

Summary of Clinical Preventive Services Guidelines for Young Adults Ages 18-25 UCSF Division of Adolescent and Young Adult Medicine



Updated August 2023

Preventive Service/Intervention	All (√)	At Risk (+)	Screening Test/Procedure and Other Notes
Untrition/Exercise/Obesity	()	()	
Hypertension/Blood Pressure	√	T	Screen every 3-5 years with BP < 130/85mm Hg w/ no other risks
Dyslipidemia Screening	√ √		√ Bright Futures once between ages 17-21
Weight loss (prevent poor obesity-related	V		
outcomes) †		+	Intensive behavioral counseling for those with BMI>=30
Healthy diet & physical activity		+	Intensive behavioral counseling for those with CVD risk
ubstance Use			
Alcohol (screening & counseling)	√		NIAA Screening; AUDIT; $$ Bright Futures
Tobacco screening & intervention counseling	\checkmark		Screening; offer/refer to behavioral counseling interventions and/or pharmacotherapy (non-pregnant adults) or interventions for pregnant adult
Unhealthy Drug Use (screening & counseling)	V		Screening; offer/refer to psychosocial interventions, and, where indicated pharmacotherapy
Mental Health			
Anxiety	√		Screen for anxiety disorders in adults 18-64, offer/refer to treatment
Depression (screening & treatment)	√ √		Screening instruments: PHQ, EPDS; offer/refer to treatment
Suicide Screening	√		√ Bright Futures and ACOG, USPSTF insufficient evidence
afety / Violence	•		
Family/Partner Violence†		+	HITS; OAS/OVAT; STaT; HARK; CTQ-SF; and WAST, women of reproductive ag
Fighting	√	-	√ Bright Futures and ACOG
Helmets	- √		√ Bright Futures and ACOG
Seat Belts	√ √		√ Bright Futures and ACOG
Guns	√ √		√ Bright Futures and ACOG
Bullying	√ √		√ Bright Futures only
exual/Reproductive Health	V		V blight rolotes only
HIV	V		HIV Screening
Preexposure Prophylaxis for HIV Infection	V	+	Preexposure prophylaxis with effective antiretroviral for those at high risk
		+	
STI (screening & counseling)		+	High-Intensity Counseling Interventions
Syphilis (non-pregnant persons)	V	+ +	RPR or VDRL RPR or VDRL
Syphilis (pregnant persons) †	V	+	
Gonorrhea (females)		_	NAATs; test if ≤ 24 and sexually active or if ≥ 25 and at increased risk
Chlamydia (females)		+	NAATs; test if ≤ 24 and sexually active or if ≥ 25 and at increased risk
Chlamydia & Gonorrhea (male)	1	+	√ Bright Futures, USPSTF insufficient evidence
Birth Control Methods	$\sqrt{}$	+	√ ACOG, + Bright Futures
Pregnancy (counseling)		+	+ Bright Futures
Cancer Screening		1	
Cervical Cancer †		+	Females aged 21-29: Cytology (pap smear) every 3 years
Skin Cancer (counseling)	1	+	Counsel those aged 10-24 years with fair skin on reducing UV exposure
Testicular Cancer (self-clinician exam)	$\sqrt{}$		√ Bright Futures for all males 18-21, USPSTF recommends against
BRCA-Related Cancer		+	Family Hx of breast, ovarian, tubal, or peritoneal cancer
nfectious Diseases including CDC Vaccine Rec	ommen	dations	
Hepatitis A	√		Havrix or Vaqta: 2 doses; Twinrix (18+ y/o): 3-4 doses
Hepatitis B Screening/vaccination		+	If at increased risk: screening/counseling (USPSTF) & Vaccination (ages 19+
Hepatitis C Screening	$\sqrt{}$		Anti-HCV antibody testing, polymerase chain reaction testing
Influenza	$\sqrt{}$		1 dose annually
Td/Tdap	$\sqrt{}$		1 dose Tdap, then Td booster every 10 years
COVID-19			See CDC recommendations, given frequent changes in recommendations.

Bold = US Preventive Services Task Force (<u>USPSTF</u>) A or B
Recommendation or CDC recommendations for immunizations.

Insufficient evidence: Current evidence is insufficient to assess the balance of benefits and harms of service.

 $\sqrt{\ }$ = All adolescents; + = Adolescents at risk.

* Bright Futures: recommendations are for annual visits, for ages 18-21.

Mumps, Rubella; Meningococcal Quadrivalent; Serogroup B Meningococcal; Varicella

** American Congress of Obstetricians and Gynecologists (ACOG) recommendations, up to age 26.

† Update of recommendation in progress

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