

Midlife Health Issues

Osteoporosis

Treatment with Biphosphonates	
Fosamax	Daily or Weekly
Fosmax Plus D	Weekly
Actonel	Daily/Weekly/Monthly
Actonel With Calcium	7 Day Regimen
Boniva	Monthly for Oral Route/IV Q 3 Months
Reclast	IV Annually

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Other Bone-Specific Prescription Drugs Approved for Postmenopausal Osteoporosis	
SERMS (raloxifene) <i>Evista</i> po	Daily
Calcitonin (nasal spray)	
<i>Fortical</i> or <i>Miacalcin</i>	Daily
Parathyroid hormone	
<i>Forteo</i> subQ injection	Daily (High Fx Risk)

ABCCED Program January-December 2009

- Abnormal Mammograms: 1,257**

BI-RADS 0	1,065
BI-RADS 1	4,221
BI-RADS 2	4,117
BI-RADS 3	410
BI-RADS 4	138
BI-RADS 5	46

Benefits/Risks of Hormone Therapy

Out of 10,000 Postmenopausal Women Over A 10 Year Period	No HT	HT	Risk/ Benefit
Number will get invasive breast cancer	30	38	8 more cases
Number will have a heart attack	30	37	7 more cases
Number will have a serious blood clot	16	34	18 more cases
Number will have stroke	21	29	8 more cases
Number will have a hip fracture	15	10	5 fewer cases
Number will get colon cancer	16	10	6 fewer cases

Periodic Health Screenings

Thyroid	Every 5 years beginning at age 50
Diabetes	Every 3 years beginning at age 45
Lipids	Every 5 years beginning at age 45
Colorectal	One of the following: <ul style="list-style-type: none">• FOBT yearly at age 50• Sigmoidoscopy every 5 years• Barium enema every 5 years• Colonoscopy every 10 except sooner for AA women or family Hx


Periodic Health Screenings


Mammography	Every 1-2 years beginning at age 40, yearly at age 50
BMD Bone Mineral Density	Every woman 65 and older, younger if at risk for osteoporosis. Repeat every 1-2 years
Immunizations	CDC – 2010 MMWR Quick Guide
Pap smear	ACS – screening table

Recommended Adult Immunization Schedule

VACCINE ▼	AGE GROUP ▶	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Human papillomavirus (HPV) ^{2,*}		3 doses (females)				
Varicella ^{3,*}		2 doses				
Zoster ⁴					1 dose	
Measles, mumps, rubella (MMR) ^{5,*}		1 or 2 doses		1 dose		
Influenza ^{6,*}		1 dose annually				
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses				1 dose
Hepatitis A ^{9,*}		2 doses				
Hepatitis B ^{10,*}		3 doses				
Meningococcal ^{11,*}		1 or more doses				

*Covered by the Vaccine Injury Compensation Program.

 For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

 Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

 No recommendation

Cervical Cancer Screening Guidelines

	National Breast and Cervical Cancer Early Detection Program ¹ (NBCCEDP, April 2006)	American Cancer Society ² (ACS, Nov 2002)	US Preventive Services Task Force ³ (USPTF, Jan 2003)	American College of Obstetrics and Gynecology ⁴ (ACOG, November 2009)
When to start	Age 21 or within 3 years of first-time sexual intercourse, whichever happens first	Approximately 3 years after onset of vaginal intercourse, but no later than age 21	Evidence supports beginning within 3 years of onset of sexual activity or age 21, whichever comes first	At age 21 years, (regardless of sexual history) and should be avoided before age 21 years
Intervals	<ul style="list-style-type: none"> Annually Increase to every 3 years, if meet criteria (3 consecutive normal cervical cancer screening tests within a 60-month period) 	<ul style="list-style-type: none"> Annually; Every 2 to 3 years for women \geq 30 years with 3 negative cytology tests* 	<ul style="list-style-type: none"> Evidence supports an interval of at least every 3 years for conventional pap tests* Insufficient evidence to determine if liquid-based cytology is more effective than conventional Pap smear screening 	For conventional Pap test or liquid-based cytology: <ul style="list-style-type: none"> Every 2 years for women age 21- 29 years; Extend to every 3 years for women \geq 30 with 3 consecutive negative cervical cytology screening tests and without certain risk factors Consider more frequent screening for high risk women*
	<ul style="list-style-type: none"> Once every 2 years Increase to every 3 years, if meet criteria (3 consecutive normal cervical cancer screening tests within a 60-month period) 	<ul style="list-style-type: none"> Every 2 years Every 2-3 years for women \geq 30 with 3 negative cytology tests* 		
When to stop	Women \geq 65 who have had regular screening tests with normal results and have been told by their doctors they do not need to be tested again in their lifetime	Women \geq 70 years who had <ul style="list-style-type: none"> \geq 3 recent consecutive negative tests No abnormal tests in prior 10 years 	Women $>$ 65 years with negative tests who are not otherwise at high risk for cervical cancer	Women 65 – 70 years and older with: <ul style="list-style-type: none"> \geq 3 recent consecutive negative tests; No abnormal tests in prior 10 years.
Post total hysterectomy	If hysterectomy done for cervical neoplasia or invasive cervical cancer, continue to screen in accordance to intervals outlined for conventional and liquid-based based cervical cytology screening test	Discontinue screening if hysterectomy done for benign reasons and no prior history of high-grade CIN	Discontinue if hysterectomy done for benign reasons.	Discontinue screening: <ul style="list-style-type: none"> If hysterectomy for benign reasons No prior history of CIN 2 or CIN 3