

Massachusetts Department of Developmental Services Adult Screening Recommendations 2019¹ updates to *2017 revision*

The following are global screening recommendations for adults with intellectual/developmental disabilities. There may be other risk factors not identified here. Always consult with the Health Care Provider (HCP).

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
Health Maintenance Visit	Annually for all ages (height, weight, BMI measurement, preventive screenings and counseling, screenings for ocular disease or injury, assessment of needed immunizations, and assessment of foot health function and footwear).				
Oral Health Visit	Promote dental health through regular oral hygiene practices and assessment by a dentist at least every 6 months.				
Cancer Screening					
Breast Cancer	Annual clinical breast exam and self-examination instruction as appropriate		Annual clinical breast exam and self-exam instruction as appropriate. Use shared decision making to consider mammography for high risk patients.	Annual clinical breast exam. Conduct mammography every 2yrs for ages 50+ or more frequently at the clinician's discretion, based on risk factors.	
Cervical Cancer (Pelvic Exam & Pap Smear/HPV)	Screen every 3yrs ages 21-29. When speculum testing is too traumatizing, consider HPV testing via vaginal swab.	Screen with Pap test every three years, or combination of Pap and HPV tests every five years, for women who want to lengthen the screening interval. When speculum testing is too difficult, consider HPV testing via vaginal swab.			Discontinue Pap test after age 65 if there is documented evidence of consistently negative results.
Colorectal Cancer	Screening not routine		Use shared decision making to discuss screening starting at age 40 for adults who are at high risk, and at age 45 for African Americans.	Age 50 (until age 75), <u>select one of the following methods or screening intervals</u> : annual FOBT (Fecal Occult Blood Testing) <u>OR</u> Sigmoidoscopy every 5 years + FOBT every 3 years <u>OR</u> Colonoscopy every 10years.	
Testicular Cancer	Annual testicular exam for all male patients.		Annual testicular exam for all male patients.		Annual testicular exam for all male patients.
Prostate Cancer	Screening not routine.		Provide shared decision-making options for the prostate specific antigen (PSA) screening starting at age 40 for high-risk men of African-American descent, at age 45 for all other high-risk men (brother or father diagnosed with prostate cancer before age 65), and at age 50 for all other men.		PSA screening is not recommended for ages 70+
Skin cancer	Annual screening for those at high risk (family history of skin cancer, a lighter natural skin color, blue or green eyes, blond or red hair, history of sunbed tanning or sunburns, and people who have taken immunosuppressive medications). Inspect skin for abnormalities at routine exams, annually.				
Lung cancer	Screen for tobacco use at all ages ; provide guidance on smoking cessation.				
Additional Recommended Screenings					
Obesity	Screen for overweight and eating disorders. Consult the CDC's growth and BMI charts. Counsel on benefits of physical activity and a healthy diet to maintain desirable weight for height. Offer more focused evaluation and intensive counseling for obese adults (BMI>30), or overweight adults (BMI>25), with co-morbidities to promote sustained weight loss.				
Hypertension	At every medical encounter and at least annually.				
Cholesterol	Screen with lipid panel men age 35 and older if not previously tested. Screen women age 45 and older if at increased risk for coronary heart disease. Screen every 5yrs or at clinician's discretion. Screen earlier for individuals at increased risk (family history of heart disease, diabetes, tobacco use, hypertension, obesity and use of psychotropic meds).				
Diabetes (Type 2)	Screen at least every 3-5 years with the HgbA1c or fasting plasma glucose screen until age 45 for individuals who are at high risk (obesity, family history of diabetes, low LDL cholesterol, high triglycerides, hypertension, sedentary; and for African-, Hispanic-, Native-Americans, Asian).			Screen every 3 years beginning at age 45.	
Liver Function	Annually for Hepatitis B carriers. At clinician's discretion, after consideration of risk factors including long term prescription medication.				
Dysphagia & Aspiration	Screen annually for signs, symptoms, & clinical indicators of possible dysphagia, GERD, and/or recurrent aspiration. Consider swallow study and/or endoscopy as appropriate.				
Cardiovascular Disease	Conduct annual cardiovascular disease risk assessment. Specific syndromes and neuroleptic medications may increase risk for cardiac disease.				Screen once for abdominal aortic aneurysm (AAA) in men ages 65 to 75 who have ever smoked.
Osteoporosis	Consider BMD screening at any age if risk factors are present. (Long term polypharmacy (particularly antiepileptic's), mobility impairments, hypothyroid, limited physical activity, Down syndrome, hypogonadism, vitamin D deficiency).			Consider BMD testing for adults 50+ as most adults with I/DD have risk factors by this age. Repeat BMD testing at HCP discretion.	
Eye Examination	ALL, including those with legal or total blindness, should be under an active vision care plan and eye exam schedule from an eye specialist (ophthalmologist or optometrist.) Refer to eye specialist if new ocular signs/symptoms develop, including changes in vision/behavior. Annual retinal eye exam for diabetics.				

¹Reviewed sources: Massachusetts Health Quality Partnership (MHQP) 2018 Adult Preventive Care Recommendations; Consensus guidelines for primary health care of adults with developmental disabilities, Canadian Family Physician, Vol.57 2011; US Preventive Services Task Force Guidelines; CDC 2019 Adult Immunization Schedule. Items in **bold** differ from adult care recommendations in order to reflect unique health concerns of people with ID.

Glaucoma Assessment ophthalmologist/optometrist	Glaucoma assessment at least once by age 22 . Follow up exam every 2-3 years ; more often for high risk patients	Glaucoma assessment every 1-2 years ages 40+ , with more frequent eye exams for higher risk patients.			
Hearing Assessment	Assess annually for hearing changes. If changes are present, refer to audiologist for a full screen as needed.				
Infectious Disease	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
STI'S (Sexually Transmitted Infections)	Screen annually for STI's in sexually active individuals under age 25. Screen annually aged 25+ if at risk.				
HIV	The CDC recommends HIV screening for all individuals 18+ at least once in their lifetime, and annual testing for those at increased risk due to sexual or drug behaviors.				
Hepatitis B	Periodic testing for adults at risk ¹ who have not been vaccinated. Counsel on reducing risk.				
Hepatitis C	One-time screening for adults born from 1945 – 1965. Periodic testing for all patients at high risk ² .				
Tuberculosis (TB)	Assess risk annually and obtain testing for those at moderate to high risk . Risk factors: residents of a nursing home or care facility or who are in close contact with persons known, suspected, or at risk to have TB.				
Immunizations (Vaccines are recommended, but may not be covered by MassHealth or Medicare in all cases)					
Influenza	Annually unless medically contraindicated				
Pneumococcal (pneumonia)	PCV13 vaccine and PPSV-23 vaccine once each ages 19-64 who are at high risk (chronic respiratory disease including chronic aspiration pneumonia, chronic heart disease, insulin-dependent diabetes, weakened immune system, some cancers, HIV infection, sickle cell disease and other blood disorders). For tobacco users and people with asthma, PPSV-23 vaccine once ages 19-64.				Once, even if vaccinated before
Hepatitis B	3-dose series once .				
Hepatitis A	Offer immunization to adults with chronic liver disease and if they are immune-compromised.				
Tetanus, Diphtheria, Pertussis (TDAP)	3 doses initially. Td booster every 10 years. For adults < 65 years of age who have not previously received a dose of Tdap, Tdap should replace a single dose of Td.				
Measles, Mumps, and Rubella (MMR)	One dose if born after 1957 and no documentation of vaccination and no laboratory evidence of immunity to measles, mumps and rubella. Two doses recommended for adults at high risk (2 nd dose should be given 28 days after first). High risk includes people who participate in large group programs or who are attend school and campus-based programs.				
HPV Vaccine	Recommend HPV vaccination for females age 26 and under and males age 21 and under, if not previously vaccinated. Recommend vaccination for men engaging in sex with other men and for immuno-compromised patients through age 26, if not previously vaccinated.				
Varicella (Chicken Pox)	2 doses recommended for those who do not have documentation of age-appropriate immunization or a reliable history of chicken pox (varicella)				
Zoster (shingles) Vaccine				2 doses of RZV (preferred) adults 50+ or 1 dose ZVL age 60+ even if had shingles before. Generally, not for those with weak immune systems.	
Meningococcal	Screen for risk and consider vaccination.				
Mental and Behavioral Health					
Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation ³ .				
Dementia	Establish and track baseline skill level for ADLs	In persons with Down Syndrome, annual screen after age 40 using a standardized dementia screening tool.			
People with Down syndrome (in addition to the above recommendations)					
Thyroid function test	Establish a thyroid baseline and test annually for patients taking lithium or atypical or second-generation antipsychotic drugs. Consider testing more frequently if symptoms indicate (confusion, mood changes and sleepiness).				
Cervical spine x-ray	Obtain baseline to rule out atlanto-axial instability. Needed once in adulthood. If negative, no need to repeat, unless symptomatic e.g. progressive change in walking or balance, urinary incontinence, upper and/or lower extremity weakness.				
Echocardiogram	Obtain baseline if no records or cardiac function are available.				
Sleep Study	Consider testing for sleep apnea if symptomatic e.g. snoring, witnessed apneas, excessive daytime sleepiness, difficulty waking, fragmented sleep at night, morning headaches.				
General Counseling and Guidance: Annually counsel on fire/burns prevention, choking, and risk of substance abuse. Screen for at-risk sexual behavior. Screen for the need of trauma-informed treatment. Emphasize importance of balance, flexibility, and strength training as people age to prevent falls. Annually monitor for behavioral signs of abuse and neglect. Provide preconception counseling as appropriate. Counsel women on the changes that occur at menopause and options for symptom management. Annually counsel on diet/nutrition/physical activity as needed.					

¹ Hep B risk factors: Immigration or parents emigrating from high-risk areas, positive HIV infection status, injection drug users, men who have sex with men, persons receiving hemodialysis or cytotoxic immunosuppressive therapy, household contacts of persons with chronic HBV infection

² Hep C risk factors: Illicit injection drug use, receipt of blood product for clotting problems before 1990 and/or receipt of a blood transfusion or solid organ transplant before July 1992 (if not previously tested), long-term kidney dialysis, evidence of liver disease, a tattoo or body piercing by nonsterile needle, intravenous drug use, and high-risk sex practices (inconsistent condom use, multiple sex partners).

³ Suggest use of the PAS-ADD to evaluate behaviors and provides information on likelihood of depression and other mood disorders.