Preventive Activities - Adults

ACTION	REFERENCE
Poverty screening	As poverty is not always apparent, there should be a low threshold for
,	screening. This tool has been modified for each participating province/territory.
	The tool for Alberta:
	https://thewellhealth.ca/wp-content/uploads/2016/11/Poverty_flowAB-2016-
	Oct-28.pdf
Behaviours	
. Smoking	Ask about tobacco use at initial encounter. For those who smoke, and who have
	quit, ask again at intervals.
	https://www.nicotinedependenceclinic.com/English/CANADAPTT/Pages/About
	/About%20Us.aspx
	http://www.cancer.ca/en/support-and-services/support-services/quit-
	smoking/?region=on
. Weight & Waist	BMI rather than weight alone should be used to assess overweight and obesity.
circumference	The waist circumference should be used to assess abdominal fat content.
	https://www.preventioninhand.com/Search.aspx?searchtext=&searchmode=all
	words&keywords=smoking&searchbytopics=0&searchbyaudience=2%3b&searc
	hbytype=0
. Physical Activity	Adults should be active for at least 150 minutes per week both aerobic and
	strength. http://csep.ca/CMFiles/Guidelines/CSEP_PAGuidelines_0-
	65plus en.pdf
. Alcohol & Drugs	Screen for at-risk drinking in patients CFPC 2012 http://www.sbir-diba.ca/
. Safety	Injury is the leading cause of death and morbidity for young adults. The Alberta
	injury prevention program supports a smart risk approach:
	https://www.albertahealthservices.ca/injprev/Page4880.aspx
. Sun exposure	Sunburn should be avoided. Physical methods (clothing and hats)
/protection	complemented by sunscreens should be used for UV protection especially when
	sun is high (11am – 3pm in summer) CTFPHC 2014
	https://canadiantaskforce.ca/guidelines/appraised-guidelines/melanoma/
Family History	Distinguish fears from genetic risk. https://www.racgp.org.au/your-
	practice/guidelines/genomics/
Contraception/std	Encourage dual method contraceptive use unless in long term exclusive
protection	relationships. http://cochranelibrary-
	wiley.com/doi/10.1002/14651858.CD010915.pub2/abstract
Dietary change	
. Vitamin D 1000U	Screening for vitamin D in asymptomatic adults is not recommended. Review
daily	of evidence for vitamin D screening and supplementation in adults revealed no
	established benefits. https://www.aafp.org/afp/2018/0215/p254.html
. Fruit & Veg, salt	Eat diets rich in fruits and vegetables https://www.canada.ca/en/health-
reduction	canada/services/food-nutrition/canada-food-guide/choosing-foods/vegetables-
	<u>fruit.html</u> . Alberta Health service
	https://www.albertahealthservices.ca/nutrition/page5621.aspx
. Folate	All women who could become pregnant should take a multivitamin containing

	0.4 mg folic acid daily. Health Canada 2013 https://www.canada.ca/en/public-
	health/services/pregnancy/folic-acid.html
DENTAL	No evidence to support frequent (q6 months) routine checks.
	http://www.cochrane.org/CD004346/ORAL_recall-intervals-for-oral-health-in-
	<u>primary-care-patients</u>
	Fluoride is valuable for all ages: in water preferably, or toothpaste. Mouth
	hygiene after meals recommended.
Immunizations	
. Tetanus/	For those who have been previously immunized, give one dose every 10 years
Diptheria/Pertussis	https://www.canada.ca/en/public-health/services/publications/healthy-
	living/canadian-immunization-guide-part-1-key-immunization-
	information/page-13-recommended-immunization-schedules.html
. Pneumococcus	All aged 65+ give Pneumovax 23 (polysacharride)
	https://open.alberta.ca/dataset/aip/resource/4863c6c6-1d27-4c7e-abfc-
	c4e06020fee5/download/AIP-BP-Pneu-P-23.pdf
	Give Prevnar 13(conjugate) to adults 18 years of age and older with conditions
	resulting in high risk for Invasive Pneumococcal Disease.
	https://open.alberta.ca/dataset/aip/resource/1e0e2935-1d18-455c-ade0-
	4bb728adcec5/download/AIP-BP-Pneu-C-13.pdf
	When both Prevnar 13 and Pneumovax 23 are indicated for adults, the
	pneumococcal conjugate vaccine should be given first with a minimum interval
	of 8 weeks between the two vaccines.
	https://www.canada.ca/en/public-health/services/publications/healthy-
	living/canadian-immunization-guide-part-1-key-immunization-
	information/page-13-recommended-immunization-schedules.html
. Zoster	Suggest Vaccine to >50 years. Shingrix x2 is more effective than Zostavax (90%)
	vs 64%)
	https://www.cdc.gov/vaccines/vpd/shingles/hcp/shingrix/recommendations.ht
	<u>ml</u>
. Influenza	The influenza vaccine can be given annually to anyone aged 6 months or older
	without a contraindication to the vaccine. Effectiveness varies: may be 50%
	https://www.canada.ca/en/public-health/services/publications/healthy-
	living/canadian-immunization-guide-statement-seasonal-influenza-vaccine-
	<u>2017-2018.html</u>
. MMR	One dose of the MMR vaccine should be given to adults born in or after 1970 if
	they did not receive it in late adolescence. Travelers, students in post-
	secondary educational settings, health care workers and military
	personnel should receive two doses at least one month apart.
	https://www.canada.ca/en/public-health/services/publications/healthy-
	<u>living/canadian-immunization-guide-part-1-key-immunization-</u> information/page-13-recommended-immunization-schedules.html
. HPV	In Alberta, given to girls in grades 5 and 9 since 2008. Cohort is aged 22 in 2018.
. 11F V	Boys from 2014. Could be given as catch-up to those who missed out at
	school(\$500 for series of 2). May be given to adults with low chance of
	infection.
	https://www.albertahealthservices.ca/info/service.aspx?id=4209
	https://www.canada.ca/en/public-health/services/immunization/national-
	advisory-committee-on-immunization-naci/amendment-2015-update-on-
	<u>auvisory-committee-on-immunization-naci/amenument-zo15-update-on-</u>

	recommended-human-papillomavirus-hpv-vaccine-immunization-schedule.html
Mental Health	recommended-numan-papmomavii us-npv-vaccine-immunization-scriedule.html
. Depression	Routine screening of asymptomatic adults for depression is not advised. CTFPHC 2013
	https://canadiantaskforce.ca/guidelines/published-guidelines/depression/
	Being aware of mood is still important. The 2-question screen may be
	reasonable for case-finding or screening higher risk patients.
	https://www.acfp.ca/wp-content/uploads/tools-for-
	practice/1515521430 tfp2032-questionscreenfv.pdf
. Safety within	Available evidence does not justify routinely screening for intimate partner
home	violence or elder abuse. Look out for clinical clues of IPV and neglect of elderly
	and vulnerable adults CTFPHC 2013
	https://canadiantaskforce.ca/guidelines/appraised-guidelines/domestic-abuse/
. Dementia	Routine screening for cognitive impairment should not be done for
	asymptomatic adults, since the tests are not good enough for screening.
	CTFPHC 2015 https://canadiantaskforce.ca/guidelines/published-
	guidelines/cognitive-impairment/
Screening	
Infections	
. Chlamydia (urine	Screening should be done for "at risk" groups. These include sexually active
test)	adults under age 25 and pregnant women. Health Canada
testy	https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-
	health-sexually-transmitted-infections/canadian-guidelines/sexually-
	transmitted-infections/canadian-guidelines-sexually-transmitted-infections-
	30.html
	Self-collected vaginal swabs (SCVS) appear more sensitive in diagnosing
	chlamydia and gonorrhea than health professional collected endocervical swabs
	and first catch urine (FCU). ACFP 2018 https://www.acfp.ca/wp-
	content/uploads/tools-for-practice/1522077396 tfp208vaginalselfswabsfv2.pdf
Honotitis C	
Hepatitis C	Screening for hepatitis C should be done for high-risk individuals. These
	include; those with current or past history of injection drug use, been
	incarcerated, immigrants from hepatitis C endemic regions, received health
	care where there is a lack of universal precautions, recipients of blood
	transfusions, blood products or organ transplant before 1992 in Canada,
	hemodialysis patients, have had needle stick injuries, or have engaged in other
	risks sometimes associated with HCV exposure. CTFPHC 2017
	https://canadiantaskforce.ca/guidelines/published-guidelines/hepatitis-c/
Cardiovascular	
.Blood pressure	Measurements should be done every 3 – 5 years at appropriate primary care
	visits. CTFPHC 2012 https://canadiantaskforce.ca/guidelines/published-
	guidelines/hypertension/2
Chalastanal	Consider visk accessment and limid determine their individuals add with an 40
. Cholesterol &	Consider risk assessment and lipid determination in individuals older than 40
Lipids	years of age or in those at increased risk regardless of age. Non-fasting lipid
	determination is acceptable.
	http://dx.doi.org/10.1016/j.cjca.2016.07.510 A CVD risk calculator should be
	used anytime lipids are being assessed.

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	https://www.ccs.ca/images/Guidelines/Tools and Calculators En/FRS eng 20 17 fnl greyscale.pdf
. Diabetes: HbA1c	Routine screening for type 2 diabetes should be based on the individual's risk
. Diabetes. HDAIC	- ''
	profile. CTFPHC 2012 https://canadiantaskforce.ca/guidelines/published-
	guidelines/type-2-diabetes/12
	FINDRISC (The Finnish Diabetes Risk Score) is the preferred validated risk
	calculator but CANRISK (the Canadian Diabetes Risk Assessment Questionnaire)
	is an acceptable alternative. https://www.mdcalc.com/findrisc-finnish-diabetes-
	<u>risk-score#next-steps</u>
. Abdo aortic	One-time screening with ultrasound for men aged 65-80. Weak
aneurysm	recommendation. This is largely a disease of smokers and ex smokers.
,	Screening is not proven worthwhile for women. CTFPHC 2017.
	https://canadiantaskforce.ca/guidelines/published-guidelines/abdominal-
	aortic-aneurysm/
Caracara	aortic-arieurysmy
Cancers	Consequent and the consequence of the consequence o
. Cervical	Screen asymptomatic women >25years who are or have been sexually active
	(weak recommendation). Strong for women 30 – 69 years. CTFPHC 2013
	https://canadiantaskforce.ca/guidelines/published-guidelines/cervical-cancer/
. Breast:	Women aged 50 – 74 years should be informed about screening using
Mammogram	mammography every 2 to 3 years (weak recommendation). Do not routinely
	screen women aged 40 – 49 years.(weak recommendation).CTFPHC 2011
	https://canadiantaskforce.ca/guidelines/published-guidelines/breast-cancer/
. Lung Cancer	Screen adults 55-74 years with at least a 30 pack-year smoking history who are
. zang cancer	current smokers or quit less than 15 years ago. CTFPHC 2016
	https://canadiantaskforce.ca/guidelines/published-guidelines/lung-cancer/
	Screening leads to a high number of false positives who then undergo further
	,
	unnecessary investigations. Smoking cessation remains priority in reducing
	smoking induced mortality, since over 80% of smoking caused deaths are from
	other disease. ACPF 2016 https://www.acfp.ca/wp-content/uploads/tools-for-
	practice/1482257430 2016updatedtfp78lungcancerscreening.pdf
. Colorectal	Screen adults 60 -74 years (strong recommendation), 50 – 59 years (weak
	recommendation) CTFPHC 2016. (Note Alberta program starts at age 50.)
	https://canadiantaskforce.ca/guidelines/published-guidelines/colorectal-
	cancer/
	Although ASA may decrease the incidence and mortality of colorectal cancer,
	there is a greater increased risk of gastrointestinal and intra-cranial bleeding.
	ACFP 2016 https://www.acfp.ca/wp-content/uploads/tools-for-
	practice/1432830691 updatedtfp47asacolorectalcancer.pdf
Problems for older	practice/1+32636651 apaateutip47asacolorectalearicer.pur
ages	This was the a heather has a second particular the second
.Urinary difficulty	This may be a bother, but many patients do not mention it unless asked. http://www.urospec.com/uro/Forms/ipss.pdf
. Falls, Medication	Screen older patients for overmedication and risk of falls
review	http://www.cfp.ca/content/57/7/771
.Fracture risk: FRAX	Screen women aged 65 years and older and also postmenopausal women less
score	than 65 years. There is insufficient evidence to support osteoporosis screening
	in men.(USPSTF 2018)
	III III (III (USI 311 2010)

https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/osteoporosis-screening1

Osteoporosis Self-Assessment Tool (OST) is a simple, quick, and reliable screening tool. ACFP 2015 https://www.acfp.ca/wp-content/uploads/tools-for-practice/1429563774_updatedtfp44screeningforosteoporosisfv2.pdf for The FRAX* models have been developed from studying population-based cohorts from Europe, North America, Asia and Australia.

https://www.sheffield.ac.uk/FRAX/tool.aspx?country=19