Massachusetts Department of Developmental Services Adult Screening Recommendations 2012[1] Updates to *2009 revision*

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
Health Maintenance Visit	**Annually for all ages[2].** Includes initial/interval history, age-appropriate physical exam; height, weight, and BMI measurement; preventive screenings and counseling; screening for ocular disease or injury; assessment and administration of needed immunizations.				
Oral Health Visit	Promote dental health through regular oral hygiene practices, assessment by a dentist at least every 6 months, and timely management of dental disease.				
Labs and Screenings					
Cancer Screening					
Breast Cancer: Mammography	Annual clinical breast exam and self-examination instruction as appropriate. Mammography not routine except for patients at high risk. Accurate and detailed history and family history will identify risk factors.		Annual clinical breast exam and self-examination instruction as appropriate. Annual mammography at discretion of clinician/patient.	Annual clinical breast exam and self-examination instruction as appropriate. **Annual mammography**	Annual clinical breast exam and self examination instruction as appropriate. Mammography annually through age 69. Age 70+ at discretion of clinician/patient.
Cervical Cancer (Pelvic Exam & Pap Smear)	First pap smear and pelvic exam at age 21 or earlier if sexually active. Every 2 years through age 29. When speculum testing is too traumatizing consider annual HPV testing via vaginal swab	Perform pap smear and pelvic exam **every 3 years**, depending on risk factors and clinician/patient discretion.			May be omitted after age 65 if previous screenings were consistently normal.
Colorectal Cancer	Not routine except for patients at high risk. Risk factors include: diagnosis of a close relative; specific genetic syndromes; inflammatory bowel disease and noncancerous polyps.			Starting at age 50, annual Fecal Occult Blood testing (FOBT) plus Sigmoidoscopy every 5 years **OR** annual FOBT **OR** Colonoscopy every 10 years. Screening after age 80 at clinician/patient discretion.	
Testicular and Prostate Cancer	Prostate cancer screening not routine unless at high risk. Annual clinical testicular exam at clinician's discretion.		Testing at clinician/patient's discretion considering risks/benefits of screening with PSA blood test and/or digital rectal exam (DRE) for patients with risk factors (family history or African-American ancestry). Annual clinical testicular exam at clinician's discretion.	Discuss risks and benefits of prostate cancer screening with specific antigen (PSA) blood test and/or digital rectal exam (DRE) with patients ages 50-75, based on presence of symptoms and at clinician/patient discretion.	
Skin cancer	Total skin examinations every 3 years between the ages of 20 and 39 and annually at age 40 and older, regardless of skin tone and color. Frequency at clinician discretion based on risk factors.				
Additional Recommended Screening					
Body Mass Index (BMI)	Screen for overweight and eating disorders. Consult the CDC's growth and BMI charts (www.cdc.gov/nccdphp/dnpa/bmi/index.htm). 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/m² to promote sustained weight loss.**				
Hypertension	At every medical encounter and **at least annually.**				
Cholesterol	Every five years or at clinician's discretion.				At clinician's discretion.
Diabetes (Type 2)	HgbA1c or fasting plasma glucose screen every 3 years beginning at age 45. **At least every 5 years until age 45 if at high risk.** (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	**Chronic Dysphagia and GERD are common in individuals with intellectual disability and neuromuscular dysfunction. Asses initially and inquire about changes at annual physical.**				
Cardiovascular Disease	**Screen for cardiovascular diseases and malformations earlier and more regularly than the general population. Specific syndromes and neuroleptic medications may increase risk for cardiac disease.[2]**				
Osteoporosis	Bone Mineral Density (BMD) testing **starting at age 19** when risk factors are present: long term polypharmacy, especially anti-psychotic and anti-seizure medications; mobility impairments; hypothyroid; post- menopausal women. Periodicity of screening at clinician's discretion. Annually counsel about preventive measures including dietary calcium and vitamin D intake, weight-bearing exercise, and not smoking			Provide BMD testing. Counsel elderly patients about specific measures to prevent falls.	
Eye Examination	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.) Refer to eye specialist if new ocular signs and/or symptoms develop, including changes in vision/behavior. Annual comprehensive eye exam for patients with diabetes.				

[1] Based on review of the following primary guidelines/resources: Massachusetts Health Quality Partnership (MHQP) Adult Preventive Care Recommendations 20010/11, Consensus Guidelines for primary health care of adults with developmental disabilities, Canadian Family Physician, Vol.57 2011, and US Preventive Services Task Force Guidelines, AAIDD, 2011

[2] 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.

Glaucoma Assessment (by ophthalmologist or optometrist)	Glaucoma assessment at least once by age 22. Follow up exam every 2-3 years; more frequently for higher risk patients	Glaucoma assessment **every 1-2 years**, with more frequent eye exams for higher risk patients.
Hearing Assessment	Assess for hearing changes **annually** and refer to audiologist for a full screen as needed. Re-evaluate if hearing problem is reported or a change in behavior is noted.	

Infectious Disease Screening	**19-29 Years**	**30-39 Years**	**40-49 Years**	**50-64 Years**	**65 Years +**
Sexually Transmitted Infections	For chlamydia and gonorrhea: Sexually active patients under age 25: Screen annually. Patients age 25 and over: Screen annually, if at risk.				
HIV	Periodic testing if at risk due to sexual or drug behaviors, or who are pregnant.				
Hepatitis B	Periodic testing if risk factors present.				
Hepatitis C	Periodic testing of 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 **every 1-2 years when risk factors present.** 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.				
Immunizations					
Influenza	**Annually**	**Annually**	**Annually**	Annually	Annually
Pneumococcal	**Once** 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 once** (dose #1 now, #2 1 month later, and #3 approximately 5 months after #2). **Reevaluate antibody status every 5 years.**				
Hepatitis A	2 doses if at risk and not previously immunized.				
Tetanus, Diphtheria, Pertussis (Tdap)	For adults < 65 years of age not previously vaccinated with Td: 1 dose of Tdap, followed by 2 doses of Td. 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. Three doses if not previously immunized. Td booster every 10 years.				
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[3]	Three doses for unvaccinated adults age 26 and under, **males and females.**				
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[3]					**Once** after age 60, not for those with weak immune systems.
Mental and Behavioral Health					
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.**		
For persons with Down Syndrome (in addition to the above recommendations)					
Thyroid function test	Every 3 years (sensitive TSH)				
Cervical spine x-ray	Obtain baseline as adult to rule out atlanto-axial instability. Recommend repeat if symptomatic, or 30 years from baseline.				
Echocardiogram	Obtain baseline if no records of cardiac function are available.				
General Counseling and Guidance					
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.				

[3] Vaccines are recommended, but may not be covered by MassHealth or Medicare in all cases