

Cancer Screening

US Preventive Services Task Force website:

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

Cervical cancer - updated March 2012

- women younger than 21 years - no screening, regardless of sexual activity
- women age 21-65 - PAP every 3 years
- women age 30-65 - PAP + HPV if wish to be screened every 5 years
- women older than 65 yrs who have had normal screening - do not screen
- After hysterectomy (or removal of cervix for noncancerous lesions) - none

Breast cancer - No consensus; 5-10% hereditary; risks increase after age 55; American Cancer Society guidelines are the most commonly accepted and they recommend annual mammograms starting at age 40 and continue as long as still in good health

Gail model breast cancer risk calculator for 5 year and lifetime breast cancer risk

<http://www.cancer.gov/bcrisktool/>



Colon cancer - for adults age 50-75 years; discuss with your primary care clinician, because several options, including:

- Colonoscopy every 10 years if normal
- Sigmoidoscopy every 5 years, plus high sensitivity fecal occult blood testing (FOBT) every 3 years
- FOBT annually
- Insufficient evidence for CT or DNA screening

Prostate cancer – most agree that not needed after age 75; no consensus about whether or not it should be done for men under 75; Am Cancer Society recommends “having a discussion with your doctor” when you turn 50 (or 45, if you are African-American, or if your father/brother had prostate cancer). The PSA blood test is still the best test available

Lung and Ovarian cancer - value of screening is unclear

Immunizations

Latest recommendations are posted on the Centers for Disease Control website:

<http://www.cdc.gov/vaccines/recs/schedules/downloads/adult/adult-schedule.pdf>



Influenza (flu) vaccine – annually; your risk of becoming very sick from the flu increases as you get older

Shingles vaccine - single dose at age 60; as many as 30% of those who live to be 80 develop shingles. OK to receive vaccine if you have had shingles, but should wait for 1 year

Tetanus (Td) booster every 10 years; if you are under 65 and have never had the vaccine for whooping cough (pertussis), then should receive **Tdap** (protection against pertussis AND tetanus)

PPSV (pneumonia) - at age 65, sooner if you have chronic medical conditions.

Enjoy Life!

Depression and Suicide: highest risk group is older Americans (those over 80 have 5 times higher risk than the US national average). 12% of patients seen in a typical primary clinic have major depression. Typical symptoms include depression, feeling guilty/worthless, decreased energy and appetite, increased irritability, changes in sleep patterns, etc. Treatment options depend on other medical issues, but there are effective treatments available. The US Preventive Screening Task Force recommends that all adults be screened for depression; two questions are very helpful: (1) “Over the past two weeks, have you ever felt down, depressed, or hopeless?” and (2) “Have you felt little interest or pleasure in doing things?” The National Suicide Prevention Lifeline is **1-800-273-TALK (8255)**.

Sleep: Menopause can cause significant changes in sleep patterns, including snoring, insomnia and sleep apnea. Both men and women typically experience shorter durations of restful sleep as they age, but still require about 8 hours of sleep a day.

Sexual activity: About 60% of middle-aged women have sex monthly; about one-third report concerns about sexual function. Adult men experience a gradual decline in sexual function. More effective treatments are available for men at this time.

Memory: Brain volume begins to decline in the 40s, around the same time that people begin to have trouble remembering names or doing more than one task at a time. Visuomotor performance declines later in life (practice that golf swing!), as does the ability to make new long-term memories.



Taking Care of YOU (and your spouse)!

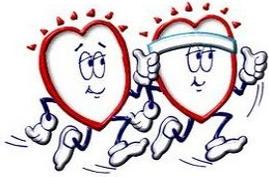


Bottom Line Up Front:

You know yourself better than any doctor....

- If something seems wrong, don't count on us to find it on exam – tell us!
- Any lab test/x-ray/study should either be able to help you feel better, or to live longer. The fact that we CAN do a test, does not mean we SHOULD do it.
- Seeing the same doctor over time correlates with fewer medical problems for most patients...try to find one you trust and stay with him/her.
- The best checklist is one that you and your primary care clinician develop based on your personal health, family history, and specific disease risk factors.





Cardiovascular Health

Coronary artery disease (CAD) is still the #1 killer for men and women; women are more likely than men to delay seeking care when they have a heart attack; calculate your risk w/the Framingham calculator:

<http://hp2010.nhlbihin.net/atp/iii/calculator.asp>

Hypertension (high blood pressure, or BP)

Normal BP <120/80 - check every 2 years

Lipids – should be checked in men over 35, and in women over 45 years with increased CAD risk (smokers, diabetes, hypertension, obesity, male relative under 50 with CAD or female relative under 60 w/CAD)

Other Screening tests - No role for ECG, Stress test, or CT scans for men or women who have no symptoms or significant risk factors, except for men >45 yr or women >55yr with multiple risks for CAD who want to start vigorous exercise or are involved in an occupation that may impact public safety

Carotid artery (blood vessel in neck) screening - not indicated for general population.

Abdominal aortic aneurysm screening - only indicated for men aged 65-75 years who have ever smoked. Screening not indicated for women due to low risk of AAA in women.

Should I take an **aspirin** a day to prevent CAD? This is an individual risk assessment that must be made with your physician. The risk for CAD in men or stroke risk in women must be higher than the risk of bleeding from aspirin use. Most likely to benefit those with multiple CAD risks.

Should I have one of those **Life Line** screens offered at my church, grocery store, etc? No. Most people do not need to have these imaging studies. Life Line blood screening usually includes high resolution CRP (C-reactive protein), which may be marker for inflammation, but the available data on what to do with this data is unclear.

Menopause

For severe menopausal symptoms - **hormones** are best, but come with side effects; goal is shortest course and lowest dose possible, if needed

Other options for symptom relief:

Lifestyle - exercise, lose weight, quit smoking, limit caffeine, stress reduction

Complimentary Medicine/Alternative treatments: - in general, not well studied since they are not regulated by FDA; overall, limited roles for use, some have significant risks, in general benefit only mildest symptoms:

- **Black Cohash** - not helpful for hot flashes - risk of liver toxicity
- **Dong Quai** - not helpful
- **Ginseng** - may help mood, not helpful for hot flashes
- **Kava** - may help anxiety; not helpful for hot flashes; risk of liver toxicity
- **Red Clover** - no help for hot flashes
- **Soy** - may be helpful for hot flashes - safe in short term, but, since it is a phytoestrogen, may have long term risks for women with estrogen-sensitive conditions (endometriosis, fibroids, breast cancer)
- **DHEA** - not well studied: increased risk breast and prostate cancer

For complimentary medicine options:

<http://nccam.nih.gov/health/menopause/menopausesymptoms.htm>

American Congress of Obstetricians and Gynecologists: online publication on midlife women's health "Pause" :

<http://pause.acog.org/>

“You’ve got to be kidding about male menopause...right?” Men’s testosterone levels decline about 1% annually starting around age 30. Symptoms may include decreased energy, changes in sleep patterns, erectile dysfunction, increased body fat and decreased muscle mass, and emotional changes. Very little evidence that herbal supplements help; conflicting data about whether any benefits from testosterone replacement out-weigh the risks.



Diet and Exercise

“Which diet is best?” Sticking to a diet (and exercising) is more important than picking the “right” diet.

Large study compared some of the most popular diet plans (**Ornish** - low fat • **Atkins** - low carbohydrate • **The Zone** - low glycemic load • **Weight Watchers** - portion/calorie restricted). Weight loss in all groups was similar. Cholesterol, blood glucose, blood pressure changes were also similar in all groups. Those who stuck to the plan had the greatest weight loss - completion rates were higher for **The Zone** and **Weight Watchers**



“How important is Exercise?” Exercise is helpful for weight loss, but critical for maintenance. Face to face meetings helped patients maintain weight loss better than any other intervention.

“How much should I be exercising?” Everyone should exercise at least 30 minutes on most days (150 minutes/week). However, for those trying to lose or maintain weight loss, it may be twice that. Resistance training is helpful to maintain muscle mass that is lost as patient's age - this is helpful in preventing falls that may lead to fractures. Stretching/yoga/core strengthening helpful in chronic low back pain.

Osteoporosis

Goal is to prevent a fracture, not treat a number on bone density test.

FRAX calculation tool for fracture risk: <http://www.shef.ac.uk/FRAX/>

Risks - caucasians, weight <127 lbs, smoker, daily alcohol use, steroid use, personal history of prior fracture, parent with a hip fracture

Who should be treated?

Women > 65 years without previous known fractures or secondary causes of osteoporosis - DEXA of hip and lumbar spine. Women < 65 years whose 10 year fracture risk is equal to or greater than that of a 65 year old white woman without risks. Men - no recommendations for screening



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What Can I do to lower my risk of Fractures?

Weight bearing exercise, adequate calcium/vitamin D, resistance training, fall prevention