

Wall Chart

Agency for Persons with Disabilities Area 4 Health Screening Recommendations

Based on Massachusetts Health Quality Partnership (MHQP) Adult Preventive Care Recommendations 2003

Use this Wall Chart for assistance in filling out the "Agency for Persons with Disabilities Area 4 Annual Health Screening Recommendations" form HR-1.

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
Health Maintenance Visit <ul style="list-style-type: none"> Height and weight measurement 	<i>Yearly</i>	<i>Yearly</i>	<i>Yearly</i>	<i>Yearly</i>	<i>Yearly</i>
Labs and Screenings					
Cancer Screening					
Breast Cancer: Mammogram	Breast exam and self-exam. Self-exam instructions as needed. Mammogram not done except for patients at high risk. Correct and detailed history and family history will show risk factors.		Breast exam and self-exam instruction as needed. Mammogram every 1-2 years, per physician recommendations.	Breast exam and self-exam instruction as needed. Yearly mammogram	Mammogram yearly through age 69 years. Age 70 years and older, yearly per physician recommendation.
Cervical Cancer: Pap Smear	Every 1-3 years, per physician recommendation.				May not need to be done after age 65 if previous screenings were all normal.
Colorectal Cancer	Not routine except for patients at high risk.			Blood in stool (Fecal Occult Blood) testing yearly and sigmoidoscopy every 5 years OR colonoscopy every 10 years.	
Prostate Cancer	Not routine.		Routine for patients at high risk. Risk factors include: family history and African-American ancestry.	Per physician recommendation after talking of risks and benefits of available screenings (PSA, DRE).	
Skin Cancer	Periodic total skin exams for populations at high risk for different cancers. Per physician recommendation.				
Other Recommended Screening					
Aspirin Chemoprophylaxis	Not routine, discuss with those at increased risk for heart disease		Discuss daily aspirin use with men 40+ to prevent cardiovascular events	Discuss daily aspirin use with women 50+ to prevent cardiovascular events	Discuss yearly
High Blood Pressure (Hypertension)	<i>At least Yearly</i>	Yearly	Yearly	Yearly	Yearly
Obesity	Screen all adults routinely for obesity and offer obese patients high-intensity counseling about diet, exercise or both together with behavioral interventions.				
Cholesterol	Every five years or per physician recommendation				Physician recommendation
Diabetes (Type II)	<i>At least every 5 years until age 45.</i> Every 3 years after age 45. Fasting plasma glucose screen for individuals at high risk. Risk factors include: family history of early CHD (Coronary Heart Disease), high blood pressure (hypertension), diabetes mellitus, peripheral atherosclerosis, or carotid artery disease, current cigarette smoking, or HDL (High Density Lipoproteins) > 35 mg/dl.				

Liver Function	Yearly for Hepatitis B carriers. Per physician, consider risk factors including long term prescription medication.	
Osteoporosis	Bone density screening when risk factors are present: long term taking of many medications, problems with movement, hypothyroid, post-menopausal women. Per physician recommendation. Yearly counsel about preventive measures including dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation.	Counsel elderly patients about ways to prevent falls.

Infectious Disease Screening	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
<i>Tuberculosis</i>	Skin testing every 1-2 years when risk factors present. Risk factors include residents or employees of group homes, close contact with persons known or thought to have TB.				
Chlamydia and STDs	For all sexually active males and females <25 years old screen annually, > 25 years screen annually if at risk.	Yearly if at risk. Risk factors include not always using barriers such as condoms during sex, new or many sex partners in last 3 months, a new partner since the last test, a history of a STD (sexually transmitted disease), infected with another STD, and partner has had other sexual partner(s).			
HIV	Per physician recommendation or if at risk and testing of pregnant women at increased risk.				
<i>Hepatitis B and C</i>	Per physician recommendation or if risk factors present.				
Sensory Screening					
<i>Hearing Assessment</i>	Screen yearly. Check to see if hearing problem is reported or a change in behavior is noted.				
<i>Vision Assessment</i>	Screen yearly. Check to see if vision problems are reported or change in behavior is noted.				
Eye Exam for Glaucoma	Every 3-5 years in high risk patients. At least once in patients with no risk factors.		Every 2-4 years	Every 2-4 years	Every 1-2 years
Mental and Behavioral Health					
<i>Tobacco and Alcohol Use</i>	Screen adults for tobacco use, provide brief counseling and offer pharmacotherapy. Screen adults routinely to identify those whose alcohol use places them at increased risk and provide brief counseling with follow-up.				
<i>Depression</i>	Screen every year for change in eating or sleeping pattern, weight loss, or general agitation.				
<i>Dementia</i>	Look for problems performing daily activities.		In persons with Down Syndrome, yearly screen after age 40.		
Immunizations					
Influenza (Flu) Vaccine	Yearly	Yearly	Yearly	Yearly	Yearly
Pneumococcal vaccine	Once				
Hepatitis B vaccine	Once. Recheck antibody status every 5 years.				
For persons with Down Syndrome (in addition to the above recommendations)					
Thyroid function test	Every 3 years (sensitive TSH)				
Cervical spine x-ray to rule out atlanto-axial instability.	Obtain baseline as adult. Recommend repeat if symptomatic, or 30 years from baseline.				
Echocardiogram	Obtain baseline if no records of cardiac function are available.				

Note: Items that are indicated in bold italic are specific recommendations that differ from the MHQP recommendations in order to reflect particular health concerns of the population with mental retardation.