PREVENTIVE CARE GUIDELINES FOR WOMEN OVER 50

I am a strong believer in preventive medicine. There are numerous ways to improve one's overall current health as well as prevent the development of illnesses in the future. Unfortunately, not all illnesses can be prevented, detected early, or treated effectively. However, those that can be prevented or detected early enough to improve the chances of successful treatment should be sought after.

There are many organizations which make recommendations regarding recommended preventative services. These organizations have varied opinions in regards to the same issues. The United States Preventive Services Task Force (USPSTF) is a group of experts that meet periodically in an attempt come up with a consensus in regards to preventative health. They try to make their recommendations based upon the best available evidence. I follow their suggestions closely. Sometimes they will make not make a recommendation for or against an intervention. In these cases, I apply my best judgment.

It is difficult to insure that all of these interventions are completed. Every patient has different needs and interests. Every health plan is different. Sometimes services are covered and sometimes they are not. Medicare for example, does not cover an annual physical. I think the physical examination is important.

The following are items that I strongly believe should be completed by most patients. Other screening recommendations may be applied based upon your own individual situation.

I would suggest that you look over this list and see what you are interested in completing and discuss coverage with your health plan.

1. Yearly comprehensive physical examination
2. Breast Cancer: yearly mammography and yearly clinical breast exam.
3. Colorectal Cancer Screening: Colorectal cancer it is highly preventable as polyps can be removed at the time of colonoscopy before they ever have a chance to become a cancer.
    a. Average risk: Starting at age 50 with colonoscopy. Frequency thereafter depending on findings on initial study, but generally every 10 years at a minimum.
    b. Moderate risk: For those with one first degree relative with colon cancer diagnosed at age 60 her older, start at age 40.
    c. High risk: 2 or more first-degree relatives or familial syndromes, start at age 40 or 10 years younger than the youngest affected relative and then colonoscopy every 3 to 5 years. For patients with inflammatory bowel disease, start colonoscopy 8 years after the start of colitis with colonoscopy every 1 to 2 years

5. Cervical Cancer Screening: Pap smear every 3 years unless there is a recent abnormality. For women older than 65-70 who have had repeated negative Pap smears to not require screening. Women without a cervix who have not had cancer, CIN, or DES exposure do not require Pap smears.

6. Ovarian Cancer Screening: Currently a pelvic exam is the only modality and it has not had a proven benefit. I consider a pelvic exam every few years reasonable. It is hopeful that a blood marker will be available at some point
7. Bone Mineral Density: A DEXA scan preferably of the hip and lumbar spine should be obtained on **all women greater than 65**, all postmenopausal women who have fractures, and all postmenopausal women less than 65 who have one risk factor: Tobacco, low body weight, menopause before age 45, history of bilateral ovariectomy, lifelong low intake of calcium, high alcohol intake, repeated falls, inadequate physical activity, history of fracture in first degree relative, dementia.
8. Vision: USPSTF makes no recommendation. I think, especially for those 65 and older, periodic eye examination with determination of intraocular pressure makes sense.
9. Laboratories: Most insurance companies will not cover a "blood panel." I think yearly lipid, fasting glucose in adults with hypertension or hyperlipidemia, TSH should be obtained at a minimum. Other laboratory testing as indicated based upon symptoms.
10. Cardiovascular Disease: Cardiovascular diseases most common cause of death in the United States. Most of the time patients have symptoms referable to this specific area of disease. For example, chest pain with coronary artery disease. However, not all patients have symptoms despite the presence of significant coronary artery disease. This is called "silent ischemia." It is impossible to easily detect, and it is also impossible to screen everyone for the situation. I think some patients can be identified who may benefit from screening. Major risk factors for coronary disease include hypercholesterolemia, low HDL cholesterol, systolic pressure greater than 140, diastolic pressure > 90, history or current tobacco use, diabetes mellitus, or history of a first degree relative who had sudden unexplained death or a heart attack at age 60 or under. I believe that a yearly electrocardiogram should be obtained. The 2 other major mechanisms to screen for coronary disease include exercise stress testing and coronary artery calcification scores. **Your insurance may or may not cover either of these studies**. I think it is reasonable to consider stress testing in patient without symptoms in the following situations:

    - Diabetic who planned to begin a vigorous exercise program
    - Patient with multiple risk factors
    - Those who are involved in high-risk occupations
    - Women greater than age 55 considering vigorous exercise
    - Presence of other vascular disease

11. Immunizations:

    Yearly influenza for 65 and older

    Yearly influenza for 64 and under with varied chronic illnesses

    Pneumococcal vaccine:

    - 65 and older - one dose
    - 65 or older, revaccinate 5 years later if first dose was given under 65
    - Adults under age 65 with cardiac and pulmonary disease, diabetes, living in a long term care facility, liver disease, alcoholism, CFT diagnosis
    - Immunocompromised adults with revaccination in 5 yr

    Tetanus and booster every 10 yr.

    Tdap: Substite 1 dose of Tdap for Td up to age 64

    Shingles: Once age 60 and over, irrelevant of prior history

12. Vitamin Considerations:
    - Vitamin D 800 IU/day recommended for most patients
    - Avoid vitamin A at risk for osteopenia or osteoporosis
    - Avoid vitamin E in most patients unless special considerations exist. (Inconclusive data exists for dementia)
    - Patients with alcoholism, gastric bypass, malabsorption should take a daily multi-vitamin
    - Generally avoid extremely high doses of vitamins
13. Skin Cancer: The USPSTF makes no recommendation regarding skin cancer screening. I am in favor of at least yearly screening. I personally believe that a yearly visit with a dermatologist should be encouraged.