



## Adult Preventive Services (Ages 65+)

### Prevention of Healthcare-associated Infection in Primary and Community Care

Guidelines of the Michigan Quality Improvement Consortium.\* (The level of evidence grades (A-D) are defined at the bottom of the table.)

#### Major Recommendations

| Screening   | Recommendation (Ages 65+)   |
|---|---|
| Health Assessment Screening, History, and Counseling    | One health maintenance examination (HME) at least every 2 years<br><br>Each HME should include: <ul style="list-style-type: none"> <li>• Height, weight, and body mass index (BMI)</li> <li>• Risk evaluation and counseling (nutrition, overweight/obesity, physical activity, dental health, tobacco use [A], immunizations, human immunodeficiency virus (HIV) prevention [B], sexually transmitted diseases prevention [B] and sexual health, sexual abuse, polypharmacy including over-the-counter (OTC) and herbal preparations when appropriate, sun exposure)</li> <li>• Safety (domestic violence, seat belts [B], helmets, firearms, smoke and carbon monoxide detectors)</li> <li>• Behavioral assessment (depression, suicide threats, alcohol/drug use, anxiety, stress reduction, coping skills)</li> </ul> |
| Blood Pressure Measurement [A]                          | At every office visit and, at minimum, every 2 years; if blood pressure (BP) 120/80 mm Hg or higher or presence of risk factors, more frequent monitoring is recommended  |
| Cervical Cancer Screening [A] Pap Smear                 | May discontinue after age 65, based on clinical judgment according to risk status   |
| Cholesterol and Lipid Screening [B]                     | Measure a complete fasting lipoprotein profile (ie, total cholesterol, low-density lipoprotein cholesterol [LDL-C], high-density lipoprotein cholesterol [HDL-C], and triglycerides) every 5 years if initial test is normal in low-risk adults. If multiple risk factors are present, more frequent measurements are recommended.  |
| Colorectal Cancer Screening [B] for Average-risk Adults | Fecal occult blood test (FOBT) annually or sigmoidoscopy every 5 years, or double contrast barium enema every 5 years, or colonoscopy every 10 years  |
| Diabetes Mellitus Screening [C]                         | Fasting plasma glucose (FPG) every 3 years and at clinical discretion   |
| Glaucoma Screening [C]                                  | Every 2 years; screen annually if high risk   |
| Immunizations   |   |
| Tetanus Diphtheria                                      | Every 10 years  |
| Acellular Pertussis/Tetanus-diphtheria [A]              |   |
| Influenza [B]   | Yearly  |
| Pneumonia [B]   | Once at age 65; booster may be needed after 5 years   |
| Mammography [A] and Clinical Breast Exam [C]            | Ages 50 to 70 years: Every 1 to 2 years<br>Ages 70+ years: Shared decision making after age 70  |
| Osteoporosis Screening [C]                              | Women ages 65+ regardless of risk factors   |
| Prostate Cancer Screening [D]                           | Shared decision making after age 70   |

#### Levels of Evidence for the Most Significant Recommendations

- A** Randomized controlled trials
- B** Controlled trials, no randomization
- C** Observational studies
- D** Opinion of expert panel

This guideline is based on several sources, including: *The Guide to Clinical Preventive Services 2005, Recommendations of the US Preventive Services Task Force* ([www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov)), and the *Advisory Committee on Immunization Practices (ACIP) 2006 Immunization Recommendations* ([www.cdc.gov](http://www.cdc.gov)).

\*Michigan Quality Improvement Consortium. Adult preventive services (ages 50-65+). Southfield, MI: Michigan Quality Improvement Consortium; September 2006. Available at: [www.guideline.gov/summary/summary.aspx?doc\\_id=9786&nbr=005239&string=preventive+AND+service](http://www.guideline.gov/summary/summary.aspx?doc_id=9786&nbr=005239&string=preventive+AND+service). Accessed January 9, 2007.