**Preventive Medicine Guidelines**

**Ages 65 and Older**

**TABLE 4. AGES 65 AND OLDER YEARS (Schedule: every year)**

<table>
<thead>
<tr>
<th>Interventions Considered and Recommended for the Periodic Health Examination</th>
<th>Leading Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Heart diseases</td>
</tr>
<tr>
<td></td>
<td>Malignant neoplasms (lung, colorectal, breast)</td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular disease</td>
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<tr>
<td></td>
<td>Chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td></td>
<td>Pneumonia and influenza</td>
</tr>
</tbody>
</table>

**INTERVENTIONS FOR THE GENERAL POPULATION**

**SCREENING**

- Blood pressure
- Height and weight
- Fecal occult blood test\(^1\)
- Sigmoidoscopy\(^2\) or colonoscopy\(^3\)
- Mammogram (women)\(^1\)
- Clinical breast exam (women)\(^1\)
- Papanicolaou (Pap) test (women)\(^4\)
- Digital rectal exam\(^1\)
- Clinical Testicular Exam (men)\(^1\)
- Vision screening
- Assess for hearing impairment
- Assess for problem drinking
- PSA test\(^1\)
- Fasting lipoprotein profile\(^2\)
- Abdominal aortic Ultrasound (men)\(^5\)
- Central bone density measurement (women)\(^6\)
- Assess for fall risk\(^7\)

**COUNSELING**

**Substance Use**

- Tobacco cessation
- Avoid alcohol/drug use while driving, swimming, boating, etc.

**Diet and Exercise**

- Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits, vegetables
- Adequate calcium intake (women)
- Regular physical activity

**INJURY PREVENTION**

- Lap/shoulder belts
- Motorcycle and bicycle helmets
- Fall prevention
- Safe storage/removal of firearms
- Smoke detector
- Set hot water heater to <120-130°F
- CPR training for household members

**DENTAL HEALTH**

- Regular visits to dental care provider
- Floss, brush with fluoride toothpaste daily

**SEXUAL BEHAVIOR**

- STD prevention, avoid high-risk sexual behavior, use condoms

**CHEMOPROPHYLAXIS**

- Pneumococcal vaccine
- Influenza\(^1\)
- Tetanus and diphtheria toxoid (Td) booster\(^3\)
- Aspirin chemoprevention\(^8\)

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\(^*\)The recommended schedule applies only to the periodic visit itself. The frequency of the individual preventive services listed in this table is left to clinical discretion, except as indicated in other footnotes.

\(^1\) Annually.

\(^2\) Every 5 years.

\(^3\) Every 10 years.

\(^4\) Every 2-3 years in women who have had 3 consecutive, normal Pap tests. Beginning at age 70 years, women who have had 3 or more consecutive normal Pap tests and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening.

\(^5\) Every 5 years from age 50 years.

\(^6\) One-time screening for abdominal aortic aneurysm in men aged 65-75 years who have ever smoked (at least 100 cigarettes/lifetime).

\(^7\) Every 2 years beginning at age 65 years.

\(^8\) Men older than 40 years, postmenopausal women, and younger people with risk factors for coronary heart disease.
## INTERVENTIONS FOR HIGH-RISK POPULATIONS

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>POTENTIAL INTERVENTIONS (See detailed high-risk definitions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutionalized persons</td>
<td>PPD (HR1), hepatitis A vaccine (HR 2), amantadine/rimantadine (HR 4)</td>
</tr>
<tr>
<td>Certain chronic medical conditions; TB contacts; low-income; immigrants; alcoholics</td>
<td>PPD (HR1), hepatitis A vaccine (HR 2); meningococcal vaccine (HR 13)</td>
</tr>
<tr>
<td>Persons reporting &gt; 1 fall</td>
<td>Fall prevention/intervention (HR 5)</td>
</tr>
<tr>
<td>Cardiovascular disease risk factors</td>
<td>Consider cholesterol screening (HR 6)</td>
</tr>
<tr>
<td>Family history of skin cancer; nevi; fair skin, eyes, hair</td>
<td>Avoid excess/midday sun, use protective clothing (HR 7)</td>
</tr>
<tr>
<td>Native Americans/Alaska Natives</td>
<td>PPD (HR1), hepatitis A vaccine (HR 2)</td>
</tr>
<tr>
<td>Travelers to developing countries</td>
<td>Hepatitis A vaccine (HR 2), hepatitis B vaccine (HR 8), meningococcal vaccine (HR 13)</td>
</tr>
<tr>
<td>Blood product recipients</td>
<td>HIV screen (HR3), hepatitis B vaccine (HR 8)</td>
</tr>
<tr>
<td>High-risk sexual behavior</td>
<td>Hepatitis A vaccine (HR 2), HIV screen (HR 3), hepatitis B vaccine (HR 8), RPR/VDRL (HR 9)</td>
</tr>
<tr>
<td>Injection or street drug use</td>
<td>PPD (HR1), hepatitis A vaccine (HR 2), HIV screen (HR 3), hepatitis B vaccine (HR 8), RPR/VCRL (HR 9), advice to reduce infection risk (HR 10)</td>
</tr>
<tr>
<td>Health care/lab workers</td>
<td>PPD (HR1), hepatitis A vaccine (HR 2); amantadine/rimantadine (HR 4), hepatitis B vaccine (HR 8)</td>
</tr>
<tr>
<td>Persons susceptible to varicella, measles, mumps</td>
<td>Varicella vaccine (HR11), MMR (HR 12) and rubella</td>
</tr>
<tr>
<td>Receiving health care in a certain clinical settings</td>
<td>HIV screen (HR 3)</td>
</tr>
</tbody>
</table>

## OVERVIEW

**HR 1** = HIV positive; close contacts of persons with known or suspected TB; health care workers; persons with medical risk factors associated with TB; immigrants from countries with high TB prevalence; medically underserved, low-income populations (including homeless); alcoholics; injection drug users; and residents of long-term care facilities.

**HR 2** = Persons living in, traveling to or working in areas where the disease is endemic and where periodic outbreaks occur (e.g., countries with high or intermediate endemicity, certain Alaska Native, Pacific Island, Native American and religious communities); men who have sex with men; injection or street drug users. Persons working...
Preventive Medicine Guidelines
Ages 65 and Older

with hepatitis A virus HAV-infected primates or with HAV in a research laboratory setting. Clinicians should also consider local epidemiology.

HR 3 = Men who had sex with men after 1975; unprotected sex with multiple partners; past or present injection drug use; persons who exchange sex for money or drugs and their sex partners; bisexual or HIV-positive sex partner currently or in the past; blood transfusion during 1978-1985; persons seeking treatment for STDs; and persons who receive health care is a high-risk clinical setting. Clinicians should also consider local epidemiology.

HR 4 = Consider for persons who have not received influenza vaccine or are vaccinated late; when the vaccine may be ineffective due to major antigenic changes in the virus; for unvaccinated persons who provide home care for high-risk persons; to supplement protection provided by vaccine in persons who are expected to have a poor antibody response; and for high-risk persons in whom the vaccine is contraindicated.

HR 5 = Persons aged 75 years and older or aged 70-74 with one or more additional risk factors including: muscle Weakness; history of falls; use of assistive device; visual deficit; arthritis; impaired ADL; depression; use of certain psychoactive and cardiac medications (e.g., benzodiazepines, antihypertensives), use of more than four prescription medications, impaired cognition, strength, balance or gait. Intensive individualized home-based multifactorial fall prevention intervention is recommended in settings where adequate resources are available to deliver such services.

HR 6 = Although evidence is insufficient to recommend routine screening in elderly persons, clinicians should consider cholesterol screening on a case-by-case basis for persons ages 65-75 with additional risk factors (e.g., smoking, diabetes or hypertension).

HR 7 = Persons with a family or personal history of skin cancer, a large number of moles, atypical moles, poor tanning ability or light skin, hair and eye color.

HR 8 = Blood product recipients (including hemodialysis patients); persons with frequent occupational exposure to blood or blood products; men who have sex with men; injection drug users and their sex partners; persons with more than one sex partner in the previous 6 months; persons with other STDs (including HIV); household contacts and sex partners of persons with chronic hepatitis B infection; clients and staff of institutions for the developmentally disabled; all clients of STD clinics; inmates of correctional facilities; and travelers to countries with high or intermediate prevalence of chronic HBV infection > 6 months.

HR 9 = Persons who exchange sex for money or drugs and their sex partners; men who have sex with men and engage in high-risk sexual behavior persons with other STDs (including HIV); and sexual contacts of persons with active syphilis. Clinicians should also consider local epidemiology.

HR 10 = Persons who continue to inject drugs.

HR 11 = No evidence of immunity to varicella. Special consideration should be given to those who have close contact with persons at high risk for severe disease (healthcare workers and family contacts of immunocompromised persons); high risk for exposure or transmission (e.g., teachers of young children, child care employees, residents and staff members of institutional settings, including correctional facilities, military personnel, adults living in households with children, and international travelers. Consider serologic testing for presumed susceptible adults.

HR 12 = Persons born after 1956 who lack evidence of immunity to measles or mumps (e.g., documented receipt of live vaccine on or after the first birthday, laboratory evidence of immunity or a history of physician-diagnosed measles or mumps); recent exposure to measles or in an outbreak setting; previous vaccination with killed measles vaccine; vaccination with an unknown type of measles vaccine during 1963-1967; work in a healthcare facility; plan to travel internationally.

HR 13 = Anatomic or functional asplenia, or terminal complement component deficiencies; microbiologists who are routinely exposed to isolates of Neisseria meningitides; persons who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic, especially the “meningitis belt” of sub-Saharan Africa during the dry season (Dec. – June), particularly is contact with the local populations will be prolonged.