

3. RECOMMENDATIONS OF PROFESSIONAL AND EXPERT GROUPS FOR THE **USE OF PREVENTIVE SERVICES** BY OLDER ADULTS

One way to measure the use of preventive services is to compare the actual behavior of individuals with the frequency of use recommended by expert groups. Numerous groups have provided recommendations about the periodicity with which the elderly should receive particular immunizations and screening services. In interpreting the medical evidence on frequency of use, these expert groups vary in the criteria they employ in developing recommendations.

Table 2 summarizes several selected sets of recommendations made by professional or expert groups for older adults, primarily for those over 65 years old. The summary is not comprehensive; rather it includes a range of views on the use of preventive services analyzed in this paper.

The most comprehensive guidelines come from the two governmental task forces. Over the last ten years, the Canadian Task Force on the Periodic Health Examination has analyzed medical evidence about the effectiveness of preventive services and made recommendations for Canadian citizens (18). The U.S. Preventive Services Task Force has engaged in a similar exercise and recently published some of its findings. The task force will publish its full report in 1989 (39,43,79).

Among other U.S. governmental organizations, individual institutes within the National Institutes of Health (NIH) have made recommendations for cancer and coronary heart disease screening (37,77,78). Some of these recommendations result from intramural efforts within NIH, while others are the product of consensus development conferences that bring together experts and interested organizations. Additional guidelines come from professional societies such as the American College of Physicians (4,5), the American Medical Association (68), the American Academy of Ophthalmology (2), the American Optometric Association (9), the American College of Obstetrics and Gynecology (42), and the American College of Radiology (6) as well as health consumer organizations such as the American Cancer Society (3), the American Society to Prevent Blindness (10), and the American Heart Association (8). As table 2 indicates, there is nearly complete agreement among the included groups making recommendations for immunizations for the elderly. For screening services there is a high degree of consistency among groups, but some disagreement does exist.

Table 2. --Published Recommendations for the Use of Selected Preventive Services by Older Adults

Preventive service	CDC ^a	ACP ^b	NIH ^c	CTF ^d	USPSTF ^e	Professional societies ^f	Consumer organizations ^g
Tetanus immunization	Booster every 10 years if primary series has been done	Booster every 10 years		Booster every 10 years	Booster every 10 years		
Pneumococcal immunization	Over age 65--once	Over age 65--once		High risk patients--once	Over age 65--once		
Influenza immunization	Over age 65--every year	Over age 65--every year		Over age 65--every year			
Occult blood in stool			NCI: over age 50--every year				ACS: over age 50--every year
Sigmoidoscopy			NCI: over age 50--every 3-5 years				ACS: over age 50--every 3-5 years after 2 negative tests
Digital rectal exam			NCI: over age 40--every year	Not recommended for prostate cancer; no recommendation for enlarged prostate screening			ACS: over age 40--every year
Clinical breast examination		Considered in conjunction with mammography	NCI: over age 50--every year	Every year from age 50 to 59	Over age 40--every year	ACR: over age 35--every year (with monthly breast self-examination) ACOG: advises following ACS guidelines	ACS: over age 40--every year (with monthly breast self-examination)
Mammography		Says screening with mammography is effective; does not specify frequency or when to start; says screening women aged 50 to 59 saves lives	NCI: over age 50--every year	Between ages 50 and 59--every year	Over age 50--every year	ACR: over age 50--every year ACOG: advises following ACS guidelines AMA: between ages 40 and 49--every one to two years; age 50 and over--every year	ACS: over age 50--every year

Table 2. --Published Recommendations for the Use of Selected Preventive Services by Older Adults (Continued)

Preventive service	CDC ^a	ACP ^b	NIH ^c	CTF ^d	USPSTF ^e	Professional societies ^f	Consumer organizations
Pap smear			MCI: over age 18 or if sexually active--3 consecutive annual Pap smears and pelvic exams with negative results, then less frequently at discretion of physician	Every 5 years from age 35 to age 60; screening should continue if prior smears have been abnormal		ACOG, AMA, ANA, AAFP, AND AWJA: support NCI guidelines	ACS: supports NCI guidelines
Cholesterol screening			NHLBI: over age 20--every 5 years				AHA: supports NHLBI recommendations
Serum glucose				Not recommended without family history of diabetes or previous circulatory problems			ADA: people at risk should be screened (no frequency specified) AHA: every 5 years from age 20 to 75; optional after age 75 if baselines are well-documented
Blood pressure			NHLBI: over age 18--at least every 2 years, depending on previous reading	Over age 65--every 2 years			AHA: every 5 years starting at age 20
EKG				Recommended for symptomatic adults only			AHA: at ages 20, 40, and 60
Vision examination including glaucoma screening by tonometry				Not recommended		AOA: over age 40--every year MO: over age 40--every 2 to 5 years	ASPB: over age 35--every 2 years

