AGS Geriatrics Evaluation and Management Tools (Geriatrics E&M Tools) support clinicians and systems that are caring for older adults with common geriatric conditions. From the AMERICAN GERIATRICS SOCIETY

INTRODUCTION

- It is important to consider a patient’s remaining life expectancy, comorbidities, risk of disease, preferences, and cognitive and functional status when deciding which preventive health measures to offer.
- If the natural history of the disease is greater than the individual's remaining expected lifespan, screening is not indicated.
- Criteria that should generally be met for disease screening:
  - Condition being screened must be serious and prevalent in the population tested.
  - Disease should have an asymptomatic phase that can be detected by screening.
  - Screening must be safe, sensitive, and specific.
  - Effective treatment must be available early in disease that results in better prognosis than treatment after symptoms develop.
  - Screening costs should be acceptable.
  - Ideally, screening should have been found effective in a randomized controlled trial.

<table>
<thead>
<tr>
<th>CANCER SCREENING</th>
<th>≥10 years remaining life expectancy</th>
<th>5 to &lt;10 years remaining life expectancy</th>
<th>Moderate dementia</th>
<th>Near end of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography</td>
<td>Every 2 years</td>
<td></td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Pap smear</td>
<td>Stop after age 65</td>
<td></td>
<td>NR</td>
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<tr>
<td>Prostate-specific antigen (PSA)</td>
<td>Consider discussing pros/cons if remaining life expectancy &gt;10 years</td>
<td></td>
<td>NR</td>
<td>NR</td>
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<tr>
<td>Colon cancer screening</td>
<td>Yearly, may stop at age 75</td>
<td></td>
<td>NR</td>
<td>NR</td>
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<tr>
<td>Fecal occult blood test</td>
<td></td>
<td></td>
<td>NR</td>
<td>NR</td>
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<tr>
<td>Colonoscopy</td>
<td>Every 10 years, may stop at age 75</td>
<td></td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Low-dose CT for lung cancer screening</td>
<td>Consider annually in those at risk*, stop at age 80</td>
<td>Consider in those at risk*, stop at age 80</td>
<td>NR</td>
<td>NR</td>
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</tbody>
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<table>
<thead>
<tr>
<th>OTHER SCREENING TESTS</th>
<th>≥10 years remaining life expectancy</th>
<th>5 to &lt;10 years remaining life expectancy</th>
<th>Moderate dementia</th>
<th>Near end of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEXA screening for osteoporosis</td>
<td>At least once after age 65, or age 60 if high risk</td>
<td>Consider if not done previously</td>
<td>NR</td>
<td>NR</td>
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<tr>
<td>Blood glucose</td>
<td>Screen when results would affect cardiovascular disease prevention (lips, aspirin use)</td>
<td></td>
<td>NR</td>
<td>NR</td>
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<tr>
<td>Cholesterol screening</td>
<td>Screen those with additional risk factors (eg, smoking, diabetes, hypertension)</td>
<td></td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Ultrasonography for abdominal aortic aneurysm</td>
<td>Once for men 65−75 years old who ever smoked</td>
<td>Consider</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Thyrotropin</td>
<td>Every 2–5 years</td>
<td>Consider for those at high risk</td>
<td>Every 3 years</td>
<td>Consider</td>
</tr>
<tr>
<td>HIV</td>
<td>Consider for those at high risk</td>
<td>Consider for those at high risk</td>
<td>Consider for those at high risk</td>
<td>NR</td>
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<tr>
<td>Hepatitis C</td>
<td>1 time for those born 1945–1965</td>
<td>1 time for those born 1945–1965</td>
<td>1 time for those born 1945–1965</td>
<td>NR</td>
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<tr>
<td>Blood pressure</td>
<td>Consider each visit</td>
<td>Consider each visit</td>
<td>Consider each visit</td>
<td>Consider</td>
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<tr>
<td>Height</td>
<td>Annually</td>
<td>Annualy</td>
<td>Consider each visit</td>
<td>Consider</td>
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<tr>
<td>Weight</td>
<td>Each visit</td>
<td>Each visit</td>
<td>Each visit</td>
<td>Each visit</td>
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<td>IMMUNIZATIONS</td>
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<td><strong>5 to &lt;10 years remaining life expectancy</strong></td>
<td><strong>Moderate dementia</strong></td>
<td><strong>Near end of life</strong></td>
<td></td>
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<tr>
<td>Influenza</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
<td>Annually</td>
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<tr>
<td>Pneumococcal series</td>
<td>Once after age 65&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Once after age 65&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Once after age 65&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Once after age 65&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Booster every 10 years</td>
<td>Every 10 years</td>
<td>Every 10 years</td>
<td>NR</td>
</tr>
<tr>
<td>Herpes zoster</td>
<td>Once after age 60</td>
<td>Once after age 60</td>
<td>Once after age 60</td>
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<th>HEALTHY LIFESTYLE COUNSELING</th>
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<tbody>
<tr>
<td><strong>≥10 years remaining life expectancy</strong></td>
</tr>
<tr>
<td>Smoking cessation</td>
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<td>Exercise</td>
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<tr>
<td>Alcohol misuse</td>
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<td>Driving assessment</td>
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<td>Sexual function</td>
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<table>
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<tr>
<th>GERIATRIC HEALTH ISSUES</th>
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<tbody>
<tr>
<td><strong>≥10 years remaining life expectancy</strong></td>
</tr>
<tr>
<td>Urinary incontinence screening</td>
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<tr>
<td>Visual acuity testing</td>
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<tr>
<td>Hearing impairment screening</td>
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<tr>
<td>Cognitive impairment screening</td>
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<tr>
<td>Gait and balance screening</td>
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<tr>
<td>Depression screening</td>
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<tr>
<td>Falls risk assessment</td>
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<td>Advance directives completion</td>
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<th>CHEMO-PREVENTION</th>
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<tr>
<td><strong>≥10 years remaining life expectancy</strong></td>
</tr>
<tr>
<td>Aspirin</td>
</tr>
<tr>
<td>Calcium</td>
</tr>
<tr>
<td>Vitamin D</td>
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<tr>
<td>Multivitamin</td>
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<tr>
<td>Hormone therapy (women)</td>
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</table>

NR = not recommended

Recommendations above are based on reports from geriatric expert panels, guidelines from the American Geriatrics Society and the United States Preventive Services Task Force. For further details, refer to the Geriatric Review Syllabus.

* 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.: [http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening](http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening) (access November 2015).

<sup>a</sup> If vaccinated with the 23-valent pneumococcal polysaccharide vaccine (PPSV23) before age 65, PPSV23 should be administered again 5 years later and at least 1 year after the 13-valent pneumococcal conjugate vaccine (PCV13).

<sup>b</sup> Men: 45–79 years old when benefit from myocardial infarction reduction outweighs risk of GI hemorrhage; coronary heart disease risk estimation tool: [http://cvdrisk.nhlbi.nih.gov/calculator.asp](http://cvdrisk.nhlbi.nih.gov/calculator.asp)


<sup>c</sup> Those ≥80 years old (men and women): insufficient data for recommendation

**CHOOSING WISELY**

- Do not recommend screening for breast, colorectal, or prostate cancer (with the PSA test) without considering life expectancy and the risks of testing, overtreatment, and overdiagnosis.
- Measurement of PSA is controversial but should not be measured if remaining life expectancy is <10 years.
- Do not repeat colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals.
- Do not perform routine cancer screening for dialysis patients with limited life expectancies.

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