

## PREVENTIVE CARE GUIDELINES FOR MEN OVER 50

I am a strong believer in preventive medicine. There are numerous ways to improve one's overall current health as well as to prevent 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.

It is difficult to insure that all of these interventions are completed. Every patient has different needs and interests. Every health plan is different. The following are items that I strongly believe should be completed. 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. Yearly prostate exam and PSA
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.
  - Average risk: Starting at age 50 with colonoscopy. Frequency thereafter depending on findings on initial study, but generally every 10 years at a minimum.
  - Moderate risk: For those with one first degree relative with colon cancer diagnosed at age 60 her older, start at age 40.
  - 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
4. Bone Mineral Density: Men are not at as high a risk for the development of osteoporosis as women. However men can get osteoporosis. A DEXA scan preferably of the hip and lumbar spine should be obtained on all men with documented low trauma fracture, history of long-term glucocorticoid use, hypogonadism, inflammatory bowel disease, hyperparathyroidism, or loss of more than 1.5 inches in height.
5. Vision: Especially for those 65 and older, periodic eye examination with determination of intraocular pressure.
6. Laboratories: Yearly lipid, fasting glucose, TSH and those are asymptomatic. Other laboratories to be obtained depending on individual.
7. 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 are
- Those who are involved in high-risk occupations
- Men greater than age 45 considering initiating vigorous exercise
- Presence of other vascular disease

Consider daily aspirin, especially those at high cardiovascular risk without a contraindication. ADA recommends Diabetics older than age 30 take a daily aspirin.

8. Abdominal Aortic Aneurysm: 1 ultrasound screening in men ages 65 to 75 who are currently former smoker's order to have a first degree relative with an abdominal aortic aneurysm

9. 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: Substitute 1 dose of Tdap for Td up to age 64

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

10. 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 multivitamin
- generally avoid extremely high doses of vitamins

11. 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.

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