AAP Updates Recommendations for Routine Preventive Pediatric Health Care

▶ **See related Editorial on page 272.**

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This series is coordinated by Sumi Sexton, MD, Associate Deputy Editor.

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The American Academy of Pediatrics (AAP) has updated recommendations for preventive pediatric health care services, including evidence-based screenings and assessments that should be addressed at well-child visits. The recommendations are organized by age: infancy, early childhood, middle childhood, and adolescence. The most recent changes to the schedule were approved by the AAP Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Workgroup. A complete schedule is available at http://www.aap.org/periodicityschedule.

These updates address a variety of topics. Changes include the following:

- *Vision Screening.* In addition to routine visual acuity screening at four and five years of age and in cooperative three-year-olds, instrument-based screening can be offered to assess risk at other ages (i.e., at 12 and 24 months of age, and at well visits from three to five years of age). The recommendation for vision screening is now a risk-based assessment instead of routine screening beginning at 18 years of age. Evidence shows that fewer new vision problems develop in young adults at low risk.
- *Oral Health.* Fluoride varnish application should begin at six months of age and continue through five years of age. This recommendation was added to address dental caries, which is the most common chronic disease in young children.
- *Alcohol and Drug Use Assessment.* To screen adolescents for drug and alcohol use, physicians are advised to use the CRAFFT (car, relax, alone, forget, friends, trouble) screening questionnaire.
- *Depression.* Screening for depression is recommended annually for children and adolescents 11 through 21 years of age. Suicide is a leading cause of death in this age group.
- *Dyslipidemia Screening.* Because of concerns about the growing epidemic of obesity in this population, screening for elevated blood cholesterol levels is now recommended in children nine to 11 years of age.
- *Hematocrit or Hemoglobin.* In addition to the universal screening recommended at 12 months of age to detect iron deficiency anemia, physicians should conduct a risk assessment to determine if hematocrit or hemoglobin screening is needed in children at 15 and 30 months of age.
- *Sexually Transmitted Infection/Human Immunodeficiency Virus (HIV) Screening.* Screening for HIV infection is recommended in adolescents 16 to 18 years of age. Statistics show that one in four new HIV infections occurs in persons 13 to 24 years of age, and approximately 60% of younger persons with HIV infection are unaware that they are infected.
- *Cervical Dysplasia.* Screening for cervical dysplasia is no longer recommended annually from 11 through 21 years of age but instead should begin at 21 years of age.
- *Critical Congenital Heart Disease.* Screening for critical congenital heart disease with pulse oximetry is now recommended. This should be performed in the hospital before newborn discharge.

Guideline source: American Academy of Pediatrics

Evidence rating system used? Yes

Literature search described? Yes

Guideline developed by participants without relevant financial ties to industry? Yes

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MARA LAMBERT, *AFP* Senior Associate Editor ■