

Issue Number 27, Revised Summer 2010

Series Editor: Marie Boltz, PhD, GNP-BC
Series Co-Editor: Sherry A. Greenberg, MSN, GNP-BC
New York University College of Nursing

General Screening Recommendations for Chronic Disease and Risk Factors in Older Adults

By: Kimberly T. Hall, MSN, FNP-BC and Deborah A. Chyun, PhD, RN, FAHA, FAAN
New York University, College of Nursing

WHY: Chronic diseases, such as cancer, diabetes, and cardiovascular disease (coronary heart disease, hypertension and dyslipidemia), disproportionately affect older adults and are associated with disability and diminished quality of life. These conditions share many of the same common, modifiable risk factors, including obesity and physical inactivity. Today, about 80% of older adults have at least one chronic condition, and 50% have at least two. Identification of chronic disease risk factors and early disease detection, through screening, may decrease the burden of chronic disease and protect and promote the health of older adults.

BEST PRACTICES: Assess for patient's participation in and results of recommended screening tests during office and clinic visits, and hospital, home care, and tertiary care admissions.

TARGET POPULATION: All younger and older adults.

STRENGTHS AND LIMITATIONS: Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Risk factor identification, screening and interventions have been successful in preventing chronic diseases and their associated morbidity and mortality in older adults. However, age limits on screening practices, inconsistencies in risk factor cut points, and bias towards aggressive risk factor reduction in older adults may limit beneficial effects of early detection. For those with multiple chronic illnesses, decisions should be individualized. According to the American Geriatrics Society (AGS), health screening decisions for older adults should be individualized and based on the patient's life expectancy, preferences, plan for what the patient may or may not want to do further if screening had positive findings (i.e. potentially invasive testing and/or treatments), as well as degree of burden to the patient.

FOLLOW UP: Regardless of the clinical setting and transitions, patients should have follow-up with their primary care provider to decide on the appropriate lifestyle and/or medication management of risk factors. Individuals should be screened using a holistic perspective in regards to self, family history, setting, and short and long term goals. Careful ongoing assessments of effectiveness of treatment and for its side effects are especially important in older adults.

MORE ON THE TOPIC:

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U.S. Preventive Services Task Force. (Aug 2008). Screening for prostate cancer. *Annals of Internal Medicine*, 149(3), 185-191. Retrieved May 21, 2010 from <http://www.ahrq.gov/clinic/uspstf/uspstfprca.htm>.

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RISK FACTOR AND SCREENING PROTOCOLS:

1. Screen for chronic disease upon admission of older adults.
2. Educate each new patient about the importance and benefits of primary preventive care using verbal, written and electronic material.
3. Initiate and incorporate screening for chronic disease into the electronic medical record.
4. Follow up and assure that the health care team complies with protocol.
5. Provide appropriate community referrals and follow up.

Screening Recommendations for Older Adults

CANCER

BREAST	<p>USPSTF: Women aged 50-74 years: Biennial mammography; Before age 50, the decision to start regular, biennial screening mammography should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms; no upper age limit suggested although limited evidence ≥ 75</p> <p>ACS: CBE every 3 years for women in 20s and 30s; Mammography yearly for women ≥ 40 with annual CBE; No upper age limit suggested. Some women, because of their family history, a genetic tendency, or other factors, should be screened with MRI in addition to mammograms; discuss with health care provider.</p>
CERVICAL	<p>Yearly regular Pap test beginning latest age 21. At age 30, change to every 2-3 years if had 3 normal Pap tests in a row stopping at: USPSTF: age 65</p> <p>ACS: age 70 if had 3 or more normal Pap tests in a row and no abnormal Pap tests in last 10 years</p>
COLON	<p>USPSTF: FOBT yearly OR flexible sigmoidoscopy every 5 years OR colonoscopy every 10 years starting at age 50 and continuing until age 75 (unless a primary relative was diagnosed with colorectal cancer < 60, then screen earlier)</p> <p>ACS: Beginning at age 50, both men and women at average risk. FOBT yearly, Fecal Immunochemical Test, or Stool DNA (time interval not defined), OR flexible sigmoidoscopy every 5 years (if positive, do colonoscopy) OR colonoscopy every 10 years starting at age 50 OR double contrast barium enema every 5 years (if positive, do colonoscopy) OR CT colonography every 5 years (if positive, do colonoscopy) (unless a primary relative was diagnosed with colorectal cancer < 60 OR ≥ 2 or more primary relatives of any age, then screen earlier) ACS does not impose an upper age limit to stop screening.</p>
PROSTATE	<p>Yearly digital rectal exam (DRE) as part of yearly physical</p> <p>USPSTF: Older men, African-American men, and men with a family history of prostate cancer are at increased risk of prostate cancer. Evidence insufficient for screening men < 75; recommend against screening men ≥ 75.</p> <p>ACS: Evidence insufficient for screening. Beginning at age 50, discuss screening with health care provider. Begin discussion at age 45 if at higher risk (African American or have first degree relatives with prostate cancer before age 65).</p>

CARDIOVASCULAR DISEASE

CHD	ACC/AHA: Exercise stress testing in selected men > 45 and women > 55 with multiple cardiac risk factors or diabetes and discuss aspirin chemoprevention in high risk patients; no upper age limit suggested
HYPERTENSION	JNC-7: BP reading every 2 years in all adults if $< 120/80$, otherwise yearly
DYSLIPIDEMIA	<p>USPSTF: Routine screen (TC and HDL-C) in women ≥ 45 if at increased risk of CHD and all men ≥ 35</p> <p>NCEP: Age ≥ 20 (TC, LDL, and HDL)</p> <p>No upper age limit suggested; approximately every 5 years, depending on levels</p>
OBESITY	USPSTF: All adults screened for obesity (BMI $> 30\text{kg/m}^2$) and offer counseling and behavioral interventions; No upper age limit suggested
TOBACCO	USPSTF: Screen all adults and provide cessation interventions for those who use tobacco; no upper age limit suggested

DIABETES

DIABETES	<p>ADA: Adults ≥ 45 and repeated every 3 years with fasting blood sugar; more frequently if high risk; no upper age limit suggested</p> <p>USPSTF: Screen in presence of hypertension or dyslipidemia to reduce cardiovascular disease risk</p>
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ACC=American College of Cardiology; **ACS**=American Cancer Society; **ADA**=American Diabetes Association; **AHA**=American Heart Association; **CBE**=clinical breast exam; **CHD**=coronary heart disease; **DRE**=Digital Rectal Exam; **FOBT**=Fecal Occult Blood Testing; **HDL**=high density-lipoprotein cholesterol; **JNC-7**=Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure; **LDL**=low-density lipoprotein cholesterol; **MRI**=Magnetic Resonance Imaging; **NCEP**=National Cholesterol Education Panel; **PSA**=Prostatic Specific Antigen; **TC**=total cholesterol; **USPSTF**=U.S. Preventive Services Task Force