### Adult Preventive Health Care Schedule: Recommendations from the USPSTF (as of May 9, 2022)

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><strong>USPSTF screening recommendations</strong></td>
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<td>Intimate partner violence</td>
<td>if at increased risk</td>
<td>(B) women of childbearing age</td>
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<td>Cervical cancer</td>
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<td>Prediabetes and type 2 diabetes</td>
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<td>Lung cancer</td>
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<td>Abdominal aortic aneurysm</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 | | | | | | | | | | | | | |
| 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**

- Recommendation for men and women: Normal risk
- Recommendation for men only: With specific risk factor
- Recommendation for women only: 

**Recommendation grades**

- A: Recommended (likely significant benefit)
- B: Recommended (likely moderate benefit)
- 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.
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.

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

**Unhealthy Drug Use Screening**
- (B) Screen all adults older than 18 years for unhealthy drug use (by asking questions, not biological specimens)

**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 adults with obesity to intensive behavioral interventions for weight loss

**Tobacco use and cessation screening**
- (A) Screen all nonpregnant adults and provide behavior therapy and U.S. Food and Drug Administration–approved intervention therapy for cessation
- (B) Screen women of childbearing age and refer to appropriate services

**Hepatitis C virus infection screening**
- (B) Screen adults 18 to 79 years of age

**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 individuals at increased risk

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

**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 men

**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
  - • 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
- (D) 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

**Prediabetes and type 2 diabetes screening**
- (B) Screen adults 35 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**
- (A) Screen patients 50 to 75 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multtargeted stool DNA test
- (B) Screen patients 45 to 49 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multtargeted stool DNA test
- (C) Selectively offer screening to patients 76 to 85 years of age

**Breast cancer screening**
- (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**
- (B) 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**
- (B) Screen women 65 years and older
- (B) Screen postmenopausal women if increased fracture risk is shown with an osteoporosis risk tool (e.g., 8.4% in 10 years by U.S. FRAX tool)
- (I) IETRFOA screening men

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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)

Abdominal aortic aneurysm screening21

(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 of age who have never smoked

HIV prevention with PrEP22

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

Primary prevention of breast cancer23

(B) 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

(D) Recommend against routine use if no increased risk

Folic acid supplementation24

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

Statins for primary prevention of CVD25

(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

Fall prevention in community-dwelling older adults26

(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 infection27

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

Counseling to promote healthy diet and physical activity28

(B) 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 prevention29

(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

Counseling to promote healthy weight gain in pregnancy30

(B) Offer behavioral counseling interventions to promote health weight gain and to prevent excessive weight gain to all pregnant women

Grade C Recommendations:

Initiation of low-dose aspirin for adults 40 to 59 years of age who have a 10% or greater 10-year CVD risk31

Physical activity and healthy diet counseling to reduce cardiovascular risk in adults without obesity or known CVD risk factors32

Prostate cancer screening with prostate-specific antigen testing in men 55 to 69 years of age after shared decision-making33

Grade D Recommendations:

Bacteriuria (asymptomatic) screening in nonpregnant adults34

Beta carotene or vitamin E supplementation for CVD or cancer risk reduction35

Carotid artery stenosis screening36

CVD screening with resting or exercise electrocardiography in low-risk patients37

Chronic obstructive pulmonary disease screening with spirometry38

Combined estrogen-progesterone for prevention of chronic conditions or estrogen for the same in patients with hysterectomy39

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Ovarian cancer screening46

Pancreatic cancer screening42

Prostate cancer screening with prostate-specific antigen testing in men 70 years and older43

Testicular cancer screening45

Thyroid cancer screening44

Vitamin D (≤ 400 IU) and calcium (≤ 1,000 mg) supplementation daily for primary prevention of fracture in postmenopausal women45

Grade I Statements:

Atrial fibrillation screening46

Bladder cancer screening47

Celiac disease screening48

CVD screening in patients with nontraditional risk factors49

CVD screening with resting or exercise electrocardiography in intermediate- to high-risk patients50

Chronic kidney disease screening51

Cognitive impairment screening in older adults52

Eating disorders screening53

Gynecologic condition screening with pelvic examination53

Hearing loss screening in older adults54

Impaired visual acuity screening in older adults55

Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)56

Obstructive sleep apnea screening57

Oral cancer screening58

Peripheral artery disease and CVD risk screening with ankle-brachial index59

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.

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

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

References

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


