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U.S. Preventive Services Task Force

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Screening

Abdominal Aortic Aneurysm

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine screening of asymptomatic adults for abdominal aortic aneurysm with abdominal palpation or ultrasound.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Screening for Abdominal Aortic Aneurysm, 1996](#)

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Screening

Adolescent Idiopathic Scoliosis

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against screening of asymptomatic adolescents for idiopathic scoliosis. Clinicians should remain alert for large spinal curvatures when examining adolescents.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Adolescent Idiopathic Scoliosis, 1996](#)

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Immunizations and Chemoprophylaxis

Adult Immunizations

U.S. Preventive Services Task Force
1996

Recommendation

Annual influenza vaccine is recommended for all persons aged 65 and older and persons in selected high-risk groups.

Pneumococcal vaccine is recommended for all immunocompetent individuals who are age 65 years and older or otherwise at increased risk for pneumococcal disease. There is insufficient evidence to recommend for or against pneumococcal vaccine for high-risk immunocompromised individuals, but recommendations for vaccinating those persons may be made on other grounds.

The series of combined diphtheria-tetanus toxoids (Td) should be completed for adults who have not received the primary series, and all adults should receive periodic Td boosters.

Vaccination against measles and mumps should be provided to all adults born after 1956 who lack evidence of immunity. A second measles vaccination is recommended for adolescents and young adults in settings where such individuals congregate (e.g., high schools and colleges). [Screening for Rubella](#) provides recommendations for rubella vaccine.

Hepatitis B vaccine is recommended for all young adults not previously immunized and for all persons at high risk for infection. Hepatitis A vaccine is recommended for persons at high risk for hepatitis A virus (HAV) infection.

Varicella vaccine is recommended for susceptible adults.

Additional recommendations are provided in:

- [Screening for Tuberculous Infection](#), regarding the Bacille Calmette-Guerin (BCG) vaccine.
- [Postexposure Prophylaxis](#), for postexposure prophylaxis against selected infectious diseases.
- [Screening for Hepatitis B Infection](#).

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Adult Immunizations, 1996](#)

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Chemoprevention

Aspirin for the Primary Prevention of Cardiovascular Events

U.S. Preventive Services Task Force
Update, 2002 Release

Recommendation

The U.S. Preventive Services Task Force strongly recommends that clinicians discuss aspirin chemoprevention with adults who are at increased risk for coronary heart disease (CHD). Discussions with patients should address both the potential benefits and harms of aspirin therapy ([A recommendation](#)).

Guide to Clinical Preventive Services

Aspirin for the Primary Prevention of Cardiovascular Events, 2002

[Recommendations and Rationale](#)

[Summary of the Evidence](#)

[Prevention Program Fact Sheets](#)

[Aspirin for Primary Prevention of Cardiovascular Events: What's New](#)

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Immunizations and Chemoprophylaxis

Aspirin Prophylaxis in Pregnancy

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against the routine use of aspirin to prevent preeclampsia or intrauterine growth retardation in pregnant women, including those at high risk.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Aspirin Prophylaxis in Pregnancy, 1996](#)

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Screening

Asymptomatic Carotid Artery Stenosis

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against screening asymptomatic persons for carotid artery stenosis using the physical examination or carotid ultrasound.

For selected high-risk patients, a recommendation to discuss the potential benefits of screening and carotid endarterectomy may be made on other grounds.

All persons should be screened for hypertension, and clinicians should provide counseling about smoking cessation.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Screening for Asymptomatic Carotid Artery Stenosis, 1996](#)

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Screening

Asymptomatic Coronary Artery Disease

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against screening middle-aged and older men and women for asymptomatic coronary artery disease, using resting electrocardiography (ECG), ambulatory ECG, or exercise ECG.

Recommendations against routine screening can be made on other grounds for individuals who are not at high risk of developing clinical heart disease.

Routine screening is not recommended as part of the periodic health visit or pre-participation sports examination for children, adolescents, or young adults.

Clinicians should emphasize proven measures for the primary prevention of coronary disease.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Asymptomatic Coronary Artery Disease, 1996](#)

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Screening

Bacterial Vaginosis in Pregnancy

U.S. Preventive Services Task Force
New Topic, 2001 Release

Recommendation

Insufficient evidence to recommend for or against routinely screening women at high risk for pre-term delivery for bacterial vaginosis ([I recommendation](#)).

Recommends against routinely screening asymptomatic pregnant women at average risk for pre-term delivery for bacterial vaginosis ([D recommendation](#)).

Guide to Clinical Preventive Services, 3rd Edition

Bacterial Vaginosis in Pregnancy: Screening, 2001
[Recommendations and Rationale](#) (PDF file, 128 KB)
[Summary of Evidence](#) (PDF file, 363 KB)
[Systematic Evidence Review](#) ([File Download](#))

[Prevention Program Fact Sheets](#)
[Screening for Bacterial Vaginosis in Pregnancy: What's New](#)

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Screening

Breast Cancer

U.S. Preventive Services Task Force
Update, 2002 Release

Recommendation

For women aged 40 and older:

- Screening mammography, alone or with clinical breast examination (CBE), every 1-2 years ([B recommendation](#)).

There is insufficient evidence to recommend for or against routine clinical breast examination (CBE) alone to screen for breast cancer ([I recommendation](#)).

There is insufficient evidence to recommend for or against teaching or performing routine breast self-examination (BSE) ([I recommendation](#)).

Guide to Clinical Preventive Services, 3rd Edition
Screening for Breast Cancer, 2002
[Recommendations by USPSTF \(PDF file, 43 KB\)](#)

[Prevention Program Fact Sheets](#)
[Screening for Breast Cancer: What's New](#)

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Breast Cancer, 1996](#)

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Chemoprevention

Breast Cancer

U.S. Preventive Services Task Force
Topic in Progress, 2000

New topic being reviewed in 2000.

Recommendation and review of evidence will be available when released.

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Screening

Bladder Cancer

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for bladder cancer with urine dipstick, microscopic urinalysis, or urine cytology is not recommended in asymptomatic persons.

All persons who smoke tobacco should be routinely counseled to quit smoking.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Bladder Cancer, 1996](#)

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Screening

Cervical Cancer

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for cervical cancer is recommended for all women who are or have been sexually active and who have a cervix:

- Papanicolaou (Pap) testing should begin with the onset of sexual activity.
- Pap testing should be repeated at least every 3 years.

There is insufficient evidence to recommend for or against an upper age limit for Pap testing, but recommendations can be made on other grounds to discontinue regular testing after age 65 in women who have had regular previous screenings in which the smears have been consistently normal.

There is insufficient evidence to recommend for or against routine screening with cervicography, routine screening with colposcopy, and screening for human papilloma virus infection, although recommendations against such screening can be made on other grounds.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Cervical Cancer, 1996](#)

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Screening

Child Developmental Delay

U.S. Preventive Services Task Force
Topic in Progress, 2000

New topic being reviewed in 2000.

Recommendation and review of evidence will be available when released.

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Immunizations and Chemoprophylaxis

Childhood Immunizations

U.S. Preventive Services Task Force
1996

Recommendation

All children without established contraindications should receive the following vaccines in accordance with regular schedules:

- Diphtheria-tetanus-pertussis (DTP).
- Oral poliovirus (OPV).
- Measles-mumps-rubella (MMR).
- Conjugate Haemophilus influenzae type b.
- Hepatitis B.
- Varicella.

Hepatitis A vaccine is recommended for children and adolescents at high risk for hepatitis A virus (HAV) infection. Pneumococcal vaccine and annual influenza vaccine are recommended for children and adolescents at high risk.

Additional recommendations are provided in:

- [Postexposure Prophylaxis](#), for recommendations against selected infectious diseases.
- [Scening for Tuberculous Infection](#), for recommendations regarding the Bacille Calmette-Guerin vaccine.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Childhood Immunizations, 1996](#)

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Screening

Chlamydial Infection

U.S. Preventive Services Task Force
Update, 2001 Release

Recommendation

Strongly recommends routine screening for:

- All sexually active women ages 25 and younger.
- Other asymptomatic women at increased risk for infection ([A recommendation](#)).

Makes no recommendation for or against routine screening for asymptomatic women ages 26 and older at low risk for infection ([C recommendation](#)).

Recommends routine screening for:

- All asymptomatic pregnant women ages 25 and younger.
- Other pregnant women at increased risk for infection ([B recommendation](#)).

Makes no recommendation for or against routine screening of asymptomatic, low-risk pregnant women age 26 and older ([C recommendation](#)).

Insufficient evidence to recommend for or against routinely screening asymptomatic men ([I recommendation](#)).

Age 25 and younger is the strongest risk factor for chlamydial infection. Other risk factors include:

- *Having more than one sexual partner.*
 - *Having had a sexually-transmitted disease in the past.*
 - *Not using condoms consistently and correctly.*
-

Guide to Clinical Preventive Services, 3rd Edition

Chlamydial Infection: Screening, 2001
[Recommendations and Rationale](#) (PDF file, 132 KB)
[Summary of Evidence](#) (PDF file, 261 KB)

Systematic Evidence Review ([File Download](#))

[Prevention Program Fact Sheets](#)

[Screening for Chlamydial Infection: What's New](#)

[Guide to Clinical Preventive Services, 2nd Edition](#)

[Screening for Chlamydial Infection, 1996](#)

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Screening

Colorectal Cancer

U.S. Preventive Services Task Force
1996

Recommendation

Screening for colorectal cancer is recommended for all persons age 50 and older:

- Annual fecal occult blood testing (FOBT).
- Sigmoidoscopy (periodicity unspecified).

Insufficient evidence to determine which screening method is preferable or whether the combination of both produces greater benefits than does either test alone.

Insufficient evidence to recommend for or against routine screening with digital rectal examination, barium enema, or colonoscopy, although recommendations against such screening in average-risk persons may be made on other grounds.

Persons with a family history of hereditary syndromes associated with a high risk of colon cancer should be referred for diagnosis and management.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Colorectal Cancer, 1996](#)

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Screening

Congenital Hypothyroidism

U.S. Preventive Services Task Force
1996

Recommendation

Screening for congenital hypothyroidism with thyroid function tests on dried-blood spot specimens is recommended for all newborns in the first week of life.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Congenital Hypothyroidism, 1996](#)

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Screening

D (Rh) Incompatibility

U.S. Preventive Services Task Force
1996

Recommendation

D (formerly Rh) blood typing and antibody screening is recommended for all pregnant women at their first prenatal visit.

Repeat antibody screening at 24-28 weeks gestation is recommended for unsensitized D-negative women.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for D \(Rh\) Incompatibility, 1996](#)

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Screening

Dementia

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine screening for dementia with standardized instruments in asymptomatic persons.

Clinicians should remain alert for possible signs of declining cognitive function in older patients and evaluate mental status in patients who have problems performing daily activities.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Dementia, 1996](#)

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Counseling

Dental and Periodontal Disease

U.S. Preventive Services Task Force
1996

Recommendation

Recommendations include counseling patients to:

- Visit a dental care provider on a regular basis.
- Floss daily.
- Brush their teeth daily with a fluoride-containing toothpaste.
- Appropriately use fluoride for caries prevention and chemotherapeutic mouth rinses for plaque prevention.

This counseling is recommended based on evidence for risk reduction from these interventions.

Educating parents to curb the practice of putting infants and children to bed with a bottle is also recommended based on limited evidence of risk reduction.

The effectiveness of clinician counseling to change any of these behaviors has not been adequately evaluated.

Appropriate dietary fluoride supplements are recommended for children living in communities with inadequate water fluoridation.

While examining the oral cavity, clinicians should be alert for obvious signs of oral disease.

Additional recommendations on related topics are provided in [Screening for Oral Cancer](#) and [Counseling to Promote a Healthy Diet](#).

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Counseling to Prevent Dental and Periodontal Disease, 1996](#)

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Screening

Depression

U.S. Preventive Services Task Force
Topic in Progress, 2000

Topic being reviewed and updated in 2000.

Recommendation and review of evidence for the 3rd Edition will be available when released.

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against the routine use of standardized questionnaires to screen for depression in asymptomatic primary care patients.

Clinicians should maintain an especially high index of suspicion for depressive symptoms in those persons at increased risk for depression. Physician education in recognizing and treating affective disorders is recommended.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Depression, 1996](#)

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Screening

Diabetes Mellitus

U.S. Preventive Services Task Force
Topic in Progress, 2000

Topic being reviewed and updated in 2000.

Recommendation and review of evidence for the 3rd Edition will be available when released.

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine screening for diabetes mellitus in asymptomatic adults. There is also insufficient evidence to recommend for or against universal screening for gestational diabetes.

Although the benefit of early detection has not been established for any group, clinicians may decide to screen selected persons at high risk of diabetes on other grounds.

Screening with immune markers to identify persons at risk for developing insulin-dependent diabetes is not recommended in the general population.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Diabetes Mellitus, 1996](#)

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Screening

Down Syndrome

U.S. Preventive Services Task Force
1996

Recommendation

The offering of amniocentesis or chorionic villus sampling (CVS) for chromosome studies is recommended for pregnant women at high risk for Down syndrome.

The offering of screening for Down syndrome by serum multiple-marker testing is recommended for:

- All low-risk pregnant women.
- As an alternative to amniocentesis and CVS for high-risk women.

This testing should be offered only to women who are seen for prenatal care in locations that have adequate counseling and follow-up services.

There is currently insufficient evidence to recommend for or against screening for Down syndrome by individual serum marker testing or ultrasound examination, but recommendations against such screening may be made on other grounds.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Down Syndrome, 1996](#)

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Screening

Drug Abuse

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine screening for drug abuse with standardized questionnaires or biologic assays. Including questions about drug use and drug-related problems when taking a history from all adolescent and adult patients may be recommended on other grounds.

All pregnant women should be advised of the potential adverse effects of drug use on the development of the fetus.

Clinicians should be alert to the signs and symptoms of drug abuse in patients and refer drug abusing patients to specialized treatment facilities where available.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Drug Abuse, 1996](#)

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Screening

Elevated Lead Levels in Childhood and Pregnancy

U.S. Preventive Services Task Force
1996

Recommendation

Screening for elevated lead levels by measuring blood lead at least once at age 12 months is recommended for:

- All children at increased risk of lead exposure.
- All children with identifiable risk factors.
- All children living in communities in which the prevalence of blood lead levels requiring individual intervention, including residential lead hazard control or chelation therapy, is high or is undefined.

Evidence is currently insufficient to recommend an exact community prevalence below which targeted screening can be substituted for universal screening. Clinicians can seek guidance from their local or State health department.

There is insufficient evidence to recommend for or against:

- Routine screening for lead exposure in asymptomatic pregnant women, but recommendations against such screening may be made on other grounds.
- Counseling families about the primary prevention of lead exposure, but recommendations may be made on other grounds.

Recommendations regarding the primary prevention of lead poisoning by population-wide environmental interventions are beyond the scope of the Task Force.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Elevated Lead Levels in Childhood and Pregnancy, 1996](#)

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Screening

Family Violence

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against the use of specific screening instruments to detect family violence, but recommendations to include questions about physical abuse when taking a history from adult patients may be made on other grounds.

Clinicians should be alert to the various presentations of child abuse, spouse and partner abuse, and elder abuse.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Screening for Family Violence, 1996](#)

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Screening

Genital Herpes Simplex

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for genital herpes simplex virus (HSV) infection by viral culture is not recommended for asymptomatic persons, including asymptomatic pregnant women.

There is insufficient evidence to recommend for or against the examination of pregnant women in labor for signs of active genital HSV lesions, although recommendations to do so may be made on other grounds.

Recommendations on counseling to prevent sexually transmitted diseases are provided in [Counseling to Prevent HIV Infection and Other Sexually Transmitted Diseases](#).

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Genital Herpes Simplex, 1996](#)

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Screening

Glaucoma

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine screening for intraocular hypertension or glaucoma by primary care clinicians.

Recommendations to refer high-risk patients for evaluation by an eye specialist may be made on other grounds.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Glaucoma, 1996](#)

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Screening

Gonorrhea

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for *Neisseria gonorrhoeae* is recommended for:

- Asymptomatic women at high risk of infection.
- All high-risk women should be screened during pregnancy.

There is insufficient evidence to recommend for or against screening all pregnant women, or screening asymptomatic men. Recommendations to screen selected high-risk young men may be made on other grounds.

Routine screening is not recommended for the general adult population.

Ocular antibiotic prophylaxis of all newborn infants is recommended to prevent gonococcal ophthalmia neonatorum.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Gonorrhea, 1996](#)

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Counseling

Gynecologic Cancers

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine counseling of women about measures for the primary prevention of gynecologic cancers.

Clinicians counseling women about contraceptive practices should include information on the potential benefits of the following with respect to gynecologic cancers:

- Oral contraceptives.
- Barrier contraceptives.
- Tubal sterilization.

Clinicians should also promote other practices:

- Maintaining desirable body weight.
- Smoking cessation.
- Safe sex practices.

These measures may reduce the incidence of certain gynecologic cancers and have other proven health benefits.

[Guide to Clinical Preventive Services, 2nd Edition
Counseling to Prevent Gynecologic Cancers, 1996](#)

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Counseling

Healthy Diet

U.S. Preventive Services Task Force
1996

Recommendation

The following counseling for adults and children over age 2 is recommended:

- Limit dietary intake of fat (especially saturated fat) and cholesterol.
- Maintain calorie balance in the diet.
- Emphasize foods containing fiber (i.e., fruits, vegetables, grain products).

There is insufficient evidence to recommend for or against counseling the general population to reduce dietary sodium intake or increase dietary intake of iron, beta-carotene, or other antioxidants to improve health outcomes, but recommendations to reduce sodium intake may be made on other grounds.

In addition:

- Women should be encouraged to consume recommended quantities of calcium.
- Parents should be encouraged to breastfeed their infants.
- Pregnant women should be provided with specific nutritional guidelines to enhance fetal and maternal health is recommended.

Although there is insufficient evidence to recommend for or against special assessment of the dietary needs and habits of older adults, recommendations to do so can be made on other grounds.

There is insufficient evidence that counseling by physicians has an advantage over counseling by dietitians or community interventions in changing the dietary habits of patients.

Related recommendations are provided in:

- [Screening for Iron Deficiency Anemia](#), regarding the role of iron during pregnancy and in the diets of newborns and young children.
 - [Screening for Neural Tube Defects](#), regarding the use of folic acid by women of childbearing age.
 - [Counseling to Prevent Dental and Periodontal Disease](#), regarding intake of refined sugars and adherent carbohydrates that may affect dental health.
 - [Counseling for Problem Drinking](#), regarding alcohol consumption.
-

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Counseling to Promote a Healthy Diet, 1996](#)

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Screening

Hearing Impairment

U.S. Preventive Services Task Force
1996

Recommendation

Screening for older adults for hearing impairment is recommended through:

- Periodically questioning them about their hearing.
- Counseling them about the availability of hearing aid devices.
- Making referrals for abnormalities when appropriate.

There is insufficient evidence to recommend for or against routinely screening asymptomatic adolescents and working-age adults for hearing impairment. Recommendations against such screening, except for those exposed to excessive occupational noise levels, may be made on other grounds.

Routine hearing screening of asymptomatic children beyond age 3 years is not recommended.

There is insufficient evidence to recommend for or against routine screening of asymptomatic neonates for hearing impairment using evoked otoacoustic emission testing or auditory brainstem response. Recommendations to screen high-risk infants may be made on other grounds.

Clinicians examining infants and young children should remain alert for symptoms or signs of hearing impairment.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Hearing Impairment, 1996](#)

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Screening

Hemoglobinopathies

U.S. Preventive Services Task Force
1996

Recommendation

Neonatal screening for sickle hemoglobinopathies is recommended to identify infants who may benefit from antibiotic prophylaxis to prevent sepsis.

Whether screening should be universal or targeted to high-risk groups will depend on:

- The proportion of high-risk individuals in the screening area.
- The accuracy and efficiency with which infants at risk can be identified.
- Other characteristics of the screening program.

Offering screening for hemoglobinopathies to pregnant women at the first prenatal visit is recommended, especially for those at high risk.

There is insufficient evidence to recommend for or against routine screening for hemoglobinopathies in high-risk adolescents and young adults, but recommendations to offer such testing may be made on other grounds.

All screening efforts must be accompanied by comprehensive counseling and treatment services.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Hemoglobinopathies, 1996](#)

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Screening

Hepatitis B Virus Infection

U.S. Preventive Services Task Force
1996

Recommendation

Screening with hepatitis B surface antigen (HBsAg) to detect active (acute or chronic) hepatitis B virus (HBV) infection is recommended for all pregnant women at their first prenatal visit.

The test may be repeated in the third trimester in women who are initially HbsAg negative and who are at increased risk of HBV infection during pregnancy.

Routine screening for HBV infection in the general population is not recommended. Certain persons who are at high risk may be screened to assess eligibility for vaccination.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Hepatitis B Virus Infection, 1996](#)

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Screening

Lipid Disorders in Adults

U.S. Preventive Services Task Force
Update, 2001 Release

Recommendation

Strongly recommends routine screening for:

- Men ages 35 and older.
- Women ages 45 and older ([A recommendation](#)).

Recommends routine screening for younger adults if they have other risk factors for coronary heart disease:

- Men ages 20 to 35.
- Women ages 20 to 45 ([B recommendation](#)).

Makes no recommendation for or against routine screening for younger adults if they have no known risk factors for coronary heart disease:

- Men ages 20 to 35.
- Women ages 20 to 45 ([C recommendation](#)).

Recommends that screening include measurement of:

- Total cholesterol (TC).
 - High-density lipoprotein cholesterol (HDL-C) ([B recommendation](#)).
-

Guide to Clinical Preventive Services, 3rd Edition

Lipid Disorders in Adults: Screening, 2001
[Recommendations and Rationale](#) (PDF file, 132 KB)

[Summary of Evidence](#) (PDF file, 346 KB)

[Systematic Evidence Review](#) ([File Download](#))

[Prevention Program Fact Sheets](#)

[Screening Adults for Lipid Disorders: What's New](#)

[Guide to Clinical Preventive Services, 2nd Edition](#)

[Screening for High Blood Cholesterol and Other Lipid Abnormalities, 1996](#)

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[Clinical Information](#)

Screening

Home Uterine Activity Monitoring

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against home uterine activity monitoring (HUAM) in high-risk pregnancies as a screening test for preterm labor, but recommendations against its use may be made on other grounds.

HUAM is not recommended in normal-risk pregnancies.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Home Uterine Activity Monitoring, 1996](#)

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Counseling

Household and Recreational Injuries

U.S. Preventive Services Task Force
1996

Recommendation

Periodic counseling of the parents of children on measures to reduce the risk of unintentional household and recreational injuries is recommended.

Counseling to prevent household and recreational injuries is also recommended for adolescents and adults based on the proven efficacy of risk reduction, although the effectiveness of counseling these patients to prevent injuries has not been adequately evaluated.

Persons with alcohol or drug problems should be identified, counseled and monitored. Those who use alcohol or illicit drugs should be warned against engaging in potentially dangerous activities while intoxicated.

Counseling elderly patients on specific measures to prevent falls is recommended based on fair evidence that these measures reduce the risk of falls, although the effectiveness of counseling elders to prevent falls has not been adequately evaluated. More intensive individualized multi-factorial intervention is recommended for high-risk elderly patients in settings where adequate resources to deliver such services are available. There is insufficient evidence to recommend for or against the use of external hip protectors to prevent fall injuries.

RElated recommendations on motor vehicle accidents and pedestrian injuries are provided in [Counseling to Prevent Motor Vehicle Injuries](#).

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Counseling to Prevent Household and Recreational Injuries, 1996](#)

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Screening

Human Immunodeficiency Virus Infection

U.S. Preventive Services Task Force
1996

Recommendation

Clinicians should assess risk factors for human immunodeficiency virus (HIV) infection by obtaining a careful sexual history and inquiring about injection drug use in all patients:

- Periodic screening for infection with HIV is recommended for all persons at increased risk of infection.
- Screening is recommended for all pregnant women at risk for HIV infection, including all women who live in States, counties, or cities with an increased prevalence of HIV infection.

There is insufficient evidence to recommend for or against universal screening among low-risk pregnant women in low-prevalence areas, but recommendations to counsel and offer screening to all pregnant women may be made on other grounds.

Screening infants born to high-risk mothers is recommended if the mother's antibody status is not known.

All patients should be counseled about effective means to avoid HIV infection.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Human Immunodeficiency Virus Infection, 1996](#)

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Counseling

HIV Infection and Other Sexually Transmitted Diseases

U.S. Preventive Services Task Force
1996

Recommendation

All adolescent and adult patients should be advised about risk factors for human immunodeficiency virus (HIV) infection and other sexually transmitted diseases (STDs), and counseled appropriately about effective measures to reduce the risk of infection. Counseling should be tailored to the individual risk factors, needs, and abilities of each patient. This recommendation is based on the proven efficacy of risk reduction, although the effectiveness of clinician counseling in the primary care setting is uncertain.

Individuals at risk for specific STDs should be offered recommendations on screening for:

- Syphilis.
- Gonorrhea.
- Hepatitis B Infection.
- HIV infection.
- Chlamydial infection.

Injection drug users should be advised about measures to reduce their risk and referred to appropriate treatment facilities.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Counseling to Prevent HIV Infection and Other Sexually Transmitted Diseases, 1996](#)

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Screening

Hypertension

U.S. Preventive Services Task Force
1996

Recommendation

Screening for hypertension is recommended for all children and adults.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Screening for Hypertension, 1996](#)

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[U.S. Preventive Services Task Force \(USPSTF\)](#)

Screening

Intrapartum Electronic Fetal Monitoring

U.S. Preventive Services Task Force
1996

Recommendation

Routine electronic fetal monitoring for low-risk women in labor is not recommended.

There is insufficient evidence to recommend for or against intrapartum electronic fetal monitoring for high-risk pregnant women.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Intrapartum Electronic Fetal Monitoring, 1996](#)

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Screening

Iron Deficiency Anemia

U.S. Preventive Services Task Force
1996

Recommendation

Screening for iron deficiency anemia using hemoglobin or hematocrit is recommended for:

- Pregnant women.
- High-risk infants.

There is insufficient evidence to recommend for or against routine screening for iron deficiency anemia in other asymptomatic persons, but recommendations against screening may be made on other grounds.

Encouraging parents to breastfeed their infants and to include iron-enriched foods in the diet of infants and young children is recommended.

There is currently insufficient evidence to recommend for or against the routine use of iron supplements for healthy infants or pregnant women.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Iron Deficiency Anemia, Including Iron Prophylaxis, 1996](#)

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Counseling

Low Back Pain

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against counseling patients to exercise to prevent low back pain, but recommendations for regular physical activity can be made based on other proven benefits.

There is also insufficient evidence to recommend for or against the routine use of educational interventions, mechanical supports, or risk factor modification to prevent low back pain.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Counseling to Prevent Low Back Pain, 1996](#)

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Screening

Lung Cancer

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for lung cancer with chest radiography or sputum cytology in asymptomatic persons is not recommended.

All patients should be counseled against tobacco use.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Lung Cancer, 1996](#)

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Counseling

Motor Vehicle Injuries

U.S. Preventive Services Task Force
1996

Recommendation

The following counseling to all patients, and the parents of young patients, is recommended:

- Use occupant restraints (lap/shoulder safety belts and child safety seats).
- Wear helmets when riding motorcycles.
- Refrain from driving while under the influence of alcohol or other drugs.

There is currently insufficient evidence to recommend for or against counseling to prevent pedestrian injuries. Related recommendations on the prevention of bicycling injuries are provided in [Counseling to Prevent Household and Recreational Injuries](#).

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Counseling to Prevent Motor Vehicle Injuries, 1996](#)

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Screening

Neural Tube Defects

U.S. Preventive Services Task Force
1996

Recommendation

The offering of screening for neural tube defects by maternal serum α -fetoprotein (MSAFP) measurement is recommended for all pregnant women who are seen for prenatal care in locations that have adequate counseling and follow-up services available. Screening with MSAFP may be offered as part of multiple-marker screening.

There is insufficient evidence to recommend for or against the offering of screening for neural tube defects by midtrimester ultrasound examination to all pregnant women, but recommendations against such screening may be made on other grounds.

Daily multivitamins with folic acid to reduce the risk of neural tube defects are recommended for all women who are planning or capable of pregnancy.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Neural Tube Defects, 1996](#)

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[U.S. Preventive Services Task Force \(USPSTF\)](#)

Screening

Newborn Hearing

U.S. Preventive Services Task Force
New Topic, 2001 Release

Recommendation

Evidence is insufficient to recommend for or against routine screening of newborns for hearing loss during the postpartum hospitalization. ([I recommendation](#))

Guide to Clinical Preventive Services, 3rd Edition

Newborn Hearing: Screening, 2001
[Recommendations and Rationale \(PDF file, 36 KB\)](#)

Systematic Evidence Review ([File Download](#))

[Prevention Program Fact Sheets](#)

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Screening

Obesity

U.S. Preventive Services Task Force
1996

Recommendation

Periodic height and weight measurements are recommended for all patients.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Obesity, 1996](#)

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[U.S. Preventive Services Task Force \(USPSTF\)](#)

Screening

Oral Cancer

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine screening of asymptomatic persons for oral cancer by primary care clinicians.

All patients should be counseled to:

- Discontinue the use of all forms of tobacco.
- Limit consumption of alcohol.

Clinicians should remain alert to signs and symptoms of oral cancer and premalignancy in persons who use tobacco or regularly use alcohol.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Oral Cancer, 1996](#)

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[U.S. Preventive Services Task Force \(USPSTF\)](#)

Screening

Ovarian Cancer

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for ovarian cancer by ultrasound, the measurement of serum tumor markers, or pelvic examination is not recommended.

There is insufficient evidence to recommend for or against the screening of asymptomatic women at increased risk of developing ovarian cancer.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Ovarian Cancer, 1996](#)

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Screening

Pancreatic Cancer

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for pancreatic cancer in asymptomatic persons, using abdominal palpation, ultrasonography, or serologic markers, is not recommended.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Pancreatic Cancer, 1996](#)

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Counseling

Physical Activity

U.S. Preventive Services Task Force
1996

Recommendation

Counseling patients to incorporate regular physical activity into their daily routines is recommended to prevent:

- Coronary heart disease.
- Hypertension
- Obesity.
- Diabetes.

This recommendation is based on the proven benefits of regular physical activity.

The effectiveness of clinician counseling to promote physical activity is not established.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Counseling to Promote Physical Activity, 1996](#)

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Immunizations and Chemoprophylaxis

Postexposure Prophylaxis for Selected Infectious Diseases

U.S. Preventive Services Task Force
1996

Recommendation

Postexposure prophylaxis should be provided to selected persons with exposure or possible exposure to:

- Haemophilus influenzae type b.
- Hepatitis A.
- Hepatitis B.
- Meningococcal pathogens.
- Rabies pathogens
- Tetanus pathogens.

Additional recommendations are provided in [Adult Immunizations](#), on postexposure prophylaxis against influenza A.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Postexposure Prophylaxis for Selected Infectious Diseases, 1996](#)

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Immunizations and Chemoprophylaxis

Postmenopausal Hormone Prophylaxis

U.S. Preventive Services Task Force
1996

Recommendation

Counseling all perimenopausal and postmenopausal women about the potential benefits and risks of hormone prophylaxis is recommended.

There is insufficient evidence to recommend for or against hormone therapy for all postmenopausal women.

Women should participate fully in the decision-making process, and individual decisions should be based on patient risk factors for disease, clear understanding of the probable benefits and risks of hormone therapy, and patient preferences.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Postmenopausal Hormone Prophylaxis, 1996](#)

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Counseling

Postmenopausal Hormone Replacement Therapy

U.S. Preventive Services Task Force
Topic in Progress, 2000

New topic being reviewed in 2000.

Recommendation and review of evidence will be available when released.

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Screening

Prostate Cancer

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for prostate cancer with digital rectal examinations, serum tumor markers (e.g. prostate-specific antigen), or transrectal ultrasound is not recommended.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Screening for Prostate Cancer, 1996](#)

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Screening

Peripheral Arterial Disease

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for peripheral arterial disease in asymptomatic persons is not recommended.

Clinicians should be alert to symptoms of peripheral arterial disease in persons at increased risk, and should evaluate patients who have clinical evidence of vascular disease.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Peripheral Arterial Disease, 1996](#)

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[U.S. Preventive Services Task Force \(USPSTF\)](#)

Screening

Phenylketonuria

U.S. Preventive Services Task Force
1996

Recommendation

Screening for phenylketonuria (PKU) by measurement of phenylalanine level on a dried-blood spot specimen is recommended for all newborns prior to discharge from the nursery. Infants who are tested before 24 hours of age should receive a repeat screening test by 2 weeks of age.

There is insufficient evidence to recommend for or against routine prenatal screening for maternal PKU, but recommendations against such screening may be made on other grounds.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Phenylketonuria, 1996](#)

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Screening

Preeclampsia

U.S. Preventive Services Task Force
1996

Recommendation

Screening for preeclampsia with blood pressure measurement is recommended for all pregnant women at the first prenatal visit and periodically throughout the remainder of the pregnancy.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Preeclampsia, 1996](#)

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Screening

Problem Drinking

U.S. Preventive Services Task Force
1996

Recommendation

Screening to prevent problem drinking is recommended for all adult and adolescent patients. Screening should involve a careful history of alcohol use and/or the use of standardized screening questionnaires.

Routine measurement of biochemical markers is not recommended in asymptomatic persons.

Pregant women should be advised to limit or cease drinking during pregnancy. Although there is insufficient evidence to prove or disprove harms from light drinking in pregnancy, recommendations that women abstain from alcohol during pregnancy may be made on other grounds.

All persons who use alcohol should be counseled about the dangers of operating a motor vehicle or performing other potentially dangerous activities after drinking alcohol.

[Guide to Clinical Preventive Services, 2nd Edition
Screening for Problem Drinking, 1996](#)

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Screening

Rubella

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for rubella susceptibility by history of vaccination or by serology is recommended for all women of childbearing age at their first clinical encounter. Susceptible nonpregnant women should be offered rubella vaccination; susceptible pregnant women should be vaccinated immediately after delivery.

An equally acceptable alternative for nonpregnant women of childbearing age is to offer vaccination against rubella without screening.

There is insufficient evidence to recommend for or against screening or routine vaccination of young men in settings where large numbers of susceptible young adults of both sexes congregate, such as military bases and colleges.

Routine screening or vaccination of other young men, of older men, and of postmenopausal women is not recommended.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Rubella, 1996](#)

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Screening

Skin Cancer

U.S. Preventive Services Task Force
Update, 2001 Release

Recommendation

Insufficient evidence to recommend for or against routine screening for the early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer ([I recommendation](#)).

Guide to Clinical Preventive Services, 3rd Edition

Skin Cancer Screening, 2001

[Recommendations and Rationale \(PDF file, 130 KB\)](#)

[Summary of Evidence \(PDF file, 211 KB\)](#)

[Systematic Evidence Review \(File Download\)](#)

[Prevention Program Fact Sheets](#)

[Guide to Clinical Preventive Services, 2nd Edition](#)

[Screening for Skin Cancer, 1996](#)

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Counseling

Skin Cancer

U.S. Preventive Services Task Force
Topic in Progress, 2000

New topic being reviewed in 2000.

Recommendation and review of evidence will be available when released.

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Screening

Suicide Risk

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine screening by primary care clinicians to detect suicide risk in asymptomatic persons.

Clinicians should be alert to signs of suicidal ideation in persons with established risk factors.

Clinicians should be alert to signs and symptoms of depression and should routinely ask patients about their use of alcohol and other drugs.

The training of primary care clinicians in recognizing and treating affective disorders is recommended.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Suicide Risk, 1996](#)

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Screening

Syphilis

U.S. Preventive Services Task Force
1996

Recommendation

Routine serologic screening for syphilis is recommended for:

- All pregnant women.
- Persons at increased risk of infection.

Recommendations on counseling to prevent sexually transmitted diseases are provided in [Counseling to Prevent HIV Infection and Other Sexually Transmitted Diseases](#).

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Syphilis, 1996](#)

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Screening

Testicular Cancer

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against routine screening of asymptomatic men in the general population for testicular cancer by physician examination or patient self-examination.

Recommendations to discuss screening options with selected high-risk patients may be made on other grounds.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Screening for Testicular Cancer, 1996](#)

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Screening

Thyroid Disease

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for thyroid disease with thyroid function tests is not recommended for asymptomatic children or adults.

There is insufficient evidence to recommend for or against routine screening for thyroid disease with thyroid-function tests in high-risk patients, but recommendations may be made on other grounds. Clinicians should remain alert to subtle symptoms and signs of thyroid disease when examining such patients.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Thyroid Disease, 1996](#)

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Screening

Thyroid Cancer

U.S. Preventive Services Task Force
1996

Recommendation

Routine screening for thyroid cancer using neck palpation or ultrasonography is not recommended for asymptomatic children or adults.

There is insufficient evidence to recommend for or against screening persons with a history of external head and neck irradiation in infancy or childhood, but recommendations for such screening may be made on other grounds.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Thyroid Cancer, 1996](#)

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Counseling

Tobacco Use

U.S. Preventive Services Task Force
1996

Recommendation

Tobacco cessation counseling on a regular basis is recommended for all persons who use tobacco products.

The prescription of nicotine patches or gum is recommended as an adjunct for selected patients.

In addition:

- Pregnant women and parents with children living at home should be counseled on the potentially harmful effects of smoking on fetal and child health.
 - Anti-tobacco messages are recommended for inclusion in health promotion counseling of children, adolescents, and young adults.
-

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Counseling to Prevent Tobacco Use, 1996](#)

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Screening

Tuberculous Infection

U.S. Preventive Services Task Force
1996

Recommendation

Screening for tuberculous infection with tuberculin skin testing is recommended for asymptomatic high-risk persons.

Bacille Calmette-Guerin (BCG) vaccination should be considered only for selected high-risk individuals.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Tuberculous Infection, 1996](#)

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Screening

Ultrasonography in Pregnancy

U.S. Preventive Services Task Force
1996

Recommendation

Routine third-trimester ultrasound examination of the fetus is not recommended. There is insufficient evidence to recommend for or against routine ultrasound examination in the second trimester in low-risk pregnant women.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening Ultrasonography in Pregnancy, 1996](#)

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Counseling

Unintended Pregnancy

U.S. Preventive Services Task Force
Topic in Progress, 2000

Topic being reviewed and updated in 2000.

Recommendation and review of evidence for the 3rd Edition will be available when released.

U.S. Preventive Services Task Force
1996

Recommendation

Periodic counseling about effective contraceptive methods is recommended for all women and men at risk for unintended pregnancy. Counseling should be based on information from a careful sexual history and should take into account the individual preferences, abilities, and risks of each patient.

Sexually active patients should also receive information on measures to prevent sexually transmitted diseases.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Counseling to Prevent Unintended Pregnancy, 1996](#)

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Screening

Visual Impairment

U.S. Preventive Services Task Force
1996

Recommendation

Vision screening to detect amblyopia and strabismus is recommended once for all children before entering school, preferably between the ages of 3 and 4. Clinicians should be alert for signs of ocular misalignment when examining infants and children.

Screening for diminished visual acuity with the Snellen visual acuity chart is recommended for elderly persons. There is insufficient evidence to recommend for or against screening for diminished visual acuity among other asymptomatic persons, but recommendations against routine screening may be made on other grounds.

[Guide to Clinical Preventive Services, 2nd Edition](#)
[Screening for Visual Impairment, 1996](#)

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Counseling

Vitamin Supplementation to Prevent Cancer and Coronary Heart Disease

U.S. Preventive Services Task Force
Topic in Progress, 2000

New topic being reviewed in 2000.

Recommendation and review of evidence will be available when released.

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Counseling

Youth Violence

U.S. Preventive Services Task Force
1996

Recommendation

There is insufficient evidence to recommend for or against clinician counseling of asymptomatic adolescents and adults to prevent morbidity and mortality from youth violence.

Adolescent and adult patients should be screened for problem drinking.

Clinicians should also be alert for symptoms and signs of drug abuse and dependence, the various presentations of family violence, and suicidal ideation in persons with established risk factors.

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Counseling to Prevent Youth Violence, 1996](#)

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