### 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

<table>
<thead>
<tr>
<th>Age</th>
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<th>21</th>
<th>24</th>
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#### USPSTF screening recommendations

**Alcohol misuse**

(B)

**Depression**

(B)

**Hypertension**

(A)

**Obesity/Weight loss**

(B) if BMI 30 kg per m² or greater

**Tobacco use and cessation**

(A)

**HIV infection**

(A)

**Hepatitis B virus infection**

(B) if at increased risk

**Syphilis**

(A) if at increased risk

**Tuberculosis**

(B) if at increased risk

**BRCA gene risk assessment**

(B) if appropriate personal or family history of BRCA-related cancer or ancestry

**Chlamydia and gonorrhea**

(B) if sexually active

**Intimate partner violence**

(B) women of childbearing age

**Abnormal glucose/type 2 diabetes mellitus**

(B) if overweight or obese

**Hepatitis C virus infection**

(B) if at high risk (B) birth years 1945-1965 (B) if at high risk

**Colorectal cancer**

(A)

**Breast cancer**

(B) biennial screening

**Lung cancer**

(B) if 30-pack-year history and current or former smoker (quit in past 15 years)

**Osteoporosis**

(B) if postmenopausal and elevated risk

**Abdominal aortic aneurysm**

(B) if an "ever smoker"

#### USPSTF preventive therapies recommendations

**HIV preexposure prophylaxis**

(A) if at high risk of HIV infection

**Primary prevention of breast cancer**

(B) if at increased risk and only after shared decision making

**Folic acid supplementation**

(A) if capable of conceiving

**Statins for primary prevention of CVD**

(B) see criteria on p. 4

**Aspirin for primary prevention of CVD and colorectal cancer**

(B) if ≥ 10% 10-year CVD risk

**Fall prevention in community-dwelling older adults**

(B) exercise interventions if at increased fall risk

#### USPSTF counseling recommendations

**Sexually transmitted infection prevention**

(B) if at increased risk

**Diet/activity for CVD prevention**

(B) if overweight or obese and with additional CVD risk

**Skin cancer prevention**

(B) if fair skinned

#### Legend

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<th>Recommendation for men and women</th>
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<td>Recommendation for men only</td>
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<tr>
<td>Recommendation for women only</td>
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</table>
### HIV Risk Factors

- IV drug use
- Men who have sex with men
- Other STI
- Requesting STI testing
- Sex exchanged for drugs or money

**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 the 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 the 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 ≥ 2%
- U.S.-born children of immigrants from regions* with prevalence ≥ 8%, if unvaccinated

**Patients in whom to consider PrEP:**

Sex with individuals who are
- IV drug users, bisexual, or HIV positive
- Unprotected sex, including anal intercourse

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### Syphilis Risk Factors

- High-risk sexual behaviors
- Incarceration
- Local prevalence

Men who have sex with men
- Sex exchanged for money for drugs

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### Tuberculosis Risk Factors

- Health professionals*
- Homelessness, including former
- Immunosuppression*

Prisoners, including former
- Residents of high-risk regions, including former

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### Hepatitis C Infection Risk Factors

- Blood transfusion before 1992
- Chronic hemodialysis
- High-risk sexual behaviors
- Incarceration

**Patients in whom to consider PrEP:**

Men who have sex with men
- Maternal infection (concern for vertical transmission)
- Unregulated tattoo

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### Cardiovascular Disease Risk Factors

- Diabetes mellitus
- Metabolic syndrome
- Dyslipidemia
- Obesity
- Family history
- Tobacco use
- Hypertension

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### 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.*

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### Breast Cancer Risk Factors

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

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### 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

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

*—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.
### Adult Preventive Health Care Schedule: Recommendations from the USPSTF

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

**Alcohol misuse screening**
- (A) Screen adults; exclude white coat hypertension before starting therapy
- (B) Screen adults and provide brief behavioral interventions for risky alcohol use

**Depression screening**
- (B) Screen adults with systems for evaluation and management

**Hypertension screening**
- (A) Screen adults; exclude white coat hypertension before starting therapy

**Obesity/weight loss screening**
- (B) Refer obese adults to intensive behavioral interventions for weight loss

**Tobacco use and cessation screening**
- (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**
- (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**
- (B) Screen adolescents and adults at high risk

**Syphilis screening**
- (A) Screen individuals at increased risk

**Tuberculosis screening**
- (B) Screen adults with systems for evaluation and management

**BRCA-related cancer risk assessment/screening**
- (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.

**Chlamydia and gonorrhea screening**
- (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**
- (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**
- (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**
- (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**
- (B) Offer one-time screening of patients born between 1945 and 1965
- (B) Screen patients at high risk

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

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

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**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**

- **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** IETRFOA initiating statin therapy after 75 years of age for primary prevention

### Aspirin for primary prevention of CVD and colorectal cancer

- **B** Recommend low-dose aspirin for patients 50 to 59 years of age with a 10-year CVD risk of 10% or greater, appropriate bleeding risk, and life expectancy of at least 10 years
- **C** Recommend individualized decision-making for patients 60 to 69 years of age who meet the same criteria
- **I** IETRFOA low-dose aspirin for patients younger than 50 years or 70 years or older

### Fall prevention in community-dwelling older adults

- **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 promote healthy diet and physical activity

- **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

- **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** IETRFOA 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
- Prostate cancer screening with prostate-specific antigen testing in men 55 to 69 years of age after shared decision-making

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**Grade D Recommendations:**

- Bacteriuria (asymptomatic) screening in men and nonpregnant women
- Beta carotene or vitamin E supplementation for CVD or cancer risk reduction
- Carotid artery stenosis screening
- CVD screening with resting or exercise electrocardiography in low-risk patients
- Chronic obstructive pulmonary disease screening with spirometry
- Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy
- Genital herpes screening
- Ovarian cancer screening
- Pancreatic cancer screening
- Prostate cancer screening with prostate-specific antigen testing in men 70 years and older
- Testicular cancer screening
- Thyroid cancer screening
- Vitamin D (≤ 400 IU) and calcium (≤ 1,000 mg) supplementation daily for primary prevention of fracture in postmenopausal women

### Grade I Statements:

- Atrial fibrillation screening with electrocardiography
- Bladder cancer screening
- Celiac disease screening
- CVD screening in patients with nontraditional risk factors
- CVD screening with resting or exercise electrocardiography in intermediate-to-high-risk patients
- Chronic kidney disease screening
- Combined estrogen and progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy
- Cognitive impairment screening in older adults
- Gynecologic condition screening with pelvic examination
- Hearing loss screening in older adults
- Illicit drug use screening
- Impaired visual acuity screening in older adults
- Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)
- Obstructive sleep apnea screening
- Oral cancer screening
- Peripheral artery disease and CVD risk screening with ankle-brachial index
- Primary open-angle glaucoma screening
- 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
- Skin cancer screening
- Suicide risk screening
- Thyroid dysfunction screening
- Vitamin D deficiency screening in community-dwelling nonpregnant adults

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


