



# Adult Preventive Services (Age ≥ 50)

The following guideline recommends clinical preventive services for adults. The [grade definitions](#) used for this guideline are as defined by the United States Preventive Services Task Force (USPSTF).

Screening	Recommendation
Personalized recommendations:	To offer any patient, for age, gender and risk factor-based recommendations, see <a href="#">Electronic Preventive Services Selector</a> .
Health Assessment, History and Counseling	A well-planned annual visit is one way to accomplish the recommended screening and counseling: Height, weight and Body Mass Index (BMI) [B]; risk evaluation and counseling for obesity (BMI ≥ 30) [B], tobacco use [A], opioid and alcohol misuse [B], and medication review. Provide behavioral interventions for tobacco users [A] and those demonstrating risky alcohol use [B] or risky sexual behavior. [B] All adults benefit from optimized diet and physical activity. [C] See individual MQIC guidelines on tobacco control, substance use disorder, and overweight and obesity in the adult.
Blood Pressure	Screen for high blood pressure in adults. [A]
Aspirin Use	Initiate low-dose aspirin use for primary prevention of cardiovascular disease and colorectal cancer in adults aged 50-59 who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years. [B]
Cardiovascular Risk	Measure lipids. Use lipid levels and other data to assess the 10-year cardiovascular risk using the <a href="#">ACC/AHA risk calculator</a> . See individual MQIC guideline on lipids <sup>1</sup> .
Depression	Screen adults for depression using a validated screening tool <sup>2</sup> with staff-assisted depression care supports in place to ensure accurate diagnosis, effective treatment, and follow-up. [B]
Diabetes Mellitus	Screen for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40-70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. [B]
Colorectal Cancer	Screen for colorectal cancer starting at age 50 and continuing until age 75 years. [A] The decision to screen for adults aged 76-85 should be an individual one, taking into account the patient's overall health and prior screening history. [C]
Hepatitis C	Screen for HCV infection in persons at high risk for infection. Recommend one-time screening for adults born between 1945 and 1965. [B]
HIV	Screen all patients 15 to 65 years of age [A]. Screen all increased risk patients (no age limit) [A] annually.
Lung Cancer	Screen annually with low-dose CT in adults ages 55-80 years who have 30 pack-year smoking history and currently smoke or quit within the past 15 years. Discontinue screening once smoke-free for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. [B]
Osteoporosis	Calculate <a href="#">FRAX</a> to assess future fracture risk to identify patients for BMD testing with DXA. Screen for osteoporosis in women aged 65 years or older. [B] See individual MQIC guideline on <a href="#">osteoporosis</a> .
Cervical Cancer/ Pap Smear	Screen women age 21 to 65 years with cytology every 3 years, or, for women age 30 to 65 years who want to lengthen the screening interval, screen with a combination of cytology and human papillomavirus testing every 5 years. [A] If not high risk, have had adequate screening with normal Pap smears, recommend against screening women older than age 65. [D] Routine Pap smear screening not recommended in women who have had a total hysterectomy for benign disease. [D]
Breast Cancer	Biennial screening mammography for women aged 50 to 74 years. [B] Recommend against <i>teaching</i> breast self-examination (BSE). [D] The current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older. [I] Consider BRCA risk assessment <sup>3</sup> for family history of breast or related gynecological cancer. Provide genetic counseling, including risk-reducing medications if indicated. [B] The current evidence is insufficient to assess the additional benefits and harms of: digital breast tomosynthesis (DBT), or other adjunctive screening in women with dense breasts and negative screening mammogram. [I]
Prostate Cancer (PSA)	Utilize shared decision making. [C]
Tuberculosis	Screen populations at increased risk for latent TB. [B]
<b>Preventive Therapies:</b>	
Breast Cancer	For women at increased risk, use shared decision making to consider primary prevention for therapies like tamoxifen and raloxifene. [B] No routine use without increased risk. [D]
Dyslipidemia	Recommend low- to moderate-dose statin therapy for primary prevention in people with all three: a) age 40-75, b) DM, <a href="#">HTN</a> , tobacco use, or dyslipidemia, and c) 10-year CVD risk > 10%. [B] Consider low- to moderate-dose if CVD risk is 7.5-10%. [C] See individual MQIC guideline on <a href="#">lipids</a> .
<b>Immunizations (Consult <a href="#">ACIP website</a> for up-to-date recommendations and vaccine indications:</b>	
Tdap/Td	After primary series, Td every 10 years. Give Tdap once after age 12.
Zoster	Age ≥ 50: 2-dose series RZV 2-6 months apart regardless of previous zoster or ZVL. Age > 60 one dose of ZVL if not previously vaccinated. RZV (recombinant) preferred over ZVL (live).
Influenza	Annual vaccine.
Pneumococcal vaccine	Before age 65: if risk factors present. Consult ACIP website. Age 65 and older: give PCV13 first and PPSV23 at least one year later. If patient already received PPSV23, give PCV13 at least one year later.
HepA, HepB, Meningococcal,	If risk factors present. Consult ACIP website.
Varicella	Two doses for persons who lack history of immunization or convincing history of infection.

<sup>1</sup>[MQIC Lipid Screening and Management](#) clinical practice guideline

<sup>2</sup>[PHQ-2, PHQ-9](#)

<sup>3</sup>[B-RST™ \(Breast Cancer Genetics Referral Screening Tool, Emory University\)](#)

This guideline lists core management steps. It is based on Recommendations of the U.S. Preventive Services Task Force ([uspreventiveservicestaskforce.org](http://uspreventiveservicestaskforce.org)) and the Advisory Committee on Immunization Practices (ACIP) 2019 Immunization Recommendations ([cdc.gov/vaccines/schedules/hcp/adult.html](http://cdc.gov/vaccines/schedules/hcp/adult.html)). Individual patient considerations and advances in medical science may supersede or modify these recommendations.