

Preventive services in primary health care

DR RUBA M JABER

FAMILY MEDICINE/ YEAR 5 MEDICAL STUDENT

In this lecture you are expected to read and be familiar with the recommended screening for important and common diseases and cancers

Grades of recommendation

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
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.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I State ment	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.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

DM

Population	Recommendation	Grade
Adults aged 40 to 70 years who are overweight or obese	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	<u>B</u>
Screening Interval	Evidence on the optimal rescreening interval for adults with an initial normal glucose test is limited. Studies suggest that rescreening every 3 y may be a reasonable approach	

Hypertension

Population	Recommendation	Grade
Adults aged 18 years or older	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment	<u>A</u>
Screening Interval	Screening Interval Adults aged ≥ 40 y and persons at increased risk for high blood pressure should be screened <u>annually</u> . Adults aged 18 to 39 y with normal blood pressure ($< 130/85$ mm Hg) who do not have other risk factors should be rescreened every <u>3 to 5 y</u>	

Depression

Population	Recommendation	Grade
General adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	<u>B</u>

Depression screening tool

You can use the PHQ9 questionnaire to screen for depression which is validated tool and present in almost all languages and free to use and download from the WHO website

<https://www.mdcalc.com/phq-9-patient-health-questionnaire-9>

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

10. If you checked off <i>any problems</i> , how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

Dyslipidemia/ Men

Population	Recommendation	Grade
Men 35 and Older	The USPSTF strongly recommends screening men aged 35 and older for lipid disorders.	<u>A</u>
Men 20-35 at Increased Risk for CHD	The USPSTF recommends screening men aged 20-35 for lipid disorders if they are at increased risk for coronary heart disease.	<u>B</u>

Dyslipidemia/ Women

Population	Recommendation	Grade
Women 45 and Older at Increased Risk for CHD	The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.	<u>A</u>
Women 20-45 at Increased Risk for CHD	The USPSTF recommends screening women aged 20-45 for lipid disorders if they are at increased risk for coronary heart disease.	<u>B</u>

Cervical Cancer: Screening USPSTF

Population	Recommendation	Grade
Women aged 21 to 65 years	<p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).</p> <p>See the Clinical Considerations section for the relative benefits and harms of alternative screening strategies for women 21 years or older.</p>	A
Women older than 65 years	<p>The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.</p> <p>See the Clinical Considerations section for discussion of adequate prior screening and risk factors that support screening after age 65 years.</p>	D
Women younger than 21 years	<p>The USPSTF recommends against screening for cervical cancer in women younger than 21 years.</p>	D
Women who have had a hysterectomy	<p>The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.</p>	D

Breast Cancer: Screening USPSTF

Population	Recommendation	Grade
Women aged 50 to 74 years	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.	B
Women aged 40 to 49 years	The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.	C

Breast cancer USPSTF cont

Women aged 75 years or older	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older.	!
All women	The USPSTF concludes that the current evidence is insufficient to assess the benefits and harms of digital breast tomosynthesis (DBT) as a primary screening method for breast cancer.	!
Women with dense breasts	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging, DBT, or other methods in women identified to have dense breasts on an otherwise negative screening mammogram.	!

Breast cancer Jordanian cancer guidelines

Test/ Age group	20 – 29 years	30 – 39 years	40 – 52 years	Above 52 years
Self-Breast Exam	Monthly	Monthly	Monthly	Monthly
Clinical Breast Exam	Once every 1-3 years	Once every 1-3 years	Yearly	Yearly
Mammogram	-----	-----	Once every 1-2 years	Every other year

Colon cancer USPSTF

Population	Recommendation	Grade
Adults, beginning at age 50 years and continuing until age 75 years	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	<u>A</u>
Adults age 76 to 85 years	The USPSTF recommends against routine screening for colorectal cancer in adults 76 to 85 years of age. There may be considerations that support colorectal cancer screening in an individual patient.	<u>C</u>
Adults older than age 85 years	The USPSTF recommends against screening for colorectal cancer in adults older than age 85 years.	<u>D</u>

Colon cancer cont:

Intervals for recommended screening strategies

- Screening colonoscopy every 10 years
- Sigmoidoscopy every 5 years, with high-sensitivity FOBT every 3 years
- Annual screening with high-sensitivity FOB

Lung cancer

Population	Recommendation	Grade
Adults Aged 55-80, with a History of Smoking	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	B

Osteoporosis

Population	Recommendation	Grade
Women 65 years and older	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.	<u>B</u>
Postmenopausal women younger than 65 years at increased risk of osteoporosis	The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.	<u>B</u>
Men	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for osteoporosis to prevent osteoporotic fractures in men.	<u>I</u>

References

https://jamanetwork.com/searchresults?q=frequency%20of%20osteoporosis%20screening&allJournals=1&SearchSourceType=1&exPrm_qqq={!payloadDisMaxQParser%20pf=Tags%20qf=Tags^0.0000001%20payloadFields=Tags%20bf=}%22frequency%20of%20osteoporosis%20screening%22&exPrm_hl.q=frequency%20of%20osteoporosis%20screening

<https://www.uspreventiveservicestaskforce.org/>

<http://www.jbcp.jo/understandingbreastcancer/36>

<https://www.aafp.org/afp/2009/1201/p1273.html>