

Summary of Basic Health Maintenance/Screening Guidelines (reviewed 12/20/2005)
(See specific sections in guideline section for further details)

1. Life Habits Screening

Screen	Criteria	Action
Diet/Exercise Nicotine addiction Drug/alcohol use Sexual Health Mental Health Domestic violence	All patients yearly	Identify issues, discuss, refer as appropriate: Dietician will see patients for evaluation and BIA Q 6months or, when clinically indicated, provider may refer patient for consult Provider may refer to smoking cessation counselors, social workers, or psychiatry

2. Cancer Screening

Screen	Criteria	Action
Breast Cancer	Women/age dependent AND MTF transgender, if on estrogen therapy	Age 40-49: controversial whether to screen with mammography (yearly or biannual) Age 50+: screen every 1-2 years with mammography Insufficient data to recommend clinical breast exam
Cervical Cancer	All women	PAP smears to begin at onset of sexual activity or age 21 years old If negative X 2 at six month interval, then yearly See guideline for management of specific abnormality
Prostate cancer	Family hx of prostate CA or African/American heritage: Age \geq 45 All other men \geq 50	Counsel interested men about potential benefits and harms of early detection and treatment; consider digital rectal exam and PSA
Colorectal Cancer	Low risk: Age \geq 50 Medium risk *: Age \geq 40 High risk **: Age \geq 40 or 10 yrs before youngest family case (whichever comes first)	Annual FOBT, q5yr sigmoidoscopy, q5yr sigmoidoscopy+annual FOBT, or q 10yr colonoscopy Same screening as above but begin at 40yo Q 5yr colonoscopy

* Patients with one first degree relative age $>$ 60 or two second degree relatives (grandparent, aunt or uncle) diagnosed with colon cancer

** Patients with a first degree relative (parent, sibling, or child) with colon cancer or an adenomatous polyp diagnosed at age $<$ 60 or two first degree relatives diagnosed with colorectal cancer at any age

3. Hepatitis Screening

Screen	Criteria	Action
Hepatitis A	All patients	If HAV Ab negative, schedule vaccine series
Hepatitis B	All patients	If HBC core and surface Ab negative, schedule vaccine series If HBV Sag+ schedule q6months RUQ U/S, AFP
Hepatitis C	All patients	If Ab+ and PCR negative, repeat PCRx1 If PCR +; refer for biopsy and treatment if appropriate; Check genotype and quantitative PCR on tx candidates If no tx, q 3months LFTs If cirrhosis, no tx but q 6months U/S and AFP

Screen	Criteria	Action
4. STD Screening Of Asymptomatic Pts	<p>MSM Sexually active in last year</p> <p>Oral sex in last year</p> <p>Receptive anal intercourse in last year</p> <p>High risk MSM*</p> <p>Women</p>	<p>Annual RPR</p> <p>Annual pharyngeal gonorrhea cultures</p> <p>Annual rectal GC/CT</p> <p>Q3-6 month RPR, rectal GC/CT+pharyngeal GC</p> <p>Cervical GC/CT nucleic acid amplification test (NAT) or urine NAT for GC/CT; screening interval based on risk assessment of woman</p>
5. Immunizations	All patients	<p>Pneumovax baseline and q5years</p> <p>Annual influenza</p> <p>Diphtheria/tetanus every ten years (3 dose series, if not given in childhood)</p> <p>PPD: on intake or annual if at risk (homeless or communal living)</p> <p>MMR: for patients with medical/exposure indications; if titers negative give two doses at least 28 days apart (if CD4\leq200 withhold MMR or other measles containing vaccine)</p>
6. Hyperlipidemia	Age \geq 35 or soon to initiate HAART	<p>Check lipid panel</p> <p>See lipid section in guidelines for management of specific abnormalities</p>

* MSM with anonymous or multiple partners, users of crystal methamphetamine or inhaled nitrites ("poppers"), or men whose sex partners participate in these activities.