

ADULT PREVENTIVE HEALTH GUIDELINES **AGES 50-65+** (US Preventive Service Task Force Recommendations)

These guidelines are minimal requirements for healthy adults/ seniors in working population at BNL.

These guidelines also suggest that individuals “at risk” may require more frequent evaluations and test than those specified below.

It is the responsibility of the treating practitioner to provide preventive health services to meet the particular health needs of each patient.

Please click on attached link for updated USPSTF GUIDELINES regarding individual topics. (if accessing electronic format)

Recommendation	50-64 Years	65 + Years
Health Assessment Screening	A physical exam every 1 to 3 years based on your health history. See your doctor.	An exam at least every 1 to 2 years
<u>Colorectal Cancer Screening</u>	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 45-49 years (Grade B) and continuing until age 75 years (Grade A recommendations).	
<u>Lung Cancer Screening</u>	Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy.	Abdominal Aortic Aneurysm Screening: A one-time abdominal sonogram ages 65-75 with a smoking history
<u>Prostate Cancer Screening</u>	For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision	The USPSTF recommends against PSA-based screening for prostate cancer in men 70 years and older
<u>Cervical cancer Screening (PAP)</u>	Screening for cervical cancer in women aged 21 to 65 years with cytology (Pap smear) every 3 years or, Age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	May discontinue after age 65, based on clinical judgment. The USPSTF recommends against screening for those who have had adequate prior screening and are not otherwise at high risk for cervical cancer.
<u>Mammography with or without Clinical Breast Exam</u>	The USPSTF recommends screening mammography every 2 years, for women aged 50 to 74 years. Women who have family members with Breast, Ovarian Tubal or Peritoneal Cancer should discuss with their doctor on screening for BRCA, and testing and subsequent genetic counseling if indicated.	Insufficient evidence to assess the balance of benefits and harms of screening mammography in women aged 75+
<u>Osteoporosis Screening</u>	Should be screened with bone measurement testing if they are at an increased risk of osteoporosis, as determined by formal clinical risk assessment tools..	Screening for osteoporosis recommended in women
<u>Vitamin D Supplementation</u>	Consult your physician.	Vitamin D supplementation (the median dose 800 IU)
** <u>Pneumococcal Vaccine</u>	Not recommended	All adults aged ≥65 years should continue to receive 1 dose of PPSV23. ACIP continues to recommend PCV13 in series with PPSV23 for adults aged ≥19 years with an immunocompromising condition, CSF leak, or cochlear implant (2).
** <u>Influenza</u>	Yearly	Yearly. Consider higher dose vaccine
** <u>Shingles vaccine (recombinant) (Shingrix)</u>	Age ≥ 50, regardless of whether patient had a prior episode of herpes zoster (shingles). 2 doses, 2-6 months apart are recommended. Regardless of previous herpes zoster or history of zoster vaccine live (ZVL, Zostavax)	
** <u>Tdap/Td</u>	Tdap (Tetanus, diphtheria, pertussis-whooping cough) once after age 11, then Td every 10 years.	

Reference: <https://www.uspreventiveservicestaskforce.org/uspstf/>

**[What Vaccines are Recommended for You](#)

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