

TABLE 4-4 SCREENING TESTS RECOMMENDED BY THE U.S. PREVENTIVE SERVICES TASK FORCE FOR AVERAGE-RISK ADULTS

Disease	Test	Population	Frequency	Chapter
Abdominal aortic aneurysm	Ultrasound	Men 65–75 who have ever smoked	Once	
Alcohol misuse	Alcohol Use Disorders Identification Test	>18	Unknown	467
Breast cancer	Mammography with or without clinical breast examination	Women 50–75	Every 2 years	
Cervical cancer	Pap smear	Women 21–65	Every 3 years	100
	Pap smear and HPV testing	Women 30–65	Every 5 years if HPV negative	
Chlamydia/gonorrhea	Nucleic acid amplification test on urine or cervical swab	Sexually active women <25	Unknown	213
Colorectal cancer	Fecal occult blood testing	50–75	Every year	100, 110
	Sigmoidoscopy	50–75	Every 5 years	
	Colonoscopy	50–75	Every 10 years	
Depression	Screening questions	All adults	Periodically	
Diabetes	Fasting blood glucose	Adults with hypertension	Every 3 years	417
Hepatitis C	Anti-HCV antibody followed by confirmatory PCR	Adults born between 1945 and 1965	Once	
HIV	Reactive immunoassay or rapid HIV followed by confirmatory test	15–65	Once	
Hyperlipidemia	Cholesterol	Men >35	Every 5 years	291e
		Women >45	Every 5 years	
Hypertension	Blood pressure	All adults	Periodically	298
Intimate partner violence	Screening questions	Women of childbearing age	Unknown	
Obesity	Body mass index	All adults	Unknown	
Osteoporosis	DEXA	Women >65 or >60 with risk factors	Unknown	425

Abbreviations: DEXA, dual-energy x-ray absorptiometry; HCV, hepatitis C virus; HPV, human papillomavirus; PCR, polymerase chain reaction.

Source: Adapted from the U.S. Preventive Services Task Force 2013. <http://www.uspreventiveservicestaskforce.org/adultrec.htm>.

For many screening tests and preventive interventions, the balance of benefits and harms may be uncertain for the average-risk population but more favorable for individuals at higher risk for disease. Although age is the most commonly used risk factor for determining screening and prevention recommendations, the USPSTF also recommends some screening tests in populations with other risk factors for the disease (e.g., syphilis). In addition, being at increased risk for the disease often supports initiating screening at an earlier age than that recommended for the average-risk population. For example, when there is a significant family history of breast or colon cancer, it is prudent to initiate screening 10 years before the age at which the youngest family member was diagnosed with cancer.

Although informed consent is important for all aspects of medical care, shared decision-making may be a particularly important approach to decisions about preventive services when the benefit-to-harm ratio is uncertain for a specific population. For example, many expert groups, including the USPSTF, recommend an individualized discussion about prostate cancer screening, because the decision-making process is complex and relies heavily on personal issues. Some men may decline screening, whereas others may be more willing to accept the risks of an early detection strategy. Recent analysis suggests that many men may be better off not screening for prostate cancer because watchful waiting was the preferred strategy when quality-adjusted life-years were considered. Another example of

TABLE 4-5 PREVENTIVE INTERVENTIONS RECOMMENDED FOR AVERAGE-RISK ADULTS

Intervention	Disease	Population	Frequency	Chapter
Adult immunization				148, 149
Tetanus-diphtheria		>18	Every 10 years	
Varicella		Susceptibles only, >18	Two doses	
Measles-mumps-rubella		Women, childbearing age	One dose	
Pneumococcal		>65	One dose	
Influenza		>50	Yearly	
Human papillomavirus		Boys >21	If not done prior	
		Girls >26		
Zoster		>60	Once	
Chemoprevention				
Aspirin	Cardiovascular disease	Men 45–79		
		Women 55–79		
Folic acid	Neural tube defects in baby	Women planning or capable of pregnancy		
Tamoxifen/raloxifene	Breast cancer	Women at high risk for breast cancer		
Vitamin D	Fracture/falls	>65 at increased risk for falls		