



**STATE OF CONNECTICUT
Department of Developmental Services**

Minimum Preventive Care Guidelines For Persons With Intellectual/Developmental Disabilities

Procedure	19-39 Years	40-49 Years	50-64 Years	65 and Over
Preventive Health Visit				
Physical Exam (including Height, Weight; Blood pressure, Skin, and Breast Exams (testicular exam as clinically indicated))	Annually and as clinically indicated	Annually and as clinically indicated	Annually and as clinically indicated	Annually and as clinically indicated
Lab Work				
Cholesterol screening	The USPSTF recommends screening for Men 35 and older, men 20-35 if at increased risk for coronary heart disease; Women 45 and older, women 20-45 if at increased risk for coronary heart disease.			
Diabetes Screening	Once every three years or as clinically indicated. Refer USPSTF website.			
Liver Function	For monitoring medication use and as clinically indicated.			
Thyroid Function	Every 3 years for persons with Down Syndrome; clinical discretion for others			
Screenings				
Hearing and Vision	Baseline, then as determined by provider; re-evaluate if changes noted.			
Glaucoma screening*	Persons at high risk	Persons at high risk	Persons at high risk*	
Abdominal aortic aneurysm: men	One-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 or older who have ever smoked.			
Osteoporosis screening (Bone density testing)**	High risk persons (mobility impairments, certain anticonvulsant medications).- repeat every two years after an abnormal screening		Post-menopausal women or high risk persons.	
Osteoporosis screening: women	Screen persons with risk factors including impaired mobility, low body weight, use of medications contributing to bone loss, history of fractures, limited diet, and Down Syndrome.			
Dysphagia and Swallowing Risk screening	On-going observation for signs of difficulty swallowing especially in high risk populations; further evaluation, including Modified Barium Swallow as appropriate to symptoms and health history and risk factors.			
Cancer Screenings				
Breast cancer screening	Mammography for women and clinical breast examination, every 1-2 years for women aged 40 and older			
Cervical Cancer screening	Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years (or for women ages 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). Recommends no screening for cervical cancer in women younger than age 21 years; and against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.			
Colorectal cancer screening	The USPSTF 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. Repeat at 10 year intervals for people with average risk			
Prostate Specific Antigen (PSA)	Routine testing for men 40-49 years of age is not recommended except for men at high risk (family history), and as clinically indicated. Testing for men in other age ranges as clinically indicated. (as clinically indicated)			
Cardiac Screening				
Electrocardiogram (EKG/ECG)	For medication monitoring or per clinical indications.			
Echocardiogram	Obtain baseline for persons with Down Syndrome if no record of cardiac function available.			
Mental Health				
Dementia Screening	Ongoing observations for signs that indicate changes in ability to perform daily living activities; especially in persons with Down Syndrome after the age of 40.			
Depression Screening	Ongoing observations for changes in sleep patterns, appetite, weight, and activity level, or other clinical signs of depression.			
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Infectious Disease Screening				
Tuberculosis screening (PPD)	Every 2 year	Every 2 years	Every 2 years	Every 2 years

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Hepatitis B and C	Clinical discretion, if risk factors present one-time screening for HCV infection to adults born between 1945 and 1965			
Human Immunodeficiency Virus	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years and pregnant women. Younger adolescents and older adults who are at increased risk should also be screened. Clinical discretion advised http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm			
Chlamydia and Sexually Transmitted Diseases (STDs)	Screen all sexually active less than 25 years. Over 25 years, screen only those with risk factors such as multiple partners, or inconsistent use of barrier contraceptives or if unable to obtain sexual history due to intellectual disability and definite sexual history. All new admissions to DDS public and private without history of prior screening will be tested for STD's.			
Chlamydia infection screening	Screening for Chlamydia infection for all sexually active women aged 24 and younger and for older women who are at increased risk every 3 years.			
Gonorrhea screening: women	The 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).			
Syphilis screening	The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection, and screen all pregnant women for syphilis infection.			
Immunizations				
Polio, MMR, Tdap, Varicella	As recommended by the CDC throughout the adult lifespan			
Influenza Vaccine	Annually	Annually	Annually	Annually
Pneumococcal Vaccine	Once before age 65 if at risk			Once over age 65
Hepatitis B vaccine	Recommended series once; (Check antibody status as necessary) recommended taking out Check antibody status as necessary			
Hepatitis A vaccine	High risk—or anyone with known liver disease including Hep B carriers			
Herpes Zoster Vaccine (Zostavax)***	Not indicated		Once over age 60 for those who lack evidence of immunity (documentation of vaccination or evidence of infection) ***	
Human Papilloma Virus (HPV)	Series recommended to all potentially sexually active women age 9 to 26.	Not indicated		
Varicella Vaccine	Unless there is a history of varicella vaccination or history of chicken pox adult should obtain a varicella titer. If no immunity receive vaccination if not immune should get the vaccine.			
X-Ray				
Cervical spine	Persons with Down Syndrome to rule out Atlanto-Axial Instability			
Counseling				
Lifestyle counseling	Annually (Includes information on health and wellness, accident prevention, sexuality information, safety considerations)			
Alcohol misuse counseling	The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings			
Healthy diet counseling	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.			
STIs counseling	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.			
Tobacco use counseling and interventions	The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. Pregnant women who smoke should be provide augmented, pregnancy-tailored counseling.			

Source unless otherwise indicated: U.S. Preventive Services Task Force (USPSTF) <http://www.uspreventiveservicestaskforce.org>

* American Academy of Ophthalmology

**National Osteoporosis foundation

***Center for Disease Control

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DENTAL RECOMMENDATIONS

PROCEDURE	0-1 YEARS OLD	1-18 YEARS OLD	18+ with teeth	18+ no teeth
Oral Exam	Clinical Discretion	Annually	Annually	Annually
Screening: x-rays	NA	Clinical Discretion/ 6-24 month intervals	Clinical Discretion/ 6-36 months (?“intervals”)	Clinical Discretion/ Not applicable
Dental Prophylaxis	Clinical Discretion	Annually 2 times per year if clinically indicated.	Annually 2 times per year if clinically indicated	NA
Professional Denture / Partial exam	NA	Annual if partials present	Annual if partials present	Annual if partials/ dentures present
Tooth brushing	2 times a day	2 times a day	2 times a day	2 times a day