

ADULT HEALTH MAINTENANCE GUIDELINES

It is each provider's responsibility to decide on an individual patient basis the frequency of tests and examinations performed.

This guideline condenses recommendations from medical works including, but not limited to, publications by: the American Academy of Family Physicians (Summary of Policy Recommendations); the Centers for Disease Control and Prevention; the American College of Physicians; the American Cancer Society; the U.S. Preventive Services Task Force; the National Heart, Lung, Blood Institute; the American Diabetes Association; and the American Congress of Obstetrics and Gynecology. These guidelines apply to those who do not have symptoms of disease or illness. Those who display symptoms of disease or illness fall outside these guidelines and should be treated accordingly. These guidelines are not a Wellmark coverage guarantee. Depending on the member's policy, all or some of these preventive services may be covered with or without a member cost share.

PHYSICAL EXAM	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, BMI ² , BP	Every 2–3 years	Every 2–3 years	Every 2–3 years	Every 1–2 years	Every 1–2 years
Cancer exams: 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	Every 1–2 years	Annually	Annually
Self-exam of breast, testicles ³			Monthly		

*CBE, Pap, Pelvic are part of the well female exam and should be included with the complete physical exam.

SCREENING	18–25 YEARS	26–39 YEARS	40–49 YEARS	50–65 YEARS	65+ YEARS ¹
Prostate cancer	N/A	N/A	At age 40, discuss screening with men who have immediate family members diagnosed with prostate cancer before age 65. ⁴ At age 45, discuss screening with high-risk men, including African Americans and men with immediate family members diagnosed with prostate cancer before age 65.	At age 50, discuss screening with average-risk men expected to live at least 10 more years.	
Cervical Smear with pelvic exam	With cytology every 3 years	After age 30, co-test with cytology and HPV every 5 years	Co-test with cytology and HPV every 5 years	Co-test with cytology and HPV every 5 years	N/A ⁵
Screen for Sexually Transmitted Infections			Annually, if at risk		
<ul style="list-style-type: none"> Chlamydia — all sexually active women under age 24 and older women with increased risk Gonorrhea — all sexually active women with increased risk for infection Syphilis — all persons at risk for infection 					
HIV			All adults, one time		
HBV			Screen if at high-risk. Rescreen based on clinical judgement.		
HCV infection	N/A	N/A	N/A	Once	Once
Mammography ⁶	N/A	N/A	Women ages 40–49, who find more value than risk in mammograms may consider beginning screenings every 2 years.	Every 2 years	Every 2 years until age 70
Colorectal Cancer Screening Options					
Fecal Occult Blood Test (gFOBT)	N/A	N/A	N/A	Annually	Annually
Fecal Immunochemical Test (FIT)	N/A	N/A	N/A	Annually	Annually
FIT/DNA	N/A	N/A	N/A	Every 1-3 years	Every 1-3 years
Sigmoidoscopy	N/A	N/A	N/A	Every 5 years	Every 5 years
Sigmoidoscopy, plus FIT annually	N/A	N/A	N/A	Every 5 years	Every 5 years
Colonoscopy	N/A	N/A	N/A	Every 10 years	Every 10 years
CT colonography	N/A	N/A	N/A	Every 5 years	Every 5 years
Screening for smoking, alcohol or drug use ⁷			With each HME		
Osteoporosis screen women, men	N/A	N/A	N/A	Women — Baseline ⁸ Men — Baseline ⁹	Women — Baseline ⁸ Men — Baseline ⁹
Depression Screening			With each HME ¹⁰		
U.S. for Abdominal Aortic Aneurysm ¹¹	N/A	N/A	N/A	N/A	Once
Screening and counseling for interpersonal and domestic violence			Annually		
Lung Cancer Screening ¹²	N/A	N/A	N/A	Annually	Annually
Tuberculosis — screen for latent tuberculosis infection (LTBI) in asymptomatic populations at risk ¹³			If determined at-risk		

SUGGESTED LABORATORY TEST	18–25 YEARS	26–39 YEARS	40–49 YEARS	50–65 YEARS	65+ YEARS ¹
Lipoprotein Panel	Age 20	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Glucose			Screen if overweight or obese. ¹⁴ Repeat every 3 years.		

FOOTNOTES

1. Screening may be discontinued at age 70 or when life expectancy is less than 10 years, but may continue if life expectancy is greater than 10 years.
2. Patients with BMI of 30 kg/m² or higher should be offered intensive, multi-component behavioral intervention.
3. Clinicians to teach appropriate self-exam techniques.
4. After discussions, those who want to be screened should be tested with prostate-specific antigen (PSA). Men who choose to be tested and who have a PSA level of less than 2.5ng/ml may only need to be re-tested every 3 years. Men with PSA levels of 2.5ng/ml or higher, should be re-tested yearly.
5. No screenings should be performed if patient has had a recent negative result and no history of cervical intraepithelial neoplasia (CIN 2). Screening should not be performed for women who have had a total hysterectomy and never had CIN 2 or higher

6. Additional screening (US, MRI, digital breast tomosynthesis (DBT) in dense breasts on an otherwise negative mammography screening is unnecessary. The balance of benefits and risk cannot be determined.
7. Screen and provide behavioral counseling to decrease misuses in adults.
8. Screen women 65 and older. Screen women younger than 65 years old if their fracture risk is greater than or equal to a 65-year-old, white woman that has no other health risk factors.
9. Periodically assess risk factors for osteoporosis in older men above age 65. Order bone density exams for those at increased risk and if a patient is a candidate for drug therapy.
10. Clinicians should do a depression screening on their patients at every HME, and more often in patients with a history of depression, unexplained somatic symptoms, co-morbid philological conditions, substance abuse or chronic pain. Consider the following questions: “Over the

past two weeks, have you felt down, depressed or hopeless?” and “Over the past two weeks, have you felt little interest or pleasure in doing things?” An affirmative answer to either question requires more investigation.

11. Men 65–75 years old who have smoked at any time in their lives need a one-time ultrasound.
12. Annual low-dose computerized tomography (CT) scan for anyone 55–80 years old who have a 30 pack/year history and currently smoke or quit within the last 15 years. Discontinue the screening when the patient has not smoked for 15 years.
13. At-risk populations include those who were born in or are former residents of countries with increased tuberculosis prevalence, and who live in or have lived in high-risk congregate settings (e.g. homeless shelters and correctional facilities).
14. BMI greater ≥ 25kg/m² or ≥ 23kg/m² in Asian Americans.

COUNSELING AND EDUCATION

In general, some counseling/education should be carried out at each preventive care visit and at other times, based on clinical discretion. This can be provided by the PCP, nurse, or other health professional or educator.

Nutrition

- Behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors
- Energy/caloric balance
- Nutrient balance, supplements
- All women should be counseled to maintain adequate calcium
- Because a woman may not know she is pregnant until later, it is recommended that all women of childbearing age get 0.4 milligrams of folic acid daily
- Weight loss counseling for the obese

Sexual practices

- Sexually transmitted disease (STD) prevention
- High intensity behavioral counseling to prevent STD for adults who are at increased risk of STD
- Unintended pregnancy prevention

Advance directives

Physical activity

- Counseling for obesity prevention and correction

Preventive care visits

- Dental
- Vision
- Hearing

Injury prevention

- Seat belt use, helmet use
- Fire safety
- Firearm storage
- Recommend exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 or older who are at increased risk for falling

Mental health awareness

- Depression/anxiety awareness
- Coping skills/stress reduction

Skin cancer

- Counsel patient about minimizing their exposure to

Aspirin

- Start a low-dose aspirin to prevent cardiovascular disease and colorectal cancer in adults ages 50–59 years old who have all of the following:

- A 10 percent or greater 10-year Cardiovascular disease (CVD) risk
- No increased risk for bleeding
- A life expectancy of at least 10 years
- Willingness to take low-dose aspirin daily for at least 10 years

Hormone replacement therapy

- Women 45 and older should be counseled regarding hormone replacement therapy

Osteoporosis

- Counsel women on risks and prevention

Breast health

- Offer Breast Cancer (BRCA) susceptibility gene testing and possible referral to genetic counseling for women whose family history is associated with increased risk for deleterious mutations for BRCA 1 OR 2 genes
- Discuss potential benefit and harms of chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention

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