

**Adult Preventive Services (Ages 18-49)**

The following guideline recommends clinical preventive services for adults. The [grade definitions](#) used for this guideline are as defined by the United States Preventive Services Task Force (USPSTF).

Screening	Recommendation
Personalized recommendations:	To offer any patient, for age, gender and risk factor-based recommendations, see Electronic Preventive Services Selector .
Health Assessment, History & Counseling	Recommend a periodic health visit according to risk status every 1-5 years to perform: Height, weight and Body Mass Index (BMI) [B] ; risk evaluation and counseling for obesity (BMI \geq 30) [B] , tobacco use [A] , and opioid and alcohol misuse. [B] Provide behavioral interventions for tobacco users [A] and those demonstrating risky alcohol use [B] or risky sexual behaviors. [B] All adults benefit from optimized diet and physical activity [C] . See <i>individual MQIC guidelines on tobacco control, substance use disorder, and overweight and obesity in the adult</i> .
Anxiety	Screen for anxiety disorders in adults aged 64 and younger, including pregnant and postpartum women. [B] The current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety disorders in older adults (65 and older).
Blood Pressure	Screen for high blood pressure in adults 18 years and older. [A] See <i>individual MQIC guideline on hypertension</i> .
Depression	Screen adults and adolescents aged 12-18 years old for depression using a validated screening tool ¹ with staff-assisted depression care supports in place to ensure accurate diagnosis, effective treatment, and follow-up [B] . Particular attention is called to pregnant and post-partum women. [B] See <i>individual MQIC guideline on depression</i> .
Diabetes and Prediabetes	Screen for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. [B] See <i>individual MQIC guideline on diabetes</i> .
Intimate Partner Violence	Screen women for intimate partner violence, such as domestic violence, and provide or refer for intervention services. [B]
Cervical Cancer/Pap Smear	Screen women age 21 to 65 years with cervical cytology alone every 3 years. For women age 30 to 65 years, screen every 3 years with cervical cytology alone, or with high risk human papillomavirus (hrHPV) testing with or without cytology every 5 years. ⁵ [A] Pap smear screening for benign disease not recommended in women with surgical absence of cervix, or age less than 21. [D]
Colorectal Cancer	Screen for colorectal cancer starting at age 45 [B] and continuing from age 50 to age 75 years. ² [A]
Sexually Transmitted Infections	Screen for chlamydia and gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. [B] Screen all populations at increased risk for syphilis [A] , Hepatitis B. [B] Screen adults age 18 to 79 for Hepatitis C. [B]
HIV	Screen all patients 15 to 65 years of age. [A] Screen all increased risk patients (no age limit) [A] annually, more frequently per risk factors and local prevalence; or if requested.
Breast Cancer	The USPSTF recommends biennial screening mammography for women aged 40 to 74 years. [B] Consider BRCA risk assessment ⁴ for family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with BRCA1/2 gene mutation. Provide genetic counseling, including risk-reducing medications if indicated. [B] The current evidence is insufficient to assess the additional benefits and harms of digital tomosynthesis, or other adjunctive screening in women with dense breasts and negative screening mammogram. [I]
Skin Cancer	Counseling for young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation to minimize risk of skin cancer should be offered to fair-skinned people ages 6 months-24 years. [B]
Osteoporosis	Screen for osteoporosis in women younger than 65 who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment. [B] See <i>individual MQIC guideline on osteoporosis</i> .
Tuberculosis	Screen populations at increased risk for latent TB. [B]
Preventive Therapies:	
Breast Cancer	For women at increased risk, use shared decision making to consider primary prevention for therapies like tamoxifen and raloxifene. [B] No routine use without increased risk. [D]
Cardiovascular Disease	Prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater. [B]
Folic Acid Supplementation	All women capable of pregnancy should take 0.4 to 0.8 mg folic acid daily. [A]
Immunizations (Consult ACIP website for up-to-date recommendations and vaccine indications. Consult prior immunization record.)	
Tdap/Td	After primary series, Td booster every 10 years. Give Tdap at least once after age 10.
HPV series	Males and females up to age 26 should receive one complete HPV series. (Males HPV4 or HPV9; Females HPV2, HPV4, or HPV9.)
MMR	One or two doses for persons who lack history of immunization or convincing history of infection.
Varicella	Two doses for persons who lack history of immunization or convincing history of infection.
Influenza	Annual vaccine.
Pneumococcal, Hep A, Hep B, Meningococcal, Hib	If risk factors present. Consult ACIP website .
COVID-19	Per CDC recommendations.

¹PHQ-2, PHQ-9

²The US Preventive Services Task Force [A and B recommendations](#)

³The Affordable Care Act considers mammography at age ≥ 40 as an "essential benefit".

⁴[B-RST™](#) (Breast Cancer Genetics Referral Screening Tool, Emory University)

This guideline lists core management steps. It is based on Recommendations of the U.S. Preventive Services Task Force (uspreventiveservicestaskforce.org) and the Advisory Committee on Immunization Practices (ACIP) 2021 Immunization Recommendations (cdc.gov/vaccines/schedules/hcp/adult.html). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors July 2005, 2007; April 2011; Jan. 2012; March 2009, 2011, 2013, 2015, 2016, 2017, 2019; August 2021; January 2024; May 2025

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