



# Michigan Quality Improvement Consortium Guideline

## Adult Preventive Services (Ages 18 - 49)

March, 2009

The following guideline recommends clinical preventive services for adults.

Recommendation	18 - 39 Years	40 - 49 Years
Health Assessment Screening, History & Counseling	One health maintenance exam (HME) every 1 - 5 years [D] according to risk status. Each HME should include: <ul style="list-style-type: none"> <li>♦ Height, weight and Body Mass Index (BMI)</li> <li>♦ Risk evaluation and counseling (Nutrition, obesity, physical activity, dental health, tobacco use [A], immunizations, HIV prevention [B], sexually transmitted infections 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)</li> <li>♦ Safety (Domestic violence, seat belts [B], helmets, firearms, smoke and carbon monoxide detectors)</li> <li>♦ Behavioral Assessment (Depression, suicide threats, alcohol/drug use, anxiety, stress reduction, coping skills)</li> </ul>	
Blood Pressure Monitoring [A]	At every office visit and at minimum every 2 years. If BP 120 -139/80-89 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) in men 35 years and older and women 45 years and older without other risk factors. Screen younger adults for lipid disorders if other risk factors for coronary heart disease (CHD) (i.e. diabetes, family history cardiovascular disease before age 50 in male relatives or age 60 in female relatives), multiple CHD risk factor [e.g. tobacco use, hypertension). Once screening begins, repeat every 5 years for low risk adults if initial test normal; consider more frequent screening in individuals at increased risk.	
Diabetes Mellitus Screening [D]	Screening may be indicated in patients with risk factors for diabetes (e.g. obesity, family history, high-risk ethnic groups [African Americans, Native Americans, Hispanics and Pacific Islanders], previously identified impaired fasting plasma glucose [FPG] or impaired glucose tolerance; history gestational diabetes, hypertension, HDL-C < 35 mg/dL and/or triglyceride > 250 mg/dL, polycystic ovarian disease, or history of vascular disease)	FPG every 3 years (especially if BMI > 25) starting at age 45.
Colorectal Cancer Screening [B] for average risk adults	No requirement unless high risk (e.g. family 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 (i.e. history of abnormal Pap results, sexually transmitted diseases or HIV; sexual activity before age 18 or 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]	
Chlamydia Screening [B]	Recommended for all sexually active women age 24 and younger, and sexually active women age 25 and older if high risk (i.e. new or multiple sexual partners, history of sexually transmitted diseases, not using condoms consistently or correctly)	
Mammography with or without Clinical Breast Examination [B]	No requirement, unless high risk	Every 1-2 years
<b>Immunizations (Consult ACIP website, <a href="http://www.cdc.gov/vaccines/recs/acip/">www.cdc.gov/vaccines/recs/acip/</a> for up-to-date recommendations):</b>		
Tdap/Td [A]	Tdap once after age 11, then Td every 10 years	
HPV [D]	All females 26 years and younger should have full three vaccine series if not previously completed	
MMR [C], Varicella [C]	Ages 19 - 49 years: MMR 2 doses; Varicella as indicated by ACIP guidelines	
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 2007, Recommendations of the U.S. Preventive Services Task Force ([www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov)) and the Advisory Committee on Immunization Practices (ACIP) 2006 Immunization Recommendations ([www.cdc.gov](http://www.cdc.gov)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.