

Update to the Preventive Care Checklist Form[®]

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The Preventive Care Checklist Form[®] guides comprehensive and evidence-based preventive health care for average-risk adults. The form was developed and validated in 2006¹ and has been updated 5 times with Canadian preventive health care recommendations. Recommendations were reviewed from the Canadian Task Force on Preventive Health Care (CTFPHC), from established Canadian medical organizations, and through an Ovid MEDLINE search. Guidelines that were not relevant to preventive care visits were excluded. If 2 national bodies had published guidelines on the same topic, the CTFPHC guidelines were prioritized. In December 2018 the revised forms were submitted to the College of Family Physicians of Canada for a peer-reviewed re-endorsement process; endorsement was obtained in October 2019. Forms for men and women with explanation sheets are available in English and French. They are in a fillable PDF on the College's website (www.cfpc.ca) and can be incorporated into an electronic medical record system. They are also available from **CFPlus**.*

A summary of the updated recommendations appears in **Table 1**.²⁻¹³

New screening recommendations from the CTFPHC

Abdominal aortic aneurysm (AAA) (2017). The CTFPHC recommends screening men aged 65 to 80 years once with an ultrasound for AAA. Screening men older than 80 years or women of any age is not recommended. Women have very low rates of AAA and greater risk of mortality following AAA repair.⁷

Hepatitis C (HCV) (2017). The CTFPHC recommends against screening for HCV in asymptomatic adults who are not at elevated risk.⁸ A joint recommendation from the CTFPHC and the Public Health Agency of Canada suggests testing for HCV only in patients with risk behaviour, potential exposure to HCV, or clinical clues that raise suspicion for HCV. The guideline might be re-evaluated as new evidence emerges regarding the benefits and harms of screening.⁸

Lung cancer (2016). The CTFPHC recommends annual screening up to 3 consecutive times for lung cancer with low-dose computed tomography in adults

aged 55 to 74 years with at least a 30 pack-year smoking history who currently smoke or who quit less than 15 years ago.⁹ Testing should occur in a diagnostic imaging setting that has expertise in early diagnosis and treatment of lung cancer.⁹

Updated screening recommendations from the CTFPHC

Colorectal cancer screening (2016). Colonoscopy is no longer recommended as a screening test for colorectal cancer owing to weak evidence and the lack of direct evidence from randomized controlled trials identifying the benefit of colonoscopy as a routine screening test.¹⁰ There continues to be strong evidence to recommend screening adults aged 60 to 74 years with fecal occult blood testing (either guaiac fecal occult blood testing or fecal immunochemical testing) every 2 years or with flexible sigmoidoscopy every 10 years.¹⁰ There is weak evidence to recommend screening adults aged 50 to 59 as above. Adults aged 75 years and older should not be screened.¹⁰

Deleted screening recommendations from the CTFPHC

Cognitive impairment (2015). The CTFPHC does not recommend screening for cognitive impairment in adults 65 years of age and older who have no symptoms of mild cognitive impairment or dementia.⁶

Updated recommendations from Canadian medical organizations

Family planning. The Society of Obstetricians and Gynaecologists of Canada recommends counseling on effective methods of contraception and suggests that long-acting reversible methods are the most effective for those with functioning uteruses.¹⁴

Calcium. Osteoporosis Canada in conjunction with Health Canada recommends that adults younger than 50 years of age should have 1000 mg of calcium per day.^{2,3} Osteoporosis Canada recommends that adults aged 50 years and older should have 1200 mg daily.²

Vitamin D. To prevent osteoporosis and hip fractures, Osteoporosis Canada and the Society of Obstetricians and Gynaecologists of Canada recommend supplementation with 400 to 1000 IU (10 to 25 µg) of vitamin D daily for those at low risk of vitamin D deficiency and 800 to 1000 IU (20 to 50 µg) daily, which can safely be increased to 2000 IU, for those 50 years of age or older and at moderate risk of vitamin D deficiency.^{2,4}

*The updated **male Preventive Care Checklist Form**, the **female Preventive Care Checklist Form**, and the **explanations** for the Preventive Care Checklist Form are available from **CFPlus**. Go to the full text of the article online and click on the **CFPlus** tab.

Table 1. New recommendations included in the updated Preventive Care Checklist Form[®]

TOPIC	RECOMMENDATION	SOURCE OF RECOMMENDATION
Education and counseling		
• Calcium intake ^{2,3}	1000-1200 mg daily	Osteoporosis Canada (2010) Health Canada (2010)
• Vitamin D intake ^{2,4}	400-1000 IU daily for low risk 800-1000 IU (up to 2000 IU) if aged ≥ 50 y	Osteoporosis Canada (2010) SOGC (2014)
Physical examination		
• BP ⁵	Removal of the previous guidelines for different BP goals for the elderly (systolic BP < 150 mm Hg if aged ≥ 80 y) Consideration to target systolic BP < 120 mm Hg in high-risk patients	Hypertension Canada (2018)
Functional inquiry		
• Cognitive impairment ⁶	Do not screen asymptomatic adults (≥ 65 y of age) for cognitive impairment	CTFPHC (2015)
Laboratory tests and Investigations		
• AAA ⁷	One-time screening with ultrasound for AAA for men aged 65-80 y Do not screen men > 80 y of age for AAA Do not screen women for AAA	CTFPHC (2017)
• Hepatitis C ⁸	Do not routinely screen for hepatitis C if not at elevated risk	CTFPHC (2017)
• Lung cancer ⁹	Screen those aged 55-74 y with > 30 pack-year smoking history or who quit < 15 y ago with low-dose CT Do not use chest x-ray scanning for screening	CTFPHC (2016)
• Colorectal cancer ¹⁰	Screen with FIT or FOBT every 2 y, or flexible sigmoidoscopy every 10 y, if aged 50-75 y Do not use colonoscopy for screening	CTFPHC (2016)
• Dyslipidemia ^{11,12}	Screen with nonfasting lipid profile in men aged ≥ 40 y, women aged ≥ 40 y (or postmenopausal), or earlier if at increased risk	CCS (2016) Simplified lipid guidelines (2015)
Immunizations		
• Pneumococcal vaccination ¹³	Give Pneu-P-23 vaccine to all adults ≥ 65 y Can also give Pneu-C-13 vaccine to those at high risk or to reduce individual risk if ≥ 65 y	PHAC (2016)
• HPV vaccination ¹³	To men and women with no upper age limit, if at ongoing risk	PHAC (2018)
• Herpes zoster vaccination ¹³	Recombinant herpes zoster vaccine in those aged ≥ 50 y	PHAC (2018)

AAA—abdominal aortic aneurysm, BP—blood pressure, CCS—Canadian Cardiovascular Society, CT—computed tomography, CTFPHC—Canadian Task Force on Preventive Health Care, FIT—fecal immunochemical test, FOBT—fecal occult blood test, HPV—human papillomavirus, PHAC—Public Health Agency of Canada, Pneu-C-13—13-valent pneumococcal conjugate, Pneu-P-23—23-valent pneumococcal polysaccharide, SOGC—Society of Obstetricians and Gynaecologists of Canada.

Dyslipidemia. New guidelines from the Canadian Cardiovascular Society suggest that a nonfasting lipid profile is equally helpful for screening for dyslipidemia as a fasting lipid profile is and recommend screening both men and women aged 40 years and older.¹¹ They also recommend screening patients at risk of cardiovascular disease and encourage risk estimation with a cardiovascular disease risk calculator such as the Framingham Risk Score or the Cardiovascular Life Expectancy Model. The Lipid Pathway Committee also provided new simplified clinical practice guidelines for the prevention of cardiovascular disease.¹² They suggest

initiating screening for men aged 40 and older and women aged 50 and older, or earlier if there are known cardiovascular risk factors.

Hypertension. Updated blood pressure goals from Hypertension Canada suggest that elderly patients with hypertension benefit from intensive reduction in blood pressure similar to younger patients.⁵ New recommendations also suggest targeting systolic blood pressure to 120 mm Hg or less with intensive management in high-risk patients aged 50 years and older with systolic blood pressure of 130 mm Hg or higher.⁵

Pneumococcal vaccine. The Public Health Agency of Canada recommends that adults aged 65 years and older receive 1 dose of the pneumococcal 23-valent polysaccharide vaccine.¹³ The 13-valent pneumococcal conjugate vaccine can also be given for those 65 years and older if individual protection is desired, or to any adult who is at high risk, such as smokers, patients with alcohol use disorders, patients who are homeless, and those with chronic medical conditions.

Human papillomavirus (HPV) vaccine. The Public Health Agency of Canada recommends the HPV vaccine be administered to all adults who are at ongoing risk of exposure to HPV.¹³ There is no upper age limit. Men who have sex with men are considered to be at high risk.

Herpes zoster vaccine. The Public Health Agency of Canada recommends the recombinant herpes zoster vaccine be offered to individuals 50 years of age and older who do not have contraindications.¹³ This includes those who have not previously been vaccinated or those previously vaccinated with the live virus vaccine. Immunization with recombinant herpes zoster vaccine can also be offered to adults 50 years of age and older who have had a previous episode of herpes zoster.

Conclusion

The Preventive Care Checklist Form has been updated to include the most recent recommendations for screening of asymptomatic average-risk adults during the periodic health examination, and it is endorsed by the College of Family Physicians of Canada.

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Competing interests

None declared

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