

SCREENING & 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.
- If the lag time to benefit (ie, the amount of time between undergoing an intervention until benefits are seen in randomized controlled trials) from a preventive health intervention is greater than the individual's expected remaining life span, then the preventive health measure is not indicated. If a patient is unlikely to live longer than the lag time to benefit from a medical intervention, then performing that intervention may only cause that patient harm.
- 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 available early in the disease course results in lower morbidity and mortality 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 if <75; consider stopping if 75+	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; stop at age 70	NR	NR	NR
Colon cancer screening				
Fecal occult blood test	Yearly, up to age 75, stop at age 86, share decision-making ages 76–85	NR	NR	NR
Colonoscopy	Every 10 years, up to age 75, stop at 86, shared decision-making ages 76–85	NR	NR	NR
Low-dose CT for lung cancer screening	Consider annually in those at risk ^a , stop at age 75–80	Consider in those at high risk ^a , stop at age 75–80	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 in women, or age 60 if high risk	Consider if not done previously	NR	NR
Blood glucose	Screen if patient likely to benefit; consider stopping at age 70	NR	NR	NR
Cholesterol screening	Screen those with additional risk factors (eg, smoking, diabetes, hypertension or 10-year cvd-event risk >10%) up to 75	Consider	NR	NR
Ultrasonography for abdominal aortic aneurysm	Once for men 65–75 years old who ever smoked; consider in men who never smoked	Consider	NR	NR
Thyrotropin	Consider	Consider	Consider	Consider
HIV	Consider for those at high risk	Consider for those at high risk	Consider for those at high risk	NR
Hepatitis B	Consider for those at risk	Consider for those at risk	Consider for those at risk	NR
Hepatitis C	Once for those born 1945–1965	Once for those born 1945–1965	Once 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 50	Once after age 50	Once after age 50	Once after age 50

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	Annually
Driving assessment	Annually	Annually	Annually	Annually
Sexual function	Annually	Annually	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	Annually	Annually	Annually
Visual acuity testing	Consider annually	Consider annually	Consider annually	NR
Hearing impairment screening	Consider annually	Consider annually	Consider annually	NR
Cognitive impairment screening	If symptomatic	If symptomatic	NA	NA
Gait and balance screening	Annually	Annually	Annually	Annually
Depression screening	Annually	Annually	Annually	Annually
Falls risk assessment	Annually	Annually	Annually	Annually
Advance directives completion	Complete and update as needed	Complete and update as needed	Complete and update as needed	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	Recommend in adults 50–59 with 10% risk of cardiovascular disease; shared decision-making for adults >60 yrs	NR	NR	NR
Calcium/Vitamin D	Consider 1000 IU in adults ≥65 with 500–1,200 mg of calcium	Consider 1000 IU in adults ≥65 with 500–1,200 mg of calcium	Consider 1000 IU in adults ≥65 with 500–1,200 mg of calcium	Consider 1000 IU in adults ≥65 with 500–1,200 mg of calcium
Multivitamin	NR	Annually	NR	NR
Hormone therapy (women)	NR	NR	NR	NR

NR = not recommended

NA = Not Applicable

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).

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.