

Massachusetts Department of Developmental Services Adult Screening Recommendations 2014<sup>1</sup> Updates to *2012 revision*

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
Health Maintenance Visit	Annually for all ages <sup>2</sup> .				
Oral Health Visit	Promote dental health through regular oral hygiene practices, assessment by a dentist at least every 6 months.				
<b>Labs and Screenings</b>					
<b>Cancer Screening</b>					
Breast Cancer: Mammography	Annual clinical breast exam and self-examination instruction as appropriate.	Annual clinical breast exam and self-examination instruction as appropriate. Mammography not routine except for patients at high risk.		Annual clinical breast exam and self-examination instruction as appropriate. Conduct mammography every two years for ages 50+ or more frequently at the clinician's discretion based on risk factors.	
Cervical Cancer (Pelvic Exam & Pap Smear)	Screen every 3 years starting at age 21. When speculum testing is too traumatizing consider annual HPV testing via vaginal swab. For women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years. In women with prenatal exposure to DES, conduct screening for clear cell carcinoma of vagina with colposcopy.				May be omitted after age 65 if screenings are consistently normal.
Colorectal Cancer	Not routine except for patients at high risk.			Starting at age 50 (until age 75), FOBT (Fecal Occult Blood testing) annually or Sigmoidoscopy testing every 5 years or Colonoscopy every 10 years.	
Testicular and Prostate Cancer	Perform annual testicular exam for all male patients.			Annual digital rectal exam (DRE) for patients 50+. PSA blood test at clinician's discretion.	
Skin cancer	Total skin examinations every 3 years between the ages of 20 and 39 and annually ages 40+.				
<b>Additional Recommended Screening</b>					
Body Mass Index (BMI)	Screen for overweight and eating disorders. Consult the CDC's growth and BMI charts ( <a href="http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm">www.cdc.gov/nccdphp/dnpa/bmi/index.htm</a> ). Ask about body image and diet patterns. Counsel on benefits of physical activity and a healthy diet to maintain desirable weight for height. Offer more focused evaluation and intensive counseling for adults for BMI >30kg/m <sup>2</sup> to promote sustained weight loss.				
Hypertension	At every medical encounter and at least annually.				
Cholesterol	Screen if not previously tested from years 18+. Then screen every 5 years or at clinician's discretion.				
Diabetes (Type 2)	Conduct annual risk assessment. HgbA1c or fasting plasma glucose screen every 3 years beginning at age 45. <b>At least every 3- 5 years until age 45 if at high risk</b> (obesity, family history of diabetes, low LDL cholesterol, high triglycerides, hypertension, sedentary; and for African-, Hispanic-, and Native-Americans, Asian).				
Liver Function	Annually for Hepatitis B carriers. At clinician's discretion after consideration of risk factors including long term prescription medication.				
Dysphagia & Aspiration	Screen annually for signs, symptoms, and clinical indicators of possible dysphagia, GERD, and/or recurrent aspiration.				
Cardiovascular Disease	Conduct annual cardiovascular disease risk assessment. Specific syndromes and neuroleptic medications may increase risk for cardiac disease.				
Osteoporosis	Consider BMD screening at any age if risk factors are present. Risk factors include long term polypharmacy (particularly antiepileptic's), mobility impairments, hypothyroid, limited physical activity, Down syndrome, hypogonadism, vitamin D deficiency.			Consider BMD testing for adults 50+ as most adults with I/DD have risk factors by this age. Repeat BMD testing at HCP discretion.	
Eye Examination	<b>ALL, including those with legal or total blindness, should be under an active vision care plan and eye examination schedule based on recommendations from an eye specialist (ophthalmologist or optometrist.)</b> Refer to eye specialist if new ocular signs and/or symptoms develop, including changes in vision/behavior. <b>Annual comprehensive eye exam for patients with diabetes.</b>				
Glaucoma Assessment (by ophthalmologist or optometrist)	Glaucoma assessment at least once by <b>age 22</b> . Follow up exam every <b>2-3 years</b> ; more frequently for higher risk patients		Glaucoma assessment <b>every 1-2 years ages 40+</b> , with more frequent eye exams for higher risk patients.		
Hearing Assessment	<b>Assess for hearing changes annually</b> and refer to audiologist for a full screen as needed.				

<sup>1</sup> Based on review of the following primary guidelines/resources: Massachusetts Health Quality Partnership (MHQP) 2014 Adult Preventive Care Recommendations, Consensus guidelines for primary health care of adults with developmental disabilities, Canadian Family Physician, Vol.57 2011; US Preventive Services Task Force Guidelines; AAIDD, 2011

<sup>2</sup> Items that are indicated in Large Bold are specific recommendations that differ from the MHQP recommendations in order to reflect particular health concerns of the population with intellectual disability.

<b>Infectious Disease Screening</b>	<b>19-29 Years</b>	<b>30-39 Years</b>	<b>40-49 Years</b>	<b>50-64 Years</b>	<b>65 Years +</b>
Sexually Transmitted Infections	Screen annually for STI's in sexually active patients under age 25: Screen annually for patients aged 25+ if at risk.				
HIV	Periodic testing if at risk due to sexual or drug behaviors, or who are pregnant.				
<b>Hepatitis B</b>	Periodic testing if risk factors present. 3-dose series once.				
Hepatitis C	One time screening for adults born between 1945 – 1965. Periodic testing for all patients at high risk. Risk factors include: illicit injection use; receipt of blood product for clotting problems before 1987 and/or receipt of a blood transfusion or solid organ transplant before July, 1992 (if not previously tested); long term kidney dialysis, evidence of liver disease; a tattoo or body piercing by non-sterile needle; risky sex practices.				
Tuberculosis (TB)	Tuberculin skin testing <b>every 1-2 years when risk factors present</b> . Risk factors include residents or employees of congregate setting, those who attend adult day programs, who rely on mass transit, or who are in close contact with persons known or suspected to have TB.				
<b>Immunizations</b>					
Influenza	Annually unless medically contraindicated.			Annually unless medically contraindicated.	Annually unless medically contraindicated.
Pneumococcal	<b>Once</b> and a booster at age 65. Booster after 5 years if chronic renal failure; sickle cell disease or splenectomy; immunocompromised				Once, even if vaccinated before
Hepatitis B	3-dose series <b>once</b> .				
Hepatitis A	Offer screening and immunization to all adults who take potentially hepatotoxic medications or who have ever lived in institutions or group homes.				
Tetanus, Diphtheria, Pertussis (Tdap)	For all adults: 3 doses initially. Td booster every 10 years. For adults < 65 years of age who have not previously received a dose of Tdap, Tdap should replace a single dose of Td.				
Measles, Mumps, and Rubella (MMR)	One dose if born after 1957 and no documentation of vaccination and no laboratory evidence of immunity to measles, mumps and rubella. Two doses, 28 days after first does if risk factors are present.				
HPV Vaccine <sup>3</sup>	Three doses for unvaccinated adults age 26 and under, <b>males and females</b> .				
Varicella (Chicken Pox)	2 doses recommended for those who do not have documentation of age-appropriate immunization or a reliable history of chicken pox (varicella)				
Zoster (shingles) Vaccine <sup>3</sup>					Once after age 60, not for those with weak immune systems unless contraindicated.
<b>Mental and Behavioral Health</b>					
Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation.				
Dementia	Monitor for problems performing daily activities.	In persons with Down Syndrome, annual screen after age 40.			
<b>For persons with Down Syndrome (in addition to the above recommendations)</b>					
Thyroid function test	Monitor regularly. Establish a thyroid baseline and test annually for patients taking lithium or atypical or second-generation antipsychotic drugs.				
Cervical spine x-ray	Obtain baseline as adult to rule out atlanto-axial instability. Recommend repeat if symptomatic, or 30 years from baseline. Recommend repeat if symptomatic, or 30 years from baseline. Needed once. If negative, no need to repeat.				
Echocardiogram	Obtain baseline if no records of cardiac function are available.				
<b>General Counseling and Guidance</b>					
Prevention counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking and screen for at-risk sexual behavior.				
Abuse or neglect	Annually monitor for behavioral signs of abuse and neglect.				
Preconception counseling	As appropriate, including genetic counseling, folic acid supplementation, discussion of parenting capability.				
Menopause management	At an appropriate age, counsel women on the changes that occur at menopause and their options for the symptom management.				
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating regular physical activity into daily routines, substance abuse.				