

# 2025 Adult Preventive Health Guidelines

## Ages 19 through 64 years

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010, as amended) requires, among other things, coverage of all A and B Recommendations as promulgated by the United States Preventive Services Task Force (USPSTF). Recommendations can be found at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>

History and Physical	Description	References
<b>History and Physical Exam</b>	<p>A physical should be performed every one to two years for adults ages 19-49 and every year for adults ages 50 and older.</p> <p>Female PE:</p> <ul style="list-style-type: none"> <li>Discuss preconception guidelines, as appropriate.</li> <li>Annual pelvic/breast exam</li> </ul>	<ol style="list-style-type: none"> <li>USPSTF (1996) Updated 2004</li> <li>The expert consensus opinion of the 2004 PH Committee. ACOG (2006)</li> </ol>
<b>Pelvic/Breast Exam</b>	Annually for females	<ol style="list-style-type: none"> <li>ACOG (2006)</li> </ol>
<b>Regular Weight, Height, and BMI percentile and BMI Monitoring</b>	Annually	<ol style="list-style-type: none"> <li>AAFP (1996) Updated 2003</li> <li>CDC (2004)</li> <li>USPSTF 2014</li> </ol>
<b>Blood Pressure Screening</b>	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older with ambulatory blood pressure monitoring, or ABPM measurements outside of the clinical setting for diagnostic confirmation before starting treatment. A Recommendation	<ol style="list-style-type: none"> <li>USPSTF (1996) Updated 2007, 2015</li> <li>NIH (1997) Updated 2004</li> </ol>
<b>Depression Screening</b>	<p>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women (age 18 and older).</p> <ul style="list-style-type: none"> <li>Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. USPSTF- B Recommendation</li> <li>Different tests can be used for screenings (This list is not all-inclusive). PHQ-19 PHQ-A</li> </ul>	<ol style="list-style-type: none"> <li>USPSTF (1996) Updated 2002, 2009, 2016</li> </ol>
<b>Lipid Panel</b>	<p>Routine screening every five years beginning at age 20 and more frequent testing of those 20 years of age and older at risk for cardiovascular disease.</p> <p>The U.S. Preventive Services Task Force (USPSTF) recommends screening:</p> <ul style="list-style-type: none"> <li>Men aged 35 and older for lipid disorders. A Recommendation</li> <li>Men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. B Recommendation</li> <li>Women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. A Recommendation; and</li> <li>Women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. B Recommendation.</li> </ul>	<ol style="list-style-type: none"> <li>USPSTF (1996) Updated 2004, 2008</li> <li>NCEP (2004)</li> <li>The expert consensus opinion of the 2004 PH Committee.</li> </ol>
<b>Mammography</b>	<p>The PPACA has a provision that defers to the USPSTF 2002 guidelines on breast cancer screening which states that women ages 40-49 should routinely be screened for breast cancer.</p> <p>The 2002 Recommendation reads as follows:</p> <ul style="list-style-type: none"> <li>The U.S. Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast</li> </ul>	<ol style="list-style-type: none"> <li>USPSTF (1996) Updated 2002, 2009, 2016. ACS (1997) Updated 2006. ACOG (2009)</li> </ol>

	<p>examination (CBE), every 1-2 years for women aged 40 and older. USPSTF - B Recommendation.</p> <p>ACS</p> <ul style="list-style-type: none"> <li>Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health. Includes 3-D Mammograms (Digital Breast Tomosynthesis)</li> </ul>	
<b>Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility</b>	<p>The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. B recommendation updated August 2019.</p> <p>Different tests can be used for screenings (This list is not all-inclusive).</p> <ul style="list-style-type: none"> <li>B-REST</li> <li>FHS-7</li> <li>Any one of the following indicates a risk of having a BRCA mutation: <ul style="list-style-type: none"> <li>Personal and/or family history of breast cancer diagnosed under the age of 50.</li> <li>Personal and/or family history of ovarian cancer at any age.</li> <li>Women of Ashkenazi Jewish ancestry diagnosed with breast cancer or ovarian cancer at any age, regardless of family history.</li> <li>Personal and/or family history of male breast cancer.</li> <li>Affected relatives with a known BRCA1 or BRCA2 mutation.</li> <li>Bilateral breast cancer, especially if diagnosed at an early age.</li> <li>Breast cancer and ovarian cancer in the same person.</li> </ul> <p>Note: Recommend annual breast MRI screening as an adjunct to mammography.</p> <ul style="list-style-type: none"> <li>BRCA mutation</li> <li>First-degree relative of BRCA carrier, but untested</li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>USPSTF (2005) (2014) 2019</li> <li>AMA (2006)</li> <li>ACS (2007)</li> </ol>
<b>Chemoprevention of Breast Cancer</b>	<p>The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. B recommendation updated September 2019.</p>	<ol style="list-style-type: none"> <li>USPSTF (2002) (2014) 2019</li> </ol>
<b>Fasting Plasma Glucose</b>	<p>The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. B Recommendation</p>	<ol style="list-style-type: none"> <li>USPSTF (2008) 2015, 2022</li> </ol>
<b>Papanicolaou Test (Pap Smear)</b>	<ul style="list-style-type: none"> <li>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.</li> <li>For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing). USPSTF A Recommendation</li> <li>The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. D Recommendation</li> <li>The USPSTF recommends against screening for cervical cancer in women younger than 21 years. D Recommendation</li> </ul>	<ol style="list-style-type: none"> <li>USPSTF (1996) Updated 2003, 2018</li> <li>AAFP (1996) Updated 2002</li> <li>ACOG (2003) Updated 2010, 2012</li> <li>USPSTF Updated 2012</li> <li>HHS –Health and Human Services Women’s Health Care Mandate 2012</li> <li>ACS -- American Cancer Society (2012)</li> <li>ASCCP -- American Society for Colposcopy (2012)</li> <li>ASCCP -- American Society for Clinical Pathology (2012)</li> </ol>

	<ul style="list-style-type: none"> <li>The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. D Recommendation</li> </ul>	
<b>Chlamydia/ Gonorrhea and other STD Screening</b>	<ul style="list-style-type: none"> <li>Chlamydia: The USPSTF recommends screening for chlamydia in sexually active women aged 24 years or younger and in older women who are at increased risk for infection. USPSTF- B Recommendation</li> <li>Gonorrhea: The USPSTF recommends screening for gonorrhea in sexually active women aged 24 years or younger and in older women who are at increased risk for infection. USPSTF- B Recommendation</li> <li>Syphilis: Screen all patients at increased risk for syphilis. USPSTF- A Recommendation</li> <li>Human immunodeficiency virus (HIV):The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. A recommendation updated June 2019. The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. A recommendation updated June 2019</li> <li>Hepatitis C: The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. B Recommendation. March 2020</li> <li>Hepatitis B: The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. B recommendation for non-pregnant adolescents and adults</li> </ul>	1. USPSTF (1996), 2007, 2014, 2016, 2019, 20202. CDC (2006)
<b>STI Counseling</b>	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. B Recommendation	1. USPSTF 2014
<b>PrEP HIV Prevention</b>	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. A recommendation Released June 2019.	1. USPSTF 2019
<b>Colorectal Cancer Screening</b>	<p>The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. A Recommendation</p> <p>The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. B Recommendation</p> <p>Regular screening for colorectal cancer with:</p> <ul style="list-style-type: none"> <li>Colonoscopy every 10 years or,</li> <li>Fecal occult blood test home 3-pack FOBT test or FIT fecalimmunochemical test every year or,</li> <li>Flexible sigmoidoscopy every 5 years or,</li> <li>Flexible sigmoidoscopy every 10 years with FIT every year or CT Colonography every 5 years (Delaware state mandate also) or Cologuard (DNA stool screening) every three years</li> </ul>	1. AAFP (1996) Updated 20022. USPSTF (1996) Updated 2002, 2008, 2016, 20213. American Cancer Society (2004)4. ACOG (2007)5. PPACA 2022 FAQ
<b>Bone Mineral Density Screening</b>	<p>Postmenopausal women under 65 yrs of age who have had a fracture or have one or more risk factors for osteoporosis. Recommended only once every two years.</p> <p>The USPSTF recommends screening for osteoporosis in women ages 65 and older and in younger women whose fracture risk is equal to or greater than that of a 65 y-o woman who has no additional risk factors. USPSTF – B Recommendation (2011)</p>	1. USPSTF (1996) Updated 2003 (2011) 2. National Osteoporosis Foundation (1998) Updated 2009

<b>Prostate Cancer Screening</b>	For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. C Recommendation.	<ol style="list-style-type: none"> <li>1. AAFP (2002)</li> <li>2. USPSTF (1996) Updated 2004, 2012, 2018</li> <li>3. NEJM (2009)</li> </ol>
<b>Lung Cancer Screening</b>	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year (PPY) smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. B Recommendation	<ol style="list-style-type: none"> <li>1. USPSTF (2014), 2021</li> </ol>
<b>Behavioral Counseling for Prevention of CVD</b>	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. B Recommendation	<ol style="list-style-type: none"> <li>1. USPSTF 2014</li> </ol>
<b>Statin Use</b>	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all the following criteria are met: 1) they are aged 40 to 75 years 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.	<ol style="list-style-type: none"> <li>1. USPSTF 2016</li> </ol>
<b>Latent TB Screening</b>	The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations that are at increased risk.	<ol style="list-style-type: none"> <li>1. USPSTF 2016</li> </ol>

<b>Anticipatory Guidance/Psychosocial Screening</b>	<b>References</b>
<b>Anticipatory Guidance/Psychosocial Screening- to include:</b> <ul style="list-style-type: none"> <li>• Secondhand smoke</li> <li>• Adults who are not pregnant: The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA) - approved pharmacotherapy for cessation to adults who use tobacco. A Recommendation</li> <li>• Pregnant women: The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. A Recommendation</li> <li>• Substance abuse</li> <li>• Obesity – The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. USPSTF – B Recommendation</li> <li>• The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults ages 40 to 70 years who are overweight or obese. Clinicians should offer or refer [these overweight or obese (BMI 25 to 39.9)] patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. B Recommendation</li> <li>• Exercise</li> <li>• Folic acid (0.4mg to 0.8 mg/day for females of reproductive age (USPSTF – A Recommendation) The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid. A Recommendation</li> </ul>	<ol style="list-style-type: none"> <li>1. AAFP (2001) Updated 2003</li> <li>2. USPSTF (1996) Updated 2008, 2009, 2012, 2015, 2016, 2017</li> <li>3. ACOG (2000) Updated 2003</li> <li>4. NOF (2009)</li> <li>5. USPSTF (2008) Behavioral Counseling for STIs</li> <li>6. USPSTF (1996) Updated 2003, 2015, 2016, 2018, 2022</li> </ol>

- Aspirin use – April 2022 the USPSTF updated by lowering the recommended use of aspirin for preventive of heart disease and stroke to a C recommendation from a previous B recommendation.
- Polypharmacy
- Safe sex/STD High-intensity behavioral counseling to prevent sexually transmitted infections for all adults at increased risk for STIs. “High- intensity” behavior counseling is defined by USPSTF as multiple sessions of behavioral counseling providing some provision of education, skill training or support from changes in sexual behavior that promotes risk reduction and avoidance. USPSTF – B Recommendation
- Sun exposure: The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. B Recommendation.
- Oral health

#### Safety Issues - to include:

- Domestic Violence: The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. USPSTF B Recommendation.
- Smoke and carbon monoxide detectors
- Firearms use and safe storage of
  - Appropriate protective/safety equipment for such activities as biking, skating, and skiing
  - Seat belt use

1. AAFP (2001)
2. USPSTF (1996), 2012
3. ACOG (2000)

#### Screening for Alcohol Use in Adults

The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. USPSTF –B Recommendation

1. USPSTF (1996) Updated 2004, 2013
2. AAFP (1996) Updated 2003

The AAFP recommends counseling adults who are problem drinkers regarding the dangers of driving while intoxicated and the risk of automobile accidents.

## References

1. <http://www.cdc.gov> CDC (2005)
2. American Academy of Family Physicians. Summary of Policy Recommendations for Periodic Health Examination. Kansas City, MO: American Academy of Family Physicians; 2004
3. Revised USPSTF Guidelines Support Screening for Alcohol Use in Adults, April 8, 2004
4. <http://www.cdc.gov/nccdphp/dnpa/bmi/>, BMI: Body Mass Index. April 17, 2003
5. US Preventive Services Task Force. (1996). Guide to Clinical Preventive Services, 2nd Ed. Baltimore: Williams & Wilkins.
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10. National Institutes of Health. (1997) The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (NIH Publication No. 98-4080). Bethesda, Maryland: National Heart, Lung & Blood Institute Information Center.
11. [www.cancer.org](http://www.cancer.org) American Cancer Society (2004) American Cancer Society Guidelines on Screening and Surveillance for the Early Detection of Adenomatous Polyps and Colorectal Cancer.
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13. Andriole, M.D. G.L., & Crawford, M.D. E.D. (2009). Mortality results from a randomized prostate-cancer screening trial The New England Journal of Medicine, 360, 1310-1319.
14. Schroder, M.D., F.H., & Hugosson, M.D., J (2009). Screening and prostate-cancer mortality in a randomized European study The New England Journal of Medicine, 360, 1320-1328.