USPSTF: What's recommended, what's not

Twenty-six recommendations were issued last year. Two screening procedures previously unsupported by good evidence are now firmly advocated; 4 interventions still commonly practiced are recommended against.

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The United States Preventive Services Task Force (USPSTF) was busy in 2013, issuing 26 recommendations on 16 topics **(TABLES 1-3)**. We have covered some of these topics previously in Practice Alerts or audiocasts—vitamin D for bone health and fall prevention,[1] screening for lung cancer,[2] human immunodeficiency virus infection,[3] and the use of multivitamins to prevent cancer and cardiovascular disease (CVD).[4] Another Practice Alert on chronic hepatitis C virus infection reviewed recommendations of the Centers for Disease Control and Prevention,[5] which agree with those of the USPSTF. This Practice Alert discusses the remaining USPSTF recommendations.

Alcohol and tobacco

The Task Force (TF) reports that 30% of adults are affected by alcohol-related problems and that alcohol causes 85,000 deaths per year, making it the third leading cause of preventable death.[6] The TF reviewed evidence on screening and counseling and now recommends screening adults ≥18 years for alcohol misuse and providing brief counseling to reduce alcohol use for those who engage in risky or hazardous drinking.[6] The TF recommends any of 3 screening tools: using either the Alcohol Use Disorders Identification Test (AUDIT) or the abbreviated AUDIT-Consumption (AUDIT-C), or asking a single-question, such as "How many times in the past year have you had 5 (for men) or 4 (for women and all adults >65 years) or more drinks in a day?"[6]

Counseling for 5 to 15 minutes during the initial clinical encounter and then at subsequent visits is more effective than very brief (<5 minutes) or single-episode counseling. Counseling can include action plans, drinking diaries, stress management, or problem solving, and it can be done face-to-face or with written self-help materials, computer- or Web-based programs, or telephone support. Despite the importance of alcohol misuse as a health problem, the TF could find no evidence that screening and behavioral counseling is effective for adolescents.

For tobacco use, however, the TF now recommends providing prevention advice to school-age children and adolescents,[7] presented in person or through written materials, videos, or other media. Over 8% of middle school children and close to 24% of high school students use tobacco.[7] Tobacco is the leading cause of preventable deaths in the United States, and most smokers start before they are adults.[7]

Cancer screening and prevention

In addition to the recommendation for lung cancer screening, 2 other cancer screening/prevention recommendations were made in 2013. One is a modification of the previous rec-

TABLE 1

USPSTF A and B recommendations FOR

Statements in blue text are recommendations newly discussed in this Practice Alert.
Chemical dependency
• Screening adults ≥18 years for alcohol misuse and providing individuals engaged in risky or hazardous drinking with brief behavioral counseling to reduce alcohol misuse. **B recommendation**
• Providing interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. **B recommendation**
Cancer screening and prevention
• Screening women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several instruments designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (*BRCA1* or *BRCA2*). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. **B recommendation**
• Shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications (tamoxifen or raloxifene). **B recommendation**
• Annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once an individual has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. **B recommendation**
Pregnancy
• Screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation. **B recommendation**
Infectious diseases
• Screening for HCV infection in those at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965. **B recommendation**
• Screening for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk also should be screened. **A recommendation**
• Screening all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. **A recommendation**
Violence
• Screening women of childbearing age for IPV, such as domestic violence, and providing or referring women who screen positive for intervention services. **B recommendation**

HCV, hepatitis C virus; HIV, human immunodeficiency virus; IPV, intimate partner violence; USPSTF, United States Preventive Services Task Force.

ommendation on the use of BRCA gene testing to detect increased risk of breast and ovarian cancer. The recommendation now states that if a woman has a family member with breast, ovarian, tubal, or peritoneal cancer, her physician should use a screening tool to determine if her family history suggests high risk for having either *BRCA1* or *BRCA2*. With a positive screening result, referral for genetic counseling is warranted. After counseling, the patient may choose to undergo BRCA testing. Screening tools reviewed by the TF are the Ontario Family History Assessment Tool, the Manchester Scoring System, the Referral Screening Tool, the Pedigree Assessment Tool, and the Family History Screening-7 instrument.[8]

TABLE 2
USPSTF D recommendations AGAINST

Statements in blue text are recommendations newly discussed in this Practice Alert.
• Routine genetic counseling or BRCA testing for women whose family history is not associated with an increased risk for potentially harmful mutations in the *BRCA1* or *BRCA2* genes.
• Routine use of medications, such as tamoxifen or raloxifene, to reduce risk of primary breast cancer in women who are not at increased risk for breast cancer.
• Daily supplementation with ≤400 IU of vitamin D_3 and ≤1000 mg of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women.
• Use of β-carotene or vitamin E supplements to prevent CVD or cancer.

CVD, cardiovascular disease.

The second recommendation is complex and concerns whether to prescribe tamoxifen or raloxifene to prevent breast cancer in women at high risk—ie, a 5-year risk ≥3%.[9] One tool for estimating risk can be found at http://www.cancer.gov/bcrisktool/. It calculates risk based on age, race, genetic profile, age at menopause and menarche, family history of breast cancer, and personal history of breast cancer and biopsies. The TF recommends that physicians share decision making with women who are at high risk of breast cancer and offer medication to those at low risk of complications (those who have had a hysterectomy). Use of tamoxifen or raloxifene can reduce risk of the invasive cancer by 7 to 9 cases per 1000 women over 5 years. However, the risk of venous thromboembolism increases by 4 to 7 cases per 1000 over 5 years, and tamoxifen increases the risk of endometrial cancer by 4 in 1000. Both medications can cause hot flashes.[9]

Gestational diabetes

For a number of years the TF has assigned an "I" statement (insufficient evidence to assess benefits and harms) to screening for gestational diabetes. It recently changed that to a "B" recommendation for all pregnant women after the 24th week of pregnancy. Screening before 24 weeks is still listed as an I. Possible screening tools include a fasting blood glucose test, a 50-g oral glucose challenge test, or an assessment of risk factors. The TF did not find evidence of superiority with any of these methods. The TF found that diet modifications, glucose monitoring, and use of insulin can, in some cases, moderately reduce the incidence of preeclampsia, macrosomia, and shoulder dystocia.[10]

Intimate partner violence

Another change from a previous "I" statement pertains to intimate partner violence (IPV). The TF now recommends screening women of childbearing age for IPV and either providing intervention services for those who screen positive for IPV or referring for services. Reproductive age is defined as 14 to 46 years, although the TF admits that most studies have looked at women ≥18 years.[11] Most of the benefits from screening and counseling have been demonstrated in pregnant women.

IPV can include physical, sexual, or psychological harm by a current or former partner or spouse, and it is not limited to opposite sex couples.[11] Screening tools with the highest sensitivity and specificity include the Hurt, Insult, Threaten, and Scream (HITS) scale. Potential interventions include counseling, home visits, information cards, referrals to community services, and mentoring support.

While the TF acknowledges that both child abuse and elder abuse are prominent problems, there is not enough evidence to assess and recommend interventions.[11,12]

D recommendations

There were 4 "D" recommendations (recommend against) in 2013: testing for BRCA or using tamoxifen or raloxifene in women at low risk of breast cancer; using β-carotene or vitamin E to prevent CVD and cancer; and using low doses of vitamin D and calcium to prevent fractures in noninstitutionalized postmenopausal women **(TABLE 2)**. In each instance the harms of the intervention were deemed to exceed potential benefits.

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The USPSTF recommends screening asymptomatic pregnant women for gestational diabetes after 24 weeks of gestation.

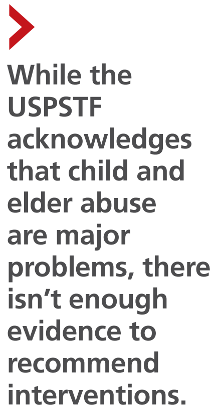

TABLE 3

USPSTF I statements (INSUFFICIENT evidence to assess benefits and harms)

Statements in blue text are recommendations newly discussed in this Practice Alert.
Chemical dependency
• Screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.
Violence and abuse
• Interventions to prevent child maltreatment. This recommendation applies to children who do not have signs or symptoms of maltreatment.
• Screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect.
Pregnancy
• Screening for gestational diabetes mellitus in asymptomatic pregnant women before 24 weeks of gestation.
Glaucoma
• Screening for primary open-angle glaucoma in adults.
Cancer and CVD
• Screening for oral cancer in asymptomatic adults.
• Screening for peripheral artery disease and CVD risk assessment with the ankle-brachial index in adults.
• Use of multivitamins for the prevention of CVD or cancer.
• Use of single- or paired-nutrient supplements (except β-carotene and vitamin E) for the prevention of CVD or cancer.
• Screening for primary hypertension in asymptomatic children and adolescents to prevent subsequent CVD in childhood or adulthood.
Fractures
• Combined vitamin D and calcium supplementation for the primary prevention of fractures in premenopausal women or in men.
• Daily supplementation with >400 IU of vitamin D_3 and >1000 mg of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women.

CVD, cardiovascular disease.

I statements

The TF still finds little evidence to support some common practices (**TABLE 3**). Physicians who use these interventions should realize that the TF, after thorough systematic reviews of the available evidence, does not find enough evidence to assess their relative benefits and harms. A description of the evidence on each condition can be found in the recommendations section of the USPSTF Web site (http://www.uspreventiveservicestaskforce.org/uspstopics.htm). **JFP**

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