



# 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 from USPSTF <sup>1</sup> , 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) <sup>2</sup> [B]; risk evaluation and counseling for overweight and obesity (BMI ≥ 25) [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 <i>individual MQIC guidelines on tobacco control, substance use disorder, and overweight and obesity in the adult</i> .
Blood Pressure	Screen for high blood pressure in adults. [A] See <i>individual MQIC guideline on hypertension</i> .
Lipids	Fasting lipid panel for individuals ≥ 20 years with risk factors, males ≥35 years, females ≥ 45 years, repeat screening every 4-6 years. See <i>individual MQIC guideline on lipids</i> .
Aspirin Use	For patients age 40-59 whose estimated CVD risk is 10% or greater (using <a href="#">ACC/AHA risk calculator</a> ), use shared decision-making, taking into account potential benefits and harms of aspirin use, as well as patients' values and preferences, to inform the decision about initiating aspirin. [C] The use of aspirin for primary prevention in patients ≥ 60 is not recommended. [D]
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 <i>individual MQIC guideline on lipids</i> .
Depression	Screen adults for depression using a validated screening tool <sup>3</sup> with staff-assisted depression care supports in place to ensure accurate diagnosis, effective treatment, and follow-up. [B] See <i>individual MQIC guideline on depression</i>
Diabetes and Prediabetes	Screen for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 35-70 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] See <i>individual MQIC guideline on diabetes</i>
Colorectal Cancer	Screen for colorectal cancer between ages 45-50 [B] and 50 to 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, prior screening history, and preferences. [C]
Hepatitis C	Screen all populations (age 18 to 79 years) for Hepatitis C. [B]
HIV	Screen all patients 15 to 65 years of age. [A] Screen all increased risk patients (no age limit) [A] annually, more frequently per risk factors and local prevalence; or if requested.
Lung Cancer	Screen annually with low-dose CT in adults ages 50-80 years who have 20 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	Screen for osteoporosis in women aged 65 years or older. [B] Screen for osteoporosis in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool. Calculate <a href="#">FRAX</a> to assess future fracture risk to identify patients for BMD testing with DXA. Current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis to prevent osteoporotic fractures in men. [I] See <i>individual MQIC guideline on osteoporosis</i>
Cervical Cancer/ Pap Smear	Screen women age 21 to 29 years with cytology every 3 years. For women age 30 to 65 years screen every 3 years with cervical cytology alone, or with high risk human papillomavirus (hrHPV) testing with or without cytology every 5 years. <sup>5</sup> [A] If not high risk, and 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 teaching 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>6</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, taking into consideration the risk versus benefits of PSA-based screening for men age 55-69. [C] Not recommended for men aged 70 and over. [D]
Tuberculosis	Screen populations at increased risk for latent TB. [B]

**Preventive Therapies:**

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]
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**Immunizations:**

Tdap/Td; Zoster; Influenza; Pneumococcal; HepA, HepB, Meningococcal; Varicella; COVID	Consult the <a href="#">Adult ACIP Website</a> for updated recommendations and vaccine indications.
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<sup>1</sup>The US Preventive Services Task Force [A and B recommendations](#)  
<sup>2</sup>BMI is an accurate proxy for body fat in average adults but may be misleading in muscular individuals and the elderly. Lower BMI thresholds are used to classify overweight (BMI 23-27.5 kg/m<sup>2</sup>) and obese (BMI ≥27.5 kg/m<sup>2</sup>) individuals of Asian and South Asian descent.  
<sup>3</sup> [PHQ-2, PHQ-9](#)  
<sup>4</sup> <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>  
<sup>5</sup> [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) 2023 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.