

The background of the slide features a series of stylized, light blue human figures holding hands in a circle, set against a darker blue background. The figures are composed of simple geometric shapes, giving them a modern, abstract appearance.

Preventive Care Beyond Vaccines: USPSTF Recommendations

last updated November 2011

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Goals



- Provide an introduction to health promotion, disease prevention, screening, and behavioral counseling
- Identify barriers to the delivery and utilization of preventive care
- Review evidence-based recommendations of the USPSTF

The Importance of Prevention



- Widespread screening of patients for HTN has reduced the mortality of stroke
- Decreases in tobacco use and cholesterol levels have contributed to decreased mortality from cardiovascular disease
- Effective screening methods have reduced the mortality associated with breast, cervical, and colorectal cancers

Address Risk Factors



- Two of the major independent risk factors for CVD are HTN and hyperlipidemia:
- ↓ BP by 12–13 points can reduce
 - heart attacks by 21%
 - strokes by 37%
 - all deaths from CVD by 25%
- More than 80% of people with high cholesterol do not have it under control.
- ↓ total cholesterol by 10% can reduce the incidence of coronary heart disease by 30%.

The Notion of the “Annual Physical” Has to Go!



- The “annual physical” for healthy persons was first proposed by the AMA in 1922.
- The idea of a periodic “physical” is still the paradigm of providers and patients.
- Performing the same interventions on all patients and performing them annually are not the most clinically effective approaches to disease prevention.

What Should You Do and How Often Should You Do It?



- Rather, the content and frequency of the periodic health examination should reflect the unique health risks of the individual patient and the ***quality of the evidence*** that specific preventive strategies and interventions are clinically effective.

What Should You Do and How Often Should You Do It?



United States Preventive Service
Task Force (USPSTF)

USPSTF Goals and Impact



Translate research on preventive medicine into practice in a primary care clinical setting

- Provide info about evidence to clinicians to ensure proper implementation of recs
- Establish importance of prevention
- Support insurance coverage for effective services

Levels of Prevention

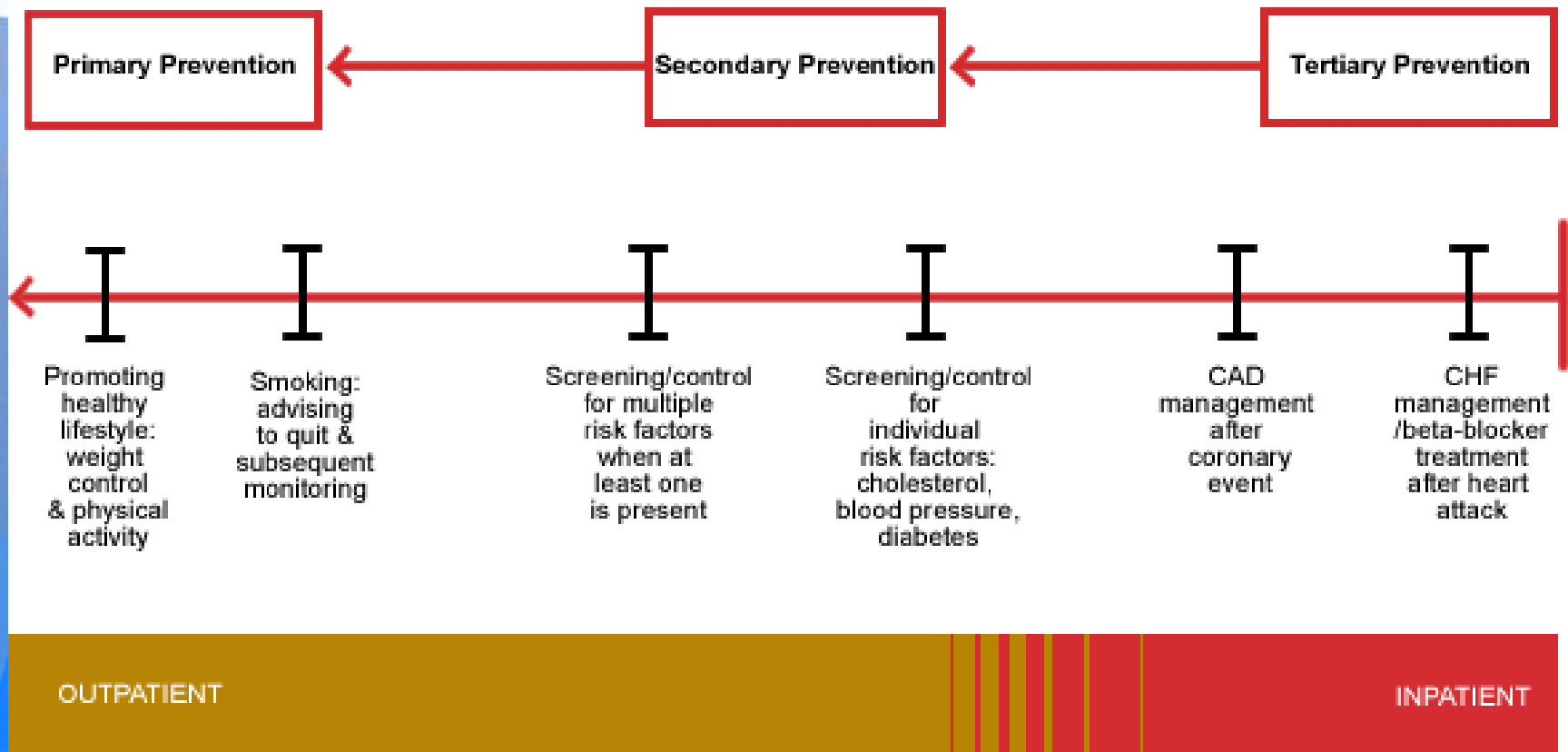


- **Primary Prevention**
 - Prevents primary disease
 - Immunizations
- **Secondary Prevention**
 - Prevents disease process from being symptomatic
 - Screening for cervical cancer
- **Tertiary Prevention**
 - Limits physical and social consequences of disease
 - Rehabilitation or disease management

Example of Levels of Prevention



CVD Care Continuum



Types of USPSTF Recommendations



- Clinical preventive services
- Lifestyle counseling delivered in clinical setting
- Screening tests for *general* population
- Immunizations
- Chemoprevention

- Do NOT make recommendations for *tertiary* prevention
- Do NOT address screening in specific groups

Online Case Studies

55 year old male annual exam

Card 11

What makes a good screening test?

How does the USPSTF Formulate Evidence-Based Recommendations?



- Defined clinical endpoints
- Systematic search/review of literature
- Evaluate quality/accuracy of studies
 - sensitivity, specificity, PPV, etc
- Consider balance of benefits & harms
 - for screening: effectiveness of early detection vs anxiety & invasive procedures for healthy individuals
- Formulate and “grade” recommendation
 - A, B, C, D, I system



USPSTF Grades of Recommendations Based on the Evidence Identified in Systematic Reviews Done by Evidence-Based Practice Centers

	Magnitude of Net Benefit			
Certainty of Net Benefit	<u>Substantial</u>	<u>Moderate</u>	<u>Small</u>	<u>Zero/negative</u>
<u>High</u>	Grade A	Grade B	Grade C	Grade D
<u>Moderate</u>	Grade B	Grade B	Grade C	Grade D
<u>Low</u>	Evidence is Insufficient (Statement)			

“Grade” for each Recommendation



Online Case Studies

55 year old male annual exam - Card 12

55 year old male with fatigue - Card 10

A: Recommend

- *High certainty net benefit is substantial*

B: Recommend

- *High certainty net benefit is moderate*
- *Moderate certainty net benefit is moderate to substantial*

C: Against Routinely

- *Service may be appropriate in some individuals*
- *Moderate+ certainty net benefit is small*

D: Recommend against

- *Moderate+ certainty no net benefit*
- *Harms outweigh benefits*

I: Insufficient evidence to assess benefits and harms

- *Evidence is lacking, poor quality, or conflicting*



Screening Mammogram for a 45 Year Old Woman



- **The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.
Grade: B recommendation**
- **The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.
Grade: **C recommendation****

Remember what “C” Means: Against

- *Service may be appropriate in some individuals*
- *Moderate+ certainty net benefit is small*



Los Angeles Times | NATION

LOCAL **U.S.** WORLD BUSINESS SPORTS ENTERTAINMENT HEALTH LIVING TRAVEL

Mammogram guidelines spark heated debate

A government panel's recommendation that women under 50 do not need regular mammograms is attacked by oncologists, gynecologists and cancer groups.



**An Aspirin a Day
to Prevent a Heart Attack
in a 50 Year Old Man**



- **The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
Grade: **A recommendation****
- **The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.
Grade: A recommendation**



Including Tobacco Use on Health History Questionnaires



- **The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.**
Grade: **A recommendation**

- **The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.**
Grade: A recommendation



Lung Cancer Screening for a 55 Year Old Male



- **The USPSTF concludes that the evidence is insufficient to recommend for or against screening asymptomatic persons for lung cancer with either low dose computerized tomography (LDCT), chest x-ray (CXR), sputum cytology, or a combination of these tests.**

Grade: **I Statement** (review in progress)

Online Case Studies

55 year old male annual exam

Card 14

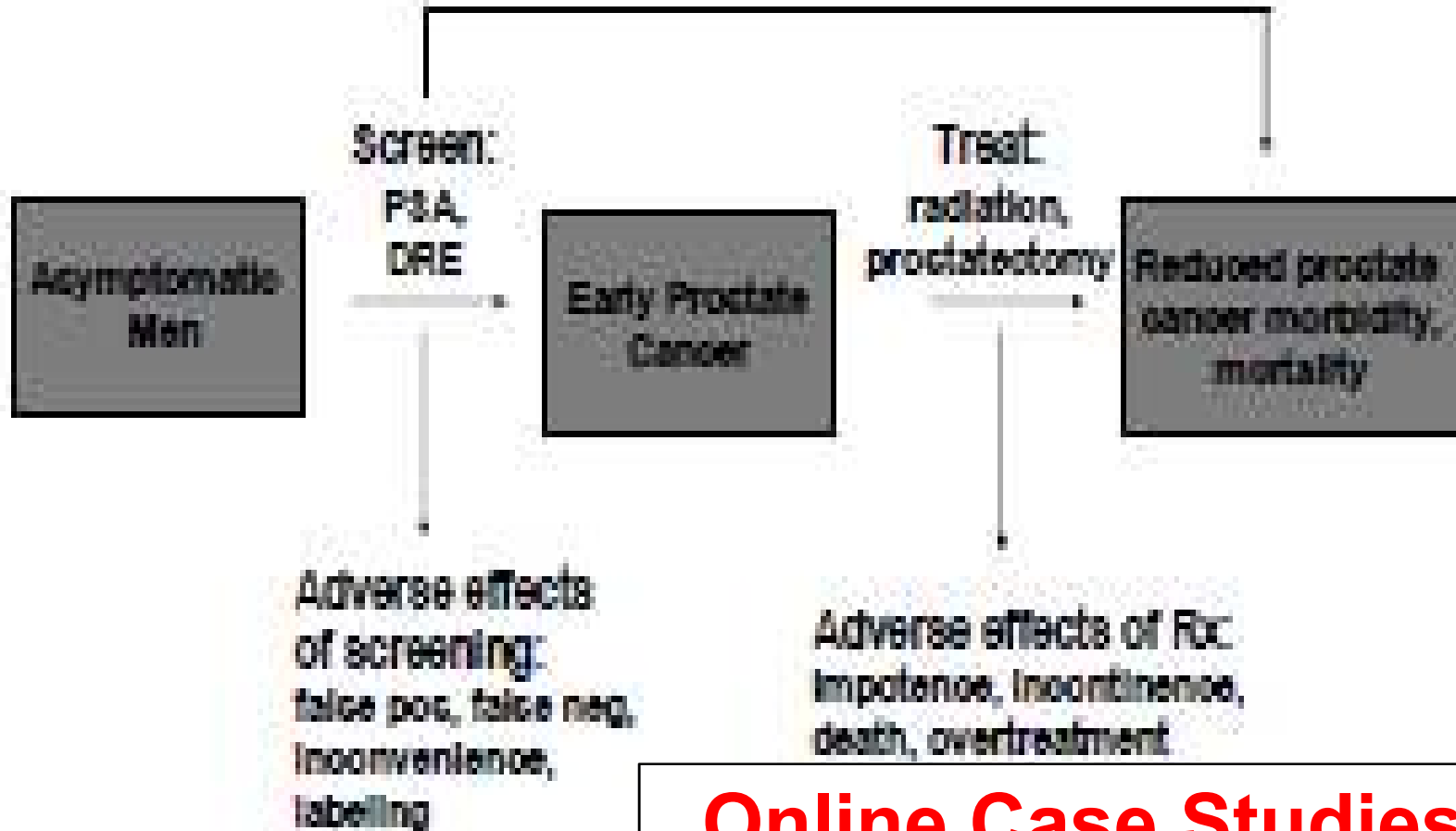


Screening for Prostate Cancer with DRE or PSA in 65 Year Old Man



- Grade: **D Recommendation instead of I**
as of Oct 2011 when draft statement opened for public comment
<http://www.uspreventiveservicestaskforce.org/tfcomment.htm>
- **The USPSTF recommends against screening for prostate cancer in men age 75 years or older.**
Grade: D Recommendation

Example of Assessing Harms with a Screening Test



Online Case Studies

55 year old male annual exam

Card 13

Shared Decision Making



October 7, 2011

Panel's Advice on Prostate Test Sets Up Battle

By **GARDINER HARRIS**

A day after a government panel said that healthy men should no longer get screened for prostate cancer, some doctors' groups and cancer patients' advocates began a campaign to convince the nation that the advice was misguided.

Their hope is to copy the success of women's groups that successfully persuaded much of the country two years ago that it was a mistake for the same panel, the United States Preventive Services Task Force, to recommend against routine mammograms for women in their 40s. This time, the task force found that a P.S.A. blood test to screen for prostate cancer does not save lives, but results in needless medical procedures that have left tens of thousands of men impotent, incontinent or both.

Current list of USPSTF Recs



A

Abdominal Aortic Aneurysm: [Screening](#) (2005)
Additional Risk Factors for Intermediate CHD Risk (In Progress)
Alcohol Misuse (Drinking, Risky/Hazardous): [Screening and Counseling](#) (2004)
Alzheimer's Disease (Dementia): [Screening](#) (2003)
Anemia (Iron Deficiency Anemia): [Screening](#) (2006)
Aspirin/NSAIDs for Prevention of Colorectal Cancer [Preventive Medication](#) (2007)
Aspirin for Primary Prevention of Cardiovascular Disease: [Preventive Medication](#) (2009)
Aspirin Prophylaxis in Pregnancy: [Preventive Medication](#) (1996)

B

Back Pain, Low (Low Back Pain): [Counseling](#) (2004)
Bacterial Vaginosis in Pregnancy: [Screening](#) (2008)
Bacteriuria: [Screening](#) (2008)
Bladder Cancer: [Screening](#) (2004)
Blood Pressure in Adults (Hypertension): [Screening](#) (2007)
Breast Cancer, BRCA Testing (Ovarian Cancer): [Screening](#) (2005)
Breast Cancer (Mammography): [Screening](#) (2002)
Breast Cancer [Preventive Medication](#) (2002)
Breastfeeding: [Counseling](#) (2008)

C

Carotid Artery Stenosis: [Screening](#) (2007)
Cervical Cancer (Pap Smear): [Screening](#) (2003)
Chlamydial Infection: [Screening](#) (2007)
Cholesterol Abnormalities in Adults (Dyslipidemia, Lipid Disorders): [Screening](#) (2008)
Chronic Obstructive Pulmonary Disease: [Screening](#) (2008)
Colorectal Cancer: [Screening](#) (2008)
Coronary Heart Disease (Heart Disease): [Screening](#) (2004)



D

Dementia (Alzheimer's Disease): [Screening](#) (2003)
Dental and Periodontal Disease: [Counseling \(Inactive\)](#)
Dental Caries in Preschool Children: [Screening](#) (2004)
Depression in Adults: [Screening](#) (2002); (Update in Progress)
Depression in Children and Adolescents: [Screening](#) (2009)
Diabetes Mellitus: [Screening](#) (2008)
Diet (Nutrition): [Counseling](#) (2003)
Down Syndrome: [Screening](#) (1996)
Drinking, Risky/Hazardous (Alcohol Misuse): [Screening and Counseling](#) (2004)
Drug Use, Illicit: [Screening](#) (2008)
Dyslipidemia in Adults (Cholesterol Abnormalities, Lipid Disorders): [Screening](#) (2008)

E

Exercise (Physical Activity): [Counseling](#) (2002)

F

Family Violence: [Screening](#) (2004)
Folic Acid Supplementation: [Preventive Medication](#) (2009)

G

Gestational Diabetes: [Screening](#) (2008)
Glaucoma: [Screening](#) (2005)
Gonorrhea: [Screening](#) (2005)
Gynecologic Cancers: [Counseling \(Inactive\)](#)



H

Hearing Impairment, Older Adults: [Screening](#) (1996); (Update in Progress)
Hearing Loss, Newborn: [Screening](#) (2008)
Heart Disease (Coronary Heart Disease): [Screening](#) (2004)
Hemochromatosis: [Screening](#) (2006)
Hemoglobinopathies: [Screening](#) (2007)
Hepatitis B Virus Infection: [Screening](#) (2004)
Hepatitis C Virus Infection: [Screening](#) (2004)
Herpes Simplex, Genital: [Screening](#) (2005)
Hip, Developmental Dysplasia: [Screening](#) (2006)
Home Uterine Activity Monitoring: [Screening \(Inactive\)](#)
Hormone Replacement Therapy: [Preventive Medication](#) (2005)
Household and Recreational Injuries: [Counseling \(Inactive\)](#)
Human Immunodeficiency Virus (HIV) Infection: [Screening](#) (2005)
Hypertension in Adults (Blood Pressure): [Screening](#) (2007)
Hypothyroidism, Congenital: [Screening](#) (2008)

I

Idiopathic Scoliosis in Adolescents (Scoliosis): [Screening](#) (2004)
Illicit Drug Use: [Screening](#) (2008)
[Immunizations, Adult](#)
[Immunizations, Child](#)
Intrapartum Electronic Fetal Monitoring: [Screening \(Inactive\)](#)
Iron Deficiency Anemia (Anemia): [Screening](#) (2006)

J

K



L

Lead Levels in Childhood and Pregnancy: [Screening](#) (2006)
Lipid Disorders in Adults (Cholesterol Abnormalities, Dyslipidemia): [Screening](#) (2008)
Lipid Disorders in Children [Screening](#) (2007)
Low Back Pain (Back Pain, Low): [Counseling](#) (2004)
Lung Cancer: [Screening](#) (2004)

M

Mammography (Breast Cancer): [Screening](#) (2002)
Motor Vehicle Occupant Restraints: [Counseling](#) (2007)

N

Neural Tube Defects: [Screening](#) ([Inactive](#))
Nutrition (Diet): [Counseling](#) (2003)

O

Obesity in Adults: [Screening and Counseling](#) (2003)
Oral Cancer: [Screening](#) (2004)
Osteoporosis: [Screening](#) (2002)
Overweight in Children and Adolescents: [Screening](#) (2005)
Ovarian Cancer: [Screening](#) (2004)
Ovarian Cancer, BRCA Testing (Breast Cancer): [Screening](#) (2005)

P

Pancreatic Cancer: [Screening](#) (2004)
Pap Smear (Cervical Cancer): [Screening](#) (2003)
Peripheral Arterial Disease: [Screening](#) (2005)
Phenylketonuria: [Screening](#) (2008)
Physical Activity (Exercise): [Counseling](#) (2002)
Postexposure Prophylaxis for Selected Infectious Diseases: [Preventive Medication](#) ([Inactive](#))
Preeclampsia: [Screening](#) (1996); (Update in Progress)
Prostate Cancer: [Screening](#) (2008)



Q
R

Rh Incompatibility: [Screening](#) (2004)

Rubella: [Immunizations](#)

Rubella: [Screening](#) (1996)

S

Scoliosis (Idiopathic Scoliosis in Adolescents): [Screening](#) (2004)

Sexually Transmitted Infections: [Counseling](#) (2008)

Sickle Cell Disease: [Screening](#) (2007)

Skin Cancer: [Screening](#) (2009)

Skin Cancer: [Counseling](#) (2003)

Smoking (Tobacco Use): [Counseling \(Children and Adolescents\)](#) (2003)

Smoking (Tobacco Use): [Counseling and Interventions \(Adults\)](#) (2009)

Speech and Language Delay: [Screening](#) (2006)

Substance Abuse (Drug Use, Illicit): [Screening](#) (2008)

Suicide Risk: [Screening](#) (2004)

Syphilis: [Screening](#) (2004)

Syphilis (Pregnant Women): [Screening](#) (2009)

T

Testicular Cancer: [Screening](#) (2004)

Thyroid Cancer: [Screening](#) (1996); (Update in Progress)

Thyroid Disease: [Screening](#) (2004)

Tobacco Use (Smoking): [Counseling \(Children and Adolescents\)](#) (2003)

Tobacco Use (Smoking): [Counseling and Interventions \(Adults\)](#) (2009)

Tuberculous Infection: [Screening](#) (1996)

**U**

Ultrasonography in Pregnancy: [Screening](#) ([Inactive](#))

V

Visual Impairment in Older Adults: [Screening](#) (1996); (Update in Progress)

Visual Impairment in Children Ages 0-5: [Screening](#) (2004)

Vitamin Supplementation to Prevent Cancer and Coronary Heart Disease:
[Counseling](#) (2003)

W**X****Y**

Youth Violence: [Counseling](#) ([Inactive](#))

Z



Who wants to remember
all of those?!?!?!?

Focus on A & B vs. D.....

... and Memorize These



3 most valuable preventive services

1. Aspirin counseling
2. Immunizing children
3. Tobacco-screening and brief counseling

High ranking services that are underutilized

1. Tobacco screening and counseling
2. Colorectal cancer (CRC) screening
3. Pneumococcal immunization
4. Chlamydia screening

Stay Informed



<http://www.preventiveservices.ahrq.gov/>
redirects you to the actual site at
<http://www.ahrq.gov/clinic/prevenix.htm>

Provides list of recommendations, methods papers, review of evidence for each rec, additional resources, PDA version, one page clinical summary (for some recs), etc



Screening for Abdominal Aortic Aneurysm

Release Date: February 2005

[Summary of Recommendation](#) / [Supporting Documents](#)

Summary of Recommendation

- The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked.
Grade: [B Recommendation](#).
- The USPSTF makes no recommendation for or against screening for AAA in men aged 65 to 75 who have never smoked.
Grade: [C Recommendation](#).
- The USPSTF recommends against routine screening for AAA in women.
Grade: [D Recommendation](#).

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Supporting Documents

Screening for Abdominal Aortic Aneurysm, February 2005

- ▶ [Recommendation Statement](#) (PDF File, 79 KB; [PDF Help](#))
- ▶ [A Best-Evidence Systematic Review](#) (PDF File, 248 KB; [PDF Help](#))
- ▶ [Cost-Effectiveness Analyses of Population-Based Screening for Abdominal Aortic Aneurysm: Evidence Synthesis](#) (PDF File, 107 KB; [PDF Help](#))
- ▶ [Evidence Synthesis](#) (PDF File, 322 KB; [PDF Help](#))
- ▶ [What's New](#) (PDF File, 350 KB; [PDF Help](#))

Screening for Chlamydial Infection

Clinical Summary of Recommendations by the U.S. Preventive Services Task Force



Population	Non-Pregnant Women			Pregnant Women			Men
	24 years and younger	25 years and older		24 years and younger	25 years and older		
	Includes adolescents	Not at increased risk	At increased risk	Includes adolescents	Not at increased risk	At increased risk	
Recommendation	A Screen if Sexually Active	C	A Screen if Sexually Active	B Screen	C	B Screen	No recommendation due to insufficient evidence ¹
Risk Assessment	<p>Age: Women and men aged 24 years and younger are at greatest risk.</p> <p>History of: Previous Chlamydial infection or other sexually transmitted infections, new or multiple sexual partners, inconsistent condom use, sex work.</p> <p>Demographics: African-Americans and Hispanic women and men have higher prevalence rates than the general population in many communities.</p>						
Screening Tests	Nucleic acid amplification tests (NAATs) can identify chlamydial infection in asymptomatic women (non-pregnant and pregnant) and asymptomatic men. NAATs have high specificity and sensitivity and can be used with urine and vaginal swabs.						
Screening Intervals	<p>Non-Pregnant Women</p> <p>The optimal interval for screening is not known. The CDC recommends that women at increased risk be screened at least annually.²</p>			<p>Pregnant Women</p> <p>For women 24 years and younger and older women at increased risk: Screen at the first prenatal visit.</p> <p>For patients at continuing risk, or who are newly at risk: Screen in the 3rd trimester.</p>			Not applicable
Treatment	The Centers for Disease Control and Prevention has outlined appropriate treatment at: http://www.cdc.gov/STD/treatment . Test and/or treat partners of patients treated for Chlamydial infection.						

Recommendations (A&B)



- Tobacco use: Screen all adults and provide to tobacco cessation interventions for those who use tobacco.
- High Blood Pressure: Screen adults 18 years of age and older.
- Lipid Disorders: Screen all men 35 and older, at risk men 20-35 years, and at risk women 20 and older. Treat abnormal lipids.

Online Case Studies

45 year old male who is overweight

Card 7 and 8

In obese, screen fasting lipids and Glc
NCEP recommends q5yr screen ≥ 20 years old

National Cholesterol Education Program (NCEP) Adult Treatment Panel III (ATP III)



Risk Category	LDL Goal	LDL Level at Which to Initiate Therapeutic Lifestyle Changes (TLC)	LDL Level at Which to Consider Drug Therapy
CHD or CHD Risk Equivalents (10-year risk >20%)	<100 mg/dL	≥100 mg/dL	≥130 mg/dL (100-129 mg/dL: drug optional)*
2+ Risk Factors (10-year risk ≤20%)	<130 mg/dL	≥130 mg/dL	10-year risk 10-20%: ≥130 mg/dL
			10-year risk <10%: ≥160 mg/dL
0-1 Risk Factor [†]	<160 mg/dL	≥160 mg/dL	≥190 mg/dL (160-189 mg/dL: LDL-lowering drug optional)

Online Case Studies
45 year old male who is overweight
Card 12



- TLC Diet
 - Saturated fat <7% of calories
 - Cholesterol <200 mg/day
 - ↑ soluble fiber to 10-25 g/day and plant stanol/sterols to 2g/day to ↓ LDL
- Weight management
- Increased physical activity

Online Case Studies

45 year old male who is overweight

Card 16

Recommendations (A&B)



- Colorectal Cancer: Screen men and women 50-75 years of age

Online Case Studies

55 year old male with fatigue

Card 18

- Cervical Cancer: Screen women 21-65 years old every 3 years who are sexually active and have a cervix
- Chlamydia: Screen sexually active women ≤ 25 years of age and older women at increased risk

Recommendations (A&B)



- Hepatitis B: Screen all pregnant women at the first prenatal visit
- Bacteruria Screening: Urine Culture for all asymptomatic pregnant women at 12-16 weeks gestation
- Syphilis Infection: Screen persons at increased risk and all pregnant women

Recommendations (A&B)



- Breast cancer: women whose family history is associated with an increased risk for deleterious mutations in *BRCA1* or *BRCA2* genes be referred for genetic counseling and evaluation for BRCA testing
- Breast cancer: Discuss chemoprevention with tamoxifen for high risk women
- Breast feeding: Behavioral intervention to promote breastfeeding during pregnancy and after birth

Recommendations (A&B)



- Alcohol misuse: Screening and prevention in primary care for adults
- Depression screening if clinical supportive care is available
- Diabetes type 2: Screen adults with BP >135/80
- Diet: Intensive, multi-component behavioral counseling for BMI ≥ 30

draft version Nov 2011

Online Case Studies

45 year old male who is overweight

Card 11

Intense Dietary Counseling



You're surprised when Dr. Simon tells you **it's not unexpected that Mr. James didn't lose weight after the last visit.** "Behavior change is one of the hardest things we ask our patients to do. Making major changes in diet and physical activity, and sustaining them long-term, takes a lot of education and motivation. We gave Mr. James some basic information last time, but we still need to teach him more. It sounds like you've made a good start by getting **specific dietary information**, but that's only one piece of the puzzle. Do you know about the **five A's of behavioral counseling**?"

– case study card 11



Expert

Clipboard

Back

Forward

Card 11 of 26 | Behavior change

You're surprised when Dr. Simon tells you it's not unexpected that Mr. James didn't lose weight after the last visit. "Behavior change is one of the hardest things we ask our patients to do. Making major changes in diet and physical activity, and sustaining them long-term, takes a lot of education and motivation. We gave Mr. James some basic information last time, but we still need to teach him more. It sounds like you've made a good start by getting specific dietary information, but that's only one piece of the puzzle. Do you know about the five A's of behavioral counseling?"

In office practices, brief counseling about dietary change may be all that is practical, although it may be supplemented with educational materials given to the patient. Initial counseling should focus on the health risks of an unhealthy diet and assessing the patient's willingness to change dietary practices. Topics such as healthy food choices, possible refer

You decide to
for more detail

Assess the patient's dietary practices and related risk factors.

Advise the patient to change dietary practices.

Agree with the patient on goals.

Assist the patient in changing dietary practices or addressing motivational barriers.

Arrange follow-up, support, and/or referral for the patient.

well. Regular follow-up to address these and other as well as a g sustained dietary behavior change.

daily physical activity along with a list of dieticians he may contact

Intense Dietary Counseling



- **Complete Dietary History**
 - Daily Log, including overnight
 - Meals, Snacks, and Drinks
 - Location of Meals (restaurant, home, at table vs. in front of TV)
- **Concrete Advice for Daily Changes**
 - Specific, measurable goals
 - Lifelong change vs. “dieting”

Recommendations (A&B)



- Aortic Abdominal Aneurysm: Screen once in men 65-75 who ever smoked
- Osteoporosis: Screen all women ≥ 65 years old and younger women at risk



Time to Shift Gears

from A & B Recommendations
to D Recommendations

Recommended Against (D)



- Routine screening for peripheral arterial disease
- Routine chemoprophylaxis against breast cancer in low or average risk
- Screening for ovarian (review in progress) and pancreatic cancers

(screening for bladder and lung cancers are now I recommendations)

- Screening for cervical cancer in women with total hysterectomy for benign disease or women > 65 years old with 2-3 normal recent pap smears and no risk factors

Recommended Against (D)



- Routine serological screening for herpes simplex (HSV) in asymptomatic pregnant women
- Routine serological screening for HSV in asymptomatic adolescents and adults
- Routine screening in adults at low risk for CAD with EKG (review in progress), stress test, or CT scan for coronary calcium in adults of low risk (I recommendation for adults at increased risk)

Recommended Against (D)



- Routine use of HRT with progestin and estrogen in postmenopausal women
- Routine screening for scoliosis in asymptomatic adolescents
- Screening adults for COPD using spirometry
- Screening for prostate cancer
- Screening for colon cancer >85 years old
(C recommendation for ages 76-85)



Name Some Obstacles to Delivering Preventive Care

Online Case Studies

55 year old male annual exam

Card 14

55 year old male with fatigue

Card 8

Case Study #1



- A 62 year old male retired executive comes to your office to check on his BP which he checked at the local pharmacy
- Soc Hx: Patient is a smoker
- Fam Hx: Brother died from abdominal aneurysm at the age of 75
- Vitals: BP 140/98
weight 200 pounds
height 5 feet 6 inches

BMI Calculators



Español

STANDARD	METRIC
Your Height: 5 (feet)	6 (inches)
Your Weight: 200 (pounds)	
<input type="button" value="Compute BMI"/>	
Your BMI: 32.3	

BMI Categories:

- Underweight = <18.5
- Normal weight = $18.5-24.9$
- Overweight = $25-29.9$
- Obesity = BMI of 30 or greater

The BMI Tables

Aim for a Healthy Weight:

- Limitations of the BMI
- Assessing Your Risk
- Controlling Your Weight

Online Case Studies

45 year old male who is overweight
Card 1 provides link

BMI Tables



Body Mass Index Table																																					
	Normal					Overweight					Obese					Extreme Obesity																					
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	
Height (Inches)	Body Weight (pounds)																																				
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258	
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267	
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276	
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285	
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295	
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304	
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314	
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324	
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334	
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344	
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354	
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365	
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229																						
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236																						
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242																						
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250																						
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256																						
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264																						
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271																						

Online Case Studies
45 year old male who is overweight
Card 2 provides link

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

Adverse Health Outcomes of Obesity



- Endocrine: DM type 2 (↑insulin resistance)
- CV: HTN, dyslipidemias (↓HDL, ↑ LDL and Trig), CAD, stroke, PVD, DVTs, CHF, atrial fibrillation
- Musculoskeletal: gout, osteoarthritis
- GI: GERD, cholelithiasis
- GYN: irregular menses, anovulatory cycles, and infertility
- Cancer mortality

Online Case Studies

45 year old male who is overweight

Card 6

Case Study #2



- A 45 year old female moved from Memphis to Nashville 2 months ago. She walks into the Madison clinic with history of headache and productive cough.
- The receptionist asks you if you would see her and you say it is already 11 and you want to go to noon conference.
- The attending overhears you and asks if you would you see her and you happily do so
- How would you manage this patient?

Case Study #3



A 52 year-old Caucasian woman comes to establish care. She is post-menopausal, has normal body weight, and is in generally good health. She has had annual Pap smear screening without any abnormal findings. A mammogram two years ago was normal. Which of the following services would you offer?

- A. Pap smear
- B. Mammogram
- C. Colorectal cancer screening
- D. Chest x-ray
- E. Counseling to maintain a normal BMI

Summary



- The purpose of this talk was to introduce the topic of preventive health, and in so doing, begin to alter the prevailing paradigm of “the yearly physical”
- Instead look at patient-specific risk factors and address them according to current evidence and the age and sex of your patient
- Every visit is an opportunity to perform a preventive measures



Thank You

Any Questions?