# Guideline Summary NGC-10090

## Guideline Title

**Summary of recommendations for clinical preventive services.**

## Bibliographic Source(s)

American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Leawood (KS): American Academy of Family Physicians (AAFP); 2013 Nov. 19 p.

## Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Leawood (KS): American Academy of Family Physicians (AAFP); 2012 Oct. 19 p.

# Scope

## Disease/Condition(s)

General health

## Guideline Category

Counseling

Evaluation

Prevention

Risk Assessment

Screening

## Clinical Specialty

Family Practice

Internal Medicine

Nutrition

Obstetrics and Gynecology

Pediatrics

Preventive Medicine

## Intended Users

Physicians

## Guideline Objective(s)

To provide recommendations for a broad range of clinical preventive services, including screening, counseling, and preventive medications

## Target Population

- **General Population**: Persons who are asymptomatic and not known to be at any increased risk except based on their gender, age, or for specific parameters that apply to substantial groups within the general population
- **Specific Populations**: Persons whose health behaviors, living environment, medical history, or factors other than gender or age place them at high risk

**Note**: These guidelines are *not* intended for patients who have signs and/or symptoms relating to a particular condition.

## Interventions and Practices Considered

***Note from the National Guideline Clearinghouse (NGC)**: Due to insufficient evidence, not all interventions listed below are recommended. See the original guideline document for more information.*

**Clinical Preventive Services, Including Screening, Counseling, and Immunization**

1. Screening specified populations for abdominal aortic aneurysm (AAA)
2. Screening specific populations for abuse and neglect
3. Screening and counseling specified populations regarding alcohol misuse
4. Screening specified populations for asymptomatic bacteriuria
5. Screening pregnant women for bacterial vaginosis
6. Screening adults for bladder cancer
7. Screening women for breast cancer with mammography, clinical breast examination, digital mammography, or magnetic resonance imaging (MRI)
8. Teaching routine breast self-examination (BSE)
9. Referring specified female population for genetic counseling and evaluation for breast cancer susceptibility gene (*BRCA*) testing
10. Counseling regarding use of breast cancer prevention medications
11. Interventions to support and promote breastfeeding
12. Using aspirin in specified populations to prevent cardiovascular disease (CVD)
13. Genomic profiling to assess risk for CVD
14. Screening general adult population for asymptomatic carotid artery stenosis (CAS)
15. Screening women for cervical cancer with cytology (Pap smear), alone or in conjunction with human papillomavirus (HPV) testing
16. Screening specified populations for chlamydia
17. Screening for chronic obstructive pulmonary disease (COPD) using spirometry
18. Screening specified populations for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy
19. Using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) to prevent colorectal cancer in average risk individuals
20. Genetic testing for Lynch syndrome in patients newly diagnosed with colorectal cancer and their relatives
21. Screening newborns for congenital hypothyroidism (CH)
22. Screening for coronary heart disease (CHD) with resting or exercise electrocardiography (ECG) or nontraditional risk factors
23. Screening specific populations for dementia
24. Providing fluoride supplementation to prevent dental caries in specified populations
25. Screening specified populations for depression
26. Screening for gestational diabetes
27. Screening specified populations for type 2 diabetes
28. Screening infants for dysplasia of the hip
29. Exercise or physical therapy and vitamin D supplementation for specified populations at risk for falls
30. Multifactorial risk assessment for specified populations at risk for falls
31. Serologic screening for genital herpes simplex virus (HSV) infection
32. Screening adults for glaucoma
33. Ocular prophylaxis for gonococcal infection in neonates
34. Screening specified populations for gonorrhea
35. Counseling on the relationship between a healthful diet and exercise and CVD
36. Behavioral dietary counseling for specified populations
37. Screening and counseling specified population regarding hearing difficulties
38. Screening newborns for sensorineural hearing loss (SNHL)
39. Screening for hereditary hemochromatosis
40. Screening specified populations for hepatitis B virus (HBV)
41. Screening specified populations for hepatitis C virus (HCV)
42. Screening specified populations for human immunodeficiency virus (HIV) infection
43. Hormone replacement therapy in postmenopausal women
44. Screening infants for hyperbilirubinemia to prevent chronic bilirubin encephalopathy
45. Screening specified populations for hypertension
46. Screening specified populations for illicit drug use

46. Screening specified populations for illicit drug use
47. Immunizing identified populations according to American Academy of Family Physicians (AAFP) recommendations
48. Use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons
49. Screening specified populations for iron deficiency anemia
50. Screening for chronic kidney disease (CKD) in asymptomatic adults
51. Screening specified populations for lead poisoning
52. Screening specified populations for lipid disorders
53. Using interventions to prevent low back pain
54. Screening for lung cancer with low-dose computed tomography (LDCT), x-ray, sputum cytology, or combination of these tests
55. Primary care interventions to prevent child maltreatment
56. Counseling regarding motor vehicle occupant restraints
57. Counseling regarding reducing driving while under the influence of alcohol
58. Folic acid supplementation in specified female population to prevent neural tube defects
59. Screening, counseling, and behavioral interventions for obesity
60. Screening for oral cancer
61. Screening specified populations for osteoporosis
62. Screening specified populations for ovarian cancer
63. Screening for pancreatic cancer using abdominal palpation, ultrasonography, or serological markers
64. Screening for peripheral arterial disease (PAD) and CVD with ankle-brachial index (ABI)
65. Screening neonates for phenylketonuria
66. Screening for prostate cancer using prostate-specific antigen (PSA)
67. Rh (D) blood typing and antibody testing for pregnant women
68. Screening adolescents for idiopathic scoliosis
69. Counseling regarding second-hand smoke
70. Behavioral counseling to prevent sexually transmitted infections (STIs) in specified populations
71. Screening newborns for sickle cell disease
72. Screening and behavioral counseling for skin cancer
73. Screening preschool children for speech and language delay
74. Screening for suicide risk
75. Screening specified populations for syphilis
76. Screening for testicular cancer
77. Screening for thyroid cancer using ultrasound
78. Screening for thyroid disease
79. Screening specified populations for tobacco use and providing smoking cessation counseling
80. Genetic testing for Factor V Leiden and/or prothrombin 2012G> (PT) in asymptomatic family members of patients with venous thromboembolism
81. Screening specified populations for visual difficulties and impairment
82. Vitamin supplementation (A, C, E, beta-carotene; multivitamins with folic acid; or antioxidant combinations) for prevention of cancer or CVD
83. Vitamin D and calcium supplementation to prevent fractures in specific populations

**Major Outcomes Considered**

Not stated

## Methodology

**Methods Used to Collect/Select the Evidence**

Searches of Electronic Databases

**Description of Methods Used to Collect/Select the Evidence**

Not stated

**Number of Source Documents**

Not stated

### Methods Used to Assess the Quality and Strength of the Evidence

Not stated

### Rating Scheme for the Strength of the Evidence

Not applicable

### Methods Used to Analyze the Evidence

Review

### Description of the Methods Used to Analyze the Evidence

In 2007, the U.S. Preventive Services Task Force (USPSTF) changed the grading of evidence for new recommendations issued (http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm). Therefore, the American Academy of Family Physicians (AAFP) has also changed its grading of the evidence to be more consistent with the USPSTF. The USPSTF and AAFP are in a transition period and are implementing the use of two different grading systems for the recommendations. The first grading system applies to the recommendations that occurred before May 2007, and the second grading system applies to recommendations that occurred during or after May 2007. These grading systems are outlined in the "Rating Scheme for the Strength of the Recommendations" field.

### Methods Used to Formulate the Recommendations

Balance Sheets

### Description of Methods Used to Formulate the Recommendations

The starting point for the recommendations is the rigorous analysis of scientific knowledge available as presented by the U.S. Preventive Services Task Force (USPSTF) (http://www.uspreventiveservicestaskforce.org/). The USPSTF conducts impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling, and preventive medications.

The Commission on Health of the Public and Science (CHPS) reviews recommendations released by the USPSTF and makes recommendations to the American Academy of Family Physicians (AAFP) Board of Directors. In most cases the AAFP agrees with the USPSTF; however, there are circumstances where there are differences.

**AAFP Recommendations for Genetic and Genomic Tests**

The AAFP Recommendations for Genetic and Genomic Tests is provided to aid members their delivery of evidence-based practices to their patients. These recommendations are updated periodically through the work of the AAFP's CHPS and are approved by the AAFP Board of Directors. The starting point for the recommendations is the rigorous analysis of the scientific outcomes available as presented by the Evaluation of Genomics in Practice and Prevention Working Group (EGAPP WG): http://www.egappreviews.org/workingrp.htm.

The CHPS reviews recommendations released by the EGAPP WG and makes recommendations to the AAFP Board of Directors. The AAFP agrees with the EGAPP WG in their recommendations whenever possible; however, there may be circumstances that could warrant different recommendations.

### Rating Scheme for the Strength of the Recommendations

The American Academy of Family Physicians (AAFP) grading system for the recommendations that occurred **during or after May 2007** includes:

**A** Recommendation: The AAFP recommends the service. There is high certainty that the net benefit is substantial.

**B** Recommendation: The AAFP 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.

**C** Recommendation: The AAFP recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.

**D** Recommendation: The AAFP recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

**I** Recommendation: The AAFP 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.

**I-HB** Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

The AAFP grading system for those recommendations **before May 2007** includes:

**SR** Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

**R** Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

**NR** No Recommendation Either For or Against: Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

**RA** Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.

**I** Insufficient Evidence to Recommend Either For or Against: No evidence of even fair quality exists or the existing evidence is conflicting.

**I-HB** Healthy behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

AAFP recommendations for genetic and genomic tests

The AAFP uses language consistent with the language in the recommendations from the Evaluation of Genomics in Practice and Prevention Working Group (EGAPP WG). The language is as follows:

**Recommend for**: The AAFP recommends the test. There is evidence to support that the magnitude of the effect of the test is substantial, moderate or small (as opposed to zero benefit).

**Recommend against**: The AAFP recommends against the test. There is evidence to support that the magnitude of the effect of the test is zero or that there are net harms.

**Insufficient**: The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of the test.

### Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

### Method of Guideline Validation

Peer Review

### Description of Method of Guideline Validation

The American Academy of Family Physicians (AAFP) Summary of Recommendations for Clinical Preventive Services (RCPS) is a document that is periodically updated through the work of the AAFP's Commission on Health of the Public and Science (CHPS) and is approved by the AAFP Board of Directors.

## Recommendations

### Major Recommendations

The rating scheme for the strength of the recommendation for or against a preventive intervention follows the "Major Recommendations" field.

***Note from the National Guideline Clearinghouse (NGC)***: The following recommendations were current as of November 2013. However, because the American Academy of Family Physicians (AAFP) updates their guidance frequently, users may wish to consult the AAFP Web site for the most recent version of the "Summary of Recommendations for Clinical Preventive Services."

**Summary of Recommendations for Clinical Preventive Services**

**Abdominal Aortic Aneurysm (AAA)**

The AAFP *recommends* one-time screening for AAA by ultrasonography in men aged 65 to 75 years who have ever smoked. (2005) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *makes no recommendation for or against* screening for AAA in men aged 65 to 75 years who have never smoked. (2005) (Grade: C recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine screening for AAA in women. (2005) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Abuse, Intimate Partner Violence of Elderly and Vulnerable Adults**

The AAFP *recommends* that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. (2013) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening all elderly and vulnerable adults (physically or mentally dysfunctional) for abuse and neglect. (2013) (Grade: I statement) (Grade Definition) (Clinical Considerations)

**Alcohol Misuse**

The AAFP *recommends* that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. (2013) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recognizes* the avoidance of alcohol products by adolescents age 12 to 17 is desirable. The effectiveness of the physician's advice and counseling in this area is uncertain. (2013) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Bacteriuria, Asymptomatic**

The AAFP *recommends* screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later. (2008) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* screening for asymptomatic bacteriuria in men and nonpregnant women. (2008) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Bacterial Vaginosis**

The AAFP *recommends against* screening for bacterial vaginosis in asymptomatic pregnant women at low risk for preterm delivery. (2008) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for bacterial vaginosis in asymptomatic pregnant women at high risk for preterm delivery. (2008) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Bladder Cancer**

The AAFP *concludes that the evidence is insufficient* to assess the balance of benefits and harms of screening for bladder cancer in asymptomatic adults. (August 2011) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Breast Cancer**

*Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the U.S. Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.*

The AAFP *recommends* that the decision to conduct screening mammography before age 50 should be individualized and take into account patient context including her risks as well as her values regarding specific benefits and harms. (January 2010) (Grade: C recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* biennial (every two years) screening mammography for women between ages 50 and 74. (January 2010) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the benefits and harms of screening mammography in women aged 75 years and older. (January 2010) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* clinicians teaching women breast self-examination (BSE). (January 2010) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the benefits and harms of clinical breast examination (CBE) for women aged 40 years and older. (January 2010) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that current evidence is insufficient* to assess benefits and harms of either digital mammography or magnetic resonance imaging (MRI) instead of film screen mammography as screening modalities for breast cancer. (January 2010) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications such as tamoxifen or raloxifene. (2013) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine use of medications, such as tamoxifen or raloxifene, for risk reduction of primary breast cancer in women who are not at increased risk for breast cancer. (2013) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* that women whose family history is associated with an increased risk for deleterious mutations in breast cancer susceptibility gene *BRCA1* or *BRCA2* be referred for genetic counseling and evaluation for *BRCA* testing. (2005) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine referral for genetic counseling or routine *BRCA* testing for women whose family history is not associated with increased risk for deleterious mutations in *BRCA1* or *BRCA2*. (2005) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Breastfeeding**

The AAFP *recommends* interventions during pregnancy and after birth to promote and support breastfeeding. (2008) (Grade: B recommendation) (Grade Definition) (Clinical Considerations) (For Definition of Interventions)

**Cardiovascular Disease (CVD)**

The AAFP *recommends* the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (2009) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (2009) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* the use of aspirin for stroke prevention in women younger than 55 years and for myocardial infarction prevention in men younger than 45 years. (2009) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the evidence is insufficient* to assess the benefits and harms of aspirin for CVD prevention in men and women 80 years or older. (2009) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* genomics profiling to assess risk for CVD. The net health benefit from the use of any genomic tests for the assessment of CVD risk is negligible and there is no evidence that they lead to improved patient management or increased risk reduction. (2012) (Clinical Considerations)

**Carotid Artery Stenosis (CAS)**

The AAFP *recommends against* screening for asymptomatic CAS in general adult populations. (2007) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Cervical Cancer**

The AAFP *recommends* screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology

and human papillomavirus (HPV) testing every 5 years. (2012) (Grade: A recommendations) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* screening for cervical cancer in women younger than age 21 years. (2012) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the Clinical Considerations for discussion of adequacy of prior screening and risk factors. (2012) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. (2012) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years. (2012) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Chlamydia**

The AAFP *recommends* screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk. (2007) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk. (2007) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routinely providing screening for chlamydial infection for women aged 25 and older whether or not they are pregnant, if they are not at increased risk. (2007) (Grade: C recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for chlamydial infection for men. (2007) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Chronic Obstructive Pulmonary Disease (COPD)**

The AAFP *recommends against* screening asymptomatic adults for COPD using spirometry. (2008) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Colorectal Cancer**

The AAFP *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 risk and benefits of these screening methods vary. (2008) (Grade: A recommendation) (Grade Definition) (Go to Rationale and Clinical Considerations)

The AAFP *recommends against* routine screening for colorectal cancer in adults age 76 to 85 years. There may be considerations that support colorectal cancer screening in an individual patient. (2008) (Grade: C recommendation) (Grade Definition) (Go to Rationale and Clinical Considerations)

The AAFP *recommends against* screening for colorectal cancer in adults older than age 85 years. (2008) (Grade: D recommendation) (Grade Definition) (Go to Rationale and Clinical Considerations)

The AAFP *recommends against* the routine use of aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) to prevent colorectal cancer in individuals at average risk for colorectal cancer. (2008) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the evidence is insufficient* to assess the benefits and harms of computed tomographic colonography and fecal deoxyribonucleic acid (DNA) testing as screening modalities for colorectal cancer. (2008) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* offering genetic testing for Lynch syndrome to patients newly diagnosed with colorectal cancer to reduce morbidity and mortality in relatives. Genetic testing should be offer to first degree relatives of those found to have Lynch syndrome, and those positive for Lynch syndrome should be offered earlier and more frequent screening for colorectal cancer. (2012) (Clinical Considerations)

**Congenital Hypothyroidism**

The AAFP *recommends* screening for congenital hypothyroidism (CH) in newborns. (2008) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

**Coronary Heart Disease**

The AAFP *recommends against* screening with resting or exercise electrocardiography (ECG) for the prediction of coronary heart disease (CHD) events in asymptomatic adults at low risk for CHD events. (2012) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening with resting or exercise ECG for the prediction of CHD events in asymptomatic adults at intermediate or high risk for CHD events. (2012) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of using the nontraditional risk factors discussed in this statement to screen asymptomatic men and women with no history of CHD to prevent CHD events. (Select "Clinical Considerations" for suggestions for practice when evidence is insufficient). The nontraditional risk factors included in this recommendation are high-sensitivity C-reactive protein (hs-CRP), ankle-brachial index (ABI), leukocyte count, fasting blood glucose level, periodontal disease, carotid intima-media thickness (carotid IMT), coronary artery calcification (CAC) score on electron-beam computed tomography (EBCT), homocysteine level, and lipoprotein(a) level. (2010) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Dementia**

The AAFP *concludes that the evidence is insufficient* to recommend for or against routine screening for dementia in older

adults. (2003) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Dental Caries**

The AAFP *strongly recommends* ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm). (2004)

**Depression**

The AAFP *recommends* screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. "Staff-assisted depression care supports" refers to clinical staff that assist the primary care clinician by providing some direct depression care and/or coordination, case management, or mental health treatment. (2010) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routinely screening adults for depression when staff-assisted depression care supports are not in place. There may be considerations that support screening for depression in an individual patient. "Staff-assisted depression care supports" refers to clinical staff that assist the primary care clinician by providing some direct depression care and/or coordination, case management, or mental health treatment. (2010) (Grade: C recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* screening of adolescents (12 to 18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. (2009) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening of children (7 to 11 years of age). (2009) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Diabetes, Gestational**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for gestational diabetes mellitus (GDM), either before or after 24 weeks' gestation. (2008) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Diabetes, Type 2**

The AAFP *recommends* screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. (2008) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80 mm Hg or lower. (2008) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Dysplasia (Developmental) of the Hip**

The AAFP *concludes that the evidence is insufficient* to recommend routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. (2006) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Falls Prevention in Older Adults**

The AAFP *recommends* exercise or physical therapy and vitamin D supplementation in community-dwelling adults aged 65 years or older who are at increased risk for falls. See "Clinical Considerations" for information on risk assessment. (2012) (Grade: B recommendation.) (Grade Definition) (Clinical Considerations)

The AAFP *does not recommend* automatically performing an in-depth multifactorial risk assessment in conjunction with comprehensive management of identified risks to prevent falls in community-dwelling adults aged 65 years or older because the likelihood of benefit is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of the circumstances of prior falls, co-morbid medical conditions, and patient values. (2012) (Grade: C recommendation) (Grade Definition) (Clinical Considerations)

**Genital Herpes Simplex Virus (HSV) Infection**

The AAFP *recommends against* routine serological screening for HSV in asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection. (2005) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine serological screening for HSV in asymptomatic adolescents and adults. (2005) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Glaucoma**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for primary open-angle glaucoma (POAG) in adults. (2013) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Gonococcal Infection in Neonates**

The AAFP *strongly recommends* prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum. (2005) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

**Gonorrhea**

The AAFP *recommends* that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors); see "Clinical Consideration" for further discussion of risk factors. (2005) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes there is insufficient evidence* to recommend for or against screening for gonorrhea infection in pregnant women who are not at increased risk for infection; see "Clinical Consideration" for further discussion of risk

pregnant women who are not at increased risk for infection; see "Clinical Consideration" for further discussion of risk factors. (2005) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine screening for gonorrhea infection in men and women who are at low risk for infection; see "Clinical Consideration" for further discussion of risk factors. (2005) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes there is insufficient evidence* to recommend for or against routine screening for gonorrhea infection in men at increased risk for infection; see "Clinical Consideration" for further discussion of risk factors. (2005) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Healthful Diet and Physical Activity for CVD**

Although the correlation among healthful diet, physical activity, and the incidence of CVD is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting to promote a healthful diet and physical activity is small. Clinicians may choose to selectively counsel patients rather than incorporate counseling into the care of all adults in the general population. *Considerations*: General adult population without a known diagnosis of hypertension, diabetes, hyperlipidemia, or CVD. Issues to consider include other risk factors for CVD, a patient's readiness for change, social support and community resources that support behavioral change, and other health care and preventive service priorities. (2012) (Grade: C recommendation) (Grade Definition) (Clinical Considerations)

**Healthy Diet**

The AAFP *recommends* intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care physicians or by other qualified professionals including dietitians and nutritionists. (1996) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

**Hearing Loss, Screening in Older Adults**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults 50 years and older. (2012). *Clinical Considerations*: This recommendation applies to adults age 50 years and older who show no signs or symptoms of hearing loss. (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Hearing Loss, Sensorineural (SNHL)**

The AAFP *recommends* screening for hearing loss in all newborn infants. (2008) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

**Hemochromatosis**

The AAFP *recommends against* routine genetic screening for hereditary hemochromatosis in the asymptomatic general population. (2006) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Hepatitis B Virus (HBV) Infection**

The AAFP *recommends* screening for HBV in pregnant women at their first prenatal visit. (2009) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routinely screening the general asymptomatic population for chronic HBV infection. (2004) (Clinical Considerations)

**Hepatitis C Virus (HCV) Infection**

The AAFP *recommends* screening for HCV infection in adults at high risks, including those with any history of intravenous drug use or blood transfusions prior to 1992. (2013) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

**Human Immunodeficiency Virus (HIV) Infection**

The AAFP *recommends* that clinicians screen adolescents and adults ages 18 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened. See the Clinical Considerations for more information about screening intervals. (2013) (Grade: A recommendation) (Grade Definition) Clinical Considerations: **Note**: The AAFP's recommendation differs from the U.S. Preventive Services Task Force (USPSTF) only on the age to initiate routine screening for HIV. The USPSTF recommends routine screening beginning at age 15 years (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) and the Centers for Disease Control and Prevention (CDC) recommends routine screening beginning at age 13 years (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm).

- The evidence base for the new recommendations for HIV screening for adults is solid. The one difference between the AAFP recommendations and those of the CDC and USPSTF pertains to what age to initiate routine screening. The CDC states age 13 years and the USPSTF recommendation states age 15 years. The AAFP recommends routine screening starting at age 18 years.
- The prevalence of HIV infection and rate of new infection among 13-14 year olds and 15-17 year olds are very low. CDC data show for the year 2010 there were 529 AIDS cases and 2,200 HIV cases in the age group 15-19 years. Based on the most recent US census there are close to 4 million adolescents in each cohort year or a total of 20 million in the ages 15-19. A rough calculation of (2729/20 million) provides a rate of 1.3/10,000. These data are not seroprevalence data and the actual rates are likely higher. However, these case numbers also include children known to be infected at birth and thus not all are infections contracted in the adolescent years. In addition the rate calculated is for the 5 year group and is likely skewed toward the older ages (18 and 19) and the rates in the 15-17 year olds are probably lower than that calculated.
- The benefits of detecting HIV in low risk 15-17 year old versus detecting the infection in the same adolescent at age 18 is unknown.

The AAFP *recommends* that clinicians screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown. See the Clinical Considerations for more information about screening intervals. (2013) (Grade: A

status is unknown. See the Clinical Considerations for more information about screening intervals. (2013) (Grade: A recommendation) (Grade Definition)

**Hormone Replacement Therapy**

The AAFP *recommends against* the use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. (2012) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* the use of estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy. (2012) This recommendation applies to postmenopausal women who are considering hormone therapy for the primary prevention of chronic medical conditions. This recommendation does not apply to women younger than age 50 years who have undergone surgical menopause. This recommendation does not consider the use of hormone therapy for the management of menopausal symptoms, such as hot flashes or vaginal dryness. (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Hyperbilirubinemia, Infants**

The AAFP *concludes that the evidence is insufficient* to recommend screening infants for hyperbilirubinemia to prevent chronic bilirubin encephalopathy. (2009) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Hypertension**

The AAFP *recommends* screening for high blood pressure in adults aged 18 and older. (2007) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for primary hypertension in asymptomatic children and adolescents to prevent subsequent CVD in childhood or adulthood. (2013) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Illicit Drug Use**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. (2008) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Immunization**

The AAFP *recommends* immunizing all children 0 to 18 years of age using the AAFP recommendations unless contraindicated. (2013) (Grade: A recommendation) (Grade Definition) (Recommended Childhood Immunization Schedule)

The AAFP *recommends* immunizing children 0 to 18 years who are between doses for vaccinations with the AAFP recommendation unless contraindicated. (2013) (Grade: A recommendation) (Grade Definition) (Recommended Catch-up Immunization Schedule)

The AAFP *recommends* immunizing all adults using the AAFP recommendations unless contraindicated. (2013) (Grade: A recommendation) (Grade Definition) (Recommended Adult Immunization Schedule)

**Insulin Dependent Diabetes Mellitus**

The AAFP *recommends against* the use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons.

**Iron Deficiency Anemia**

The AAFP *recommends* routine screening for iron deficiency anemia in asymptomatic pregnant women. (2006) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the evidence is insufficient* to recommend for or against routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months. (2006) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Kidney Disease, Chronic Screening**

The AAFP concludes that the evidence is insufficient to assess the balance of benefits and harms for routine screening for chronic kidney disease (CKD) in asymptomatic adults. Common tests considered for CKD screening include creatinine-derived estimates of glomerular filtration rate (GFR) and urine testing for albumin. (2012) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Lead Poisoning**

The AAFP *concludes that evidence is insufficient* to recommend for or against routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at increased risk. (2006) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine screening for elevated blood levels in asymptomatic children aged 1 to 5 years who are at average risk. (2006) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine screening for elevated blood levels in asymptomatic pregnant women. (2006) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Lipid Disorders**

The AAFP *recommends* screening men aged 35 and older for lipid disorders. (2008) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* screening men aged 20 to 35 for lipid disorders if they are at increased risk for CHD. (2008) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* screening women aged 45 and older for lipid disorders if they are at increased risk for CHD. (2008) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* screening women aged 20 to 45 for lipid disorders if they are at increased risk for CHD. (2008) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *makes no recommendation for or against* routine screening for lipid disorders in men aged 20 to 35, or in women aged 20 and older who are not at increased risk for CHD. (2008) (Grade: C recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the evidence is insufficient* to recommend for or against routine screening for lipid disorders in infants, children, adolescents, or young adults (up to age 20). (2007) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Low Back Pain**

The AAFP *concludes that the evidence is insufficient* to recommend for or against routine use of interventions to prevent low back pain in adults in primary care settings. (2004) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Lung Cancer**

The AAFP *concludes that the evidence is insufficient* to recommend for or against screening asymptomatic persons for lung cancer with either low dose computerized tomography (LDCT), chest x-ray (CXR), sputum cytology, or a combination of these tests. (2004) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Maltreatment, Children**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment. This recommendation applies to children who do not have signs or symptoms of maltreatment. (2013) (Grade I recommendation) (Grade Definition) (Clinical Considerations)

**Motor Vehicles**

The AAFP *recognizes* the use of motor vehicle occupant restraints is desirable to prevent motor vehicle occupant injuries. The effectiveness of physician's advice and counseling in this is area is uncertain. (2007) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recognizes* that avoiding driving while alcohol impaired is desirable. The effectiveness of routine counseling of patients to reduce driving while under the influence of alcohol or riding with drivers who are alcohol-impaired is uncertain. (2007) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Neural Tube Defects**

The AAFP *recommends* that all women planning or capable of pregnancy take a daily supplement containing 0.43 to 0.8 mg (400 to 800 µg) of folic acid. (2009) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

**Obesity**

The AAFP *recommends* screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/$m^2$ or higher to intensive, multicomponent behavioral interventions. (2012) Intensive, multicomponent behavioral interventions include behavioral management activities (12 to 26 sessions in the first year) such as setting weight loss goals, improving diet/nutrition and increasing physical activity, addressing barriers to change, self-monitoring, and strategizing how to maintain lifestyle changes. See "Clinical Considerations" section for more information. (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. (February 2010) (Grade: B recommendation) (Grade Definition) (Clinical Considerations [The definitions for specific interventions (targeted to diet and physical activity) and intensity (>25 hours with child and/or family over 6 months) are noted in the clinical considerations.])

**Oral Cancer**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for oral cancer in asymptomatic adults. (2013) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Osteoporosis**

The AAFP *recommends* screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors. A 65-year-old white woman with no other risk factors has a 9.3% 10-year risk for any osteoporotic fracture. (2011) (Grade: B recommendation) (Grade Definition) The FRAX (Fracture Risk Assessment) tool, available at www.shef.ac.uk/FRAX/, can be used to estimate 10-year risks for fractures for all racial and ethnic groups in the United States. (2011) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for osteoporosis in men. (2011) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Ovarian Cancer**

The AAFP *recommends against* screening for ovarian cancer. (2012) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* that women whose family history is associated with an increased risk for deleterious mutations in *BRCA1* or *BRCA2* genes be referred for genetic counseling and evaluation for *BRCA* testing. (2005) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine referral for genetic counseling or routine *BRCA* testing for women whose family history is not associated with increased risk for deleterious mutations in *BRCA1* or *BRCA2*. (2005) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Pancreatic Cancer**

The AAFP *recommends against* routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers. (2004) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Peripheral Arterial Disease (PAD)**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of screening for PAD and CVD risk assessment with the ABI in adults. (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Phenylketonuria**

The AAFP *recommends* ordering screening test for phenylketonuria in neonates. (2008) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

**Prostate Cancer**

The AAFP *recommends against* prostate-specific antigen (PSA)-based screening for prostate cancer. (2012) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Rh (D) Incompatibility**

The AAFP *strongly recommends* Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. (2004) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation. (2004) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

**Scoliosis, Idiopathic**

The AAFP *recommends against* the routine screening of asymptomatic adolescents for idiopathic scoliosis. (2004) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Second-Hand Smoke**

The AAFP *strongly recommends* to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health.

**Sexually Transmitted Infections (STIs)**

The AAFP *recommends* high-intensity behavioral counseling to prevent STIs for all sexually active adolescents and for adults at increased risk for STIs. (2008) (Grade: B recommendation) (Grade Definition) (Clinical Considerations for risk assessment)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs. (2008) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Sickle Cell Disease**

The AAFP *recommends* screening for sickle cell disease in all newborns. (2007) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

**Skin Cancer**

The AAFP *recommends* counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk of skin cancer. (2012) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of counseling adults older than age 24 years about minimizing risks to prevent skin cancer. (2012) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of using a whole-body skin examination by a primary care clinician or patient skin self-examination for the early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer in the adult general population. (2009) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Speech and Language Delay**

The AAFP *concludes that the evidence is insufficient* to recommend for or against routine use of brief, formal screening instruments in primary care to detect speech and language delay in children up to 5 years of age. (2006) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Suicide**

The AAFP *concludes that the evidence is insufficient* to recommend for or against routine screening by primary care clinicians to detect suicide risk in the general population. (2004) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Syphilis**

The AAFP *strongly recommends* that clinicians screen persons at increased risk for syphilis infection. (2004) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* routine screening of asymptomatic persons who are not at increased risk for syphilis infection. (2004) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* that clinicians screen all pregnant women for syphilis infection. (2009) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

**Testicular Cancer**

The AAFP *recommends against* screening for testicular cancer in asymptomatic adolescent or adult males. (2011) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Thyroid Cancer**

The AAFP *recommends against* the use of ultrasound screening for thyroid cancer in asymptomatic persons. (1996) (Grade: D recommendation) (Grade Definition)

**Thyroid Disease**

The AAFP *concludes that the evidence is insufficient* to recommend for or against routine screening for thyroid disease in adults. (2004) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Tobacco Use**

The AAFP *recommends* that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. (2009) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends* that clinicians screen all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke. (2009) (Grade: A recommendation) (Grade Definition) (Clinical Considerations)

The AAFP recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. (2013) (Grade B recommendation) (Grade Definition) (Clinical Considerations)

**Venous Thromboembolism, Genomic Testing**

The AAFP *recommends against* routine testing for Factor V Leiden and/or prothrombin 2012G> (PT) in asymptomatic adult family members of patients with venous thromboembolism, for the purpose of considering primary prophylactic anticoagulation. This recommendation does not extend to patients with other risk factors for thrombosis such as contraception use. (2012)

**Visual Difficulties**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefit and harms of screening for visual acuity for the improvement of outcomes in older adults. (2009) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Visual Impairment**

The AAFP *recommends* vision screening for all children at least once between the ages of 3 and 5 years to detect the presence of amblyopia or its risk factors. (2011) (Grade: B recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of benefits and harms of vision screening for children <3 years of age. (2011) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

**Vitamin Supplementation, for Cancer and Heart Disease**

The AAFP *concludes that the evidence is insufficient* to recommend for or against the use of supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or CVD. (2003) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* the use of beta-carotene supplements, either alone or in combination, for the prevention of cancer or CVD. (2003) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Vitamin D and Calcium Supplementation, for Prevention of Fractures**

The AAFP *concludes that the current evidence is insufficient* to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in premenopausal women or in men. (2013) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *concludes that the current evidence is insufficient* to assess the balance of the benefits and harms of daily supplementation with >400 IU of vitamin D3 and 1,000 mg of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women. (2013) (Grade: I recommendation) (Grade Definition) (Clinical Considerations)

The AAFP *recommends against* daily supplementation with ≤400 IU of vitamin D3 and 1,000 mg of calcium carbonate for the primary prevention of fractures in noninstitutionalized postmenopausal women. (2013) (Grade: D recommendation) (Grade Definition) (Clinical Considerations)

**Definitions**:

**Grades of Recommendation**

The AAFP grading system for the recommendations that occurred **during or after May 2007** includes:

**A** Recommendation: The AAFP recommends the service. There is high certainty that the net benefit is substantial.

**B** Recommendation: The AAFP 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.

**C** Recommendation: The AAFP recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small.

**D** Recommendation: The AAFP recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

**I** Recommendation: The AAFP 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.

**I-HB** Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

The AAFP grading system for those recommendations **before May 2007** includes:

**SR** Strongly Recommend: Good quality evidence exists which demonstrates substantial net benefit over harm; the intervention is perceived to be cost effective and acceptable to nearly all patients.

**R** Recommend: Although evidence exists which demonstrates net benefit, either the benefit is only moderate in magnitude or the evidence supporting a substantial benefit is only fair. The intervention is perceived to be cost effective and acceptable to most patients.

and acceptable to most patients.

**NR** No Recommendation Either For or Against: Either good or fair evidence exists of at least a small net benefit. Cost-effectiveness may not be known or patients may be divided about acceptability of the intervention.

**RA** Recommend Against: Good or fair evidence which demonstrates no net benefit over harm.

**I** Insufficient Evidence to Recommend Either For or Against: No evidence of even fair quality exists or the existing evidence is conflicting.

**I-HB** Healthy Behavior is identified as desirable but the effectiveness of physician's advice and counseling is uncertain.

AAFP recommendations for genetic and genomic tests

The AAFP uses language consistent with the language in the recommendations from the Evaluation of Genomics in Practice and Prevention Working Group (EGAPP WG). The language is as follows:

**Recommend for**: The AAFP recommends the test. There is evidence to support that the magnitude of the effect of the test is substantial, moderate or small (as opposed to zero benefit).

**Recommend against**: The AAFP recommends against the test. There is evidence to support that the magnitude of the effect of the test is zero or that there are net harms.

**Insufficient**: The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of the test.

### Clinical Algorithm(s)

None provided

## Evidence Supporting the Recommendations

### Type of Evidence Supporting the Recommendations

The type of evidence supporting the recommendations is not specifically stated.

The recommendations are based on review of scientific knowledge presented by the U.S. Preventive Services Task Force (USPSTF).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Health maintenance and disease prevention in healthy and at-risk populations

### Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

- Physicians are encouraged to review not only the needs of individual patients they see, but also of the populations in the communities they serve to determine which specific population recommendations need to be implemented systematically in their practices. The recommendations contained in this document are for screening, chemoprophylaxis and counseling only. They do not necessarily apply to patients who have signs and/or symptoms relating to a particular condition.
- These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented.

## Implementation of the Guideline

### Description of Implementation Strategy

An implementation strategy was not provided.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Staying Healthy

### IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

### Bibliographic Source(s)

American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Leawood (KS): American Academy of Family Physicians (AAFP); 2013 Nov. 19 p.

### Adaptation

The starting point for the recommendations is the rigorous analysis of scientific knowledge available as presented by the U.S. Preventive Services Task Force (USPSTF).

### Date Released

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### Guideline Developer(s)

American Academy of Family Physicians - Medical Specialty Society

### Source(s) of Funding

American Academy of Family Physicians (AAFP)

### Guideline Committee

Commission on Health of the Public and Science (CHPS)

### Composition of Group That Authored the Guideline

Not stated

### Financial Disclosures/Conflicts of Interest

Not stated

### Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Leawood (KS): American Academy of Family Physicians (AAFP); 2012 Oct. 19 p.

### Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the American Academy of Family Physicians (AAFP) Web site.

Print copies: Available from the American Academy of Family Physicians, 11400 Tomahawk Creek Parkway, Leawood, KS 66211.

### Availability of Companion Documents

None available

### Patient Resources

None available

### NGC Status

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