



Doug Campos-Outcalt,  
MD, MPA  
Medical Director, Mercy  
Care Plan, Phoenix, Ariz

[campos-outcald@mercyareplan.org](mailto:campos-outcald@mercyareplan.org)

## 8 USPSTF recommendations FPs need to know about

Treat high blood pressure only if measurements taken outside the office confirm an initial high BP reading • Screen blood-glucose levels in overweight/obese individuals 40 to 70 years old • and more.

The US Preventive Services Task Force made 8 recommendations in 2015 that family physicians should implement in their practices (TABLE 1<sup>1</sup>). The conditions addressed are high blood pressure, abnormal blood glucose, breast cancer, depression, and tobacco use. The Task Force also issued 13 “I” statements (TABLE 2<sup>1</sup>) reflecting insufficient evidence to recommend for or against a particular intervention—once again underscoring the inadequate evidence base for many commonly-accepted practices aimed at prevention. Four such interventions were targeted toward children.

### High blood pressure: Verify before starting treatment

The Task Force continues to give strong backing to the practice of screening for high blood pressure (HBP) and treating those with HBP to prevent cardiovascular and renal disease. The new recommendation, however, recognizes there is significant over-diagnosis of this condition and advises that, before starting treatment, HBP found with office measurement be confirmed with either ambulatory blood pressure monitoring or home blood pressure monitoring. This topic was covered in more depth in a recent Practice Alert.<sup>2</sup>

Since cardiovascular disease is the leading cause of death in the United States and much of this mortality is preventable, the Task

Force also has recommendations in place for screening and treatment of other risks for cardiovascular disease, including obesity, hyperlipidemia, elevated blood glucose (discussed below), and tobacco use.<sup>1</sup>

### Blood glucose: Focus is now on overweight/obese individuals

The Task Force’s new recommendation for diabetes screening differs from the one made in 2008, which recommended screening for type 2 diabetes (T2DM) only in adults with hypertension. The Task Force now recommends screening for abnormal blood glucose in all obese and overweight adults between the ages of 40 and 70. The Task Force analysis is detailed<sup>3</sup> and will be the subject of the next Practice Alert, with only the highlights described here.

The recommendation is limited to overweight and obese adults because they are most likely to have abnormal blood glucose and to benefit from interventions. Screening can be done by measuring fasting blood glucose levels, performing a glucose tolerance test, or measuring glycated hemoglobin levels. The optimal screening frequency is unknown but suggested to be every 3 years. Refer patients with abnormal screen results to an intensive behavioral counseling program that promotes healthy eating and physical activity. Those with T2DM should also receive these services and consider pharmacotherapy.

TABLE 1

## USPSTF recommendations for practice implementation<sup>1</sup>

<b>Blood pressure</b>
<ul style="list-style-type: none"> <li>• Screen for high blood pressure in adults ≥18 years. Additionally, obtain measurements outside the clinical setting for diagnostic confirmation before starting treatment. <b>(A)</b></li> </ul>
<b>Blood glucose</b>
<ul style="list-style-type: none"> <li>• Screen for abnormal blood glucose as part of cardiovascular risk assessment in adults ages 40 to 70 years who are overweight or obese. Offer to refer patients with abnormal blood glucose levels to intensive behavioral counseling interventions to promote a healthful diet and physical activity. <b>(B)</b></li> </ul>
<b>Breast cancer</b>
<ul style="list-style-type: none"> <li>• Recommend biennial mammography screening to women ages 50 through 74 years. <b>(B)</b></li> <li>• For women &lt;50 years, the decision to start screening mammography is an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening. <b>(C)</b></li> </ul>
<b>Depression</b>
<ul style="list-style-type: none"> <li>• Screen for depression in the general adult population, including pregnant and postpartum women. Implement screening with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. <b>(B)</b></li> <li>• Screen for major depressive disorder in adolescents ages 12 to 18 years. Implement screening with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. <b>(B)</b></li> </ul>
<b>Tobacco use</b>
<ul style="list-style-type: none"> <li>• Ask all adults about tobacco use. For those who do use tobacco products, advise them to stop, and provide behavioral interventions and US Food and Drug Administration–approved pharmacotherapy for cessation. <b>(A)</b></li> <li>• Ask all pregnant women about tobacco use. For those who do use tobacco products, advise them to stop, and provide behavioral interventions for cessation. <b>(A)</b></li> </ul>

USPSTF, US Preventive Services Task Force.



The Task Force examined the potential of electronic nicotine delivery systems for smoking cessation and concluded that the evidence was insufficient to make a recommendation.

### Breast cancer: Mammography advice is age dependent

The Task Force breast cancer screening recommendations, first proposed in 2015 and finalized in early 2016, essentially reaffirm those made in 2009. Women ages 50 through 74 should be screened with mammography every 2 years, and individuals younger than age 50 should make a decision to receive screening—or not—based on the known benefits and risks of mammography at their age and their personal risks and preferences.

Insufficient evidence exists to make recommendations regarding mammography for women ages 75 and up, the use of digital breast tomosynthesis as a primary screening tool, and the use of any modality to augment screening in women with dense breasts who have normal mammogram results. Details of

these recommendations were described in a Practice Alert last year.<sup>4</sup>

### Depression: Use screening tools designed for specific patients

The 2015 updates on screening for depression essentially reconfirm the Task Force's previous findings and recommendations on this topic. Screening for depression is recommended for all adults, including pregnant and postpartum women,<sup>5</sup> and adolescents starting at age 12.<sup>6</sup> Once again, the evidence is insufficient to make a recommendation on screening for depression in children younger than age 12.

Both recommendations emphasize the importance of follow-up steps after screening to ensure accurate diagnosis, adequate treatment, and appropriate follow-up. Treatment

➤ The Task Force notes that screening all young children for autism spectrum disorder is problematic because of possible over-diagnosis and unclear benefits of early intervention.

TABLE 2

Services given an “I” statement from USPSTF<sup>1</sup>

The Task Force has concluded that current evidence is insufficient to assess the balance of benefits and harms for the following screens and interventions.

<b>Vision</b>
• Screening for impaired visual acuity in older adults (≥65 years)
<b>Thyroid</b>
• Screening for thyroid dysfunction in nonpregnant, asymptomatic adults
<b>Tobacco</b>
• Recommending electronic nicotine delivery systems for smoking cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety.
<b>Breast cancer</b>
• Screening mammography for women ≥75 years
• DBT as a primary screening method for breast cancer
• Adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging, DBT, or other methods in women identified as having dense breasts with an otherwise negative screening mammogram
<b>Pregnancy</b>
• Pharmacotherapy interventions for tobacco cessation in pregnant women
• Screening for iron deficiency anemia in pregnant women to prevent adverse maternal health and birth outcomes
• Routine iron supplementation for pregnant women to prevent adverse maternal health and birth outcomes
<b>Infants and children</b>
• Screening for ASD in young children (18-30 months) for whom no concerns of ASD have been raised by parents or a clinician
• Screening for iron deficiency anemia in children ages 6-24 months
• Screening for major depressive disorder in children ages ≤11 years
• Screening for speech and language delay and disorders in children ages ≤5 years

ASD, autism spectrum disorder; DBT, digital breast tomosynthesis; USPSTF, US Preventive Services Task Force.

for adults and adolescents can include pharmacotherapy, cognitive-behavioral therapy, and/or psychosocial counseling. However, pharmacotherapy is not recommended for pregnant and breastfeeding women because of potential harms to the fetus and newborn.

The Task Force deems a number of screening tools acceptable. For adolescents, it suggests the Patient Health Questionnaire for Adolescents and the primary care version of the Beck Depression Inventory.<sup>6</sup> For adults, the Task Force suggests the Patient Health Questionnaire, the Hospital Anxiety and Depression Scales, the Geriatric Depression Scale for older adults, and the Edinburgh Postnatal Depression Scale for postpartum and pregnant women.<sup>5</sup>

There is no known optimal frequency of screening or evidence on the value of repeated screening. The Task Force suggests one initial screen with repeated screening based on individual characteristics.

**Tobacco use: Ask every adult patient about it**

Preventing the harms from tobacco use is one of the most important and productive primary care interventions. The Task Force has affirmed its previous recommendation to ask all adults about tobacco use, encourage those that use tobacco to quit, and to offer behavioral and pharmacologic interventions to assist with quitting.<sup>7</sup> The new recommendations

emphasize the importance of smoking cessation during pregnancy; however, because of concern about the unknown potential harms from pharmacologic interventions, they advise only behavioral therapy to assist pregnant women to quit smoking.

The Task Force also examined the potential of electronic nicotine delivery systems for smoking cessation and concluded the evidence is insufficient to make a recommendation. It also concluded that the availability of other proven methods of smoking cessation make them the preferred alternatives.

### Services with insufficient evidence

TABLE 2<sup>1</sup> lists the interventions that the Task Force studied this past year and found insufficient evidence to support a recommendation for or against. For adults, these “I” recommendations include screening for visual acuity disorders in older adults, screening for thyroid disorders, screening for iron deficiency anemia during pregnancy, and routinely providing iron supplementation during pregnancy.

The persistent inadequate evidence for the effectiveness of preventive services in infants and children was highlighted by the results of last year’s examination of 4 screening tests, all recommended by the American Academy of Pediatrics, but given an “I” recommendation by the Task Force. These included screening for autism spectrum disorder (ASD) in young children (18-30 months), iron deficiency anemia in children ages 6 to 24 months, depression in those ages 11 and younger, and

speech and language delay and disorders in children ages 5 or younger. (Ages noted are from the Task Force.)

The Task Force is careful to emphasize that the statement about ASD screening refers to infants and children who appear normal and for whom no concerns of ASD have been raised by their parents. Screening all young children for this disorder is problematic, according to the Task Force, because of possible over-diagnosis and unclear benefits of early intervention.<sup>8</sup>

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