

Health Maintenance Evaluation – Replacing the “Annual Physical”

Health maintenance and disease prevention are high priorities at the Palo Alto Medical Foundation (PAMF). Our Health Maintenance Guidelines Task Force, comprised of primary care physicians, specialists, and health educators, reviews new information and regularly updates our recommendations regarding who needs which screening tests and when. We review controversies as they come up, examining the medical literature and the quality of the published evidence. PAMF’s Health Maintenance & Disease Prevention Guidelines summarize the tests and evaluations we recommend for healthy individuals and how often they should be completed. Please review the pamphlet’s section relevant for your age and gender.

One of the most important changes in our recommendations relates to the “annual physical.” A top-to-toe physical examination for someone without symptoms has never been proven to extend life or decrease illness or discomfort.

A “health maintenance evaluation” includes **1)** identifying risk factors in one’s personal and family health history, **2)** performing a focused exam, as appropriate, **3)** obtaining needed screening tests at the right intervals, and **4)** encouraging people to choose healthy lifestyles to maximize their health. This “checkup” can occur during an office visit devoted to health maintenance or may be covered during an office visit for other concerns.

We encourage our patients to ask questions and take a partnership approach with their providers to maximize their health and obtain the preventive screening tests that really matter.

Definitions

- Body Mass Index (BMI):** Your weight in relation to your height.

How to calculate your BMI: $\frac{\text{Weight (pounds)}}{\text{Height (inches)}^2} \times 703$

– **BMI Range for Non-Asian Ethnicities:**
 Underweight: Under 19 Overweight: 25 – 29.9
 Healthy: 19 – 24.9 Obese: Greater than 29.9

– **BMI Range for Asian Ethnicities:**
 Underweight: Under 18.5 Overweight: 23.1 – 25
 Healthy: 18.5 – 23 Obese: Greater than 25

<http://www.wpro.who.int/internet/resources.ashx/NUT/Redefining+obesity.pdf>

- Bone Density Test:** A low dose x-ray to screen for risk of thinning and weakening of bones, which increase the risk of osteoporosis and fracture.
- Chlamydia/GC Screening Test:** A screening test for detecting chlamydia and/or gonorrhea. Curable sexually transmitted infections that can cause scarring, infertility and chronic pelvic pain.
- Fecal Occult Blood Test:** A screening test for hidden blood in the stool, which may be a sign of colon cancer. High sensitivity fecal occult test is preferred.
- HIV Test:** A blood test to detect the presence of human immunodeficiency virus – a treatable infectious disease.
- Lipid Screen:** A blood test for assessing levels of fats and cholesterol that can increase the risk of heart disease and stroke.
- Lower GI Endoscopy:**
 - Colonoscopy: An internal inspection of the entire colon to screen for cancer and polyps (pre-cancerous growths).
 - Sigmoidoscopy: An internal inspection of the lower colon to screen for cancer and polyps (pre-cancerous growths)
- Mammogram:** A low dose breast x-ray to screen for breast cancer.
- Pap Test:** A test for abnormal cervical cells which can indicate increased risk of cervical cancer. This is not a test for uterine or ovarian cancer. Pap smears are done during an internal pelvic examination.
- PSA:** (Prostate Specific Antigen) A blood test for measuring a protein produced by the prostate gland. High levels may indicate prostate cancer.
- Tdap:** Tdap is currently recommended as a single dose for individuals age 11 through 64 years. Tdap is also recommended over age 6 years if prior DTaP cannot be documented and the individual has close contact with infants.

United States Preventive Services Task Force (USPSTF) Grading System

Grade	Definition
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.
D	The USPSTF recommends against the service. There is moderate or high certainty that the services has no net benefit or that the harms outweigh the benefits.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Domestic Violence

No one deserves to be abused, physically or emotionally. If you have any concerns, please discuss them with your doctor. We can help. We urge you to report domestic violence.

Advance Health Care Directive

This document enables you to communicate your wishes to your family and caregivers in the event of a serious medical condition whereby you cannot speak for yourself. You may obtain an Advance Health Care Directive form from your provider to discuss and complete.



Palo Alto Medical Foundation

A Sutter Health Affiliate

pamf.org

© January 2012 Palo Alto Medical Foundation. All rights reserved.

FORM 143905

Suggestions for Maintaining Your Health

1. Make sure your screening tests and immunizations are up to date.
2. Complete an Advance Health Care Directive.
3. Exercise “aerobically,” enough to raise your heart rate to about (220 – your age) x 70%. Your goal is at least 30 minutes every day.
4. Achieve and maintain normal body weight.
5. Eat foods low in saturated fat and trans fatty acids and high in calcium and fiber, with plenty of fruits and vegetables. Take a calcium supplement, if necessary.
6. Practice safer sex, use condoms and a reliable method of contraception.
7. Do not smoke, and avoid inhaling others’ cigarette smoke. If you need help quitting, please ask.
8. “Safety-proof” your home to prevent falls, poisoning, accidental use of firearms and fire.
9. Do not drive or allow others to drive while under the influence of alcohol or other mind-altering substances. Use sport helmets, regardless of your age. Observe safety regulations for automobile airbags, seatbelts and car seats.
10. Seek help early for depression, mood changes, alcohol or drug abuse.
11. Perform regular skin self-examinations. Protect your skin from sun damage with sunblock and clothing.
12. Women should seek medical attention for breast changes.
13. Men should seek medical attention for testicular changes.
14. Find balance in your life between work, home and play time. Include stress reduction activities (fun!) every day.

Health Maintenance and Disease Prevention in 2012

 *Palo Alto Medical Foundation*
A Sutter Health Affiliate



BIRTH – 18 YEARS

A regularly scheduled Health Maintenance Evaluation at each of the following ages:

- 1, 2, 3, 6, 12 and 18 months
- 2, 3, 5, 7, 11, 13, 15 and 17 years

Tuberculosis test may be required at 5 years depending on locality; optional at 12 months in areas of average risk for tuberculosis.

Vision screening and BMI at or before 5 years of age.

SCREENING TESTS

Chlamydia/GC for sexually active women Starting at age 15 yearly

HIV Testing Discussion Routine discussion starting at age 13

Pap Test Three years after first sexual contact and every 3 years thereafter

IMMUNIZATIONS

AGE	Birth	1m	2m	4m	6m	12m	18m	2yrs	4-5yrs	11-18yrs
Hep B	X	X			X					
HIB			X	X	X	X				
Polio			X	X	X				X	
DTaP			X	X	X		X		X	
Rota			X	X	X					
Pneu			X	X	X	X				
Tdap/Td										X
MMR									X	
VZV						X			X	
Hep A						X	X			
Flu					X		X	X	X	X
Men										X
HPV										♀

• Hep A: Hepatitis A (Children and adolescents not previously immunized should receive the Hepatitis A Vaccine series. Two doses delivered at least six months apart.)

• Hep B: Hepatitis B

• HIB (Haemophilus influenza type B) and Rotavirus: Dose at 6 months may not be needed depending on product used.

• MMR: Measles, Mumps and Rubella

• DTaP: Diphtheria, Tetanus and acellular Pertussis

• Tdap/Td: Tdap is currently recommended as a single dose for individuals age 11 through 64 years. Tdap is also recommended over age 6 years if prior DTaP cannot be documented and the individual has close contact with infants.

• VZV: (Chickenpox, Varicella Vaccine) (Susceptible individuals born in 1980 or later should receive 2 doses at age appropriate

intervals, 5-12 years – 3 month interval; at 13 years or over – one-month interval. Consider a single dose of age appropriate vaccine in children ages 24-59 months not previously vaccinated.)

• Pneu: Pneumococcal vaccination

• Flu: Influenza (Annual Fall vaccine is recommended for all children 6 months through 18 years of age. Initial vaccination requires two doses given 4 or more weeks apart through 8 years of age.)

• Men: Conjugated Meningococcal vaccine

• HPV: Human Papillomavirus. Given to females age 9-26 yrs. at 0, 2 and 6 mo. intervals. Routine vaccination at 11 to 12 yrs.

• Rota: Rotavirus vaccine. Not to be started after 14 weeks and six days of age, and must be completed by 32 weeks of age. Dose at 6 months may not be needed depending on product used.

AGES 19–39

Check blood pressure, weight and height to calculate body mass index (BMI) and health risks.

SCREENING TESTS

HIV Testing Discussion Routine discussion

Diabetes Screening All non-Caucasians; All Caucasians with sustained blood pressure greater than 135/80, or BMI greater than or equal to 25, or history of gestational diabetes, or family history of diabetes.

Men’s Health

Lipid Testing At age 35

Women’s Health

Chlamydia/GC for sexually active women Yearly through age 24

Pap Test (First Pap test should be performed at age 21 or 3 years after first sexual contact, whichever comes first.) Every 3 years

IMMUNIZATIONS

Tdap/Td Every 10 years

HPV (Human Papillomavirus) Females age 9 to 26 years should receive the HPV series at 0, 2 and 6 month intervals.

Influenza Yearly

VZV (Chicken pox, Varicella Vaccine) Individuals born in 1980 or later should receive a second vaccine.

AGES 40–49

Check blood pressure, weight and height to calculate body mass index (BMI) and health risks.

SCREENING TESTS

HIV Testing Discussion Routine discussion

Diabetes Screening All non-Caucasians; All Caucasians with sustained blood pressure greater than 135/80, or BMI greater than or equal to 25, or history of gestational diabetes, or family history of diabetes.

Men’s Health

Lipid Testing Every 5 years

Women’s Health

Pap Test Every 3 years

Mammogram Optional yearly

Lipid Testing Optional beginning at age 45

IMMUNIZATIONS

Tdap/Td Every 10 years

Influenza Yearly

ADVANCE HEALTH CARE DIRECTIVE

- Annual mammography in this age group has been confirmed to decrease mortality but is not recommended by all professional organizations due to differing risk-benefit analyses. Options for breast cancer screening should be discussed with your provider yearly.

The United States Preventive Services Task Force (USPSTF) recommends against routine screening mammography in women aged 40 to 49 years. The decision to start regular 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).

AGES 50–70

Check blood pressure, weight and height to calculate body mass index (BMI) and health risks.

SCREENING TESTS

HIV Testing Discussion Routine discussion

Diabetes Screening All non-Caucasians; All Caucasians with sustained blood pressure greater than 135/80, or BMI greater than or equal to 25, or history of gestational diabetes, or family history of diabetes.

Colorectal Cancer Screening At age 50, then every 10 years

Men’s Health

Prostate Specific Antigen (PSA) Optional yearly

Lipid Testing Every 5 years until age 70

Women’s Health

Pap Test Every 3 years until age 65. Not routinely recommended above age 65

Mammogram Every 2 years

Bone Density Test At age 65

Lipid Testing Optional every 5 years until age 70

IMMUNIZATIONS

Tdap/Td Every 10 years

Zoster (Shingles) At age 60

Influenza Yearly

Pneumococcal Vaccine At age 65

ADVANCE HEALTH CARE DIRECTIVE

Discussion

AGES 71 AND OVER

Check blood pressure, weight and height to calculate body mass index (BMI) and health risks.

SCREENING TESTS

Colorectal Cancer Screening To age 75

Diabetes Screening All non-Caucasians; All Caucasians with sustained blood pressure greater than 135/80, or BMI greater than or equal to 25, or history of gestational diabetes, or family history of diabetes.

Men’s Health

Prostate Specific Antigen (PSA) Optional yearly until age 75. Not routinely recommended above age 75

Women’s Health

Mammogram Every 1–2 years until age 74 then optional

IMMUNIZATIONS

Td Every 10 years

Influenza Yearly

ADVANCE HEALTH CARE DIRECTIVE

Discussion

- Option #1: Colonoscopy every 10 years.
- Option #2: Fecal Occult Blood Testing every 3 years with sigmoidoscopy every 5 years.
- Option #3: Annual Fecal Occult Blood Testing.

- At age indicated, patient and clinician should discuss risks and benefits of continued screening.

These guidelines may vary for patients on chronic medications or for patients with personal or family health risks.