

Hypertension	• When? Adults 18 years or older without known hypertension. Grade A • How? <u>Screen:</u> Measure blood pressure with an office blood pressure measurement, If elevated ,measurements should be repeated on both arms. Elevated average blood pressure on at least two readings obtained on at least two separate visits supports a diagnosis of hypertension <u>Confirm:</u> Take blood pressure measurements outside of the clinical setting to confirm a hypertension diagnosis before starting treatment by : - o Ambulatory blood pressure monitoring: A device measures blood pressure at fixed intervals (e.g., every 15–30 minutes) over 12–24 hours. Takes measurements while the individual is carrying out normal activities during the day and at nighttime - o Home blood pressure monitoring: Ask them to record the average of two measurements taken a minute apart, before their morning medications. • How often? • every year in adults 40 years or older and in adults who have risk factors for hypertension(family history, race, obesity, DM, smoking,...) • Screening less frequently (ie, every 3-5 years) as appropriate for adults aged 18 to 39 years not at increased risk for hypertension and with a prior normal blood pressure reading.
Hyperlipidemia	✚ When? • Men at 35 , women at 45 • Patients with a family history of premature ASCVD or familial hypercholesterolemia :20-39 years • Some organizations recommends screening for dyslipidemia in all children before puberty (age 9 to 11) and after puberty (age 17 to 21) ✚ How? Lipid panel (Total cholesterol, triglycerides, LDL, HDL, LDL/HDL ratio, total cholesterol/ HDL ratio) ✚ How often? • Many patients will undergo screening for a lipid disorder but not have preventive therapies started due to having a CVD risk below some threshold. We suggest assessing CVD risk and repeating measurements every five years. • In patients near a threshold for treatment (whether based on total CVD risk or an LDL cholesterol goal), we suggest repeating measurements every three years. We also repeat measurements at least every three years in those found to be at increased CVD risk based on their lipid measurements. Assessment for secondary causes of hyperlipidemia ▪ Indications Adults 20–39 years of age with hyperlipidemia Consider in adults of any age with LDL > 190 mg/dL ▪ Tests include : Fasting blood glucose or HbA1c, TSH , Liver function tests ,Urine analysis and serum creatinine
Diabetes mellites	✚ When? ▪ Adults aged 35 to 70 years who have overweight or obesity: Grade: B

	▪ Individuals with HIV from all age groups ✚ How? fasting plasma glucose, HbA1c level or an oral glucose tolerance test, postprandial glucose level. ✚ How often? ▪ Screening every 3 years may be a reasonable approach for adults with normal blood glucose levels . ▪ If there's history of prediabetes or gestational diabetes→ screen annually ▪ Individuals with HIV: Before and 3–6 months after initiating or switching antiretroviral therapy, then annually if results remain normal
Osteoporosis	✚ When? ▪ Women 65 years and older: Grade B ▪ Postmenopausal women younger than 65 years at increased risk Grade B ▪ Men : at 70 years (according to what dr lana said) ✓ ✚ How? DXA scan (dual-energy x-ray absorptiometry) ✚ How often? Every 1-2 years (according to dr lana)
Depression	✚ When? ▪ Adolescents aged 12 to 18 y, grade B ▪ Adults aged ≥18 y, Grade B ▪ Children <11 , statement I ✚ How? PHQ2, PHQ9, GDS(geriatric depression scale), Edinburgh Postnatal Depression Scale in postpartum and pregnant women ✚ How often? The optimal interval for screening for MDD is not known.
Cancers:	
Colorectal cancer	✚ When? ▪ For adults aged 50 to 75 years: Screen all adults aged 50 to 75 years for colorectal cancer. Grade A ▪ For adults aged 45 to 49 years: Screen adults aged 45 to 49 years for colorectal cancer .Grade B ▪ For adults aged 76 to 85 years: Selectively screen adults aged 76 to 85 years for colorectal cancer, considering the patient's overall health, prior screening history, and patient's preferences. Grade C ✚ How &How often? • High-sensitivity guaiac fecal occult blood test (HSgFOBT) or FIT every year • Stool DNA-FIT every 1 to 3 years • Computed tomography colonography every 5 years • Flexible sigmoidoscopy every 5 years • Flexible sigmoidoscopy every 10 years + annual FIT • Colonoscopy screening every 10 years Notes about colonoscopy: ▪ do it for patients with IBD ,all age groups beginning 8 years after the onset of IBD or at the time of diagnosis of primary sclerosing cholangitis, repeat it every 1-2 years

	- Individuals with familial adenomatous polyposis (FAP), >10 years, repeat annually . - Individuals with Lynch syndrome (HNPCC), >20 years, repeat every 1-2 years.
Breast cancer	When? Women aged 40 to 49 years: The decision to start screening should be an individual one. Grade C using mammogram . - Women aged 50 40 to 74 years: Screen every 2 years. Grade B using mammogram . - Women aged ≥75 years: No recommendation. Grade I statement (insufficient evidence) - Individuals with BRCA mutations, ≥ 25 years, Annual screening, MRI . - Individuals with BRCA mutations, ≥ 30 years, Annual screening, MRI & Mammogram. How? Mammogram
Cervical cancer	When & How often? - Women aged 21 to 29 years: Screen for cervical cancer every 3 years with cytology alone. Grade A. - Women aged 30 to 65 years: Screen for cervical cancer every 3 years with cytology alone, every 5 years with hrHPV testing alone, or every 5 years with cotesting Grade A . - Women younger than 21 years, women older than 65 years with adequate prior screening, and women who have had a hysterectomy, Do not screen for cervical cancer. Grade D. How? Pap smear (cytology), human papilloma virus testing
Lung cancer	When? Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Grade B How & how often? low-dose computed tomography (CT) every year. •Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.
Prostate cancer	When? Men aged 55 to 69 y, Grade C Men 70 y and older, Grade D How? Screening for prostate cancer begins with a test that measures the amount of prostate-specific antigen (PSA) protein in the blood. An elevated PSA level may be caused by prostate cancer but can also be caused by other conditions, including an enlarged prostate (benign prostatic hyperplasia) and inflammation of the prostate (prostatitis). Some men without prostate cancer may therefore have false-positive results. Men with a positive PSA test result may undergo a transrectal ultrasound-guided core-needle biopsy of the prostate to diagnose prostate cancer. How often? One time (not sure) <i>(Handwritten notes: >50-70, 40 → risk)</i>

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What the USPSTF Grades Mean and Suggestions for Practice		
Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the Clinical Considerations section of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Screening of adults 20-70 years

18 – 45 years

- ✚ **Cardiovascular:**
 - Hypertension
 - Hyperlipidemia
 - < 40 years of age with risk factors for ASCVD.
 - ≥ 40 years of age
- ✚ **Cancer:**
 - Female: cervical → women aged ≥ 21
 - Male: none.
- ✚ **Infection:**
 - HIV
 - Hepatitis B: if there is risk factors for HBV
 - Hepatitis C
 - Syphilis: if there's risk factors in men and women.
 - Chlamydia/gonorrhea:
 - ≤ 24 years: all sexually active women.
 - > 24 years: sexually active women with risk factors for STIs.
- ✚ **Others:**
 - DM:
 - Asymptomatic with both:
 - ✓ Overweight or obesity
 - ✓ ≥ 1 additional risk factor for T2DM
 - History of prediabetes
 - If infected with HIV.
 - Depression

45-65 years

- ✚ **Cardiovascular:**
 - HTN
 - Hyperlipidemia
- ✚ **Cancers:**
 - Women:
 - Cervical
 - Breast: based on shared decision making
 - Colorectal
 - 50-65yrs : lung cancer in women with a ≥ 20 pack-years smoking history who either still smoke or quit within the last 15 years
 - Men:
 - Colorectal cancer

- 50-65 yrs: Lung cancer: men with a ≥ 20 pack-year smoking history who either still smoke or quit within the last 15 years

- ✚ **Others:**
 - DM
 - Depression
 - Osteoporosis: women with risk factors for osteoporosis

65-70 years

- ✚ **Cardiovascular:**
 - Hypertension
 - Hyperlipidemia
 - Abdominal aortic aneurysm with:
 - Ever smoker
 - Men with a Positive family history
 - Women with history of smoking and positive family history
- ✚ **Cancers:**
 - Cervical
 - Breast
 - Colorectal
 - Lung cancer: with a ≥ 20 pack-year smoking history who either still smoke or quit within the last 15 years
- ✚ **Others:**
 - Osteoporosis in women
 - Depression
 - DM

Hypertension screening:

About 20% of individuals with high blood pressure are unaware they have hypertension.