

**TABLE 70-1 PREVENTIVE HEALTH RECOMMENDATIONS FOR WOMEN**

SCREENING	RECOMMENDATION	AGE AND INTERVAL
Alcohol	All women should be screened for alcohol misuse. Hazardous drinking defined as >7 drinks/week or >3/occasion. Drinking results in physical, social, and psychological harms, and women engaged in hazardous drinking should be provided with behavioral counseling interventions.	Beginning at age 18 and at contact with health care provider
Cardiovascular disease	All women should be assessed for their CV disease risk (hypertension, tobacco use, diabetes, family history, physical inactivity, unhealthy dietary lipids, overweight and obesity) and counseled on risk reduction strategies. The 10-yr CV risk can be calculated with risk assessment tool calculator. Lipid disorders screening includes total cholesterol, HDL, LDL, and triglycerides after a 12-hr fast	At contact with health care provider  Women age ≥45 and women 20-44 yr if other risk factors present; interval not clear, but every 5 yr if low risk
Cancer		
Breast cancer	Mammography	ACS suggests annually at age 40 for as long as in good health; yearly for women of any age with greater than 20% lifetime risk USPSTF suggests biennial screening for women age 50-74. Biennial screening before age 50 should be addressed on an individual basis. Women in poor health are unlikely to benefit from screening. Current evidence insufficient to assess the additional benefits and harms of screening in women >75 yr.
	MRI	Based on breast cancer risk calculated using NCI's breast cancer risk assessment tool
Cervical cancer	See <a href="#">Table 70-2</a>	
Ovarian cancer	Routine screening is not recommended by any organization. Women at high risk (strong family history, <i>BRCA1</i> and <i>BRCA2</i> genes) may consider screening.	
Uterine cancer	Routine screening is not recommended by any organization.	Women at high risk for HNPCC can be offered screening with endometrial biopsy at age 35.
Depression	All women should be screened; multiple screening tools available. Brief intervention: (1) "Over the past 2 weeks, have you felt down, depressed, or hopeless?" (2) "Over the past 2 weeks, have you had little interest or pleasure in doing things?"	At contact with health care provider
Infectious diseases		
STIs	Counseling recommended	High-intensity behavioral counseling to prevent STIs for all sexually active adolescents and adults at increased for STIs
Chlamydia	Testing recommended	All sexually active women ages 24 and younger and older women who are at increased risk
Gonorrhea	Testing recommended	All sexually active women if they are at increased risk for infection
Hepatitis C	Testing recommended	Screen women at high risk for infection and offer one-time screening if born between 1945 and 1965
HIV	Testing recommended	Adolescents and adults ages 15-65 yr; younger adolescents and older adults who are at increased risk and all pregnant women
HPV	See <a href="#">Table 70-2</a>	
Obesity	All women should be screened. Women with a BMI >30 kg/m <sup>2</sup> should be referred for behavioral interventions.	At contact with health care provider
Osteoporosis	Insufficient evidence to recommend combined calcium and vitamin D supplementation for primary prevention. Women should be counseled about daily calcium and vitamin D requirements and adequate weight-bearing and resistance exercises for prevention. DEXA bone density test; fracture risk can be assessed by FRAX	All women ≥65 yr and women <65 yr whose fracture risk is equal to or greater than that of a 65-yr-old woman with no additional risk factors. Women 50-64 yrs with a 9.3% 10-yr fracture risk determined by FRAX
Stroke	Daily aspirin for prevention of stroke when potential benefit of ischemic stroke reduction outweighs potential harm of increased gastrointestinal hemorrhage	Women 55-79 yr
Thyroid disorders	USPSTF finds insufficient evidence to recommend for or against routine screening for asymptomatic women; testing recommended for symptoms.	
Tobacco use	All women should be screened and provided with smoking cessation interventions.	At contact with health care provider
Violence	Screening and counseling for interpersonal and domestic violence	At contact with health care provider

ACS, American Cancer Society; BMI, body mass index; CV, cardiovascular; DEXA, dual-energy x-ray absorptiometry; FRAX, fracture risk assessment tool; HDL, high-density lipoprotein cholesterol; HIV, human immunodeficiency virus; HNPCC, hereditary nonpolyposis colon cancer; HPV, human papillomavirus; LDL, low-density lipoprotein cholesterol; MRI, magnetic resonance imaging; NCI, National Cancer Institute; STIs, sexually transmitted infections; USPSTF, U.S. Preventive Services Task Force.