



Adult Preventive Health Guidelines

Frequency of Physical Examination

All new members should get a baseline physical exam in the first 90 days of enrollment. Pregnant members should be seen in the first 30 days. The Cleveland Clinic's recommendations for periodic health exam visits for asymptomatic adults are:

- **Age 19 to 39:** Every 1 to 3 years. (Women should get an annual Pap smear. If 3 normal smears in a row, then 1 every 3 years.)
- **Age 40 to 64:** Every 1 to 2 years based on risk factors.
- **Age 65 and older:** Every year.

Age:	Screening:	Frequency:
• 18 years of age and older	Blood pressure, height, body mass index (BMI), alcohol use	Each year from age 18 to 21. Then, every 1 to 2 years or at PCP's recommendation.
• Men 35 to 65 years of age	Cholesterol (non-fasting TC/HDL)	Every 5 years (More often if elevated)
• Women 45 to 65 years of age	Cholesterol (non-fasting TC/HDL)	Every 5 years (More often if elevated)
• High risk men and women 20 years of age and older	Cholesterol (non-fasting TC/HDL)	Every 5 years (More often if elevated)
• Women 18 to 25 years of age who are sexually active. (Consider at age 12 if sexually active.)	Chlamydia	Each year and at PCP's recommendation
• Women 18 to 65 years of age (or 3 years after onset of sexual activity, whichever comes first)	Pap smear	Every 1 to 3 years
• Women 40 years of age and older	Mammography	Every 1 to 2 years
• 50 years of age and older	Colorectal	Periodically depending upon test
• Women 65 years of age and older. (60 and older if at risk for fractures.)	Osteoporosis	Routinely
• 65 years of age and older	Vision, hearing	Periodically

Immunization

• Tetanus-Diphtheria and acellular pertussis (Td/Tdap)	Td: Every 10 years, 18 years and older/Tdap: Substitute 1 dose of Tdap for Td (one time administration)
• Varicella (VZV)	Susceptible adults only, 18 years of age and older – 2 doses
• Measles, Mumps, Rubella (MMR)	Women of childbearing age, if not already immune
• Pneumococcal	65 years of age and older – 1 dose
• Influenza	Every year, 50 years of age and older
• Hepatitis B vaccine	Adults at risk, 18 years of age and older – 3 doses
• Meningococcal conjugate vaccine	College freshmen living in dormitories and others at risk, 18 years of age and older – 1 dose

Prevention

- Aspirin to prevent cardiovascular events.
 - ❖ Men: 40 years of age and older.
 - ❖ Women: 50 years of age and older.
- Breast cancer. (For women at high risk.)
- Prostate specific antigen (PSA) test and rectal exam. (For men after 40 years of age per PCP's discretion.)

Counseling

- Calcium: 1,000 mg a day for women 18 to 50 years of age. 1,200 to 1,500 mg a day for women 50 years of age and older.

- Folic acid: 0.4 mg a day for women of childbearing age. 4 mg a day for women who have had children with Neural Tube Defects (NTDs).
- Breast feeding: Women after giving birth.
- Quitting tobacco; drug and alcohol use; STDs and HIV; nutrition; physical activity; sun exposure; oral health; injury prevention; polypharmacy.

References: *Guide to Clinical Preventive Services, 2005: Recommendations of the U.S. Preventive Services Task Force*, June 2005.

Press Release *CDC's Advisory Committee Recommends Human Papillomavirus Virus Vaccination* June 29, 2006

Recommended Adult Immunization Schedule – United States, October 2006-September 2007. MMWR October 13, 2006, Vol. 55, No. 40

Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) May 2001

Bone Health and Osteoporosis: A Report of the Surgeon General (2004)

Cleveland Clinic www.cchs.net/health/health-info Periodic Health Exams and Cancer Screening

Legal Disclaimer: These clinical practice guidelines were developed to assist practitioners in making decisions about appropriate health care for specific clinical circumstances. These guidelines are not fixed protocols that must be followed, but are intended for health care professionals and providers to consider. While they identify and describe generally recommended courses of intervention, they are not presented as a substitute for the advice of the physician or other knowledgeable health care professional or provider service provider treating the patient. Individual patients may require different treatments from those specified in a given guideline. Guidelines are not entirely inclusive or exclusive of all methods of reasonable care that can obtain/produce the same results. While guidelines can be written that take into account variations in clinical settings, resources, or common patient characteristics, they cannot address the unique needs of each patient nor the combination of resources available to a particular community or health care professional or provider. Deviations from clinical practice guidelines may be justified by individual circumstances. Thus, these guidelines must be applied based on individual patient needs and are not a substitute for the professional medical judgment of the provider of care.