

## Tobacco Use

Ask about and document tobacco use, and offer advice if necessary. (CAN ADAPPT 2012)



## Hyperlipidemia

Do a lipid profile every 3 to 5 years for men aged 40 to 75 and women aged 50 to 75. (SCC 2013)

## Diet and Physical Activity

Depending on general condition or cardiovascular risk factors, it may be appropriate to recommend measures to adopt. (USPSTF 2014)



## Diabetes

Screen people over 40 as well as those under 40 with risk factors every 3 years. (ACD 2013, GECSSP 2012)



## Hypertension

Take every patient's blood pressure during each medical visit. (GECSSP 2012, PECH)

## Alcohol Abuse

Identify alcohol abuse in adults. (USPSTF 2013, CMQ 2012)



## Obesity

Measure body mass index in all adults, and then offer or refer to structured behavioural interventions if obesity is documented. (GECSSP 2015)

## Cancers

Screen every 2 years after an informed decision by patient: for men - colorectal (aged 50-74) and prostate (aged 55-70); for women - breast (aged 50-69), colorectal (aged 50-74), cervical (aged 21-69). (ASG 2010, INSPQ 2011, ACP 2012, CMQ 2013, USPSTF 2012, GECSSP 2013, 2014)



## Osteoporosis

Look for risk factors in people aged 50 and over. If identified, measure bone mineral density. Also for those aged 65 and over. (SCO, USPSTF 2010, MSSS 2012)  
Document history of falls starting at age 65. (INSPQ 2011)



## Sexually-transmitted and Bloodborne Infections

Assess risk factors in all sexually active adults, offer preventive counseling, and screen for STBIs, based on identified risk factors. (MSSS 2014, USPSTF 2014)

## Immunization

Complete vaccination of adults in accordance with the recommendations of the Quebec Immunization Protocol (PIQ), taking into consideration age, risk factors (including pregnancy and chronic illness), and number of doses already received for tetanus-diphtheria-pertussis and measles-mumps-rubella. Receptive adults in certain groups might need to be vaccinated against polio and chickenpox. Offer flu shots annually, especially to adults with risk factors or at-risk family contacts. Vaccinate adults over 65 and immunosuppressed adults over 18 once against pneumococcus. Offer shingles vaccine to adults aged 60 and over, and consider it for certain at-risk groups starting at age 50. Consider any other vaccine, according to risk, including those for protecting travelers.

These recommendations are based on recent evidence-based data and replace those concerning periodic checkups. They apply to appropriate medical visits or regular follow-up. Other prevention activities may be carried out based on clinical judgment.