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Preventive Health Care in Older Adults

What should we focus on?

Umanga Sharma M.D.
Learning Objectives

• Learn about the important components of routine preventive care of older adults.

• Understand why it is important to consider overall health and functional status before offering routine preventive care.

• Be able to identify which older adult might benefit from cancer screening.
Topics:

• Primary prevention
• Vaccinations
• Cancer Screening
Vascular Screening:

- Blood pressure screening
- Lipids – Universal Screening recommended to calculate CV risk
- Diabetes-  
  - Screen if Hypertension/hyperlipidemia/Overweight or obese (up to age 70)
Vascular Screening:

USPSTF (2014)

Abdominal Aortic Aneurysm:

✓ **B recommendation** Ages 65-75 men who have ever smoked (100 or more cigarettes)

✓ **C recommendation** •Selectively offer screening in men ages 65-75 who have never smoked

✓ **D recommendation** : Women who have never smoked
Aspirin

USPSTF (2016)

Adults aged 50-59 (B recommendation)

- Recommends initiating low-dose aspirin use for primary prevention of CVD and colorectal cancer
  - 10% or greater 10-year CVD risk/Life expectancy at least 10 years/Willing to take low dose aspirin daily for at least 10 years /Not at increased risk for bleeding

Adults aged 60-69 (C recommendation): Individual decision

Adults aged 70 or older (“I” statement)
Statin

USPSTF

✓ **Grade B Recommendation:** Low-moderate dose statin if 10 year calculated CVD risk >10% in 40-75 years with at least 1 risk factor

✓ **Grade C:** 40-75 years with a 10 year CVD risk of 7.5-10%

**Choosing Wisely Statement:** Do not routinely use statins in adults age 70 or older given statin related adverse events
Osteoporosis:

USPSTF (2011):

✓ **B recommendation**: Screen women 65 years

✓ **“I” statement**: Not enough evidence to screen men

• Exercise
Other important considerations

- Vision
- Evaluation of hearing
- Cognitive Impairment
- Depression
- Alcohol Abuse and Smoking Cessation
- HIV (at least once if > 65 with risk factors)
- Hepatitis C screen for those born between 1945-1965
Vaccines

- Influenza - annual
- Pneumococcal Vaccines - once after 65: Pneumovax/Prevnar(2014)
- TDaP/TD
- Zoster – once after 60
- Hepatitis A and B for high risk
Screening for cancer

✓ Current guidelines define when to START but not when to STOP
✓ Things to consider before screening:
  • Overall health
  • Life expectancy
  • Comorbidities
  • Risks and benefits of screening
  • Personal preferences
Screening for cancer

- Categorize patients into “health groups” - Below Average, Average, Above Average
- Estimate life expectancy
- Consider number needed to screen to prevent one cancer death during that time frame
- If life expectancy is < 5 years, there is no survival benefit to screening for cancer
Balancing Benefits vs. Risks

- **Benefits**
  - Finding treatable cancer
  - Reassurance

- **Risks**
  - False Positives
  - Unnecessary Procedures
  - Unnecessary treatment
  - Cost
Colon Cancer Screening:

USPSTF (2016)
✓ Ages 50 – 75 years (Grade A)
✓ Ages 76 - 85 years (Grade C)
• Individual decision – Life expectancy > 10 years /fewer comorbidities/personal preference
✓ Recommends **against screening** > 85 years
Breast Cancer Screening:

✓ USPSTF (2016)

Ages 50-74 (Grade B):
• Best balance of benefit to harm if done every 2 years

✓ Age ≥ 75yrs: (“I” Statement)
• Many will die from non-breast cancer related illnesses & tend be “over-diagnosed”
• Consider personal preference/ minimal comorbidities /life expectancy
Prostate Cancer Screening

USPSTF (2017 draft statement)

✓ Age 55-69 years: Grade C recommendation
  • Individual decision, weigh risks/harms

✓ Age 70 and older: Grade D recommendation
  • Recommend against PSA-based screening
Cervical Cancer Screening

• Over screening common
USPSTF (2012)

➤ **Stop at age 65** who have had prior adequate screening and not are at high risk

At high risk- Previous Dx of high grade pre-cancerous lesion/cervical ca/Exposure to DES/HIV
Lung Cancer Screening

• USPSTF (2013)

✓ Grade B recommendation for ages 55-80yrs
  • Annual screening with low dose CT
    30 year smoking history/Current smoker/Quit within 15 years

✓ Stop screening Once > 15 years smoking cessation/ develops health problem that limits life expectancy or willingness to have curative lung surgery
Take Home Points

• Focus should be on preserving function and improving quality of life.
• Consider patient’s overall functional status, health, and personal preferences before deciding to screen for cancer.
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