAFP <i>concludes that the current evidence is insufficient to assess the balance of benefits and harms</i> of screening of children (7-11 years of age). (2009) (Grade: I statement) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/depression/chdeprsr.htm#clinical)
Diabetes, Gestational	The AAFP <i>concludes that the current evidence is insufficient to assess the balance of benefits and harms</i> of screening for gestational diabetes mellitus (GDM), either before or after 24 weeks gestation. (2008) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/gestdiab/qdrs.htm#clinical)
Diabetes, Type 2, Adults	The AAFP <i>recommends</i> screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. (2008) (Grade: B recommendation) Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/type2/type2rs.htm#clinical The AAFP <i>concludes that the current evidence is insufficient to assess the balance of benefits and harms</i> of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80 mm Hg or lower. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/type2/type2rs.htm#clinical)
Dysplasia (Developmental) of the Hip in Infants	The AAFP <i>concludes that the evidence is insufficient to recommend</i> routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)
Family Violence and Intimate Partner Violence	The AAFP <i>recognizes</i> that all family physicians should be alert to physical and behavioral signs and symptoms associated with abuse or neglect. The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> screening of parents or guardians for the physical abuse or neglect of children, of adults or adolescents of either sex for intimate partner violence, or of older adults or their caregivers for elder abuse. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstfamv.htm)
Genital Herpes Simplex Virus Infection, Pregnant Women	The AAFP <i>recommends against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/herpes/herpesrs.htm#clinical)
Genital Herpes Simplex Virus Infection, Non-Pregnant Adolescents and Adults	The AAFP <i>recommends against</i> routine serological screening for herpes simplex virus (HSV) in asymptomatic adolescents and adults. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/herpes/herpesrs.htm#clinical)
Gestational Diabetes	The AAFP <i>concludes that the current evidence is insufficient to assess the balance of benefits and harms</i> of screening for gestational diabetes mellitus (GDM), either before or after 24 weeks gestation. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/gestdiab/qdrs.htm#clinical)
Glaucoma, Adults	The AAFP found <i>insufficient evidence to recommend for or against</i> screening adults for glaucoma. (2005) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/glaucoma/glaucrs.htm#clinical)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Gonococcal Infection in Neonates, Ocular Topical Medication	The AAFP strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum. (2005) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)
Gonorrhea, Pregnant and Non-Pregnant Women	The AAFP recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors); see clinical consideration for further discussion of risk factors. (2005) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)
	The AAFP concludes there is insufficient evidence to recommend for or against screening for gonorrhea infection in pregnant women who are not at increased risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)
	The AAFP recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)
Gonorrhea, Men	The AAFP concludes there is insufficient evidence to recommend for or against routine screening for gonorrhea infection in men at increased risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)
	The AAFP recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)
Healthy Diet	The AAFP recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionists. (1996) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/diet/dietr.htm#clinical)
Hearing difficulties	The AAFP recommends screening for hearing difficulties by questioning elderly adults about hearing impairment and counsel regarding the availability of treatment when appropriate. (1996) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspshhear.htm)
Hearing Loss Sensorineural (SNHL)	The AAFP recommends screening for hearing loss in all newborn infants. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/newbornhear/newbhears.htm#clinical)
Hemochromatosis	The AAFP recommends against routine genetic screening for hereditary hemochromatosis in the asymptomatic general population. (2006) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspshemoch.htm)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Hemoglobinopathies, Newborns	The AAFP strongly recommends ordering screening tests for PKU, hemoglobinopathies, and thyroid function abnormalities in neonates. (2007) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspshemo.htm)
Hepatitis B Virus Infection, Pregnant Women	The AAFP recommends screening for hepatitis B virus (HBV) in pregnant women at their first prenatal visit. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspshpbpg.htm)
Hepatitis B Virus Chronic Infection	The AAFP recommends against routinely screening the general asymptomatic population for chronic hepatitis B virus infection. (2004) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspshpb.htm)
Hepatitis C Virus Infection, Adults	The AAFP recommends against routine screening for hepatitis C virus (HCV) infection in asymptomatic adults who are not at increased risk (general population) for infection. (2004) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspshhepc.htm)
	The AAFP found insufficient evidence to recommend for or against routine screening for hepatitis C virus (HCV) infection in adults at high risk for infection. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspshhepc.htm)
Hip Dysplasia (Infants)	The AAFP concludes that the evidence is insufficient to recommend routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)
HIV Infection, Adolescents and Adults	The AAFP strongly recommends that physicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection. (2005) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) Clinical Considerations for discussion of risk factors: www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm Also See: <i>HIV Policy Statement (August 2007)</i>
	The AAFP makes no recommendation for or against routinely screening for HIV in adolescents and adults who are not at increased risk for HIV infections. (2005) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) Clinical Considerations for discussion of risk factors: www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm Also See: <i>HIV Policy Statement (August 2007)</i>
HIV Infection, Pregnant Women	The AAFP recommends that clinicians screen all pregnant women for HIV. (2005) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/hiv/hivrs.htm) Also See: <i>HIV Policy Statement (August 2007)</i>
Hormone Replacement Therapy	The AAFP recommends against the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/ht/htpostmenrs.htm#clinical)
	The AAFP recommends against the routine use of unopposed estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/ht/htpostmenrs.htm#clinical)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Hyperbilirubinemia, Infants	The AAFP <i>concludes that the evidence is insufficient</i> to recommend screening infants for hyperbilirubinemia to prevent chronic bilirubin encephalopathy. (2009) (Grade I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#irec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf09/hyperbilirubinemia/hyperbrs.htm#clinical)
Hypertension, Adults	The AAFP <i>recommends</i> screening for high blood pressure in adults aged 18 and older. (2007) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf07/hbp/hbprs.htm#clinical)
Hypertension, Children and Adolescents	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> routine screening for high blood pressure in children and adolescents to reduce the risk of cardiovascular disease.
Idiopathic Scoliosis in Adolescents	The AAFP <i>recommends against</i> the routine screening of asymptomatic adolescents for idiopathic scoliosis. (2004) Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspaisc.htm
Illicit Drug Use	The AAFP <i>concludes that the current evidence is insufficient</i> to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/druguse/drugrs.htm#clinical)
Immunization, Children	The AAFP <i>recommends</i> immunizing all children 0-6 Years of age using the AAFP recommendations unless contraindicated. (2010) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Recommended Childhood Immunization Schedule: http://www.aafp.org/immunizations.xml
Immunization, Children, Catch-up	The AAFP <i>recommends</i> immunizing children 0-6 Years who are between doses for vaccinations with the AAFP recommendation unless contraindicated. (2010) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Recommended Catch-up Immunization Schedule: http://www.aafp.org/immunizations.xml
Immunization, Adolescent	The AAFP <i>recommends</i> immunizing all adolescents 7-18 Years of age using the AAFP recommendations unless contraindicated. (2010) (Grade: A recommendation) Recommended Adolescent Immunization Schedule: http://www.aafp.org/immunizations.xml
Immunization, Adolescent, Catch-up	The AAFP <i>recommends</i> immunizing adolescents 7-18 Years who are between doses for vaccinations with the AAFP recommendation unless contraindicated. (2010) (Grade: A recommendation) Recommended Catch-up Immunization Schedule: http://www.aafp.org/immunizations.xml
Immunizations, Adults	The AAFP <i>recommends</i> immunizing all adults using the AAFP recommendations unless contraindicated. (2010) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Recommended Adult Immunization Schedule: http://www.aafp.org/immunizations.xml
Insulin Dependent Diabetes Mellitus	The AAFP <i>recommends against</i> the use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons.
Iron deficiency Anemia, Pregnant Women	The AAFP <i>recommends</i> routine screening for iron deficiency anemia in asymptomatic pregnant women. (2006) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/ironsc/ironrs.htm#clinical)
Iron deficiency Anemia, Children	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/ironsc/ironrs.htm#clinical)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Lead Poisoning, Children	The AAFP <i>concludes that evidence is insufficient to recommend for or against</i> routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at increased risk. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)
	The AAFP <i>recommends against</i> routine screening for elevated blood levels in asymptomatic children aged 1 to 5 years who are at average risk. (2006) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)
Lead Poisoning, Pregnant Women	The AAFP <i>recommends against</i> routine screening for elevated blood levels in asymptomatic pregnant women. (2006) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)
Lipid Disorders, Adults	The AAFP <i>recommends</i> screening men aged 35 and older for lipid disorders. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)
	The AAFP <i>recommends</i> screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)
	The AAFP <i>recommends</i> screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)
	The AAFP <i>recommends</i> screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)
	The AAFP <i>makes no recommendation for or against</i> routine screening for lipid disorders in men aged 20 to 35, or in women aged 20 and older who are not at increased risk for coronary heart disease. (2008) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/lipid/lipidrs.htm#clinical)
	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> routine screening for lipid disorders in infants, children, adolescents, or young adults (up to age 20). (2007) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf07/chlipid/chlipidrs.htm#clinical)
Low Back Pain, Adults	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> routine use of interventions to prevent low back pain in adults in primary care settings. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/lowback/lowbackrs.htm#clinical)
Lung Cancer	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> screening asymptomatic persons for lung cancer with either low dose computerized tomography (LDCT), chest x-ray (CXR), sputum cytology, or a combination of these tests. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/lungcancer/lungcanrs.htm#clinical)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Neural tube defects, Prevention, Folic Acid Supplementation, Women	The AAFP <i>recommends</i> that all women planning or capable of pregnancy take a daily supplement containing 0.43 to 0.8 mg (400 to 800 µg) of folic acid. (2009) (Grade: <i>A recommendation</i>) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/folicacid/folicacidrs.htm#clinical)
Obesity, Adults	The AAFP <i>recommends</i> that family physicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Intensive counseling involves more than one session per month for at least 3 months. (2003) (Grade: <i>B recommendation</i>) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/obesity/obesrr.htm#clinical)
Obesity, Children and adolescents	The AAFP <i>recommends</i> that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. (February 2010) (Grade: <i>B recommendation</i>) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: <i>(The definitions for specific interventions (targeted to diet and physical activity) and intensity(>25 hours with child and/or family over 6 months) are noted in the clinical Considerations: www.ahrq.gov/clinic/uspstf10/childobes/chobesrs.htm#clinical)</i>
Oral Cancer, Adults	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> routinely screening adults for oral cancer. (2004) (Grade: <i>I recommendation</i>) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspsoal.htm)
Osteoporosis, Women	The AAFP <i>recommends</i> 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 woman who has no additional risk factors. A 65-year-old white woman with no other risk factors has a 9.3% 10-year risk for any osteoporotic fracture. (2011) (Grade: <i>B recommendation</i>) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) The FRAX (Fracture Risk Assessment) tool), available at www.shef.ac.uk/FRAX/ , can be used to estimate 10-year risks for fractures for all racial and ethnic groups in the United States. (2011) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm#clinical)
Osteoporosis, Men	The AAFP <i>concludes that the current evidence is insufficient</i> to assess the balance of benefits and harms of screening for osteoporosis in men. (2011) (Grade: <i>I recommendation</i>) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm#clinical)
Ovarian Cancer, Women	The AAFP <i>recommends against</i> routine screening for ovarian cancer. (2004) (Grade: <i>D recommendation</i>) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/ovariancan/ovcanrs.htm#clinical)
Ovarian Cancer/BRCA Mutation Testing	The AAFP <i>recommends</i> that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (2005) (Grade: <i>B recommendation</i>) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm#clinical)

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Ovarian Cancer/BRCA Mutation Testing	The AAFP <i>recommends against</i> routine referral for genetic counseling or routine breast cancer susceptibility gene (BRCA) testing for women whose family history is not associated with increased risk for deleterious mutations in breast cancer susceptibility gene 1 (BRCA1) or breast cancer susceptibility gene 2 (BRCA2). (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm#clinical)
Pancreatic Cancer, Adult	The AAFP <i>recommends against</i> routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers. (2004) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/pancreatic/pancrers.htm#clinical)
Peripheral Arterial Disease	The AAFP <i>recommends against</i> routine screening for peripheral arterial disease (PAD). (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/pad/padrs.htm#clinical)
Phenylketonuria, Newborn	The AAFP <i>recommends</i> ordering screening test for Phenylketonuria in neonates. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) http://www.ahrq.gov/clinic/uspstf08/pku/pkurs.htm#clinical
Physical Activity, Counseling	The AAFP <i>recognizes</i> that regular physical activity is <i>desirable</i> . The <i>effectiveness</i> of physician's advice and counseling in this area is uncertain. (2002) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/physactivity/physactrr.htm#clinical)
Prostate Cancer	The AAFP <i>recommends against</i> prostate-specific antigen (PSA)-based screening for prostate cancer. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#drec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/prostatecancerscreening/prostatefinalrs.htm#consider)
Pulmonary Chronic Obstructive Disease	The AAFP <i>recommends against</i> screening asymptomatic adults for chronic obstructive pulmonary disease (COPD) using spirometry. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/copd/copdrs.htm#clinical)
Rh (D) Incompatibility, Pregnant Women	The AAFP <i>strongly recommends</i> Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. (2004) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/rh/rhrs.htm#clinical)
	The AAFP <i>recommends</i> repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation. (2004) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/rh/rhrs.htm#clinical)
Scoliosis, Idiopathic in Adolescents	The AAFP <i>recommends against</i> the routine screening of asymptomatic adolescents for idiopathic scoliosis. (2004) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspsaisc.htm)
Second Hand Smoke	The AAFP <i>strongly recommends</i> to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health.

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Sexually Transmitted Infections (STIs)	<p>The AAFP recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations for risk assessment: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)</p> <p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)</p>
Sickle Cell Disease, Newborns	<p>The AAFP recommends screening for sickle cell disease in all newborns. (2007) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/sicklecell/sicklers.htm#clinical)</p>
Skin Cancer, Behavioral Counseling	<p>The AAFP recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk of skin cancer. (2012) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#brec) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm#clinical)</p> <p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of counseling adults older than age 24 years about minimizing risks to prevent skin cancer. (2012) (Grade: I recommendations) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#brec) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm#clinical)</p>
Skin Cancer, Screening	<p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of using a whole-body skin examination by a primary care clinician or patient skin self-examination for the early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer in the adult general population. (2009) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations : http://www.ahrq.gov/clinic/uspstf09/skincancer/skincanrs.htm#clinical)</p>
Speech and Language Delay in Preschool Children	<p>The AAFP concludes that the evidence is insufficient to recommend for or against routine use of brief, formal screening instruments in primary care to detect speech and language delay in children up to 5 years of age. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/speech/speechrs.htm#clinical)</p>
Suicide, Screening	<p>The AAFP concludes that the evidence is insufficient to recommend for or against routine screening by primary care clinicians to detect suicide risk in the general population. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespre.htm#irec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/suicide/suiciderr.htm#clinical)</p>
Syphilis	<p>The AAFP strongly recommends that clinicians screen persons at increased risk for syphilis infection. (2004)(Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm)</p> <p>The AAFP recommends against routine screening of asymptomatic persons who are not at increased risk for syphilis infection. (2004) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm)</p>
Syphilis, Pregnant Women	<p>The AAFP recommends that clinicians screen all pregnant women for syphilis infection. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm)</p>

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Testicular Cancer	The AAFP <i>recommends against</i> screening for testicular cancer in asymptomatic adolescent or adult males (2011). (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf10/testicular/testicuprs.htm#clinical)
Thyroid Cancer	The AAFP <i>recommends against</i> the use of ultrasound screening for thyroid cancer in asymptomatic persons. (1996) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspsthca.htm)
Thyroid Disease, Adults	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> routine screening for thyroid disease in adults. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspsthyr.htm)
Thyroid Function abnormalities, Newborns	The AAFP <i>recommends</i> screening for congenital hypothyroidism (CH) in newborns. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/conhyppo/conhyprs.htm#clinical)
Tobacco Use, Adults	The AAFP <i>recommends</i> that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac.htm)
Tobacco Use, Pregnant Women	The AAFP <i>strongly recommends</i> that clinicians screen all pregnant women for tobacco use and provide 5-15 minutes of smoking cessation counseling using messages and self-help materials tailored for pregnant smokers. (2003) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac.htm)
Tobacco Use, Counseling, Children and Adolescents	The AAFP <i>recognizes</i> avoidance of tobacco products by children and adolescents is <i>desirable</i> . The <i>effectiveness</i> of physician advice and counseling in this area is uncertain. (2003) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac.htm)
Visual Difficulties, Adults	The AAFP <i>concludes that the current evidence is insufficient to assess the balance of benefit and harms</i> of screening for visual acuity for the improvement of outcomes in older adults. (2009) (Grade I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf09/visualscr/viseldrs.htm#clinical)
Visual Impairment, Children	The AAFP <i>recommends</i> vision screening for all children at least once between the ages of 3 and 5 years to detect the presence of amblyopia or its risk factors. (2011) (Grade: B Recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm#clinical)
	The AAFP <i>concludes that the current evidence is insufficient</i> to assess the balance of benefits and harms of vision screening for children <3 years of age. (2011) (Grade: I Recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm#clinical)
Vitamin Supplementation, for Cancer and Heart Disease	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> the use of supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or cardiovascular disease. (2003) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspsvita.htm)
	The AAFP <i>recommends against</i> the use of beta-carotene supplements, either alone or in combination, for the prevention of cancer or cardiovascular disease. (2003) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspsvita.htm)