

American Academy of Family Physicians
Summary of Recommendations for Clinical Preventive Services

Abdominal Aortic Aneurysm, Men	<p>The AAFP recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 years who have ever smoked. (2005) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</p> <p>The AAFP makes no recommendation for or against screening for abdominal aortic aneurysm (AAA) in men aged 65 to 75 years who have never smoked. (2005) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</p>
Abdominal Aortic Aneurysm, Women	<p>The AAFP recommends against routine screening for abdominal aortic aneurysm (AAA) in women. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/aaascr/aaars.htm#clinical)</p>
Abuse, Intimate Partner Violence of Elderly and Vulnerable Adults	<p>The AAFP recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. (2013) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/draftrec2.htm) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelderfinalrs.htm)</p> <p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly and vulnerable adults (physically or mentally dysfunctional) for abuse and neglect. (2013) (Grade: I statement) (Grade Definition: http://www.uspreventiveservicestaskforce.org/draftrec2.htm) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelderfinalrs.htm)</p>
Alcohol Misuse, Adults	<p>The AAFP recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. (2013) (Grade: B recommendation) Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/alc misuse/alc misusefinalrs.htm#consider</p>
Alcohol Misuse, Adolescents	<p>The AAFP recognizes the avoidance of alcohol products by adolescents aged 12 to 17 years is desirable. The effectiveness of the physician's advice and counseling in this area is uncertain. (2013) (Grade: I recommendation) Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/alc misuse/alc misusefinalrs.htm#consider</p>
Bacteriuria, Asymptomatic, Pregnant Women	<p>The AAFP recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/asymptbact/asbactrs.htm#clinical)</p>
Bacteriuria, Asymptomatic, Men, Non-Pregnant	<p>The AAFP recommends against screening for asymptomatic bacteriuria in men and nonpregnant women. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)</p>
Bacterial Vaginosis, Pregnant Women	<p>The AAFP recommends against screening for bacterial vaginosis in asymptomatic pregnant women at low risk for preterm delivery. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)</p> <p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for bacterial vaginosis in asymptomatic pregnant women at high risk for preterm delivery. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/bv/bvrs.htm#clinical)</p>

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Behavioral Counseling to Prevent Sexually Transmitted Infections	The AAFP recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)
Behavioral Counseling to Prevent Sexually Transmitted Infections	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of behavioral counseling to prevent STIs in <u>non</u> -sexually active adolescents and in adults not at increased risk for STIs. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)
Bladder Cancer, Adults	The AAFP concludes that the evidence is insufficient to assess the balance of benefits and harms of screening for bladder cancer in asymptomatic adults. (August 2011) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/bladdercancer/bladcanrs.htm#clinical)
Breast Cancer, Mammography	<p>Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.</p> <p>The AAFP recommends that the decision to conduct screening mammography before age 50 should be individualized and take into account patient context including her risks as well as her values regarding specific benefits and harms. (January 2010) (Grade C Recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical</p> <p>The AAFP recommends biennial (every two years) screening mammography for women between ages 50 and 74. (January 2010) (Grade B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical</p> <p>The AAFP concludes that the current evidence is insufficient to assess the benefits and harms of screening mammography in women aged 75 years and older. (January 2010) (Grade I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical</p>
Breast Cancer, Self BSE	<p>Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.</p> <p>The AAFP recommends against clinicians teaching women Breast Self-Examination (BSE). (January 2010) (Grade D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical</p>

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Breast Cancer, Clinical Examination (CBE)	<p>Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.</p> <p>The AAFP concludes that the current evidence is insufficient to assess the benefits and harms of clinical breast examination (CBE) for women aged 40 years and older. (January 2010) (Grade I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical)</p>
Breast Cancer, Digital Mammography or MRI	<p>Family physicians should discuss with each woman the potential benefits and harms of breast cancer screening tests and develop a plan for early detection of breast cancer that minimizes potential harms. These discussions should include the evidence regarding each screening test, the risk of breast cancer, and individual patient preferences. The recommendations below are based on current best evidence as summarized by the United States Preventive Services Task Force (USPSTF) and can help to guide physicians and patients. These recommendations are intended to apply to women who are not at increased risk of developing breast cancer and only apply to routine screening procedures.</p> <p>The AAFP concludes that current evidence is insufficient to assess benefits and harms of either digital mammography or MRI instead of film screen mammography as screening modalities for breast cancer. (January 2010) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/breastcancer/brcanrs.htm#clinical)</p>
Breast Cancer, Prevention Medication	<p>The AAFP recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications such as tamoxifen or raloxifene. (2013) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/breastcanmeds/breastcanmedsrs.htm#consider)</p> <p>The AAFP recommends against the routine use of medications, such as tamoxifen or raloxifene, for risk reduction of primary breast cancer in women who are not at increased risk for breast cancer. (2013) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/breastcanmeds/breastcanmedsrs.htm#consider)</p>
Breast Cancer/BRCA Mutation Testing	<p>The AAFP recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (2005) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)</p> <p>The AAFP recommends against routine referral for genetic counseling or routine breast cancer susceptibility gene (BRCA) testing for women whose family history is not associated with increased risk for deleterious mutations in breast cancer susceptibility gene 1 (BRCA1) or breast cancer susceptibility gene 2 (BRCA2). (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/brcagen/brcagenrs.htm#clinical)</p>
Breastfeeding, Structured Education and Counseling	<p>The AAFP recommends interventions during pregnancy and after birth to promote and support breastfeeding. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.ahrq.gov/clinic/uspstf08/breastfeeding/brfeedrs.htm#clinical) (For Definition of Interventions: http://www.uspreventiveservicestaskforce.org/uspstf08/breastfeeding/brfeedsum.htm)</p>

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Cardiovascular Disease, Aspirin for the Prevention of	The AAFP recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical)
Cardiovascular Disease, Aspirin for the Prevention of	The AAFP recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical)
Cardiovascular Disease, Aspirin for the Prevention of	The AAFP recommends against the use of aspirin for stroke prevention in women younger than 55 years and for myocardial infarction prevention in men younger than 45 years. (2009) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical)
Cardiovascular Disease, Aspirin for the Prevention of	The AAFP concludes that the evidence is insufficient to assess the benefits and harms of aspirin for cardiovascular disease prevention in men and women 80 years or older. (2009) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm#clinical)
Cardiovascular Disease, Genomic Testing	The AAFP recommends against genomics profiling to assess risk for cardiovascular disease. The net health benefit from the use of any genomic tests for the assessment of cardiovascular disease risk is negligible and there is no evidence that they lead to improved patient management or increased risk reduction. (2012) (Clinical Consideration: http://www.nature.com/gim/journal/v12/n12/pdf/gim2010136a.pdf (5-page PDF. About PDFs))
Carotid Artery Stenosis, Adults	The AAFP recommends against screening for asymptomatic carotid artery stenosis (CAS) in general adult populations. (2007) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf07/cas/casrs.htm#clinical)
Cervical Cancer	The AAFP recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. (2012) (Grade: A recommendations) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinical)
	The AAFP recommends against screening for cervical cancer in women younger than age 21 years. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinical)
	The AAFP recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the <i>Clinical Considerations</i> for discussion of adequacy of prior screening and risk factors. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinical)
	The AAFP recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. (2012) (D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinical)

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Cervical Cancer	The AAFP recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years. (2012) (D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerr.htm#clinical)
Chlamydia, Women	The AAFP 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. (2007) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)
Chlamydia, Pregnant Women	The AAFP recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk. (2007) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)
Chlamydia, Men	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms screening for chlamydial infection for men. (2007) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/chlamydia/chlamydiars.htm#clinical)
Chronic Obstructive Pulmonary Disease, Adults	The AAFP recommends against screening asymptomatic adults for chronic obstructive pulmonary disease (COPD) using spirometry. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/copd/copdrs.htm#clinical)
Colorectal Cancer, Adults	The AAFP recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risk and benefits of these screening methods vary. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Go to Rationale and Clinical Consideration : http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)
Colorectal Cancer, Adults	The AAFP recommends against routine screening for colorectal cancer in adults age 76 to 85 years. There may be considerations that support colorectal cancer screening in an individual patient. (2008) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Go to Rationale and Clinical Consideration : http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)
	The AAFP recommends against screening for colorectal cancer in adults older than age 85 years. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Go to Rationale and Clinical Consideration : http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)
Colorectal Cancer, Chemo Prevention	The AAFP recommends against the routine use of aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) to prevent colorectal cancer in individuals at average risk for colorectal cancer. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/aspcolo/aspcolors.htm#clinical)
Colorectal Cancer, Chemo Prevention, DNA Testing	The AAFP concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm)
Colorectal cancer, genomic testing	The AAFP recommends offering genetic testing for Lynch syndrome to patients newly diagnosed with colorectal cancer to reduce morbidity and mortality in relatives. Genetic testing should be offered to first degree relatives of those found to have Lynch syndrome, and those positive for Lynch syndrome should be offered earlier and more frequent screening for colorectal cancer. (2012) (Clinical considerations: http://www.egappreviews.org/docs/EGAPPWG-LynchRec.pdf (7-page PDF. About PDFs))

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Congenital Hypothyroidism	The AAFP recommends screening for congenital hypothyroidism (CH) in newborns. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/conhyppo/conhyprs.htm#clinical)
Coronary Heart Disease, Adults	The AAFP recommends against screening with resting or exercise electrocardiography (ECG) for the prediction of coronary heart disease (CHD) events in asymptomatic adults at low risk for CHD events. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#drec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/coronarydis/chdfinalrs.htm#clinical) The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening with resting or exercise ECG for the prediction of CHD events in asymptomatic adults at intermediate or high risk for CHD events. (2012) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#irec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/coronarydis/chdfinalrs.htm#clinical)
Coronary Heart Disease Risk Assessment, Using Nontraditional Risk Factors	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of using the nontraditional risk factors discussed in this statement to screen asymptomatic men and women with no history of CHD to prevent CHD events. (Select "Clinical Considerations" for suggestions for practice when evidence is insufficient). The nontraditional risk factors included in this recommendation are high-sensitivity C-reactive protein (hs-CRP), ankle-brachial index (ABI), leukocyte count, fasting blood glucose level, periodontal disease, carotid intima-media thickness (carotid IMT), coronary artery calcification (CAC) score on electron-beam computed tomography (EBCT), homocysteine level, and lipoprotein(a) level. (2010) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/riskcoronaryhd/coronaryhdrs.htm#clinical)
Dementia, Adults	The AAFP concludes that the evidence is insufficient to recommend for or against routine screening for dementia in older adults. (2003) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/dementia/dementrr.htm#clinical)
Dental Caries, Fluoride Supplementation	The AAFP strongly recommends ordering fluoride supplementation to prevent dental caries based on age and fluoride concentration of patient's water supply for infants and children age 6 months through 16 years residing in areas with inadequate fluoride in the water supply (less than 0.6 ppm). (2004)
Depression, Adults	The AAFP recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. "Staff-assisted depression care supports" refers to clinical staff that assist the primary care clinician by providing some direct depression care and/or coordination, case management, or mental health treatment. (2010) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf09/adultdepression/addeprsr.htm#clinical) The AAFP recommends against routinely screening adults for depression when staff-assisted depression care supports are not place. There may be considerations that support screening for depression in an individual patient. "Staff-assisted depression care supports" refers to clinical staff that assist the primary care clinician by providing some direct depression care and/or coordination, case management, or mental health treatment. (2010) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf09/adultdepression/addeprsr.htm#clinical)

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Depression, Children and Adolescents	The AAFP 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. (2009) (Grade: B statement) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/depression/chdeprsr.htm#clinical)
Depression, Children and Adolescents	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening of children (7-11 years of age). (2009) (Grade: I statement) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/depression/chdeprsr.htm#clinical)
Diabetes, Gestational	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for gestational diabetes mellitus (GDM), either before or after 24 weeks gestation. (2008) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/gestdiab/qdrr.htm#clinical)
Diabetes, Type 2, Adults	The AAFP recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/type2/type2rs.htm#clinical)
	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80 mm Hg or lower. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf08/type2/type2rs.htm#clinical)
Dysplasia (Developmental) of the Hip in Infants	The AAFP concludes that the evidence is insufficient to recommend routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)
Family Violence and Intimate Partner Violence	The AAFP recognizes that all family physicians should be alert to physical and behavioral signs and symptoms associated with abuse or neglect. The AAFP concludes that the evidence is insufficient to recommend for or against screening of parents or guardians for the physical abuse or neglect of children, of adults or adolescents of either sex for intimate partner violence, or of older adults or their caregivers for elder abuse. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstfamv.htm)
Falls Prevention in Older Adults	The AAFP recommends exercise or physical therapy and vitamin D supplementation in community-dwelling adults aged 65 years or older who are at increased risk for falls." See Clinical Considerations for information on risk assessment. (2012) (Grade: B recommendation.) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspstfalls.htm)
	The AAFP does not recommend automatically performing an in-depth multifactorial risk assessment in conjunction with comprehensive management of identified risks to prevent falls in community-dwelling adults aged 65 years or older because the likelihood of benefit is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of the circumstances of prior falls, co-morbid medical conditions, and patient values. (2012) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspstfalls.htm)
Genital Herpes Simplex Virus Infection, Pregnant Women	The AAFP recommends against routine serological screening for herpes simplex virus (HSV) in asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/herpes/herpesrs.htm#clinical)
Genital Herpes Simplex Virus Infection, Non-Pregnant Adolescents and Adults	The AAFP recommends against routine serological screening for herpes simplex virus (HSV) in asymptomatic adolescents and adults. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf05/herpes/herpesrs.htm#clinical)
Gestational Diabetes	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for gestational diabetes mellitus (GDM), either before or after 24 weeks gestation. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/gestdiab/qdrr.htm#clinical)

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Glaucoma, Adults	<p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for primary open-angle glaucoma (POAG) in adults. (2013) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/glaucoma/glaucomafinalrs.htm#consider)</p>
Gonococcal Infection in Neonates, Ocular Topical Medication	<p>The AAFP strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum. (2005) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</p>
Gonorrhea, Pregnant and Non-Pregnant Women	<p>The AAFP 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); see clinical consideration for further discussion of risk factors. (2005) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</p> <p>The AAFP concludes there is insufficient evidence to recommend for or against screening for gonorrhea infection in pregnant women who are not at increased risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</p> <p>The AAFP recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</p>
Gonorrhea, Men	<p>The AAFP concludes there is insufficient evidence to recommend for or against routine screening for gonorrhea infection in men at increased risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</p> <p>The AAFP recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors. (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: www.ahrq.gov/clinic/uspstf05/gonorrhea/gonrs.htm#clinical)</p>
Healthful Diet and Physical Activity for Cardiovascular Disease (CVD)	<p>Although the correlation among healthful diet, physical activity, and the incidence of cardiovascular disease is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting to promote a healthful diet and physical activity is small. Clinicians may choose to selectively counsel patients rather than incorporate counseling into the care of all adults in the general population.</p> <p>Considerations: General adult population without a known diagnosis of hypertension, diabetes, hyperlipidemia, or cardiovascular disease. Issues to consider include other risk factors for cardiovascular disease, a patient's readiness for change, social support and community resources that support behavioral change, and other health care and preventive service priorities. (2012) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf11/physactivity/physrs.htm#tab1) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/physactivity/physrs.htm#clinical)</p>
Healthy Diet	<p>The AAFP 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 physicians or by other qualified professionals including dietitians and nutritionists. (1996) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/3rduspstf/diet/dietrr.htm#clinical)</p>
Hearing, Screening Loss in Older Adults	<p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults 50 years and older. (2012).</p> <p>Clinical Considerations: This recommendation applies to adults age 50 years and older who show no signs or symptoms of hearing loss. (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#irec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/adulthearing/adulthearrs.htm#clinical)</p>

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Hearing Loss Sensorineural (SNHL)	The AAFP recommends screening for hearing loss in all newborn infants. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/newbornhear/newbhears.htm#clinical)
Hemochromatosis	The AAFP recommends against routine genetic screening for hereditary hemochromatosis in the asymptomatic general population. (2006) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspshemo.htm)
Hemoglobinopathies, Newborns	The AAFP strongly recommends ordering screening tests for PKU, hemoglobinopathies, and thyroid function abnormalities in neonates. (2007) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspshemo.htm)
Hepatitis B Virus Infection, Pregnant Women	The AAFP recommends screening for hepatitis B virus (HBV) in pregnant women at their first prenatal visit. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspshpbpg.htm)
Hepatitis B Virus Chronic Infection	The AAFP recommends against routinely screening the general asymptomatic population for chronic hepatitis B virus infection. (2004) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspshpbp.htm)
Hepatitis C Virus Infection, Adults	The AAFP recommends screening for hepatitis C virus (HCV) infection in adults at high risks, including those with any history of intravenous drug use or blood transfusions prior to 1992. (2013) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)
Hip Dysplasia (Infants)	The AAFP concludes that the evidence is insufficient to recommend routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)
HIV Infection, Adolescents and Adults	<p>The AAFP recommends that clinicians screen adolescents and adults ages 18 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened. See the Clinical Considerations for more information about screening intervals. (2013) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/hipdysp/hipdysrs.htm#clinical)</p> <p>Note: The AAFP's recommendation differs from the U.S. Preventive Services Task Force (USPSTF) only on the age to initiate routine screening for HIV. The USPSTF recommends routine screening beginning at age 15 years (insert USPSTF link) and the Center for Disease Control and Prevention (CDC) recommends routine screening beginning at age 13 years (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm).</p> <ul style="list-style-type: none"> The evidence base for the new recommendations for HIV screening for adults is solid. The one difference between the AAFP recommendations and those of the CDC and USPSTF pertains to what age to initiate routine screening. The CDC states age 13 year and the USPSTF recommendation states age 15 years. The AAFP recommends routine screening starting at age 18 years. The prevalence of HIV infection and rate of new infection among 13- 14 year olds and 15-17 year olds are very low. CDC data show for the year 2010 there were 529 AIDS cases and 2,200 HIV cases in the age group 15-19 years. Based on the most recent US census there are close to 4 million adolescents in each cohort year or a total of 20 million in the ages 15-19. A rough calculation of (2729/ 20 million) provides a rate of 1.3/10,000. These data are not seroprevalence data and the actual rates are likely higher. However, these case numbers also include children known to be infected at birth and thus not all are infections contracted in the adolescent years. In addition the rate calculated is for the 5 year group and is likely skewed toward the older ages (18 and 19) and the rates in the 15-17 year olds are probably lower than that calculated. The benefits of detecting HIV in low risk 15-17 year old versus detecting the infection in the same adolescent at age 18 is unknown.

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HIV Infection, Pregnant Women	The AAFP recommends that clinicians screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown. See the Clinical Considerations for more information about screening intervals. (2013) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post)
Hormone Replacement Therapy	The AAFP recommends against the use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/menohrt/menohrtfinalrs.htm#consider) The AAFP recommends against the use of estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy. (2012) This recommendation applies to postmenopausal women who are considering hormone therapy for the primary prevention of chronic medical conditions. This recommendation does not apply to women younger than age 50 years who have undergone surgical menopause. This recommendation does not consider the use of hormone therapy for the management of menopausal symptoms, such as hot flashes or vaginal dryness. (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/menohrt/menohrtfinalrs.htm#consider)
Hyperbilirubinemia, Infants	The AAFP concludes that the evidence is insufficient to recommend screening infants for hyperbilirubinemia to prevent chronic bilirubin encephalopathy. (2009) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#irec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf09/hyperbilirubinemia/hyperbrs.htm#clinical)
Hypertension, Adults	The AAFP recommends screening for high blood pressure in adults aged 18 and older. (2007) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: www.ahrq.gov/clinic/uspstf07/hbp/hbprs.htm#clinical)
Hypertension, Children and Adolescents	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for primary hypertension in asymptomatic children and adolescents to prevent subsequent cardiovascular disease in childhood or adulthood. (2013) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Consideration: http://annals.org/article.aspx?articleid=1747317#ClinicalConsiderations)
Idiopathic Scoliosis in Adolescents	The AAFP recommends against the routine screening of asymptomatic adolescents for idiopathic scoliosis. (2004) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspalsc.htm)
Illicit Drug Use	The AAFP 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. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/druguse/drugrs.htm#clinical)
Immunization, Children and Adolescent	The AAFP recommends immunizing all children 0-18 Years of age using the AAFP recommendations unless contraindicated. (2013) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Recommended Childhood Immunization Schedule: http://www.aafp.org/immunizations.xml
Immunization, Children and Adolescent, Catch-up	The AAFP recommends immunizing children 0-18 Years who are between doses for vaccinations with the AAFP recommendation unless contraindicated. (2013) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Recommended Catch-up Immunization Schedule: http://www.aafp.org/immunizations.xml
Immunizations, Adults	The AAFP recommends immunizing all adults using the AAFP recommendations unless contraindicated. (2013) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) Recommended Adult Immunization Schedule: http://www.aafp.org/immunizations.xml

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Insulin Dependent Diabetes Mellitus	The AAFP recommends against the use of immune marker screening for insulin dependent diabetes mellitus in asymptomatic persons.
Iron deficiency Anemia, Pregnant Women	The AAFP recommends routine screening for iron deficiency anemia in asymptomatic pregnant women. (2006) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/ironsc/ironrs.htm#clinical)
Iron deficiency Anemia, Children	The AAFP concludes that the evidence is insufficient to recommend for or against routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/ironsc/ironrs.htm#clinical)
Kidney Disease, Chronic Screening	The AAFP concludes that the evidence is insufficient to assess the balance of benefits and harms for routine screening for chronic kidney disease (CKD) in asymptomatic adults. Common tests considered for CKD screening include creatinine-derived estimates of glomerular filtration rate (GFR) and urine testing for albumin. (2012) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#irec) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/kidney/ckdfinalrs.htm#consider)
Lead Poisoning, Children	The AAFP concludes that evidence is insufficient to recommend for or against routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at increased risk. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical) The AAFP recommends against routine screening for elevated blood levels in asymptomatic children aged 1 to 5 years who are at average risk. (2006) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)
Lead Poisoning, Pregnant Women	The AAFP recommends against routine screening for elevated blood levels in asymptomatic pregnant women. (2006) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/lead/leadrs.htm#Clinical)
Lipid Disorders, Adults	The AAFP recommends screening men aged 35 and older for lipid disorders. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf08/lipid/lipids.htm#clinical) The AAFP recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/lipid/lipids.htm#clinical) The AAFP recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/lipid/lipids.htm#clinical) The AAFP recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/lipid/lipids.htm#clinical) The AAFP makes no recommendation for or against routine screening for lipid disorders in men aged 20 to 35, or in women aged 20 and older who are not at increased risk for coronary heart disease. (2008) (Grade: C recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/lipid/lipids.htm#clinical)

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Lipid Disorders, infants, children, adolescents, and young adults	The AAFP 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). (2007) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf07/chlipid/chlipidrs.htm#clinical)
Low Back Pain, Adults	The AAFP concludes that the evidence is insufficient to recommend for or against routine use of interventions to prevent low back pain in adults in primary care settings. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/lowback/lowbackrs.htm#clinical)
Lung Cancer	The AAFP concludes that the evidence is insufficient to recommend for or against screening asymptomatic persons for lung cancer with either low dose computerized tomography (LDCT), chest x-ray (CXR), sputum cytology, or a combination of these tests. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/lungcancer/lungcanrs.htm#clinical)
Maltreatment, Children	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of primary care interventions to prevent child maltreatment. This recommendation applies to children who do not have signs or symptoms of maltreatment. (2013) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf13/childabuse/childmaltreatfinalrs.htm#consider)
Motor Vehicle Occupant Restraints	The AAFP recognizes the use of motor vehicle occupant restraints is desirable to prevent motor vehicle occupant injuries. The effectiveness of physician's advice and counseling in this area is uncertain. (2007) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf07/mvoi/mvoirs.htm#clinical) The AAFP recognizes that avoiding driving while alcohol impaired is desirable. The effectiveness of routine counseling of patients to reduce driving while under the influence of alcohol or riding with drivers who are alcohol-impaired is uncertain. (2007) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf07/mvoi/mvoirs.htm#clinical)
Neural tube defects, Prevention, Folic Acid Supplementation, Women	The AAFP recommends that all women planning or capable of pregnancy take a daily supplement containing 0.43 to 0.8 mg (400 to 800 µg) of folic acid. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/folicacid/folicacidrs.htm#clinical)
Obesity, Adults (Screening for and Management)	The AAFP recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions. (2012) Intensive, multicomponent behavioral interventions include behavioral management activities (12 to 26 sessions in the first year) such as setting weight loss goals, improving diet/nutrition and increasing physical activity, addressing barriers to change, self-monitoring, and strategizing how to maintain lifestyle changes. See Clinical Considerations section for more information: http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesesum.htm (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm#clinical)
Obesity, Children and adolescents	The AAFP 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. (February 2010) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: (The definitions for specific interventions (targeted to diet and physical activity) and intensity(>25 hours with child and/or family over 6 months) are noted in the clinical Considerations: www.ahrq.gov/clinic/uspstf10/childobes/chobesrs.htm#clinical))

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Oral Cancer, Adults	The AAFP <i>concludes that the evidence is insufficient to recommend for or against</i> routinely screening adults for oral cancer. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspstf.htm)
Osteoporosis, Women	The AAFP <i>recommends</i> screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year old white woman who has no additional risk factors. A 65-year-old white woman with no other risk factors has a 9.3% 10-year risk for any osteoporotic fracture. (2011) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm#clinical) The FRAX (Fracture Risk Assessment) tool, available at www.shef.ac.uk/FRAX/ , can be used to estimate 10-year risks for fractures for all racial and ethnic groups in the United States. (2011)
Osteoporosis, Men	The AAFP <i>concludes that the current evidence is insufficient</i> to assess the balance of benefits and harms of screening for osteoporosis in men. (2011) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf10/osteoporosis/osteors.htm#clinical)
Ovarian Cancer, Women	The AAFP <i>recommends against</i> screening for ovarian cancer in women. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/draftrec.htm)
Ovarian Cancer/BRCA Mutation Testing	The AAFP <i>recommends</i> that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (2005) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm#clinical)
Ovarian Cancer/BRCA Mutation Testing	The AAFP <i>recommends against</i> routine referral for genetic counseling or routine breast cancer susceptibility gene (BRCA) testing for women whose family history is not associated with increased risk for deleterious mutations in breast cancer susceptibility gene 1 (BRCA1) or breast cancer susceptibility gene 2 (BRCA2). (2005) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm#clinical)
Pancreatic Cancer, Adult	The AAFP <i>recommends against</i> routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers. (2004) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/pancreatic/pancrers.htm#clinical)
Peripheral Arterial Disease	The AAFP <i>concludes that the current evidence is insufficient</i> to assess the balance of benefits and harms of screening for peripheral artery disease (PAD) and cardiovascular disease (CVD) risk assessment with the ankle-brachial index (ABI) in adults (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf12/pad/padfinalrs.htm#consider)
Phenylketonuria, Newborn	The AAFP <i>recommends</i> ordering screening test for Phenylketonuria in neonates. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) http://www.ahrq.gov/clinic/uspstf08/pku/pkurs.htm#clinical

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Prostate Cancer	The AAFP recommends against prostate-specific antigen (PSA)-based screening for prostate cancer. (2012) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#drec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/prostatecancerscreening/prostatefinalrs.htm#consider)
Pulmonary Chronic Obstructive Disease	The AAFP recommends against screening asymptomatic adults for chronic obstructive pulmonary disease (COPD) using spirometry. (2008) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Consideration: http://ahrq.gov/clinic/uspstf08/copd/copdrs.htm#clinical)
Rh (D) Incompatibility, Pregnant Women	The AAFP strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. (2004) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/rh/rhrs.htm#clinical) The AAFP recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation. (2004) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/3rduspstf/rh/rhrs.htm#clinical)
Scoliosis, Idiopathic in Adolescents	The AAFP recommends against the routine screening of asymptomatic adolescents for idiopathic scoliosis. (2004) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspalsc.htm)
Second Hand Smoke	The AAFP strongly recommends to counsel smoking parents with children in the house regarding the harmful effects of smoking and children's health.
Sexually Transmitted Infections (STIs)	The AAFP recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs. (2008) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations for risk assessment: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical) The AAFP 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. (2008) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/sti/stirs.htm#clinical)
Sickle Cell Disease, Newborns	The AAFP recommends screening for sickle cell disease in all newborns. (2007) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf07/sicklecell/sicklers.htm#clinical)
Skin Cancer, Behavioral Counseling	The AAFP recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk of skin cancer. (2012) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#brec) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm#clinical) The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of counseling adults older than age 24 years about minimizing risks to prevent skin cancer. (2012) (Grade: I recommendations) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#brec) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf11/skincancouns/skincancounsrs.htm#clinical)

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Skin Cancer, Screening	The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of using a whole-body skin examination by a primary care clinician or patient skin self-examination for the early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer in the adult general population. (2009) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf09/skincancer/skincanrs.htm#clinical)
Speech and Language Delay in Preschool Children	The AAFP concludes that the evidence is insufficient to recommend for or against routine use of brief, formal screening instruments in primary care to detect speech and language delay in children up to 5 years of age. (2006) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: www.ahrq.gov/clinic/uspstf06/speech/speechrs.htm#clinical)
Suicide, Screening	The AAFP 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. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespre.htm#irec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/3rduspstf/suicide/suiciderr.htm#clinical)
Syphilis	The AAFP strongly recommends that clinicians screen persons at increased risk for syphilis infection. (2004) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm)
Syphilis, Pregnant Women	The AAFP recommends against routine screening of asymptomatic persons who are not at increased risk for syphilis infection. (2004) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspssyph.htm)
Testicular Cancer	The AAFP recommends against screening for testicular cancer in asymptomatic adolescent or adult males (2011). (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf10/testicular/testicuprs.htm#clinical)
Thyroid Cancer	The AAFP recommends against the use of ultrasound screening for thyroid cancer in asymptomatic persons. (1996) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspsthca.htm)
Thyroid Disease, Adults	The AAFP concludes that the evidence is insufficient to recommend for or against routine screening for thyroid disease in adults. (2004) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Consideration: http://www.uspreventiveservicestaskforce.org/uspstf/uspsthyr.htm)
Thyroid Function abnormalities, Newborns	The AAFP recommends screening for congenital hypothyroidism (CH) in newborns. (2008) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.ahrq.gov/clinic/uspstf08/conhypo/conhyprs.htm#clinical)
Tobacco Use, Adults	The AAFP recommends that clinicians screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products. (2009) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac.htm)
Tobacco Use, Pregnant Women	The AAFP strongly recommends that clinicians screen all pregnant women for tobacco use and provide 5-15 minutes of smoking cessation counseling using messages and self-help materials tailored for pregnant smokers. (2003) (Grade: A recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac.htm)
Tobacco Use, Counseling, Children and Adolescents	The AAFP recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. (2013) (Grade B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/tobacco/tbacfinalrs.htm#clinical)

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Venous Thromboembolism, Genomic Testing	The AAFP recommends against routine testing for Factor V Leiden and/or prothrombin 2012G> (PT) in asymptomatic adult family members of patients with venous thromboembolism, for the purpose of considering primary prophylactic anticoagulation. This recommendation does not extend to patients with other risk factors for thrombosis such as contraception use. (2012)
Violence, Intimate Partner Abuse of Elderly and Vulnerable Adults	<p>The AAFP recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. (2013) (Grade: B recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/draftrec2.htm) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelderfinalrs.htm)</p> <p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly and vulnerable adults (physically or mentally dysfunctional) for abuse and neglect. (2013) (Grade: I statement) (Grade Definition: http://www.uspreventiveservicestaskforce.org/draftrec2.htm) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelderfinalrs.htm)</p>
Visual Difficulties, Adults	The AAFP concludes that the current evidence is insufficient to assess the balance of benefit and harms of screening for visual acuity for the improvement of outcomes in older adults. (2009) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: www.ahrq.gov/clinic/uspstf09/visualscr/viseldrs.htm#clinical)
Visual Impairment, Children	<p>The AAFP recommends vision screening for all children at least once between the ages of 3 and 5 years to detect the presence of amblyopia or its risk factors. (2011) (Grade: B Recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm#clinical)</p> <p>The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of vision screening for children <3 years of age. (2011) (Grade: I Recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#post) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm#clinical)</p>
Vitamin Supplementation, for Cancer and Heart Disease	<p>The AAFP concludes that the evidence is insufficient to recommend for or against the use of supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or cardiovascular disease. (2003) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstvita.htm)</p> <p>The AAFP recommends against the use of beta-carotene supplements, either alone or in combination, for the prevention of cancer or cardiovascular disease. (2003) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm#pre) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf/uspstvita.htm)</p>
Vitamin D and Calcium Supplementation, Prevention of Fractures in Premenopausal Women or Men	The AAFP concludes that the current evidence is insufficient to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in premenopausal women or in men. (2013) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/vitamind/finalrecvitd.htm#consider)
Vitamin D and Calcium Supplementation, Prevention of Fractures in Noninstitutionalized Postmenopausal Women	<p>The AAFP concludes that the current evidence is insufficient to assess the balance of the benefits and harms of daily supplementation with >400 IU of vitamin D3 and 1,000 mg of calcium for the primary prevention of fractures in noninstitutionalized postmenopausal women. (2013) (Grade: I recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/vitamind/finalrecvitd.htm#consider)</p> <p>The AAFP recommends against daily supplementation with ≤400 IU of vitamin D3 and 1,000 mg of calcium carbonate for the primary prevention of fractures in noninstitutionalized postmenopausal women. (2013) (Grade: D recommendation) (Grade Definition: http://www.uspreventiveservicestaskforce.org/uspstf/gradespost.htm#arec) (Clinical Considerations: http://www.uspreventiveservicestaskforce.org/uspstf12/vitamind/finalrecvitd.htm#consider)</p>