

ADULT HEALTH MAINTENANCE GUIDELINES

This guideline is a summary of recommendations from the medical literature including but not limited to the American Academy of Family Physicians Summary of Policy Recommendations, Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention, National Osteoporosis Foundation, American Cancer Society, U.S. Preventive Services Task Force (USPSTF), Institute for Clinical Systems information, and the National Heart, Lung, Blood institute. These guidelines apply to those who do not have symptoms of disease or illness. Those who display symptoms fall outside these guidelines and should be treated accordingly by their physician.

Physical Exams

	18-25 years	26-39 years	40-49 years	50-65 years	65+ years ¹
Health Maintenance Exam (HME)	Every 5 years	Every 5 years	Every 2-3 years	Every 1-2 years	Every 1-2 years
Height, Weight, Blood pressure	Every 2-3 years	Every 2-3 years	Every 2-3 years	Every 1-2 years	Every 1-2 years
Additional Exams for Cancer (thyroid, mouth, skin, ovaries, testicles, lymph nodes)	Every 5 years with HME	Every 5 years with HME	Every 2-3 years with HME	Every 1-2 years with HME	Every 1-2 years with HME
Clinical Breast Exam	Every 1-3 years	Every 1-3 years	Annually	Annually	Annually
Prostate Cancer/DRE/PSA ²			As Directed	As Directed	As Directed
Self Exam ³ (breast, testicle)	Monthly	Monthly	Monthly	Monthly	Monthly

1. Screening for individuals may be discontinued at age 70 or when life expectancy is <10 years, but may continue screening if life expectancy is >10 years.

2. No direct evidence exists to date to show that prostate-specific antigen (PSA) screening decreases prostate cancer mortality rates and many organizations do not recommend screening with the PSA test.

3. Beginning in their 20's, women should be told about the benefits and limitations of breast self exams (BSE). It is acceptable to choose to do or not to do them. Women who choose to do BSE should receive instruction and have their technique reviewed on occasion.

Screenings

	18-25 years	26-39 years	40-49 years	50-65 years	65+ years ¹
Pap Smear ⁴	Every 1-3 years	Every 1-3 years	Every 1-3 years	Every 1-3 years	
Chlamydia Screen ⁵	Every 6-12 months				
Mammography ⁶			Annually	Annually	Annually
Colon Cancer Screening ⁷					
Fecal Occult Blood (FOBT) and			Annually	Annually	Annually
Sigmoidoscopy/Double Contrast BE				Every 5 years	Every 5 years
or Colonoscopy				Every 10 years	
Osteoporosis ⁸					Baseline
Depression Screening	With HME	With HME	With HME	With HME	With HME

4. Cervical cancer screening should begin approximately three years after the onset of vaginal intercourse or age 21.

5. Screen all sexually active women aged 25 years and younger, and other asymptomatic women at increased risk for chlamydial infection. May also consider annual screening for all sexually active females above 25 with one or more risk factors.

6. The precise age at which to discontinue screening mammography is uncertain. Only two randomized controlled trials enrolled women older than 69, and no trials enrolled women older than 74.

7. In an average risk patient, FOBT annually and flex sigmoidoscopy or BE every 5 years or colonoscopy every 10 years. No need to perform FOBT annually if colonoscopy is utilized.

8. Candidates for osteoporosis evaluation include all women 65 and older, all adult women with a history of "low trauma" fracture and younger postmenopausal women with risk factors.

Suggested Laboratory Tests

	18-25 years	26-39 years	40-49 years	50-65 years	65+ years ¹
Cholesterol	Every 5 years	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Complete Blood Count	NR	NR	NR	NR	NR
Chemistry (liver, kidney function)	NR	NR	NR	NR	NR
Glucose ⁹			Every 3 years > 45	Every 3 years	Every 3 years
CXR/EKG (if asymptomatic)	NR	NR	NR	NR	NR

9. The ADA recommends glucose testing of asymptomatic adults age 45 and above, every 3 years. Test more often if less than 45 and have risks such as obesity, family history, history of gestational diabetes.

NR = Not Recommended – Most organizations do not recommend routine screening in healthy individuals without indications.