

Revised Screening Maneuvers Menu for Adults **2017**

Alberta Screening and Prevention Program (ASaP)

Maneuver	Age (Years)	Interval General Population
Blood Pressure	18+	Annual
Height	18+	At least once
Weight	18+	3 years
Exercise Assessment	18+	Annual
Tobacco Use Assessment	18+	Annual
Influenza Vaccination	18+	Annual
Mammography	50-74	2 years
Colorectal Cancer Screen One of: <ul style="list-style-type: none"> • FIT • Flex Sigmoidoscopy • Colonoscopy 	50-74	2 years
		5 years
		10 years
Pap Test Do Pap test Optional Pap test DO <u>NOT</u> DO Pap test	25-69	3 years
	21-24	
	<21	
Plasma Lipid Profile Non-Fasting	40-74	5 years
Cardiovascular Risk Calculation	40-74	5 years
Diabetes Screen One of: <ul style="list-style-type: none"> • Fasting Glucose • Hgb A1c • Diabetes Risk Calculator 	40+	5 years

The age and interval of given information is suitable for the general population. The need of individual patients will vary. For each maneuver, the physician/provider should offer testing as appropriate. See evidence-based practice points on reverse.

Revised Screening Maneuvers Menu for Adults

Alberta Screening and Prevention Program (ASaP)

2017



Screening Maneuver	Evidence-Based Practice Points
Blood Pressure (B/P)	<ul style="list-style-type: none"> Ideally use an automated office blood pressure (AOBP). No defined testing interval. Consider more frequent B/P testing with aging, comorbidities, and presence of other risk factors. Suspected hypertension (even once) requires ambulatory (24-hour) B/P testing (if available) or home B/P monitoring. Ambulatory B/P and home B/P thresholds are lower (> 135/85).
Height & Weight	<ul style="list-style-type: none"> Height & Weight needed for some CV & Diabetes risk calculators and a loss of height may indicate osteoporosis. Suggest “10 Tips for Obesity Management in Primary Care” for practical suggestions. Click here to access.
Exercise Assessment	<ul style="list-style-type: none"> Recommend 30 minutes 5 days per week, or 20 to 25 minutes every day. Major muscle groups and bone strengthening activity ≥ 2 days per week. For ≥ 65 years, similar recommendations with added benefit of improved functional abilities. Patients should undertake physical activities that enhance balance and prevent falls if mobility is poor.
Tobacco Use Assessment	<ul style="list-style-type: none"> Including smokeless tobacco. Assessment may start at age 12 but no assessment interval is defined. Reducing tobacco use or quitting entirely is the standard but readiness to change will determine the approach selected. See pcnACT Best Practice Algorithm. Click here to access this resource.
Influenza Vaccination	<ul style="list-style-type: none"> Annual for all Albertans over the age of 6 months (free of charge).
Mammography	<ul style="list-style-type: none"> See Toward Optimized Practice (TOP) Breast Cancer Screening Guideline 2015.
Colorectal Cancer Screening	<ul style="list-style-type: none"> The Fecal Immunochemical Test (FIT) for asymptomatic average risk adults at 1-2 year intervals; colonoscopy recommended for those testing positive. Referrals for more invasive testing (i.e., colonoscopy) is not recommended for average risk asymptomatic patients or those with a negative FIT.
Pap Test	<ul style="list-style-type: none"> See TOP Cervical Cancer Screening Guideline 2016. Pap testing - start after 3 years from onset of sexual activity or age 25, whichever is later. Screen at 3-year intervals. Routine screening at age 21 to 24 is optional, consider higher risk and patient choice. Evidence of benefit vs harms is currently equivocal in this age range.
Plasma Lipid Profile Non-Fasting	<ul style="list-style-type: none"> See updated TOP Prevention and Management of CVD Risk in Primary Care Guideline 2015 (revised in 2017). Start at any age for patients with established cardiovascular risk factors; most patients can stop screening at 75. For practical purposes, age has been harmonized to 40 for both men and women for non-fasting lipid profile every 5 years.
Cardiovascular (CV) Risk Calculation	<ul style="list-style-type: none"> See updated TOP Prevention and Management of CVD Risk in Primary Care Guideline 2015 (revised in 2017). For practical purposes, age has been harmonized to 40 for both men and women for CV risk calculation. Framingham or any CV risk tool embedded in Alberta qualified EMRs. Other risk tools: 1. The Best Science Medicine Risk Calculator (click here); 2. University of Edinburgh Cardiovascular Risk Calculator (click here); 3. Canadian Cardiovascular Society’s Lipid Guidelines App (click here).
Diabetes Screening	<ul style="list-style-type: none"> Most guidelines recommend screening every 3-5 years; more recently define diabetes as Hgb A1c $\geq 6.5\%$.