

# HEALTH LITERACY MODULE

## Preventive Medicine Practices in Old Age

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# Preventive Medicine

- **Screening for health problems that are not yet causing symptoms noticeable to the patient.**
- **Checking for common problems that do cause symptoms but are easily overlooked in routine clinical care.**
- **Administration of vaccines or medications to reduce the risk of a future illness.**

# Physical Health

- Screening for high blood pressure
- Screening for high cholesterol
- Screening for obesity
- Screening for abnormal blood glucose and type 2 diabetes
- Screening for abdominal aortic aneurysm
- Screening for osteoporosis
- Screening for hepatitis C
- Screening for HIV
- Screening for other sexually transmitted infections
- Screening for malnutrition
- Exercise

# Mental Health, Cognitive Health, Substance Use

- **Checking for tobacco use**
- **Checking for alcohol misuse**
- **Checking for depression**
- **Checking for signs of cognitive impairment**

# Safety and Functional Ability

- Asking about falls
- Checking for signs of functional impairment and assessing home safety
- Checking for signs of elder mistreatment

# Cancer Screening

- Screening for colorectal cancer
- Screening for breast cancer
- Screening for cervical cancer
- Screening for lung cancer
- Screening for prostate cancer

# Colorectal Cancer Screening

- **Who:** The USPSTF (The United States Preventive Services Task Force) recommends for routine colon cancer screening for adults aged 50-75. For adults aged 76-85, the USPSTF recommends an individualized decision. The USPSTF does not recommend routine colon cancer screening for adults aged 86 or older.
- **How often:** This depends on the screening method used. Screening colonoscopy can be done every 10 years, whereas screening by checking stool for microscopic blood requires annual stool testing.



# Breast Cancer Screening

- **Who:** The USPSTF recommends for routine breast cancer screening in women aged 50-74. The USPSTF recommends neither for nor against breast cancer screening in women aged 75 or older.
- **How often:** The USPSTF recommends screening mammography every two years.

# Cervical Cancer Screening

- **Who:** The USPSTF recommends against cervical cancer screening in women aged 65+ who “have had adequate prior screening and are not at high risk.” They also recommend against cervical cancer screening in women who have had a hysterectomy for non-cancer reasons.
  - Older women who have never been screened for cervical cancer, or did not get a Pap smear between the ages of 55-65, should be screened at least once.
- **How often:** Pap smear every 24 months for women who are deemed low-risk for cervical or vaginal cancer, and every 12 months for women who are at high risk.

# Lung Cancer Screening

- **Who:** USPSTF: Adults who are age 55-80, have a 30 pack-year history of smoking, and either smoke or have quit within the past 15 years.
- **How often:** The USPSTF recommends yearly screening for the adults meeting the criteria above, and stopping screening once it's been 15 years since the person quit smoking.

# Prostate Cancer Screening

- **Who:** The USPSTF used to recommend against using the prostate-specific antigen (PSA) test to screen for prostate cancer. However, in 2018 they changed to recommending an individualized screening decision for men aged 55-69, and recommended against screening men aged 70+. The American College of Physicians recommends an individualized screening decision for men aged 50-69, and recommends against screening in men aged 70+ or with life expectancy less than 10-15 years.
- **How often:** PSA test and digital rectal exam every 12 months.

# Vaccinations

- Influenza
- Pneumococcal disease (commonly known as the “pneumonia vaccines”)
- Shingles (herpes zoster)
- Tetanus-diphtheria (Td) and tetanus-diphtheria-pertussis (Tdap)
- **Coronavirüs!!!**

# Influenza vaccine

- **Who:** The CDC (Centers for Disease Control )recommends vaccination for seasonal influenza every year, for everyone aged 6 months or older. There is no upper age
- **How often:** Yearly in the fall, once the year's vaccine becomes available.
- **Notes:** The flu vaccine cannot give a person the flu, although some mild side-effects are possible, including achiness or fever. Generally, the flu shot has a very low risk of harm. The likelihood of benefit depends on how well matched the vaccine is to the circulating influenza virus in a given year.

# Pneumonia vaccines

- **How often:** Once for each, after age 65. The CDC recommends revaccinating high-risk patients who received Pneumovax prior to age 65, once it's been five years since Pneumovax was first administered.
- **Notes:** This is often called a “pneumonia shot” but technically this vaccinates against *Streptococcus pneumoniae*, a bacterium that can cause serious illness both inside and outside the lungs. Bear in mind that many viruses and other bacteria can cause pneumonia.
  - As of November 2019, the CDC recommends Pneumovax (PPSV23) for all older adults and says that additional vaccination with Prevnar (PCV13) may be considered for certain older adults.
  - Prevnar and Pneumovax should not be administered at the same time; a 6-12 month interval between them is required.
  - It is ok to receive either pneumococcal vaccination at the same time as a different vaccine altogether, such as seasonal influenza vaccine or zoster vaccine.

# Shingles (herpes zoster) vaccine

- **Who:** The CDC recommends vaccination with the newer vaccine Shingrix, for most older adults aged 50+. Vaccination with Shingrix is also recommended for older adults who have previously been vaccinated with the older vaccine Zostavax, because research indicates that the effect of Zostavax wanes after five years.
- **How often:** Shingrix vaccination requires a second injection, to be given 2-6 months after the initial Shingrix injection.
  - Once the two doses of Shingrix have been administered, re-vaccination later in life is not currently recommended.
  - Vaccination with a single dose of Zostavax is an option, for relatively healthy adults aged 60+. However, the CDC says that Shingrix is preferred, as it appears to be much more effective and long-lasting.
- **Notes:** Shingles is extremely common: nearly 1 in 3 people gets shingles at some point in their life, usually when they are older. Of those who get shingles, 1 in 6 will develop a related chronic pain condition called post-herpetic neuralgia.



# Tetanus-diphtheria (Td) and tetanus-diphtheria-pertussis (Tdap) vaccines

- **Who:** The CDC recommends a Td booster shot every 10 years for all adults. In 2010, the CDC recommended that adults of all ages get one dose of Tdap to get protection against pertussis (whooping cough), which has become more common.
  - Pertussis vaccination is especially important for those who will be around young babies, such as grandparents or childcare providers.
- **How often:** The Td booster should be given every 10 years. Currently, Tdap is recommended once for adults aged 65+ who have not previously received Tdap in adulthood.

# Aspirin

- **Who:** For adults aged 60-69, who have at least a 10% chance of a cardiovascular event within 10 years, the USPSTF recommends an individualized decision on whether to take a daily low dose aspirin for primary prevention, provided the person is not at increased risk for bleeding and is likely to live at least another 10 years.
- **Notes:** Aspirin used to be more widely recommended to prevent heart attacks and strokes, but now the USPSTF is encouraging a more personalized approach in which doctors and patients review the likely benefits and harms.
  - The USPSTF does currently recommend daily low-dose aspirin for adults aged 50-59, if they appear to have at least a 10% chance of a cardiovascular event, and are likely to live at least another 10 years.
  - For adults aged 70 or older, the USPSTF currently states that the evidence is insufficient to assess the likely benefits and harms of aspirin for primary prevention.
  - These recommendations apply to adults without a known history of heart attack or stroke.

# Vitamin D

- **Who:** In 2012 the USPSTF recommended vitamin D supplementation in adults aged 65+ who are at increased risk for falls. However, in 2018 the USPSTF recommended against vitamin D for fall prevention, but noted that this recommendation applies to older adults not known to have osteoporosis or vitamin D deficiency.
- **Notes:** The USPSTF has evaluated vitamin D for other preventive purposes, such as fracture prevention, and stated that the evidence is inconclusive.

# References

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- 2- Current Diagnosis and Treatment: Geriatrics, 3/e (Current Geriatric Diagnosis and Treatment) 3rd Edition
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