Michigan Quality Improvement Consortium
Clinical Practice Guideline Update Alert

Guideline: Adult Preventive Services (Ages 18-49)

Released: March 2019

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

**Updated recommendations include:**

**Personalized recommendations:**
To offer any patient, for age, gender and risk factor-based recommendations, see [Electronic Preventive Services Selector](#).

**Health Assessment, History & Counseling**
Recommend a periodic health visit according to risk status every 1-5 years to perform:
- Height, weight and Body Mass Index (BMI); risk evaluation and counseling for obesity (BMI ≥ 30), tobacco use, and opioid and alcohol misuse. Provide behavioral interventions for tobacco users and those demonstrating risky alcohol use or risky sexual behaviors. All adults benefit from optimized diet and physical activity. See [individual MQIC guidelines on tobacco control, substance use disorder, and overweight and obesity in the adult](#).

**Breast cancer**
- The current evidence is insufficient to assess the additional benefits and harms of: digital tomosynthesis, or other adjunctive screening in women with dense breasts and negative screening mammogram.

**Osteoporosis**
- Screen women with risk equal to a 65 year-old (9.3% in 10 years by US Fracture Risk Assessment tool [FRAX]). See [individual MQIC guideline on osteoporosis](#).

**Preventive Therapies:**

**Breast Cancer**
- For women at increased risk, use shared decision making to consider primary prevention for therapies like tamoxifen and raloxifene. No routine use without increased risk.

**Dyslipidemia**
- Recommend low- to moderate-dose statin therapy for primary prevention in people with all three: a) age 40-75, b) DM, HTN, tobacco use, or dyslipidemia, and c) 10-year CVD risk > 10%. Consider low- to moderate-dose if CVD risk is 7.5-10%. See [individual MQIC guideline on lipids](#).