These guidelines are designed to assist clinicians and are not intended to supplant good clinical judgment or to establish a protocol for all patients with this condition

Summary of Clinical Preventive Services

ANMC Recommendations for
Clinical Preventive Services for Normal-Risk Adults

SCREENING		Age to Start	Frequency	Age to Stop
	Blood pressure, height, weight	18	Every 2 years	None
	Sigmoidoscopy	50	Every 5 years	None
	Diabetes[1]	45 35 (if risk factors)	Every 3 years	None
	Cholesterol, men	35	Every 5 years	65
	Cholesterol, women	45	Every 5 years	65
	Glaucoma	65	Every 3 yrs	None
Women only	Chlamydia and Gonorrhea	18	Yearly	30
	PAP Smear	18	Yearly Q3 yrs if 3 normal in last 5 yrs	70
	Mammogram	40	Yearly	None
COUNSELLING				
Substance Use	Alcohol Use	Adolescence	Periodically	None
	Tobacco Cessation	Adolescence	Periodically	None
Injury Prevention	Domestic Violence	Adolescence	Periodically	None
	Sexual Abuse	Adolescence	Periodically	None
	Gun Storage and Safety	Childhood	Periodically	None
	Seat Belts/Life Jackets/Helmets	Childhood	Periodically	None
	Drinking and driving	Adolescence	Periodically	None
	Fall Prevention	65	Periodically	None
	Smoke Detectors	Childhood	Periodically	None
Sexual Practices	STD/HIV Prevention	Adolescence	Periodically	None
	Unintended Pregnancy Prevention	Adolescence	Periodically	None
Lifestyle	Physical Activity	Childhood	Periodically	None
	Obesity/Caloric/Nutrient Balance	Childhood	Periodically	None
	Limited dietary fat (<30% Total Calories)	Childhood	Periodically	None
	5 a day (Fruits and Vegetables)	Childhood	Periodically	None
Mental Health	Depression/Suicide	Adolescence	Periodically	None
Advance Directives	Organ Donation	Adolescence	Periodically	None
	Living Will/ Power of Attorney	50	Periodically	None
Women only	Calcium Intake	18	Yearly	None
	Folic Acid (0.4mg/day)	18	Childbearing years	Menopause
	Hormone Replacement/Osteoporosis	40	Yearly	None
Men only	Prostate Cancer Concerns	50	Yearly	65
ADULT IMMUNIZATIONS*				
Tetanus-Diphtheria		18	Every 10 years	None
Influenza[2]		50	Yearly	None
Pneumococcal[3]		55	Every 6 years	None
Measles, Mumps, Rubella[4]		Childbearing age ? High Risk	1 dose	
Hepatitis B		Nonimmune	3 dose series: 0, 1 and 6 mo	
Hepatitis A[5]		All 2-18yrs and High Risk	2 doses; 6-12 mo apart	

1. Risk factors for earlier screening include: First degree relative with diabetes, Obesity (BMI $\geq$ 27kg/m2), Habitual physical inactivity, Previously identified Impaired Fasting Glucose or Impaired Glucose Tolerance, Hypertension ($\geq$ 140/90), HDL $\leq$ 35 mg/dl or Triglyceride $\geq$ 250mg/dl, history of GDM or delivery of > 9lbs baby, polycystic ovary syndrome
2. Indicated for children and adults with chronic heart, lung, renal, metabolic disease: diabetes; hemoglobin disorders; immunosuppression or splenic dysfunction; HIV infection; persons $\geq$ 50yrs; nursing home patients, health care workers; children on chronic aspirin; and women who will be in the 2nd or 3rd trimester of pregnancy during flu season.
3. Indicated for children and adults with chronic heart, lung, renal disease; diabetes; alcoholic cirrhosis; CSF leaks; previous systemic pneumococcal infection; Alaskans $\geq$ 55yrs
4. All women of childbearing age who do not have acceptable evidence of rubella immunity or vaccination. If rubella susceptible and pregnant, give MMR postpartum. Indicated for non-immune health care workers
5. Seronegative Alaska Native adult with risk factors: Hep B carrier, Chronic liver disease, homosexual male, IV drug user

*Varicella –Give upon patient request. Not indicated if patient has positive history of chicken pox or positive serology

Clinical Preventive Services for Normal-Risk Adults

The Preventive Services Guideline was established after reviewing recommendations from various national organizations. Variations do exist between the authorities and universal agreement is lacking with some of the recommendations. The purpose of these guidelines is to reduce provider variation in preventive services offered in the Primary Care Clinic and to improve the quality of care to our patients. This guideline was developed to meet the particular needs of our population, the Alaskan Native. A more targeted strategy was used with some recommendations based on a risk profile for the Alaska Native people.

Ultimately, preventive health services should be individualized for each patient. Deviation from the guideline established should be based on additional high risk factors and patient preferences. Documentation is essential when this occurs.

Screening for blood pressure, height and weight: Periodic screening for hypertension should be performed for all persons starting at age 18 years of age at least once every two years. Increase to annually if last diastolic BP between 85 and 89 diastolic. Screen on 2 or more occasions within 2 months if systolic BP >139, diastolic > 89. Periodic weight measurements are recommended for all patients in order to assist obese individuals to lose or at least maintain weight. Unintended weight loss or gain may be useful in the detection of some medical conditions.

Screening for colorectal cancer: Routine screening for colorectal cancer with sigmoidoscopy is recommended every five years for all persons age 50 and older.[3]

Screening for diabetes[5]: Routine screening should be started in all Alaska Natives at age 45 and above and should be repeated at 3-year intervals. Screenings should start at age 35 in those with any of the following risk factors:

First degree relative with diabetes
Obesity (≥ 20% over desired body weight or BMI ≥ 27kg/m2)
Habitual physical inactivity
Previously identified Impaired Fasting Glucose or Impaired Glucose Tolerance
Hypertension (≥ 140/90), HDL ≤ 35 mg/dl or Triglyceride ≥ 250mg/dl
History of GDM or delivery of > 9lbs baby
Polycystic ovary syndrome.

There are 3 options for screening method:

1. The recommended screening is a Fasting Blood Sugar. If this is ≥ 126 then repeat the FBS or do a 2 hour glucose tolerance
2. If patient is non-fasting but is having other blood drawn or is willing to have a venous sample drawn, obtain a random blood sugar. Iif this is ≥160 then obtain an FBS
3. If there are questions on whether the patient will return for fasting obtain a finger or capillary blood glucose. This gives an immediate result, but the values may be off by 15% therefore the threshold for further work-up are lower. If the patient is fasting and the capillary blood glucose > 110, then confirm with 2 venous samples, one must be an FBS. If patient is non-fasting and CBG > 140, then confirm with 2 venous samples, one must be an FBS

Screening for high blood cholesterol[4]: Routine screening for high blood cholesterol is recommended every five years for men ages 35 and 65, and for women ages 45 and 65. Screening with a Fasting Lipid Panel is recommended. If patient is not fasting, screen with Total Cholesterol and an HDL. There is insufficient evidence to recommend for or against routine screening in asymptomatic persons age 65 or older. Older persons with major risk factors for CHD (smoking, hypertension, diabetes) who are otherwise healthy may be more likely to benefit from screening and a proven benefit of lowering cholesterol in older persons with symptomatic CHD.

Screening for Chlamydia and Gonorrhea Infections[6]: Routine screening for chlamydia and gonorrhea is recommended at the time of routine PAP smear in all sexually active women ages 18 to 30 years. Beyond 30 years, screening should be based on risk factors for STDs such as new or multiple partners, cervical ectopy, prior history of STD, inconsistent use of barrier contraceptive, vaginal discharge. All pregnant women should be screened.

Screening for cervical cancer: Routine screening for cervical cancer with a PAP smear is recommended for all women who have a cervix who are sexually active or have been sexually active or by the age of 18 years. PAP smears should begin with the onset of sexual activity and should be repeated annually. Screening may be extended to every three years for women who have had three consecutive normal PAP smears in the past five years. For women who have had a hysterectomy a PAP is not recommended unless the hysterectomy was done for cervical dysplasia or cancer, or a subtotal hysterectomy was done.[1]

Screening for breast cancer: Routine screening for breast cancer with mammography and clinical breast exam should be performed annually on women age 40 and older. Cessation of breast cancer screening is not age related but a function of comorbidity.[2] If patient has a first degree relative with pre-menopausal breast cancer, start screening 5 years prior to the age of the relative at detection.

Counseling[7,8]: Tobacco, diet/activity, and alcohol account for the top three "Actual" causes of death. Modifiable health behaviors could account for up to 50% of the deaths in the USA. The evidence for the effectiveness of counseling is strongest for tobacco cessation, dietary change, and improvements in exercise habits. In several other areas the evidence is unclear due to insufficient research. See counseling guidelines.

Immunization Schedule: These recommendations are based on 2001 ANTHC Immunization Program[9]. Note should be made of the more aggressive pneumococcal vaccination policy[10].

Practices to discontinue:

1. Routine hemoglobin
2. Routine blood chemistries
3. Routine urinalysis
4. Routine EKG
5. CA 125 and pelvic ultrasound for ovarian cancer
6. Digital rectal exam and PSA for prostate cancer screening
7. Screening hemoccult

References:

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2. Alaska Native Medical Center Breast Cancer Screening Document. Thomas T. Dec 2000
3. Alaska Area Native Health Service Colorectal Cancer Screening Document. Christensen C. Feb 2001
4. Alaska Native Medical Center Lipid Screening and Counseling Guidelines. Thomas T. Feb 2001
5. Diabetes Care 2001 Jan;24(1):S21-S24
6. Alaska Native Medical Center STD Screening Document. Thomas T. Feb 2001
7. Alaska Native Medical Center Preventive Counseling Document. Thomas T. May 2001
8. Institute for Clinical Systems Improvement (ICSI). Preventive Counseling and Education. Bloomington (MN): ICSI, 2000, Jan.
9. Alaska Native Tribal Health Consortium Immunization Program, OCHS, Revision Date 11/03/2000
10. Middaugh, J. (ed): Pneumococcal Vaccine Program Expanded – Routine Booster added in Alaska. Epidemiology Bulletin, No. 10, May 6, 1994

Resources:

1. The Guide to Clinical Preventive Services, 2nd edition, Report of the U.S. Preventive Services Task Force, 1996.
2. Institute for Clinical Systems Improvement (ICSI). Preventive Services for Adults. Bloomington (MN): ICSI, 1999 Mar.
3. The Clinician's Handbook of Preventive Services, 2nd edition, U.S. Department of Health and Human Service / Public Health Service, 1998.
4. CDC: Adult Immunization Recommendations, 1998
5. Personal communication, Dr. Larry Burr. Department of Radiology, Alaska Native Medical Center
6. Personal communication, Dr. Frank Sacco, Department of Surgery, Alaska Native Medical Center
7. Personal communication, Dr. Ros Singleton, Department of Pediatrics, Alaska Native Medical Center