

ADULT PREVENTIVE HEALTH CARE SCHEDULE: RECOMMENDATIONS FROM THE USPSTF (AS OF MAY 9, 2024)

To be used in conjunction with USPSTF recommendation statements (for additional details see tables and references at <https://www.aafp.org/afp/PHCS>)

Only grade A/B recommendations are shown

| Age | 18 | 21 | 24 | 25 | 35 | 40 | 45 | 50 | 55 | 59 | 65 | 70 | 74 | 75 | 80 | |
|---|--|----|----|----|--------------------------|-----|----|-----|----|----|---|--------------------------|-------------------------|-----|----|--|
| USPSTF screening recommendations | | | | | | | | | | | | | | | | |
| Alcohol misuse ¹ | (B) | | | | | | | | | | | | | | | |
| Unhealthy drug use ² | (B) | | | | | | | | | | | | | | | |
| Depression ³ | (B) | | | | | | | | | | | | | | | |
| Hypertension ⁴ | (A) | | | | | | | | | | | | | | | |
| Obesity/weight loss ⁵ | (B) if BMI 30 kg/m ² or greater | | | | | | | | | | | | | | | |
| Tobacco use and cessation ⁶ | (A) | | | | | | | | | | | | | | | |
| Hepatitis C virus infection ⁷ | (B) | | | | | | | | | | | | | | | |
| HIV infection ⁸ | (A) | | | | | | | | | | | (A) if at increased risk | | | | |
| Hepatitis B virus infection ⁹ | (B) if at increased risk | | | | | | | | | | | | | | | |
| Syphilis ¹⁰ | (A) if at increased risk | | | | | | | | | | | | | | | |
| Latent tuberculosis infection ¹¹ | (B) if at increased risk | | | | | | | | | | | | | | | |
| Hypertensive disorders ¹² | (B) in pregnant persons | | | | | | | | | | | | | | | |
| BRCA gene risk assessment ¹³ | (B) if appropriate personal or family history of BRCA-related cancer or ancestry | | | | | | | | | | | | | | | |
| Chlamydia and gonorrhea ¹⁴ | (B) if sexually active | | | | (B) if at increased risk | | | | | | | | | | | |
| Anxiety disorders ¹⁵ | (B) | | | | | | | | | | | | | | | |
| Intimate partner violence ¹⁶ | (B) women of childbearing age | | | | | | | | | | | | | | | |
| Cervical cancer ¹⁷ | (A) See p. 3 for test options and screening intervals | | | | | | | | | | | | | | | |
| Prediabetes and type 2 diabetes ¹⁸ | (B) if overweight or obese | | | | | | | | | | | | | | | |
| Colorectal cancer ¹⁹ | | | | | | (B) | | (A) | | | | | | | | |
| Breast cancer ²⁰ | (B) biennial screening | | | | | | | | | | | | | | | |
| Lung cancer ²¹ | (B) if 20-pack-year history and current or former smoker (quit in past 15 years) | | | | | | | | | | | | | | | |
| Osteoporosis ²² | | | | | | | | | | | (B) if postmenopausal and elevated risk | | | (B) | | |
| Abdominal aortic aneurysm ²³ | | | | | | | | | | | | | (B) if an "ever smoker" | | | |

USPSTF preventive therapies recommendations

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| HIV preexposure prophylaxis ²⁴ | (A) if at high risk of HIV infection | | | | | | | | | | | | | | | |
| Primary prevention of breast cancer ²⁵ | (B) offer if at increased risk for breast cancer and low risk for side effects | | | | | | | | | | | | | | | |
| Folic acid supplementation ²⁶ | (A) if capable of conceiving | | | | | | | | | | | | | | | |
| Statins for primary prevention of CVD ²⁷ | (B) see criteria on p. 4 | | | | | | | | | | | | | | | |
| Fall prevention in community-dwelling older adults ²⁸ | | | | | | | | | | | | | (B) exercise interventions if at increased fall risk | | | |

USPSTF counseling recommendations

| | | | | | | | | | | | | | | | | |
|---|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Sexually transmitted infection prevention ²⁹ | (B) if at increased risk | | | | | | | | | | | | | | | |
| Diet/activity for CVD prevention ³⁰ | (B) adults with CVD risk factors | | | | | | | | | | | | | | | |
| Skin cancer prevention ³¹ | (B) if fair skinned | | | | | | | | | | | | | | | |
| Healthy weight gain in pregnancy ³² | (B) all pregnant women | | | | | | | | | | | | | | | |

| Legend | Normal risk | With specific risk factor | Recommendation grades |
|----------------------------------|-------------|---------------------------|---|
| Recommendation for men and women | | | A Recommended (likely significant benefit) |
| Recommendation for men only | | | B Recommended (likely moderate benefit) |
| Recommendation for women only | | | C Do not use routinely (benefit is likely small) |
| | | | D Recommended against (likely harm or no benefit) |
| | | | I Insufficient evidence to recommend for or against |

BMI = body mass index; CVD = cardiovascular disease; USPSTF = U.S. Preventive Services Task Force.

Visual adaptation from recommendation statements by Swenson PF, Lindberg C, Carrilo C, and Clutter J.

HIV RISK FACTORS^{8,24}

| | |
|----------------------------------|---|
| IV drug use | Sex with individuals who are IV drug users, bisexual, or HIV positive |
| Men who have sex with men | |
| Other STI | |
| Requesting STI testing | Unprotected sex, including anal intercourse |
| Sex exchanged for drugs or money | |

Patients in whom to consider PrEP:

Sexually active men who have sex with men who have any of the following:

- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms during anal sex
- Syphilis, gonorrhea, or chlamydia infection in past 6 months

Sexually active heterosexual patients with any of the following:

- Sexual relationship with serodiscordant partner
- Inconsistent use of condoms with high-risk partner
- Syphilis or gonorrhea infection in past 6 months

Injection drug users with any of the following:

- Shared drug-injection equipment
- Risks of infection through sex (see above)

IV = intravenous; PrEP = preexposure prophylaxis; STI = sexually transmitted infection.

HEPATITIS B INFECTION RISK FACTORS⁹

| | |
|------------------------------------|---|
| HIV infection | Men who have sex with men |
| Infected sex partner | Origin from regions* with prevalence $\geq 2\%$ |
| Intravenous drug use | U.S.-born children of immigrants from regions* with prevalence $\geq 8\%$, if unvaccinated |
| Living with an infected individual | |

*—Risk of regions can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>.

SYPHILIS RISK FACTORS¹⁰

| | |
|----------------------------|----------------------------------|
| High-risk sexual behaviors | Men who have sex with men |
| Incarceration | Sex exchanged for drugs or money |
| Local prevalence | |

LATENT TUBERCULOSIS RISK FACTORS¹¹

| | |
|--------------------------------|--|
| Health professionals* | Prisoners, including former |
| Homelessness, including former | |
| Immunosuppression* | Residents of high-risk regions, including former |

*—Evidence for screening not reviewed by the USPSTF because this is standard practice in public health and standard of care for patients with immunosuppression, respectively.

CHLAMYDIA AND GONORRHEA RISK FACTORS¹⁴

| | |
|---|--|
| New or multiple sex partners | Sex exchanged for drugs or money |
| Other STI, including history of STI | Unprotected sex or inconsistent condom use |
| Partner with STI | |
| Partners who have multiple sex partners | |

STI = sexually transmitted infection.

CARDIOVASCULAR DISEASE RISK FACTORS^{4,5,27,30,33-38}

| | |
|--|---|
| Atherosclerotic cardiovascular disease risk $\geq 7.5\%$ | Hypertension or elevated blood pressure |
| Dyslipidemia | Metabolic syndrome |

BREAST CANCER RISK FACTORS²⁰

Consider use of a risk-assessment model for patients with a history of biopsy or positive family history

SEXUALLY TRANSMITTED INFECTION RISK FACTORS^{8,10,14,29}

Similar to those risk factors listed previously for sexually transmitted infections; consider local and population-based prevalence in individual risk assessment

Adult Preventive Health Care Schedule: Recommendations from the USPSTF

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations):

Alcohol misuse screening¹

- (B) Screen adults and provide brief behavioral interventions for risky alcohol use

Unhealthy Drug Use Screening²

- (B) Screen all adults older than 18 years for unhealthy drug use (by asking questions, not biological specimens)

Depression screening³

- (B) Screen all adults, including pregnant and postpartum people, as well as older adults

Hypertension screening⁴

- (A) Screen adults; exclude white coat hypertension before starting therapy

Obesity/weight loss screening⁵

- (B) Refer adults with obesity to intensive behavioral interventions for weight loss

Tobacco use and cessation screening⁶

- (A) Screen all nonpregnant adults and provide behavior therapy and US Food and Drug Administration–approved intervention therapy for cessation
- (A) Screen all pregnant women and provide behavior therapy.
- (I) IETRFOA electronic nicotine delivery systems for tobacco cessation
- (I) Pharmacotherapy for tobacco cessation in pregnant persons

Hepatitis C virus infection screening⁷

- (B) Screen adults 18 to 79 years of age

HIV infection screening⁸

- (A) Screen individuals 15 to 65 years of age
- (A) Screen older and younger persons who are at increased risk

Hepatitis B virus infection screening⁹

- (B) Screen adolescents and adults at high risk

Syphilis screening¹⁰

- (A) Screen individuals at increased risk

Latent tuberculosis infection screening¹¹

- (B) Screen individuals at increased risk

Hypertensive disorders¹²

- (B) Screen all pregnant persons with blood pressure measurements throughout pregnancy

BRCA-related cancer risk assessment/screening¹³

- (B) Use a familial risk assessment tool (evaluated assessment tools listed in full text) in women with either:
- Personal or family history of breast, ovarian, tubal, or peritoneal cancers
 - Ashkenazi Jewish ancestry (i.e., ancestry with increased risk of BRCA mutation)

For positive risk tools, offer genetic counseling and genetic testing, if indicated.

- (D) Recommend against screening for patients without appropriate family history, personal history, or ancestry

Chlamydia and gonorrhea screening¹⁴

- (B) Screen sexually active women 24 years and younger, and women at increased risk who are 25 years and older
- (I) IETRFOA screening sexually active men

Anxiety disorders¹⁵

- (B) Screen adults 64 years and younger, including pregnant and postpartum people

Intimate partner violence screening¹⁶

- (B) Screen women of childbearing age and refer to appropriate services
- (I) IETRFOA screening all vulnerable and older adults for abuse or neglect

Cervical cancer screening¹⁷

- (A) Screen women
- 21 to 29 years of age every 3 years with cytology alone
 - Frequency of screening may increase to every 5 years for women 30 to 65 years of age with cytology and high-risk human papillomavirus cotesting or high-risk human papillomavirus testing alone
- (D) Recommend against screening in women
- 20 years and younger
 - Older than 65 years if adequately screened previously and no increased risk of cervical cancer
 - With hysterectomy (including cervix) without history of cervical intraepithelial neoplasia grade 2 or 3 or cervical cancer
 - Younger than 30 years with human papillomavirus testing alone or in combination with cytology

Prediabetes and type 2 diabetes screening¹⁸

- (B) Screen adults 35 to 70 years of age who are overweight or obese and refer patients with abnormal glucose levels for intensive counseling for healthy diet and exercise

Colorectal cancer screening¹⁹

- (A) Screen patients 50 to 75 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test
- (B) Screen patients 45 to 49 years of age with fecal occult blood (or immunochemical) test, sigmoidoscopy, colonoscopy, computed tomography colonography, or multitargeted stool DNA test
- (C) Selectively offer screening to patients 76 to 85 years of age

Breast cancer screening²⁰

- (B) Biennial screening mammography in women 40 to 74 years of age
- (I) IETRFOA
- Mammography after 75 years of age
 - Adjunctive screening using breast ultrasonography or magnetic resonance imaging in women with dense breast tissue and negative screening mammogram

Lung cancer screening²¹

- (B) Screen annually with low-dose computed tomography for individuals 50 to 80 years of age with a 20-pack-year history who currently smoke or quit within the past 15 years; discontinue screening once a person has not smoked for 15 years or develops a health problem that limits life expectancy

continues

CHD = coronary heart disease; CVD = cardiovascular disease; FRAX = Fracture Risk Assessment; IETRFOA = insufficient evidence to recommend for or against; PrEP = preexposure prophylaxis; USPSTF = US Preventive Services Task Force.

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Grade A/B Recommendations (with Associated Grade C/D/I Recommendations): (continued)

Osteoporosis screening²²

- (B) Screen women 65 years and older
- (B) Screen postmenopausal women if increased fracture risk shown with an osteoporosis risk tool (e.g., 8.4% in 10 years by U.S. FRAX tool)
- (I) IETRFOA screening men

Abdominal aortic aneurysm screening²³

- (B) Screen men 65 to 75 years of age who ever smoked (100 or greater lifetime cigarettes) with one-time abdominal aortic aneurysm ultrasonography
- (C) Recommend selective screening of men 65 to 75 years who have never smoked
- (I) IETRFOA women 65 to 75 years of age who ever smoked
- (D) Recommend against routine screening in women 65 to 75 years of age who have never smoked

HIV prevention with PrEP²⁴

- (A) Offer PrEP to persons at high risk of infection. See original text for considerations in patient selection

Primary prevention of breast cancer²⁵

- (B) Consider medications (such as tamoxifen, raloxifene, or aromatase inhibitors) that reduce risk of breast cancer in women at increased risk though with low risk of adverse effects
- (D) Recommend against routine use if no increased risk

Folic acid supplementation²⁶

- (A) 0.4 to 0.8 mg daily for women capable of conceiving

Statins for primary prevention of CVD²⁷

- (B) Recommend low- to moderate-dose statin therapy in patients meeting all three criteria:
 - (1) 40 to 75 years of age
 - (2) Dyslipidemia, diabetes, hypertension, or smoker
 - (3) 10-year CVD risk of 10% or greater
- (C) Consider low- to moderate-dose statin therapy in appropriate candidates meeting the first two criteria but with a 10-year CVD risk of 7.5% to 10%
- (I) IETRFOA initiating statin therapy after 75 years of age for primary prevention

Fall prevention in community-dwelling older adults²⁸

- (B) Recommend exercise interventions for individuals 65 years and older at increased risk of falls
- (C) Recommend multifactorial interventions for appropriate individuals 65 years and older; see Clinical Considerations in original recommendation statement for patient selection
- (D) Recommend against vitamin D supplementation for fall prevention

Counseling to prevent sexually transmitted infection²⁹

- (B) Recommend counseling to prevent sexually transmitted infection for adolescents and adults at increased risk

Counseling to promote healthy diet and physical activity³⁰

- (B) Recommend that patients with other CVD risk factor(s) who are overweight or obese be offered or referred for intensive behavioral counseling

Counseling for skin cancer prevention³¹

- (B) Recommend counseling fair-skinned patients 6 months to 24 years of age about minimizing ultraviolet radiation

- (C) Recommend selectively counseling fair-skinned patients older than 24 years about minimizing exposure to ultraviolet radiation

- (I) IETRFOA counseling adults about skin self-examination

Counseling to promote healthy weight gain in pregnancy³²

- (B) Offer behavioral counseling interventions to promote health weight gain and to prevent excessive weight gain to all pregnant women

Grade C Recommendations:

Initiation of low-dose aspirin for adults 40 to 59 years of age who have a 10% or greater 10-year CVD risk³³

Physical activity and healthy diet counseling to reduce cardiovascular risk in adults without obesity or known CVD risk factors³⁴

Prostate cancer screening with prostate-specific antigen testing in men 55 to 69 years of age after shared decision-making³⁹

Grade D Recommendations:

Bacteriuria (asymptomatic) screening in nonpregnant adults⁴⁰

Beta carotene or vitamin E supplementation for CVD or cancer risk reduction³⁵

Carotid artery stenosis screening⁴¹

CVD screening with resting or exercise electrocardiography in low-risk patients³⁶

Chronic obstructive pulmonary disease screening with spirometry⁴²

Hormone therapy for the primary prevention of chronic conditions in postmenopausal persons⁴³

Genital herpes screening, serologic screening⁴⁴

Initiation of low-dose aspirin for adults 60 years or older³³

Ovarian cancer screening⁴⁵

Pancreatic cancer screening⁴⁶

Prostate cancer screening with prostate-specific antigen testing in men 70 years and older³⁹

Testicular cancer screening⁴⁷

Thyroid cancer screening⁴⁸

Vitamin D (≤ 400 IU) and calcium ($\leq 1,000$ mg) supplementation daily for primary prevention of fracture in postmenopausal women⁴⁹

Grade I Statements:

Anxiety screening in older adults¹⁵

Atrial fibrillation screening⁵⁰

Bladder cancer screening⁵¹

Celiac disease screening⁵²

CVD screening in patients with nontraditional risk factors³⁷

CVD screening with resting or exercise electrocardiography in intermediate- to high-risk patients³⁶

Chronic kidney disease screening⁵³

Cognitive impairment screening in older adults⁵⁴

Eating disorders screening⁵⁵

Gynecologic condition screening with pelvic examination⁵⁶

Hearing loss screening in older adults⁵⁷

Impaired visual acuity screening in older adults⁵⁸

Multivitamin, single nutrient, or paired nutrients for CVD or cancer risk reduction (beta carotene and vitamin E, as above)³⁵

continues

Adult Preventive Health Care Schedule: Recommendations from the USPSTF (continued)

Grade I Statements: (continued)

Obstructive sleep apnea screening⁵⁹

Oral cancer screening⁶⁰

Oral health screening and preventive interventions in adults⁶¹

Peripheral artery disease and CVD risk screening with ankle-brachial index³⁸

Primary open-angle glaucoma screening⁶²

Primary prevention of fractures with vitamin D and calcium supplementation (alone or combined; dose unspecified) in men or premenopausal women, and in postmenopausal women with daily dosages > 400 IU of vitamin D and > 1,000 mg of calcium⁴⁹

Skin cancer screening⁶³

Suicide risk screening in adults³

Thyroid dysfunction screening⁶⁴

Vitamin D deficiency screening in community-dwelling nonpregnant adults⁶⁵

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