Adult Preventive Health Care Schedule: Recommendations from the USPSTF (as of June 18, 2021)

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

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<td>Obesity/weight loss</td>
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<td>BRCA gene risk assessment</td>
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<td>Chlamydia and gonorrhea</td>
<td>(B) if sexually active</td>
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<td>Intimate partner violence</td>
<td>(B) women of childbearing age</td>
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<td>Cervical cancer</td>
<td>(A) See p. 3 for test options and screening intervals</td>
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<td>Abnormal glucose/type 2 diabetes mellitus</td>
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<td>Breast cancer</td>
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<td>Lung cancer</td>
<td>(B) if 20-pack-year history and current or former smoker (quit in past 15 years)</td>
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<td>Osteoporosis</td>
<td>(B) if postmenopausal and elevated risk</td>
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<td>(B) if an &quot;ever smoker&quot;</td>
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<td>Unhealthy drug use</td>
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**USPSTF preventive therapies recommendations**

| HIV preexposure prophylaxis | (A) if at high risk of HIV infection | | | | | | | | | | | | | |
| Primary prevention of breast cancer | (B) offer if at increased risk for breast cancer and low risk for side effects | | | | | | | | | | | | | |
| 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) adults with CVD risk factors | | | | | | | | | | | | | |
| Skin cancer prevention | (B) if fair skinned | | | | | | | | | | | | | |
| Healthy weight gain in pregnancy | (B) all pregnant women | | | | | | | | | | | | | |

**Legend**

<table>
<thead>
<tr>
<th>Normal risk</th>
<th>With specific risk factor</th>
<th>Recommendation grades</th>
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<tbody>
<tr>
<td>Recommendation for men and women</td>
<td></td>
<td>A Recommended (likely significant benefit)</td>
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<td>Recommendation for men only</td>
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<td>B Recommended (likely moderate benefit)</td>
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<tr>
<td>Recommendation for women only</td>
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<td>C Do not use routinely (benefit is likely small)</td>
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<td>D Recommended against (likely harm or no benefit)</td>
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<td></td>
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<td>I Insufficient evidence to recommend for or against</td>
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BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.
Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carnilo C, and Clutter J.
### HIV Risk Factors

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

**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 past 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 past 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.

### 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.

### 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

*—Risk of regions can be found at [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm](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 drugs or money

### 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

- Atherosclerotic cardiovascular disease risk ≥ 7.5%
- Dyslipidemia
- Hypertension or elevated blood pressure
- Metabolic syndrome

### 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**

- Screen adults and provide brief behavioral interventions for risky alcohol use

**Depression screening**

- Screen adults with systems for evaluation and management

**Hypertension screening**

- Screen adults; exclude white coat hypertension before starting therapy

**Obesity/weight loss screening**

- Refer adults with obesity to intensive behavioral interventions for weight loss

**Tobacco use and cessation screening**

- Screen all nonpregnant adults and provide behavior therapy and U.S. Food and Drug Administration–approved intervention therapy for cessation
- Screen all pregnant women and provide behavior therapy.
  - IETRFOA electronic nicotine delivery systems for tobacco cessation
  - Pharmacotherapy for tobacco cessation in pregnant persons

**Hepatitis C virus infection screening**

- Screen adults 18 to 79 years of age

**HIV infection screening**

- Screen individuals 15 to 65 years of age
- Screen older and younger persons who are at increased risk

**Hepatitis B virus infection screening**

- Screen adolescents and adults at high risk

**Syphilis screening**

- Screen individuals at increased risk

**Tuberculosis screening**

- Screen individuals at increased risk

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

- 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.

**Abdominal aortic aneurysm screening**

- Screen adults 50 to 80 years of age who currently smoke or quit within the past 15 years; discontinue screening once a person has not smoked for 15 years or develops a health problem that limits life expectancy

**Chlamydia and gonorrhea screening**

- Screen sexually active women 24 years and younger, and women at increased risk who are 25 years and older
- IETRFOA screening sexually active men

**Intimate partner violence screening**

- Screen women of childbearing age and refer to appropriate services
- IETRFOA screening all vulnerable and older adults for abuse or neglect

**Cervical cancer screening**

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

- Recommend against screening in women
  - 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**

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

**Colorectal cancer screening**

- 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
- Screen patients 45 to 49 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test
- Selectively offer screening to patients 76 to 85 years of age

**Breast cancer screening**

- Screen women
  - Biennial screening mammography in women 50 to 74 years of age
  - Screening is an individualized decision for women 40 to 49 years of age
  - Mammography after 75 years of age
  - Adjunctive screening in women with dense breast tissue and negative screening mammogram

**Lung cancer screening**

- Screen annually with low-dose computed tomography for individuals 50 to 80 years of age with a 20-pack-year history who currently smoke or quit within the past 15 years; discontinue screening once a person has not smoked for 15 years or develops a health problem that limits life expectancy

**Osteoporosis screening**

- Screen women 65 years and older
- 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)

**Abdominal aortic aneurysm screening**

- Screen men 65 to 75 years of age who ever smoked (100 or greater lifetime cigarettes) with one-time abdominal aortic aneurysm ultrasonography
- Recommend selective screening of men 65 to 75 years who have never smoked

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

- IETRFOA women 65 to 75 years of age who ever smoked
- Recommend against routine screening in women 65 to 75 years of age who have never smoked

Unhealthy Drug Use Screening

- Screen all adults older than 18 years for unhealthy drug use (by asking questions, not biological specimens)

HIV prevention with PrEP

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

Primary prevention of breast cancer

- Consider medications (such as tamoxifen, raloxifene, or aromatase inhibitors) that reduce risk of breast cancer in women at increased risk though with low risk of adverse effects
- Recommend against routine use if no increased risk

Folic acid supplementation

- 0.4 to 0.8 mg daily for women capable of conceiving

Statins for primary prevention of CVD

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

Aspirin for primary prevention of CVD and colorectal cancer

- 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
- Recommend individualized decision-making for patients 60 to 69 years of age who meet the same criteria
- IETRFOA low-dose aspirin for patients younger than 50 years or 70 years or older

Fall prevention in community-dwelling older adults

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

Counseling to prevent sexually transmitted infection

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

Counseling to promote healthy diet and physical activity

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

Counseling for skin cancer prevention

- Recommend counseling fair-skinned patients six months to 24 years of age about minimizing ultraviolet radiation
- Recommend selectively counseling fair-skinned patients older than 24 years about minimizing exposure to ultraviolet radiation
- IETRFOA counseling adults about skin self-examination

Counseling to promote healthy weight gain in pregnancy

- Offer behavioral counseling interventions to promote healthy weight gain and to prevent excessive weight gain to all pregnant women

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

Grade D Recommendations:

- Bacteriuria (asymptomatic) screening in nonpregnant adults
- 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
- 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)

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.
Adapted from the US Preventive Services Task Force (USPSTF) Guidelines

Obstructive sleep apnea screening

Skin cancer screening

Primary open-angle glaucoma screening

Skin cancer screening

References


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