



The latest recommendations from the USPSTF

Four “B” recommendations now qualify for first-dollar insurance coverage as mandated by the Affordable Care Act and 5 “D” recommendations advise against some commonly used interventions—including PSA screening.

Doug Campos-Outcalt, MD, MPA

Department of Family, Community and Preventive Medicine, University of Arizona College of Medicine, Phoenix

dougco@email.arizona.edu

Since the last Practice Alert update on the US Preventive Services Task Force (USPSTF) recommendations,¹ the Task Force released 16 final recommendations, through January of this year (TABLE).² However, none of these were level A recommendations and only 4 were level B. This is significant in that USPSTF level A and B recommendations must now be covered by health insurance plans without patient cost sharing as a result of a clause in the Affordable Care Act. There were 5 D recommendations (recommend against), and some of the tests that fell into this category are in common use. I discuss the B and D recommendations below.

B recommendations

Encourage vitamin D supplementation and regular exercise to prevent falls in elderly

Falls in the elderly are a significant cause of morbidity and mortality. The Task Force found that between 30% and 40% of community-dwelling adults ≥ 65 years fall each year, and 5% to 10% of those who fall will sustain a fracture, head injury, or laceration.³ Those at highest risk have a history of falls, report mobility problems, have chronic diseases, use psychotropic medications, or have difficulty on a “get up and go” test, which involves rising from a sitting position in an arm chair, walking 10 feet, turning, walking back, and

sitting down. If this activity takes more than 10 seconds, the risk of a fall is increased.³

Two interventions were found to be effective in preventing falls: vitamin D supplementation and regular exercise or physical therapy. Vitamin D enhances muscular strength and balance, and supplementation of 800 IU daily for 12 months can decrease the risk of a fall by 17%, with a number needed to treat (NNT) of 10 to prevent one fall.³ Exercise or physical therapy that focuses on gait and balance, strength or resistance training, or general fitness can reduce the risk of falls with an NNT of 16. Individuals who benefit the most are those at higher risk.³

As for multifactorial risk assessment and comprehensive management of risks to prevent falls, a pooled analysis of studies showed that these interventions do little to reduce falls and do not warrant routine use. The Task Force evaluated other interventions—vision correction, medication discontinuation, protein supplementation, education or counseling, and home hazard modification—but could not find sufficient evidence to recommend for or against them.

Screen for obesity in adults

The Task Force reaffirmed its recommendation to screen all adults for obesity and to offer intensive behavioral interventions to those with a body mass index of ≥ 30 kg/m².

CONTINUED

Supplementation of 800 IU vitamin D daily for 12 months can decrease the risk of a fall by 17%.

Helpful interventions include multiple behavioral management activities in group or individual sessions; setting weight-loss goals; improving diet or nutrition; physical activity sessions; addressing barriers to change; active use of self-monitoring; and strategizing ways to maintain lifestyle changes. High-intensity programs involve 12 to 26 sessions a year and result, on average, in a reduction of 6% of body weight.⁴

Counsel fair-skinned patients to minimize sun exposure

The Task Force now recommends counseling fair-skinned children, adolescents, and young adults (10-24 years of age) about reducing their exposure to ultraviolet (UV) radiation. UV radiation exposure occurs when outdoors in the sun, especially in the middle of the day; and when using artificial sources of UV light, such as an indoor tanning bed. Unprotected UV light exposure is a cause of skin cancer, especially when this exposure occurs in childhood or young adulthood.

Behaviors that protect from UV radiation exposure include using broad-spectrum sunscreen with a sun-protection factor of at least 15, wearing hats and protective clothing, avoiding the outdoors during midday hours (10 am-3 pm), and avoiding indoor tanning. Brief counseling offered in a primary care setting can increase protective behaviors in the targeted age group.

UV light exposure in adults is also linked to skin cancer, but the effectiveness of counseling in this population is less certain and the benefit from protective behaviors is less. In addition, almost all studies of skin cancer prevention have been conducted with fair-skinned subjects, so the Task Force limited this recommendation to those who have fair skin and are between the ages of 10 and 24.⁵

Screen for intimate partner violence

The USPSTF has changed its recommendation on screening women for intimate partner violence (IPV). Previously it said that the evidence was insufficient to make a recommendation. New evidence has since been

published and the Task Force recommends that women of childbearing age (14-46 years, with most evidence for those over age 18) be screened using one of 6 screening tools found to have satisfactory performance characteristics.⁶ IPV means physical, sexual, or psychological abuse by a current or former partner or spouse, among heterosexual or same-sex couples. To learn more, see "Time to routinely screen for intimate partner violence?" (*J Fam Pract.* 2013;62:90-92).

Services found to be effective in preventing IPV include counseling, home visits, information cards, referrals to community services, and mentoring support provided by physicians or other health professionals.⁶

The evidence on screening for the prevention of elder abuse and abuse of vulnerable adults still remains insufficient for a recommendation.

D recommendations

No need for prostate cancer screening, or these other interventions

The list of new **D** recommendations (interventions that have no benefit or that cause more harm than benefit) includes:

- screening for ovarian and prostate cancer
- using estrogen or estrogen combined with progestin in postmenopausal women for the prevention of chronic conditions
- screening with resting or exercise electrocardiography for the prediction of coronary heart disease events in asymptomatic adults at low risk for such events.

The most controversial **D** recommendation is to avoid measuring prostate-specific antigen (PSA) to screen for prostate cancer. The Task Force has never endorsed use of the PSA test, previously stating that evidence was not of sufficient strength to recommend for or against it in men <75 years and recommending against it for older men. The evidence report conducted for the reconsideration of this topic provided sufficient evidence that the PSA test results in far more harm than benefit.

CONTINUED

TABLE

Recent recommendations from the USPSTF²**B recommendations**

The USPSTF recommends:

- encouraging community-dwelling adults ≥ 65 years who are at increased risk for falls to take vitamin D supplements and to exercise (or undergo physical therapy) to prevent falls.
- screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) ≥ 30 kg/m² to intensive, multicomponent behavioral interventions.
- counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce their risk of skin cancer.
- screening women of childbearing age for intimate partner violence, such as domestic violence, and providing or referring women who screen positive to intervention services.

C recommendations

The USPSTF recommends against automatically:

- performing an in-depth multifactorial risk assessment in conjunction with comprehensive management of identified risks to prevent falls in community-dwelling adults ≥ 65 years because the likelihood of benefit is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of the circumstances of prior falls, comorbid medical conditions, and patient values.
- initiating counseling on a healthful diet and physical activity with all adults in the general population. Although the correlation among healthful diet, physical activity, and the incidence of cardiovascular disease is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting is small. Clinicians may choose to selectively counsel patients rather than incorporate counseling into the care of all of their adult patients.

D recommendations

The USPSTF recommends against:

- screening with resting or exercise electrocardiography (EKG) for the prediction of coronary heart disease (CHD) events in asymptomatic adults at low risk for such events.
- using combined estrogen and progestin to prevent chronic conditions in postmenopausal women.
- using estrogen to prevent chronic conditions in postmenopausal women who have had a hysterectomy.
- screening for ovarian cancer.
- screening for prostate cancer with a prostate-specific antigen (PSA) test.

I statements

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of:

- screening for hearing loss in asymptomatic adults ages ≥ 50 years.
- screening with resting or exercise EKG for the prediction of CHD events in asymptomatic adults at intermediate or high risk for CHD events.
- routine screening for chronic kidney disease in asymptomatic adults.
- counseling adults >24 years about minimizing risks to prevent skin cancer.
- screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect.

For more on the USPSTF's grade definitions, see <http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm>.



The USPSTF now says that PSA screening generally does more harm than good.



Visit us @
jfponline.com

Violence in the news: Helping parents talk to kids

S. Bobby Jain, MD, MPH, ABDA
Texas Tech University Health Science Center



▶ 2 ways to listen to this audiocast:

1. Go to jfponline.com
2. Scan the **QR code**

▶ See how the modified Phalen's test is done

Courtesy of: Clinically Relevant Technologies



INSTANT POLL

What treatments do you use most often for keloids, besides corticosteroid injections?

ONLINE EXCLUSIVES

- Diagnostic puzzler: Acute eyelid edema
- PURLs®
Trauma care—Don't delay with TXA

PHOTO ROUNDS FRIDAY

Test your diagnostic skills.

PHYSICIAN'S BRIEFING NEWS

Today's headlines in family practice

GET UPDATES FROM US ON

FACEBOOK  AND TWITTER 

www.facebook.com/JFamPract <http://twitter.com/JFamPract>

www.jfponline.com

PRACTICE ALERT

The troublesome C recommendation Proceed with caution with these 2 interventions

The wording of level C recommendations has undergone revision once again. In recognition that some preventive services may benefit select patients—although the overall benefit in the population is small—the USPSTF now states that a C recommendation means that the Task Force “recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences.” This past year, 2 interventions fell into this category: multifactorial risk assessment and management to prevent falls in community dwelling elders, and counseling adults about a healthy diet and exercise to prevent cardiovascular disease (TABLE).² **JFP**

One more . . .

In February, the USPSTF finalized a recommendation on “Vitamin D and Calcium Supplementation to Prevent Fractures in Adults.” For more information, go to:

<http://www.uspreventiveservicestaskforce.org/announcements.htm>

References

1. Campos-Outcalt D. The latest recommendations from the USPSTF. *J Fam Pract.* 2012;61:278-282.
2. USPSTF. Announcements. Available at: <http://www.uspreventiveservicestaskforce.org/announcements.htm>. Accessed March 6, 2013.
3. USPSTF. Prevention of falls in community dwelling older adults. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf11/fallsprevention/fallsprevsr.htm>. Accessed March 6, 2013.
4. USPSTF. Screening for and management of obesity in adults. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm>. Accessed March 6, 2013.
5. USPSTF. Behavioral counseling to prevent skin cancer. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancouns.htm>. Accessed March 6, 2013.
6. USPSTF. Screening for intimate partner violence and abuse of elderly and vulnerable adults. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderfinals.htm>. Accessed March 6, 2013.