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USPSTF recommendation roundup

Offer pregnant women behavioral counseling to promote healthy weight gain. Screen for type 2 diabetes and prediabetes in adults ages 35 to 70 years who are overweight or obese.

BREAKING NEWS

At press time, the USPSTF issued its final recommendation on the use of aspirin for primary prevention of cardiovascular disease; see <https://bit.ly/3vklQEe> for details.

In 2021, the US Preventive Services Task Force (USPSTF) considered 13 topics and made a total of 23 recommendations. They reviewed only 1 new topic. The other 12 were updates of topics previously addressed; no changes were made in 9 of them. In 3, the recommended age of screening or the criteria for screening were expanded. This Practice Alert will review the recommendations made and highlight new recommendations and any changes to previous ones. All complete recommendation statements, rationales, clinical considerations, and evidence reports can be found on the USPSTF website at <https://uspreventiveservicestaskforce.org/uspstf/home>.¹

Dental caries in children

Dental caries affect about 23% of children between the ages of 2 and 5 years and are associated with multiple adverse social outcomes and medical conditions.² The best way to prevent tooth decay, other than regular brushing with fluoride toothpaste, is to drink water with recommended amounts of fluoride (≥ 0.6 parts fluoride per million parts water).² The USPSTF reaffirmed its recommendation from 2014 that stated when a local water supply lacks sufficient fluoride, primary care clinicians should prescribe oral supplementation for infants and children in the form of fluoride drops starting at age 6 months. The dosage of fluoride depends on patient age and fluoride concentration in the local water (TABLE 1³). The USPSTF also rec-

ommends applying topical fluoride as 5% sodium fluoride varnish, every 6 months, starting when the primary teeth erupt.²

In addition to fluoride supplements and topical varnish, should clinicians perform screening examinations looking for dental caries? The USPSTF feels there is not enough evidence to assess this practice and gives it an “I” rating (insufficient evidence).

Preventive interventions in pregnancy

In 2021, the USPSTF assessed 3 topics related to pregnancy and prenatal care.

■ Screening for gestational diabetes.

The USPSTF gave a “B” recommendation for screening at 24 weeks of pregnancy or after, but an “I” statement for screening prior to 24 weeks.⁴ Screening can involve a 1-step or 2-step protocol.

The 2-step protocol is most commonly used in the United States. It involves first measuring serum glucose after a nonfasting 50-g oral glucose challenge; if the resulting level is high, the second step is a 75- or 100-g oral glucose tolerance test lasting 3 hours. The 1-step protocol involves measuring a fasting glucose level, followed by a 75-g oral glucose challenge with glucose levels measured at 1 and 2 hours.

■ Healthy weight gain in pregnancy.

This was the only new topic the USPSTF assessed last year. The resulting recommendation is to offer pregnant women behavioral counseling to promote healthy weight gain and to prevent excessive weight gain in pregnan-

TABLE 1

Recommendations for fluoride supplementation³

Age	Fluoride ion level present in drinking water		
	< 0.3 ppm ^a	0.3-0.6 ppm	> 0.6 ppm
≤ 6 mo	None	None	None
6 mo–3 y	0.25 mg/d	None	None
3-6 y	0.50 mg/d	0.25 mg/d	None
6-16 y	1 mg/d	0.50 mg/d	None

ppm, parts per million.

^a 1 ppm = 1 mg/L.

cy. The recommended weight gain depends on the mother’s prepregnancy weight status: 28 to 40 lbs if the mother is underweight; 25 to 35 lbs if she is not under- or overweight; 15 to 25 lbs if she is overweight; and 11 to 20 lbs if she is obese.⁵ Healthy weight gain contributes to preventing gestational diabetes, emergency cesarean sections, and infant macrosomia.

Low-dose aspirin. Reaffirming a recommendation from 2014, the USPSTF advises low-dose aspirin (81 mg/d) starting after 12 weeks’ gestation for all pregnant women who are at high risk for preeclampsia. **TABLE 2⁶** lists high- and moderate-risk conditions for preeclampsia and the recommendation for the use of low-dose aspirin.

Sexually transmitted infections

Screening for both chlamydia and gonorrhea in sexually active females through age 24 years was given a “B” recommendation, reaffirming the 2014 recommendation.⁷ Screening for these 2 sexually transmitted infections (STIs) is also recommended for women 25 years and older who are at increased risk of STIs. Risk is defined as having a new sex partner, more than 1 sex partner, a sex partner who has other sex partners, or a sex partner who has an STI; not using condoms consistently; having a previous STI; exchanging sex for money or drugs; or having a history of incarceration.

Screen for both infections simultaneously using a nucleic acid amplification test, testing all sites of sexual exposure. Urine testing can replace cervical, vaginal, and urethral testing. Those found to be positive for either STI should be treated according to the most recent treatment guidelines from the Centers for Disease Control and Prevention (CDC). And sexual

partners should be advised to undergo testing.^{8,9}

The USPSTF could not find evidence for the benefits and harms of screening for STIs in men. Remember that screening applies to those who are asymptomatic. Male sex partners of those found to be infected should be tested, as should those who show any signs or symptoms of an STI. A recent Practice Alert described the most current CDC guidance for diagnosing and treating STIs.⁹

Type 2 diabetes and prediabetes

Screening for type 2 diabetes (T2D) and prediabetes is now recommended for adults age 35 to 70 years who are overweight or obese.¹⁰ The age to start screening has been lowered to 35 years from the previous recommendation in 2015, which recommended starting at age 40. In addition, the recommendation states that patients with prediabetes should be referred for preventive interventions. It is important that referral is included in the statement because the Affordable Care Act mandates that USPSTF “A” and “B” recommendations must be covered by commercial health insurance with no copay or deductible.

Screening can be conducted using a fasting plasma glucose or A1C level, or with an oral glucose tolerance test. Interventions that can prevent or delay the onset of T2D in those with prediabetes include lifestyle interventions that focus on diet and physical activity, and the use of metformin (although metformin has not been approved for this by the US Food and Drug Administration).

Changes to cancer screening recommendations

In 2021, the USPSTF reviewed and modified its

TABLE 2

Risk factors and recommendations for preeclampsia⁶

Risk level ^a	Risk factors	Recommendation
High ^b	History of preeclampsia, especially when accompanied by an adverse outcome Multifetal gestation Chronic hypertension Pregestational type 1 or 2 diabetes Kidney disease Autoimmune disease (ie, systemic lupus erythematosus, antiphospholipid syndrome) Combinations of multiple moderate risk factors	Recommend low-dose aspirin if the patient has ≥ 1 of these risk factors.
Moderate ^c	Nulliparity Obesity (ie, body mass index > 30) Family history of preeclampsia (ie, mother or sister) Black individuals (due to social rather than biological factors) ^d Lower income ^d Age ≥ 35 y Personal pregnancy factors (eg, infant of low birth weight or small for gestational age, previous adverse pregnancy outcome, > 10-year pregnancy interval) In vitro conception	Recommend low-dose aspirin if the patient has ≥ 2 moderate risk factors. Consider low-dose aspirin if the patient has 1 of these risk factors. ^d
Low	Previous uncomplicated full-term delivery	Do not recommend low-dose aspirin.

^a Includes only risk factors that can be obtained from the patient’s medical history.

^b Includes single risk factors that are consistently associated with the greatest risk for preeclampsia. Preeclampsia incidence would likely be at least 8% in a population of pregnant individuals having 1 of these risk factors.

^c These factors are independently associated with moderate risk for preeclampsia, some more consistently than others. A combination of multiple moderate risk factors may place a pregnant person at higher risk for preeclampsia.

^d These factors are associated with increased risk due to environmental, social, and historical inequities shaping health exposures, access to health care, and the unequal distribution of resources, not biological propensities.

recommendations on screening for 2 types of cancer: colorectal and lung.

■ **For colorectal cancer**, the age at which to start screening was lowered from 50 years to 45 years.¹¹ Screening at this earlier age is a “B” recommendation, because, while there is benefit from screening, it is less than for older age groups. Screening individuals ages 50 to 75 years remains an “A” recommendation, and for those ages 76 to 85 years it remains a “C” recommendation. A “C” recommendation means that the overall benefits are small but some individuals might benefit based on their overall health and prior screening results. In its clinical considerations, the USPSTF recommends against screening in

those ages 85 and older but, curiously, does not list it as a “D” recommendation. The screening methods and recommended screening intervals for each appear in TABLE 3.¹¹

■ **For lung cancer**, annual screening using low-dose computed tomography (CT) was first recommended by the USPSTF in 2013 for adults ages 55 to 80 years with a 30-pack-year smoking history. Screening could stop once 15 years had passed since smoking cessation. In 2021, the USPSTF lowered the age to initiate screening to 50 years, and the smoking history threshold to 20 pack-years.¹² If these recommendations are followed, a current smoker who does not quit smoking could possibly receive 30 annual CT scans. The recommen-

dation does state that screening should stop once a person develops a health condition that significantly affects life expectancy or ability to have lung surgery.

■ **For primary prevention of lung cancer** and other chronic diseases through smoking cessation, the USPSTF also reassessed its 2015 recommendations. It reaffirmed the “A” recommendation to ask adults about tobacco use and, for tobacco users, to recommend cessation and provide behavioral therapy and approved pharmacotherapy.¹³ The recommendation differed for pregnant adults in that the USPSTF is unsure about the potential harms of pharmacotherapy in pregnancy and gives that an “I” statement.¹³ An additional “I” statement was made about the use of electronic cigarettes for smoking cessation; the USPSTF recommends using behavioral and pharmacotherapy interventions with proven effectiveness and safety instead.

TABLE 3

Colorectal screening tests and intervals¹¹

- High-sensitivity guaiac fecal occult blood test every year
- FIT every year
- Stool DNA-FIT every 1 to 3 years
- CT colonography every 5 years
- Flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 10 years + FIT every year
- Colonoscopy screening every 10 years

CT, computed tomography; FIT, fecal immunochemical test.

4 additional recommendation updates with no changes

Screening for high blood pressure in adults ages 18 years and older continues to receive an “A” recommendation.¹⁴ Importantly, the recommendation states that confirmation of high blood pressure should be made in an out-

TABLE 4

2021 USPSTF recommendations¹

A recommendations

- Screen for colorectal cancer in all adults ages 50-75 years.
- Screen for hypertension in adults ≥ 18 years with office blood pressure measurement. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
- Ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and FDA-approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.
- Ask all pregnant individuals about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to those who use tobacco.

B recommendations

- Prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.
- Apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.
- Prescribe low-dose aspirin (81 mg/d) after 12 weeks of gestation to pregnant individuals who are at high risk for preeclampsia.
- Screen for chlamydia in all sexually active women ≤ 24 years and in women ≥ 25 years who are at increased risk for infection.
- Screen for gonorrhea in all sexually active women ≤ 24 years and in women ≥ 25 years who are at increased risk for infection.
- Screen for prediabetes and type 2 diabetes in adults ages 35-70 years who are overweight or obese. Offer, or refer patients with prediabetes to, effective preventive interventions.
- Screen for gestational diabetes in asymptomatic pregnant individuals at ≥ 24 weeks of gestation.
- Offer pregnant individuals effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain.
- Screen for colorectal cancer in adults ages 45-49 years.
- Screen annually for lung cancer with low-dose computed tomography in adults ages 50-80 years who have a 20-pack-year smoking history and currently smoke or have quit within the past 15 years. Discontinue screening 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.

CONTINUED

TABLE 4

2021 USPSTF recommendations¹ (cont'd)

C recommendations
<ul style="list-style-type: none"> Selectively offer screening for colorectal cancer to adults ages 76-85 years.
D recommendations
<ul style="list-style-type: none"> Screen for asymptomatic carotid artery stenosis in the general adult population.
I statements
<ul style="list-style-type: none"> Screening examinations for dental caries performed by primary care clinicians in children younger than 5 years Screening for chlamydia and gonorrhea in men Screening for gestational diabetes in asymptomatic pregnant individuals before 24 weeks of gestation Screening for vitamin D deficiency in asymptomatic adults Screening for hearing loss in older adults Use of pharmacotherapy interventions for tobacco cessation in pregnant individuals Use of electronic cigarettes for tobacco cessation in adults, including pregnant individuals

FDA, US Food and Drug Administration.

Grade A: There is high certainty that the net benefit is substantial.

Grade B: There is high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial.

Grade C: There is at least moderate certainty that the net benefit is small. Offer selectively.

Grade D: There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

I statement: Current evidence is insufficient to assess the balance of benefits and harms of the service.

of-office setting before initiating treatment. Screening for vitamin D deficiency in adults and hearing loss in older adults both continue with “I” statements,^{15,16} and screening for asymptomatic carotid artery stenosis continues to receive a “D” recommendation.¹⁷ The implications of the vitamin D “I” statement were discussed in a previous Practice Alert.¹⁸

Continuing value of the USPSTF

The USPSTF continues to set the gold standard for assessment of preventive interventions, and its decisions affect first-dollar coverage by commercial health insurance. The reaffirmation of past recommendations demonstrates the value of adhering to rigorous evidence-based methods (if they are done correctly, they rarely must be markedly changed). And the updating of screening criteria shows the need to constantly review the evolving evidence for current recommendations. Once again, however, funding and staffing limitations allowed the USPSTF to assess only 1 new topic. A listing of all the 2021 recommendations is in **TABLE 4**.¹ **JFP**

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