

Health Plan of Michigan Clinical Practice Guideline Adult Preventive Services (Ages 18-49)

The following guideline recommends clinical preventive services for adults.

| Recommendation | 18-39 Years | 40-49 years |
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| Health Assessment Screening, History and Counseling | One health maintenance exam (HME) every 1-5 years according to risk status [D]. Each HME should include: <ul style="list-style-type: none"> • Height, weight and Body Mass Index (BMI) • Risk evaluation & Counseling (Nutrition, overweight/obesity, physical activity, dental health, Tobacco use [A], immunizations, HIV prevention [B], sexually transmitted disease prevention [B] and sexual health, sexual abuse, preconception counseling for all women of reproductive age [B], polypharmacy including over-the-counter and herbal preparations when appropriate, sun exposure) • Safety (Domestic violence, seat belts [B], helmets, firearms, smoke and carbon monoxide detectors) • Behavioral Assessment (Depression, suicide threats, alcohol/drug use, anxiety, stress reduction coping skills) | |
| Blood Pressure Measurement [A] | At every office visit and at minimum, every 2 years. If BP 120/80 or higher and/or presence of risk factors, more frequent monitoring is recommended. | |
| Cholesterol and Lipid Screening [B] | Measure a complete fasting lipoprotein profile, i.e. total cholesterol, LDL-C, 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 | |
| Diabetes Mellitus Screening [C] | No requirement unless high risk (e.g. family history of diabetes, obesity, hypertension, dyslipidemia, cardiovascular disease, African American, Native Americans and Hispanics) | Fasting plasma glucose (FPG) every 3 years (especially if BMI>25) and at clinical discretion. Regular screening over age 45 |
| Chlamydia Screening [B] | Recommended for all sexually active women age 25 and younger, and sexually active women age 26 and older if high risk (i.e. new or multiple sexual partners, history of sexually transmitted diseases, not using condoms consistently or correctly) | |
| Colorectal Cancer Screening [B] for average risk adults | No requirement unless high risk (e.g.) family history, history, history of colorectal polyps, chronic inflammatory bowel disease) | |
| Glaucoma Screening [C] | No requirement unless high risk (e.g. increased intraocular pressure, family history, African Americans, people who have diabetes, myopia, regular/long-term steroid use, previous eye injury) | Begin screening high risk patients annually at age 45 |
| Cervical Cancer Screening [A] Pap Smear | At least every 3 years, more frequently if high risk (e.g. history of abnormal Pap results, sexually transmitted diseases or HIV; sexual activity before age 18 r multiple partners; vaginal spotting or bleeding between periods, after intercourse or after menopause; tobacco use) [Consider discontinuation for patients with surgical removal of cervix for benign conditions] | |
| Mammography [C] | No requirement, unless high risk | Every 1-2 years |
| Clinical Breast Exam [C] | Every 3 years | Every 1-2 years |
| Immunizations: | | |
| Tdap/Td [A] | Tdap once after age 11, then Td every 10 years | |
| HPV | All females 26 years and younger should have full three vaccine series if not previously completed. | |
| Influenza [B] | Every year if high risk; Optional for those who wish to avoid getting the flu. | |
| 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 lists core management steps. It is based on several sources, including: The Guide to Clinical Preventive Services 2005, Recommendations of the U.S. Preventive Services Task Force (www.preventiveservices.ahrq.gov) and the Advisory Committee on Immunization Practices (ACIP) 2006 Immunization Recommendations (www.cdc.gov) Individual patient considerations and advances in medical science may supersede or modify these recommendations. | | |

Approved by MQIC Medical Directors September 2006

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