

## Adult Preventive Health Care Schedule: Recommendations from the USPSTF (as of August 16, 2019)

To be used in conjunction with USPSTF recommendation statements for additional details (see tables and references at <https://www.aafp.org/afp/PHCS>)

**Only grade A/B recommendations are shown**

Age	18	21	24	25	35	40	45	50	55	59	65	70	74	75	80
<b>USPSTF screening recommendations</b>															
Alcohol misuse <sup>1</sup>	(B)														
Depression <sup>2</sup>	(B)														
Hypertension <sup>3</sup>	(A)														
Obesity/weight loss <sup>4</sup>	(B) if BMI 30 kg per m <sup>2</sup> or greater														
Tobacco use and cessation <sup>5</sup>	(A)														
HIV infection <sup>6</sup>	(A) (A) if at increased risk														
Hepatitis B virus infection <sup>7</sup>	(B) if at increased risk														
Syphilis <sup>8</sup>	(A) if at increased risk														
Tuberculosis <sup>9</sup>	(B) if at increased risk														
BRCA gene risk assessment <sup>10</sup>	(B) if appropriate personal or family history of BRCA-related cancer or ancestry														
Chlamydia and gonorrhea <sup>11</sup>	(B) if sexually active (B) if at increased risk														
Intimate partner violence <sup>12</sup>	(B) women of childbearing age														
Cervical cancer <sup>13</sup>	(A) See p. 3 for test options and screening intervals														
Abnormal glucose/type 2 diabetes mellitus <sup>14</sup>	(B) if overweight or obese														
Hepatitis C virus infection <sup>15</sup>	(B) if at high risk (B) birth years 1945-1965 (B) if at high risk														
Colorectal cancer <sup>16</sup>	(A)														
Breast cancer <sup>17</sup>	(B) biennial screening														
Lung cancer <sup>18</sup>	(B) if 30-pack-year history and current or former smoker (quit in past 15 years)														
Osteoporosis <sup>19</sup>	(B) if postmenopausal and elevated risk (B)														
Abdominal aortic aneurysm <sup>20</sup>	(B) if an "ever smoker"														
<b>USPSTF preventive therapies recommendations</b>															
HIV preexposure prophylaxis <sup>21</sup>	(A) if at high risk of HIV infection														
Primary prevention of breast cancer <sup>22</sup>	(B) if at increased risk and only after shared decision making														
Folic acid supplementation <sup>23</sup>	(A) if capable of conceiving														
Statins for primary prevention of CVD <sup>24</sup>	(B) see criteria on p. 4														
Aspirin for primary prevention of CVD and colorectal cancer <sup>25</sup>	(B) if ≥ 10% 10-year CVD risk														
Fall prevention in community-dwelling older adults <sup>26</sup>	(B) exercise interventions if at increased fall risk														
<b>USPSTF counseling recommendations</b>															
Sexually transmitted infection prevention <sup>27</sup>	(B) if at increased risk														
Diet/activity for CVD prevention <sup>28</sup>	(B) if overweight or obese and with additional CVD risk														
Skin cancer prevention <sup>29</sup>	(B) if fair skinned														

### Legend

	Normal risk	With specific risk factor	Recommendation grades
Recommendation for men and women			A Recommended (likely significant benefit)
Recommendation for men only			B Recommended (likely moderate benefit)
Recommendation for women only			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

BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.

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

BONUS DIGITAL CONTENT

**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

**Patients in whom to consider PrEP:**

- Sexually active men who have sex with men who have any of the following:
  - Sexual relationship with serodiscordant partner
  - Inconsistent use of condoms during anal sex
  - Syphilis, gonorrhea, or chlamydia infection in last six months
- Sexually active heterosexual patients with any of the following:
  - Sexual relationship with serodiscordant partner
  - Inconsistent use of condoms with high-risk partner
  - Syphilis or gonorrhea infection in last six months
- Injection drug users with any of the following:
  - Shared drug-injection equipment
  - Risks of infection through sex (see above)

*IV = intravenous; PrEP = preexposure prophylaxis; STI = sexually transmitted infection.*

**HEPATITIS B INFECTION RISK FACTORS**

- HIV infection
- Infected sex partner
- Intravenous drug use
- Living with an infected individual
- Men who have sex with men
- Origin from regions\* with prevalence  $\geq 2\%$
- U.S.-born children of immigrants from regions\* with prevalence  $\geq 8\%$ , 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.

**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<sup>1</sup>

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

#### Depression screening<sup>2</sup>

(B) Screen adults with systems for evaluation and management

#### Hypertension screening<sup>3</sup>

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

#### Obesity/weight loss screening<sup>4</sup>

(B) Refer obese adults to intensive behavioral interventions for weight loss

#### Tobacco use and cessation screening<sup>5</sup>

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

(I) IETRFOA electronic nicotine delivery systems for tobacco cessation

#### HIV infection screening<sup>6</sup>

(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<sup>7</sup>

(B) Screen adolescents and adults at high risk

#### Syphilis screening<sup>8</sup>

(A) Screen individuals at increased risk

#### Tuberculosis screening<sup>9</sup>

(B) Screen individuals at increased risk

#### BRCA-related cancer risk assessment/screening<sup>10</sup>

(B) Use a familial risk assessment tool (evaluated assessment tools listed in full text) in women with either:

- Personal or family history of breast, ovarian, tubal, or peritoneal cancers
- Ashkenazi Jewish ancestry (i.e., ancestry with increased risk of *BRCA* mutation)

For positive risk tools, offer genetic counseling and genetic testing, if indicated.

(D) Recommend against screening for patients without appropriate family history, personal history, or ancestry

#### Chlamydia and gonorrhea screening<sup>11</sup>

(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<sup>12</sup>

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

(I) IETRFOA screening all vulnerable and older adults for abuse or neglect

#### Cervical cancer screening<sup>13</sup>

(A) Screen women

- Age 21 to 29 every three years with cytology alone
- Frequency of screening may increase to every five years for women age 30 to 65 with cytology and high-risk human papillomavirus cotesting or high-risk human papillomavirus testing alone

(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

#### Abnormal glucose and type 2 diabetes mellitus screening<sup>14</sup>

(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<sup>15</sup>

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

(B) Screen patients at high risk

#### Colorectal cancer screening<sup>16</sup>

(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<sup>17</sup>

(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<sup>18</sup>

(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<sup>19</sup>

(B) Screen women 65 years and older

(B) Screen postmenopausal women if increased fracture risk shown with an osteoporosis risk tool (e.g., 8.4% in 10 years by U.S. FRAX tool)

(I) IETRFOA screening men

#### Abdominal aortic aneurysm screening<sup>20</sup>

(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 men 65 to 75 years who have never smoked

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

(D) Recommend against routine screening in women 65 to 75 years who have never smoked

#### HIV prevention with PrEP<sup>21</sup>

(A) Offer PrEP to persons at high risk of infection. See original text for considerations in patient selection.

*continues*

CHD = coronary heart disease; CVD = cardiovascular disease; FRAX = Fracture Risk Assessment; IETRFOA = insufficient evidence to recommend for or against; PrEP = preexposure prophylaxis; 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)**Primary prevention of breast cancer<sup>22</sup>**

- (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<sup>23</sup>**

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

**Statins for primary prevention of CVD<sup>24</sup>**

- (B) Recommend low- to moderate-dose statin therapy in patients meeting all three criteria:
  - (1) 40 to 75 years of age
  - (2) Dyslipidemia, diabetes, hypertension, or smoker
  - (3) 10-year CVD risk of 10% or greater
- (C) Consider low- to moderate-dose statin therapy in appropriate candidates meeting the first two criteria but with a 10-year CVD risk of 7.5% to 10%
- (I) IETFOA initiating statin therapy after 75 years of age for primary prevention

**Aspirin for primary prevention of CVD and colorectal cancer<sup>25</sup>**

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

**Fall prevention in community-dwelling older adults<sup>26</sup>**

- (B) Recommend exercise interventions for individuals 65 years and older at increased risk of falls
- (C) Recommend multifactorial interventions for appropriate individuals 65 years and older; see Clinical Considerations in original recommendation statement for patient selection
- (D) Recommend against vitamin D supplementation for fall prevention

**Counseling to prevent sexually transmitted infection<sup>27</sup>**

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

**Counseling to promote healthy diet and physical activity<sup>28</sup>**

- (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<sup>29</sup>**

- (B) Recommend counseling fair-skinned patients six months to 24 years of age about minimizing ultraviolet radiation
- (C) Recommend selectively counseling fair-skinned patients older than 24 years about minimizing exposure to ultraviolet radiation
- (I) IETFOA counseling adults about skin self-examination

**Grade C Recommendations:**

- Physical activity and healthy diet counseling to reduce cardiovascular risk in adults without obesity or known CVD risk factors<sup>30</sup>
- Prostate cancer screening with prostate-specific antigen testing in men 55 to 69 years of age after shared decision-making<sup>31</sup>

**Grade D Recommendations:**

- Bacteriuria (asymptomatic) screening in men and nonpregnant women<sup>32</sup>
- Beta carotene or vitamin E supplementation for CVD or cancer risk reduction<sup>33</sup>
- Carotid artery stenosis screening<sup>34</sup>
- CVD screening with resting or exercise electrocardiography in low-risk patients<sup>35</sup>
- Chronic obstructive pulmonary disease screening with spirometry<sup>36</sup>
- Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy<sup>37</sup>
- Genital herpes screening<sup>38</sup>
- Ovarian cancer screening<sup>39</sup>
- Pancreatic cancer screening<sup>40</sup>
- Prostate cancer screening with prostate-specific antigen testing in men 70 years and older<sup>41</sup>
- Testicular cancer screening<sup>41</sup>
- Thyroid cancer screening<sup>42</sup>
- Vitamin D ( $\leq 400$  IU) and calcium ( $\leq 1,000$  mg) supplementation daily for primary prevention of fracture in postmenopausal women<sup>43</sup>

**Grade I Statements:**

- Atrial fibrillation screening with electrocardiography<sup>44</sup>
- Bladder cancer screening<sup>45</sup>
- Celiac disease screening<sup>46</sup>
- CVD screening in patients with nontraditional risk factors<sup>47</sup>
- CVD screening with resting or exercise electrocardiography in intermediate- to high-risk patients<sup>35</sup>
- Chronic kidney disease screening<sup>48</sup>
- Cognitive impairment screening in older adults<sup>49</sup>
- Gynecologic condition screening with pelvic examination<sup>50</sup>
- Hearing loss screening in older adults<sup>51</sup>
- Illicit drug use screening<sup>52</sup>
- Impaired visual acuity screening in older adults<sup>53</sup>
- Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)<sup>33</sup>
- Obstructive sleep apnea screening<sup>54</sup>
- Oral cancer screening<sup>55</sup>
- Peripheral artery disease and CVD risk screening with ankle-brachial index<sup>56</sup>
- Primary open-angle glaucoma screening<sup>57</sup>
- Primary prevention of fractures with vitamin D and calcium supplementation (alone or combined; dose unspecified) in men or premenopausal women, and in postmenopausal women with daily dosages  $> 400$  IU of vitamin D and  $> 1,000$  mg of calcium<sup>43</sup>
- Skin cancer screening<sup>58</sup>
- Suicide risk screening<sup>59</sup>
- Thyroid dysfunction screening<sup>60</sup>
- Vitamin D deficiency screening in community-dwelling nonpregnant adults<sup>61</sup>

CHD = coronary heart disease; CVD = cardiovascular disease; IETFOA = insufficient evidence to recommend for or against; USPSTF = U.S. Preventive Services Task Force.

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

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

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