

PREVENTION

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

Geriatrics Evaluation & Management Tools

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.

CANCER SCREENING

	≥10 years remaining life expectancy	5 to <10 years remaining life expectancy	Moderate dementia	Near end of life
Mammography	Every 2 years	NR	NR	NR
Pap smear	Stop after age 65	NR	NR	NR
Prostate-specific antigen (PSA)	Consider discussing pros/cons if remaining life expectancy >10 years	NR	NR	NR
Colon cancer screening				
Fecal occult blood test	Yearly, may stop at age 75	NR	NR	NR
Colonoscopy	Every 10 years, may stop at age 75	NR	NR	NR
Low-dose CT for lung cancer screening	Consider annually in those at risk ^a , stop at age 80	Consider in those at risk ^a , stop at age 80	NR	NR

OTHER SCREENING TESTS

	≥10 years remaining life expectancy	5 to <10 years remaining life expectancy	Moderate dementia	Near end of life
DEXA screening for osteoporosis	At least once after age 65, or age 60 if high risk	Consider if not done previously	NR	NR
Blood glucose	Screen when results would affect cardiovascular disease prevention (lipids, aspirin use)	NR	NR	NR
Cholesterol screening	Screen those with additional risk factors (eg, smoking, diabetes, hypertension)	NR	NR	NR
Ultrasonography for abdominal aortic aneurysm	Once for men 65–75 years old who ever smoked	Consider	NR	NR
Thyrotropin	Every 2–5 years	Every 2–5 years	Every 3 years	Consider
HIV	Consider for those at high risk	Consider for those at high risk	Consider for those at high risk	NR
Hepatitis C	1 time for those born 1945–1965	1 time for those born 1945–1965	1 time for those born 1945–1965	NR
Blood pressure	Consider each visit	Consider each visit	Consider each visit	Consider each visit
Height	Annually	Annually	Consider	Consider
Weight	Each visit	Each visit	Each visit	Each visit

IMMUNIZATIONS

	≥10 years remaining life expectancy	5 to <10 years remaining life expectancy	Moderate dementia	Near end of life
Influenza	Annually	Annually	Annually	Annually
Pneumococcal series	Once after age 65 ^b	Once after age 65 ^b	Once after age 65 ^b	Once after age 65 ^b
Tetanus	Booster every 10 years	Every 10 years	Every 10 years	NR
Herpes zoster	Once after age 60	Once after age 60	Once after age 60	Once after age 60

HEALTHY LIFESTYLE COUNSELING

	≥10 years remaining life expectancy	5 to <10 years remaining life expectancy	Moderate dementia	Near end of life
Smoking cessation	Every visit	Every visit	Discuss with caregiver	NR
Exercise	Annually	Annually	Consider annually	Consider
Alcohol misuse	Annually	Annually	Annually	Recommended initially, then if symptomatic
Driving assessment	Consider	Consider	Routinely	Consider
Sexual function	Annually	Annually	Consider annually	NR

GERIATRIC HEALTH ISSUES

	≥10 years remaining life expectancy	5 to <10 years remaining life expectancy	Moderate dementia	Near end of life
Urinary incontinence screening			Annually	
Visual acuity testing			Consider annually	NR
Hearing impairment screening			Consider annually	NR
Cognitive impairment screening			If symptomatic	
Gait and balance screening			Annually	
Depression screening			Annually	
Falls risk assessment			Annually	
Advance directives completion			Complete and update as needed	

CHEMO-PREVENTION

	≥10 years remaining life expectancy	5 to <10 years remaining life expectancy	Moderate dementia	Near end of life
Aspirin			See below ^c	
Calcium			NR for primary prevention	
Vitamin D			Consider 800 IU in adults >70 years old	
Multivitamin			NR	
Hormone therapy (women)			NR	

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.

^a 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> (access November 2015).

^b 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).

^c 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>

Women: 55–79 years old when benefit from ischemic stroke reduction outweighs risk of GI hemorrhage; stroke risk estimation tool: <http://www.westernstroke.org/index.php?>

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, overdiagnosis, and overtreatment.
- 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.