

# Preventive Health Care Recommendations for Adults

**Guideline: Each person should have periodic health examinations that include specific preventive interventions and practices.**

*The following Guideline is intended to help physicians, nurses, and others involved in clinical decision-making by describing the recommended course of action for preventive health care for adults served by SCDDSN. Decisions about screening for each person should be based on clinical history, assessment, and other factors unique to the individual. When, because of behavioral or physical conditions, it would be necessary to use conscious sedation or general anesthesia to complete screening procedures, the screening may be deferred at the discretion of the physician and interdisciplinary team including the individual or his/her surrogate consent giver. A deferral should only be done after a risk/benefit analysis has been completed and documented. The risks/benefit analysis documentation should include the specific risks & benefits reviewed. Risks that would prohibit the procedure should include medical and/or physiological conditions and should not be solely based on the presence of an intellectual or related disability. As much as possible, the recommendations reflect the strength of evidence and magnitude of net benefit (benefits minus harms) as reported by the U.S. Preventive Services Task Force and other internationally recognized health organizations. The 2014 Adult Screening Recommendations from the Massachusetts Department of Developmental Services and SCDDSN Departmental Directives are also reflected in this guideline.*

## DEFINITIONS:

**Primary care prescribers:** Physicians, nurse practitioners, and physician assistants who provide primary care services and are authorized to prescribe medications and treatment for people on their assigned caseloads.

**Medical progress notes:** The section of the individual's record where primary care prescribers document their findings and provide rationale for treatment plans.

**Nursing staff:** Registered nurses and licensed practical nurses.

## BACKGROUND/RATIONALE:

1. The following Guideline does not imply that all individuals have similar health needs or that the clinical judgment of medical and nursing staff should not be used in determining the health care plan. The purpose of outlining preventive health interventions is to ensure that every adult with an intellectual or related disability receives appropriate and individualized health care. Information about screening strategies and risk factors for cancer, diabetes and cardiovascular disease is included in those disease specific guidelines and not repeated here.
2. The following guidelines have been adapted from the current recommendations of the U.S. Preventative Services Task Force and other health organizations. Some of these recommendations have been modified to address areas of greater concern for people with intellectual and related disabilities.
3. Prompt and thorough follow-up should be completed and documented when signs and/or symptoms of illness or disease are detected.
  - a. The medical plan of care should be documented in the medical progress notes.
  - b. Nursing strategies, interventions, and follow-up evaluation should be documented in the nursing notes.
4. The table at the end of this guideline can be used for quick reference to recommended screenings.

## RECOMMENDATIONS

### ***Annual Health Maintenance Visit:***

- Obtain initial &/or update history.
- Complete age appropriate physical examination including vital signs, height/weight measurements, and assessments for conditions such as scoliosis, muscular weakness, and muscle contracture.
- Conduct preventive screenings.
- Update immunizations.
- Update Major Problem List.

***Cancer:*** See ***Cancer Screening*** Guideline.

***Cholesterol:*** See ***Cardiovascular Screening*** Guideline.

### ***Depression:***

- Screen annually for sleep, appetite disturbance, weight loss/gain, general agitation.

***Diabetes:*** See ***Diabetes Screening*** Guideline.

***Dysphagia:*** See ***Dysphagia and Associated Disorders*** Guideline.

### ***Hearing:***

- Screen annually as part of physical examination.
- Re-evaluate if hearing problem is reported or a change in behavior is noted. Refer to audiologist for full assessment as needed.

### ***Hepatitis B and Hepatitis C:***

- Baseline testing on all new admissions.
- Periodic testing if risk factors are present (i.e., sexually active, history of blood transfusions, history of biting other people).
- One time Hepatitis C Screening for adults born between 1945 and 1965.
- Annual Liver Function testing for Hepatitis B carriers.

***Human Immunodeficiency Virus (HIV):*** Follow SCDDSN Departmental Directive 100-12-DD (AIDS policy).

***Immunizations:*** Follow SCDDSN Departmental Directives 603-12-DD (Immunization Procedure for Regional Centers) and 603-08-DD (Vaccination Information) as well as annual updates from CDC.

### ***Liver Function:***

- Annually for Hepatitis B carriers.
- Frequency of liver function testing may be ordered at the discretion of the primary care prescriber after consideration of risk factors including use of long term prescription medications.

**Oral Health:** See *Dental Services* Guideline.

***Osteoporosis:***

- Bone density screening when risk factors are present (non-weight bearing status, long-term polypharmacy, mobility impairments, hypothyroid, post-menopausal women).
- Periodic screening of other individuals may be done at the discretion of primary care prescriber.
- Other preventive measures include dietary calcium, and Vitamin D intake, weight-bearing exercise, and smoking cessation.
- Environmental measures include fall prevention strategies.

***Sexually Transmitted Infections (STIs):***

- Screen annually for individuals under age 25 who are sexually active.
- Screen annually for individuals age 25 and older if at risk.

***Tardive Dyskinesia:*** Follow SCDDSN Departmental Directive 603-01-DD (Tardive Dyskinesia Monitoring).

***Tuberculosis:*** Follow SCDDSN Departmental Directives 603-06-DD (Guidelines for Screening for Tuberculosis) as well as annual updates from CDC.

***Vision and Ocular health:***

*Vision assessment:*

- Screen annually as part of physical examination.
- Reevaluate if vision problems are reported or a change in behavior is noted.

*Comprehensive medical eye examination:* including testing for glaucoma by age 40 with follow-up evaluations based on recommendations of ophthalmologist or optometrist.

## South Carolina DDSN Preventive Health Care Recommendations for Adults<sup>1</sup>

	19 - 29 Years	30 - 39 Years	40 – 49 Years	50 – 64 Years	65 + Years
<b>Health Maintenance Visit</b>	Annually and as clinically indicated for all ages 1. Obtain initial/interval history. 2. Perform age appropriate physical exam. 3. Provide preventive screenings 4. Update immunizations 5. Update Major Problems List				
<b>Oral Health Visit</b>	Promote dental health through regular oral hygiene practices; assessment by a dentist at least every year.				
<b>Cancer Screening</b>					
<b>Breast Cancer (Clinical Breast Exam)</b>	1. Annual clinical breast exam and quarterly breast assessments. 2. Mammogram for patients at <b>high risk</b> . <b>Risk factors include:</b> <ul style="list-style-type: none"> <li>• Family history of pre-menopausal breast cancer (mother or sister),</li> <li>• Personal history of breast/ovarian/endometrial cancer.</li> </ul>	1. Perform clinical breast exam and quarterly breast assessments. 2. Mammogram not routine except for patients at high risk.	1. Perform clinical breast exam and quarterly breast assessments. 2. Mammogram every 2 years at discretion of primary care prescriber based on risk/benefit analysis.	1. Perform clinical breast exam and quarterly breast assessments. 2. Mammogram every 2 years at discretion of primary care prescriber based on risk/benefit analysis. 3. Screening may continue as indicated as long as the person's health is good and life expectancy is 10 years or longer.	
<b>Cervical Cancer (Pelvic Exam and Pap Test)</b>	1. Every 3 years for women who have been sexually active and have a cervix. 2. Screening is not indicated if the patient has had a total hysterectomy for non-cancerous disease. <b>Risk factors include:</b> <ul style="list-style-type: none"> <li>• History of cervical tumors,</li> <li>• Infection with HPV (Human Papilloma Virus) or other sexually transmitted diseases,</li> <li>• High-risk sexual behavior,</li> <li>• HIV/AIDS.</li> </ul>				1. Every 3 years at physician discretion.  2. The Pap test may be omitted after age 65 if there is documented evidence of regular previous screenings that are consistently normal.
<b>Colorectal Cancer</b>	Not routine except for patients at high risk. <b>Risk factors include:</b> <ul style="list-style-type: none"> <li>• Personal/family history in a first-degree relative</li> <li>• Specific genetic syndromes</li> <li>• Inflammatory bowel disease</li> <li>• Non-cancerous polyps.</li> </ul>			From age 50 to 75: <ul style="list-style-type: none"> <li>• annual fecal occult blood test (FOBT)OR</li> <li>• Sigmoidoscopy every 5 years OR</li> <li>• colonoscopy every 10 years.</li> </ul> Level of screening should be based on Risk/Benefit analysis. <ul style="list-style-type: none"> <li>• Screenings not recommended if life expectancy is less than 10 years.</li> <li>• No screening recommended after age 85.</li> </ul>	

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<b>Prostate and Testicular Cancer</b>	Perform clinical testicular exam on a quarterly basis (or in conjunction with other health examinations) and as a part of annual physical examination.  Prostate cancer screening using Prostate Specific Antigen (PSA) is not routine.			Annual Digital Rectal Exam (DRE) for patients over 50.  Prostate Specific Antigen (PSA) at clinician's discretion based on level of health risk and only if life expectancy is over 10 years.	
<b>Skin Cancer</b>	Periodic total skin exams at least annually. <b>Risk factors include:</b> age, personal history of skin cancer or repeated sunburns early in life, family history, certain types and a large number of moles, light skin, light hair and light eye color, sun-sensitive skin, and chronic exposure to the sun.				
<b>Other Recommended Screening</b>					
<b>Cholesterol</b>	Every 4-6 years, fasting lipoprotein profile (Total Cholesterol, LDL, HDL, and triglycerides. If testing is non-fasting and total Cholesterol is >200 mg/dl or HDL is <40 mg/dl, a follow-up lipoprotein profile should be performed.				
<b>Dementia</b>	Ongoing observations for signs that indicate changes in ability to perform daily living activities.		In persons with Down Syndrome, annual screen after age 40.		
<b>Depression</b>	Screen annually for sleep, appetite disturbance, weight loss, general agitation.				
<b>Diabetes (Type 2)</b>	Conduct an annual risk assessment. HgbA1c or fasting glucose screen every 3 years beginning at age 45. Screen more often and beginning at a younger age for those who are overweight and if other risk factors are present.  <b>Risk factors include:</b> age, first-degree relative with diabetes, physical inactivity, race/ethnicity (African American, Hispanic, Native American, Asian), hypertension, obesity, elevated cholesterol/lipid levels, low HDL and high triglycerides, history of gestational diabetes or birth of a baby > 9lbs, impaired glucose tolerance or polycystic ovary syndrome.				
<b>Dysphagia and Associated Disorders</b>	Screen annually for signs, symptoms, and clinical indicators of dysphagia, GERD, & recurrent aspiration.				
<b>Hearing</b>	Assess for hearing changes annually and refer to audiologist for a full screen as needed.				
<b>Hepatitis B &amp; C</b>	Baseline testing for all new admissions.  Periodic testing of all patients at high risk. One time Hepatitis C screening for adults born between 1945 and 1965.  <b>Risk factors include:</b> injection of illegal drugs, receipt of a blood transfusion or solid organ transplant before July 1992, receipt of blood product for clotting problems before 1987, long-term kidney dialysis, evidence of liver disease, receipt of a tattoo and/or body piercing.				
<b>Hypertension</b>	Blood pressure evaluated at every acute/non-acute medical encounter and at least once every year at the annual Health Maintenance visit as part of the physical exam.				
<b>Liver Function</b>	Annually for Hepatitis B carriers. At clinician's discretion after consideration of risk factors including long term prescription medication.				

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<b>Osteoporosis</b>	Consider preventive measures, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.		<ul style="list-style-type: none"> <li>Consider risk of osteoporosis in all post-menopausal women. <b>Risk factors</b> include: age, female gender, family/personal history of fractures as an adult, race (Caucasian/Asian), small-bone structure and low body weight (under 127 lbs.), certain menopause or menstrual histories, lifestyle (smoking, little exercise, etc.), and certain medications/chronic diseases.</li> <li>Consider risks and benefits of hormonal and non-hormonal therapies.</li> <li>Provide Bone Mineral Density (BMD) testing for all postmenopausal women who have one or more additional risk factors for osteoporotic fracture.</li> <li>Consider preventive measures related to fracture risk, such as dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.</li> </ul>		<ul style="list-style-type: none"> <li>Provide BMD testing for all regardless of risk.</li> <li>Specific environmental measures to prevent falls.</li> </ul>
<b>Sexually Transmitted Infections (STIs)</b>	Screen annually for STI's in sexually active individuals under age 25. Screen annually for patients aged 25+ if at risk.				
<b>Tardive Dyskinesia</b>	All people receiving antipsychotic medications or medications associate with Tardive Dyskinesia. See SCDDSN Departmental Directive 601-01-DD.				
<b>Tuberculosis (TB)</b>	Annual tuberculin skin testing in accordance with regulatory standards, agency policy, and CDC Guidelines. See SCDDSN Departmental Directive 603-06-DD. <b>Risk factors include:</b> Persons who have been recently infected with TB bacteria and those with medical conditions that weaken the immune system. Anyone in congregate living situations. For those in independent living situation: having spent time with someone with known or suspected TB, having HIV infection, coming from a country where TB is very common, having injected illegal drugs, living in U.S. where TB is more common (e.g., shelters, migrant farm camps, prisons, etc.). Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious TB.				
<b>Vision Assessment</b>	General ocular (vision) screening as part of annual physical examination. Re-evaluate if vision problems or change in behavior are reported.				
<b>Vision Examination (Comprehensive medical eye exam including testing for glaucoma)</b>	<ol style="list-style-type: none"> <li>At least once including testing for glaucoma by age 40. More frequently based on risk factors.</li> <li>Follow-up exams based on risk factors, evaluation results, and recommendations by optometrist or ophthalmologist. .</li> </ol> <b>Risk factors include:</b> African American ancestry, age, family history of glaucoma, diabetes mellitus, and severe myopia.				

<sup>1</sup>Based on review of the following resources: Massachusetts Department of Developmental Services Adult Screening Recommendations 2014; US Preventive Services Task Force Guidelines, Consensus Guidelines for primary health care of adults with developmental disabilities, Canadian Family Physician, Vol. 57 2011 and South Carolina Department of Disabilities and Special Needs Departmental Directives.