

Clinical Categories

Cancer

Cervical Cancer (Pap Smear): Screening (2003)

- The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix. Grade: A Recommendation.
- The USPSTF concludes that the evidence is insufficient to recommend for or against the routine use of human papillomavirus (HPV) testing as a primary screening test for cervical cancer. Grade: I recommendation.

Skin Cancer: Counseling (2003)

- The U.S. Preventive Services Task Force concludes that the evidence is insufficient to recommend for or against routine counseling by primary care clinicians to prevent skin cancer. Grade: I recommendation.

Testicular Cancer: Screening (2004)

- The U.S. Preventive Services Task Force (USPSTF) recommends against routine screening for testicular cancer in asymptomatic adolescent and adult males. Grade: D Recommendation.

Cardiovascular Disorders (Heart and Vascular Diseases)

Lipid Disorders in Children (Cholesterol Abnormalities, Dyslipidemia): Screening (2007)

- The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for lipid disorders in infants, children, adolescents, or young adults (up to age 20). Grade: I Statement.

High Blood Pressure: Screening (2007)

- The U.S. Preventive Services Task Force (USPSTF) recommends screening for high blood pressure in adults aged 18 and older. Grade: A Recommendation.

Development and Behavior (ver pediatria)

Infectious Diseases

Chlamydial Infection: Screening (2007)

- The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-

pregnant women who are at increased risk. Grade: A Recommendation.

- The USPSTF recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk. Grade: B Recommendation.
- The USPSTF recommends against routinely providing screening for chlamydial infection for women aged 25 and older, whether or not they are pregnant, if they are not at increased risk. Grade: C Recommendation.
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydial infection for men. Grade: I Statement.

Gonococcal Ophthalmia Neonatorum: Preventive Medication (Newborns) (2005)

- The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors; go to Clinical Considerations for further discussion of risk factors). Grade: B Recommendation.
- The USPSTF found insufficient evidence to recommend for or against routine screening for gonorrhea infection in men at increased risk for infection (go to Clinical Considerations for discussion of risk factors). Grade: I Statement.
- The USPSTF recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection (go to Clinical Considerations for discussion of risk factors). Grade: D Recommendation.
- The USPSTF found insufficient evidence to recommend for or against routine screening for gonorrhea infection in pregnant women who are not at increased risk for infection (go to Clinical Considerations for discussion of risk factors). Grade: I Statement.

Gonorrhea: Screening (2005)

- The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors; go to Clinical Considerations for further discussion of risk factors). Grade: B Recommendation.
- The USPSTF found insufficient evidence to recommend for or against routine screening for gonorrhea infection in men at increased risk for infection (go to Clinical Considerations for discussion of risk factors). Grade: I Statement.
- The USPSTF recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection (go to Clinical Considerations for discussion of risk factors). Grade: D Recommendation.

- The USPSTF found insufficient evidence to recommend for or against routine screening for gonorrhea infection in pregnant women who are not at increased risk for infection (go to Clinical Considerations for discussion of risk factors). Grade: I Statement.

Herpes Simplex, Genital: Screening (2005)

- The U.S. Preventive Services Task Force (USPSTF) recommends against routine serological screening for herpes simplex virus (HSV) in asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection. Grade: D Recommendation.
- The USPSTF recommends against routine serological screening for HSV in asymptomatic adolescents and adults. Grade: D Recommendation.

Human Immunodeficiency Virus (HIV) Infection: Screening (2005)

- The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection (go to Clinical Considerations for discussion of risk factors). Grade: A Recommendation.
- The USPSTF makes no recommendation for or against routinely screening for HIV adolescents and adults who are not at increased risk for HIV infection (go to Clinical Considerations for discussion of risk factors). Grade: C Recommendation.

Sexually Transmitted Infections: Counseling (2008)

- The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. Grade: B Recommendation.
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of behavioral counseling to prevent STIs in non-sexually-active adolescents and in adults not at increased risk for STIs. Grade: I Statement.

Injury Prevention

Family Violence: Screening (2004)

- The USPSTF found insufficient evidence to recommend for or against routine screening of parents or guardians for the physical abuse or neglect of children, of women for intimate partner violence, or of older adults or their caregivers for elder abuse. Grade: I Statement.

Motor Vehicle Occupant Restraints: Counseling (2007)

Recommendation 1: Counseling about Proper Use of Motor Vehicle Occupant Restraints to Prevent Motor Vehicle Occupant Injuries (MVOIs)

- The USPSTF concludes that the current evidence is insufficient to assess the incremental benefit, beyond the efficacy of legislation and community-based interventions, of counseling in the primary care setting, in improving rates of proper use of motor vehicle occupant restraints (child safety seats, booster seats, and lap-and-shoulder belts). (Go to Clinical Considerations for definitions of proper use.) Grade: I Statement.

Recommendation 2: Counseling to Prevent Alcohol-Related MVOI in Adolescents and Adults

- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine counseling of all patients in the primary care setting to reduce driving while under the influence of alcohol or riding with drivers who are alcohol-impaired. Grade: I Statement.

Mental Health Conditions and Substance Abuse

Alcohol Misuse (Drinking, Risky/Hazardous): Screening and Counseling (2004)

- The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse (go to Clinical Considerations) by adults, including pregnant women, in primary care settings. Grade: B Recommendation.
- The USPSTF concludes that the evidence is insufficient to recommend for or against screening and behavioral counseling interventions to prevent or reduce alcohol misuse by adolescents in primary care settings. Grade: I Statement.

Depression in Children and Adolescents: Screening (2009)

- The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. Grade: B recommendation.
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening of children (7-11 years of age). Grade: I statement.

Illicit Drug Use: Screening (2008)

- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening adolescents, adults, and pregnant women for illicit drug use. Grade: I Statement.

Smoking (Tobacco Use): Counseling (Children and Adolescents) (2003)

- The USPSTF strongly recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. Grade: A Recommendation.
- The USPSTF strongly recommends that clinicians screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke. Grade: A Recommendation.
- The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for tobacco use or interventions to prevent and treat tobacco use and dependence among children or adolescents. Grade: I Statement.

Suicide Risk: Screening (2004)

- The U.S. Preventive Services Task Force (USPSTF) concludes that the evidence is insufficient to recommend for or against routine screening by primary care clinicians to detect suicide risk in the general population. Grade: I Statement.

Metabolic, Nutritional, and Endocrine Conditions

Dental Caries in Preschool Children: Screening (2004)

- The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride. Grade: B Recommendation.
- The USPSTF concludes that the evidence is insufficient to recommend for or against routine risk assessment of preschool children by primary care clinicians for the prevention of dental disease. Grade: I Statement.

Exercise (Physical Activity): Counseling (2002)

- The U.S. Preventive Services Task Force (USPSTF) concludes that the evidence is insufficient to recommend for or against behavioral counseling in primary care settings to promote physical activity. Grade: I Statement.

Healthy Diet (Nutrition): Counseling (2003)

- The U.S. Preventive Services Task Force (USPSTF) concludes that the evidence is insufficient to recommend for or against routine behavioral counseling to promote a healthy diet in unselected patients in primary care settings. Grade: I Statement.
- The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians. Grade: B Recommendation.

Hyperbilirubinemia in Infants: Screening (2009) (pediatría)

Iron Deficiency Anemia (Anemia): Screening (2006) (pediatría y salud materno infantil)

Lead Levels in Childhood and Pregnancy: Screening (2006) (pediatría y salud materno infantil)

Obesity in Children and Adolescents: Screening

- The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. Grade: B recommendation.

Musculoskeletal Disorders

Hip, Developmental Dysplasia: Screening (2006) (pediatría)

Idiopathic Scoliosis in Adolescents (Scoliosis): Screening (2004)

- The U.S. Preventive Services Task Force (USPSTF) recommends against the routine screening of asymptomatic adolescents for idiopathic scoliosis. Grade: D Recommendation.

Vision and Hearing Disorders (pediatría)

A—Strongly Recommended: The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. *The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.*

B—Recommended: The USPSTF recommends that clinicians provide [the service] to eligible patients. *The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.*

C—No Recommendation: The USPSTF makes no recommendation for or against routine provision of [the service]. *The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.*

D—Not Recommended: The USPSTF recommends against routinely providing [the service] to asymptomatic patients. *The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.*

I—Insufficient Evidence to Make a Recommendation: The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that the [service] is effective is lacking, of poor quality, or conflicting and the balance of benefits and harms cannot be determined.*

Quality of Evidence

The USPSTF grades the quality of the overall evidence for a service on a 3-point scale (good, fair, poor):

Good: Evidence includes consistent results from well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes.

Fair: Evidence is sufficient to determine effects on health outcomes, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies, generalizability to routine practice, or indirect nature of the evidence on health outcomes.

Poor: Evidence is insufficient to assess the effects on health outcomes because of limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes.