

# IMPORTANCE OF HEALTH SCREENINGS



*Presented by:*

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# WEBINAR HOUSEKEEPING

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# Adult Primary Care: Preventive Medicine

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# Objectives

- Review United States Preventive Task Force
  - Adult Preventive Medicine Recommendations
- Review Adult Immunization Recommendations
- Review Current COVID Vaccination Recommendations

# Disclosures

- Financial Disclosures:
  - I am an employee of Dignity Health.
  - I have no other financial conflicts of interest
- This presentation represents my own opinions and does not represent the views or opinions of Dignity Health or its parent company Common Spirit.
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# Who makes Screening Recommendations?

- U.S. Preventive Services Task Force (USPSTF)

- Expert Panel



- Evidenced based recommendations about clinical preventive services

- Different Levels of recommendations. A, B, C, D

- A and B: Recommended: Generally Covered by Insurance

- C: Not Science to support

- D: Not Recommended

- Other Professional Medical Societies

# USPSTF vs Professional Medical Societies

- Multiple different Medical Societies making screening recommendations.
- This is confusing:
  - Hearing different messages.
  - Different time intervals between testing



# Recommendations from USPSTF

- U.S. Preventive Services Task Force (USPSTF)
  - Today's Presentation is based on USPSTF Guidelines
- Generalized Recommendations for Population Health
- Does **not** take place of recommendation from **Physician** for personalized medical care.
  - Other Factor: Family History, Personal History, Risk Factors.



# Social Risk Factors and Screening

- Tobacco Use
- Alcohol Use
- Recreational Drug Use
- Sexuality Transmitted Infections

# Tobacco Use, Smoking Cessation and Abdominal Aneurysm Screening

- (A) Screen all nonpregnant adults
- Provide behavior therapy and U.S. Food and Drug Administration–approved intervention therapy for cessation.
- One of the single most impactful lifestyle modifications on health

**Call 24/7 to get started with  
Quit Coaching 1-800-QUIT-NOW**

# Smoking Cessation



- Vape Pens **not** approved or recommended
  - Vaping Associated Lung Injury.
- Varenicline (Chantix)
- Nicotine Replacement
  - Patches
  - Gum/Lozenges
- Bupropion
- Arizona ASH Line Free Resources to Quit
  - <https://www.azdhs.gov/ashline>

**Call 24/7 to get started with  
Quit Coaching 1-800-QUIT-NOW**

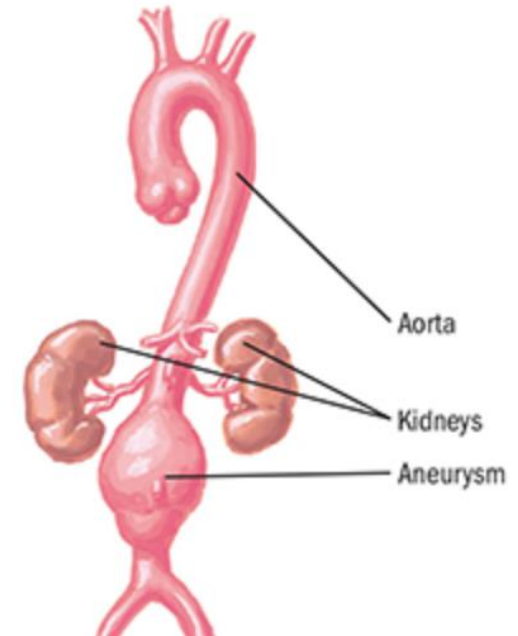
# Lung Cancer Screening

- (B) Screen **Annually** with low-dose computed tomography CT Scan.
- **50 to 80** years of age with a **20-pack-year** history who currently smoke or quit within the **past 15 years**
- Stop screening after person has not smoked for > 15 years
- Learn more about the Lung Cancer Screening Program
  - Norton Thoracic Institute by calling [\(602\) 626-3771](tel:6026263771).



# Abdominal Aortic Aneurysm Screening

- (B) Screen **men 65** to 75 years of age who **ever smoked** (100 or greater lifetime cigarettes) with one-time abdominal aortic aneurysm ultrasonography
- Aorta is also imaged on other abdominal imaging such as CT Scan or MRI.
- (D) Recommend **against** routine screening in **women** 65 to 75 years of age who have never smoked



# Alcohol Misuse Screening

- (B) Screen adults and provide brief behavioral interventions for risky alcohol use
- Men: More than **14 Drinks** per **week** or 3 drinks per occasion.
- Women: More than 7 Drinks per week or 3 drinks per occasion.



## STATE OF THE ART

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# Wine and Cardiovascular Health

## A Comprehensive Review

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Sohaib Haseeb, BSc, Bryce Alexander, BSc, and Adrian Baranchuk, MD

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**ABSTRACT:** Alcoholic beverages have been consumed for thousands of years, attracting great human interest for social, personal, and religious occasions. In addition, they have long been debated to confer cardioprotective benefits. The French Paradox is an observation of a low prevalence of ischemic heart disease, with high intakes of saturated fat, a phenomenon accredited to the consumption of red wine. Although many epidemiological investigations have supported this view, others have attributed it to beer or spirits, with many suggesting that the drink type is not important. Although excessive consumption of alcoholic beverages is commonly regarded to be detrimental to cardiovascular health, there is a debate as to whether light-to-moderate intake is cardioprotective. Although there is extensive epidemiological support for this drinking pattern, a consensus has not been reached. On the basis of published work, we describe the composition of wine and the effects of constituent polyphenols on chronic cardiovascular diseases.

**Key Words:** alcohol drinking ■ French Paradox ■ myocardial ischemia ■ polyphenols ■ wine

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# Alcohol Consumption and Cardiovascular Health



## ABSTRACT

**BACKGROUND:** Studies evaluating alcohol consumption and cardiovascular diseases have shown inconsistent results.

**METHODS:** We performed a systematic review of peer-reviewed publications from an extensive query of Ovid MEDLINE, Ovid Embase, Ovid Cochrane Database of Systematic Reviews, Scopus, and Web of Science from database inception to March 2022 for all studies that reported the association between alcohol consumption in terms of quantity (daily or weekly amounts) and type of beverage (wine, beer or spirit) and cardiovascular disease events.

**RESULTS:** The study population included a total of 1,579,435 individuals based on 56 cohorts from several countries. We found that moderate wine consumption defined as 1–4 drinks per week was associated with a reduction in risk for cardiovascular mortality when compared with beer or spirits. However, higher risk for cardiovascular disease mortality was typically seen with heavier daily or weekly alcohol consumption across all types of beverages.

**CONCLUSIONS:** It is possible that the observational studies may overestimate the benefits of alcohol for cardiovascular disease outcomes. Although moderate wine consumption is probably associated with low cardiovascular disease events, there are many confounding factors, in particular, lifestyle, genetic, and socioeconomic associations with wine drinking, which likely explain much of the association with wine and reduced cardiovascular disease events. Further prospective study of alcohol and all-cause mortality, including cancer, is needed.

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**KEYWORDS:** Alcohol consumption; Beer consumption; Cardiovascular disease; Liquor consumption; Wine consumption



# Unhealthy Drug Use Screening

- (B) Screen all adults older than 18 years for unhealthy drug use

## 8 million fentanyl pills seized in Phoenix area during nationwide operation

Officials are calling it a “historic” bust.



The DEA says the seized pills were part of the One Pill Can Kill initiative. (Arizona's Family)

By [Peter Valencia](#)

Published: Sep. 28, 2022 at 7:55 AM MST | Updated: Sep. 28, 2022 at 1:09 PM MST



**PHOENIX (3TV/CBS 5)** -- The U.S. Department of Drug Enforcement Administration says its Phoenix division seized over 8 million fake fentanyl pills during a nationwide operation that spanned just over three months.

# What are Common Opioid Names?

- Morphine
- Hydromorphone: Dilaudid
- Hydrocodone: Vicodin
- Oxycodone: Percocet
- Codeine
- Methadone
- Fentanyl
- Heroin: IV Drug use
  - Hepatitis: B/C. HIV
- ALL can suppress breathing

# Sedatives: medications that amplify opioid respiratory depression

- Alcohol
- Benzodiazepines: Anxiety
  - Lorazepam: Ativan
  - Diazepam: Valium
- Hypnotics: Sleep Medications
  - Zolpidem: Ambien

# Opioid Reversal Agent: Narcan

- Nasal Spray
  - Blocks opioid receptor
  - Reverses Overdose
  - Breathing Rapidly Improves
- 
- Free
  - No Prescription Needed
    - [www.naloxoneaz.com](http://www.naloxoneaz.com)



# HIV Screening

- (A) Screen individuals 15 to 65 years of age  
(A) Screen older and younger persons who are at increased risk

- [www.HIVAZ.org](http://www.HIVAZ.org) HIV Testing and HIV Resources
- [www.stdaz.com](http://www.stdaz.com) Free Testing Resources



# Risk Factors for HIV

- IV Drug use
- Men who have sex with men. (MSM)
- History of Other Sexually Transmitted Infections. (STI)
- Requesting STI testing
- Sex exchanged for drugs or money
- Sex with individuals who are IV drug users, bisexual, or HIV positive
- Unprotected sex, including anal intercourse

# HIV Prevention: Pre-Exposure Prophylaxis: PrEP

- (A) Offer PrEP to persons at high risk of infection.

- Pre-Exposure Prophylaxis
  - Medication used to **Prevent** HIV Infection
  - Daily Antiviral Dosing
  - Post Exposure Dosing
- Primary Care Physician

- [www.HIVAZ.org](http://www.HIVAZ.org)



# Candidates for PrEP

- Sexually active **men** who have **sex** with men who have any of the following:
  - Sexual relationship with sero-discordant partner
  - **Inconsistent use of condoms** during anal sex
  - History of syphilis, gonorrhea, or chlamydia infection in past six months
- Sexually active **heterosexual** patients with any of the following:
  - Sexual relationship with sero-discordant partner
  - **Inconsistent use of condoms** with high-risk partner
  - History of syphilis or gonorrhea infection in past six months
- **Injection drug** users with any of the following:
  - Shared drug-injection equipment
  - Risks of infection through sex



# Syphilis Screening

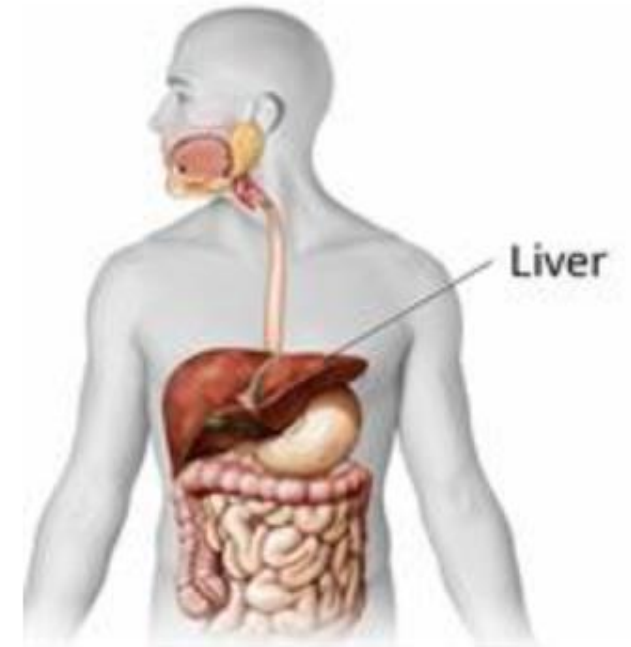
- (A) Screen individuals at increased risk
- Same Risk Factors as HIV
- Pregnancy
  - Congenital Birth Defects
- Dementia
  - Tertiary Syphilis is a reversible cause of dementia

# Chlamydia and Gonorrhea Screening

- (B) Screen sexually active women **24 years and younger**, and women at **increased risk** who are 25 years and older
- Screen when **asymptomatic**

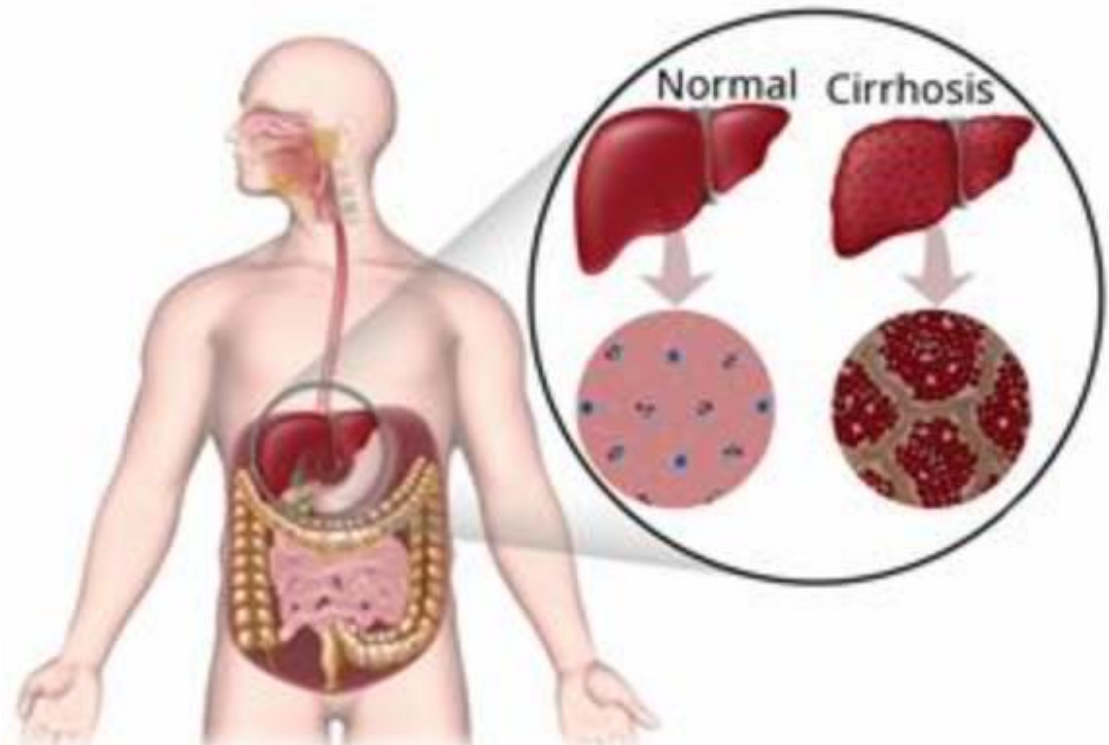
# Hepatitis B Virus Infection Screening

- (B) Screen adolescents and adults at high risk
- Risk Factors
  - HIV infection
  - Infected sex partner
  - Intravenous drug use
  - Living with an infected individual
  - Men who have sex with men
  - Origin from regions\* with prevalence  $\geq 2\%$
  - U.S.-born children of immigrants from region with high prevalence
- Treatable



# Hepatitis C Virus Infection Screening

- (B) Screen **adults** 18 to 79 years of age
- Risk Factors
  - Sexually Transmitted
  - IV Drug Use
- Treatable



# Mental Health Screening

- Increased Life Stressors
  - Pandemic
  - Grief
  - Financial Stressors
    - Cost of living
- Often Screened by Medical Assistant

# Depression Screening

- (B) Screen Adults
  - In the last **2 weeks** how often have you been bothered by the following:
    - Little Interest or pleasure in doing things
    - Feeling down, depressed or helpless
- (0) Not at all. (1) Several Days. (2) More than half. (3) Nearly Every Day.
- 3 or greater is positive screen for depression

# Mental Health and Depression Resources

- Employee Assistance Programs
- Most insurances do not need referral for Therapy
  - See Back of insurance card for Behavioral / Mental Health Services
- Primary Care Office
- National Suicide and Crisis Life line: 988

# Obesity and Metabolic Screening

- Overweight: BMI >25
- Obese: BMI: >30
  - BMI Calculator
    - [https://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)
- Metabolic Syndrome
  - High Blood Pressure
  - High Cholesterol
  - Diabetes: High Blood Sugar
  - Fatty Liver: Liver Injury. Elevated Liver Markers
  - Sleep Apnea



# Obesity Weight Loss Screening

- Refer adults with obesity to intensive **behavioral** interventions for weight loss
- Nutrition Consultation
- Weight Loss Programs
- Weight Loss Medication
- Weight Loss Surgery
  - Bariatric Surgery Programs
  - > 6 month process prior to surgery

# Hypertension Screening

- (A) Screen adults; exclude white coat hypertension before starting therapy
- Home Blood Pressures are important
- Prevent damage to small blood vessels
  - Brain: Stroke, Dementia
  - Eyes: Retina Damage
  - Heart: Heart Attacks
  - Kidneys: Kidney Failure

# Blood Pressure Categories

- |                         |                |                  |
|-------------------------|----------------|------------------|
| • Normal:               | <b>&lt;120</b> | <b>&lt;80</b>    |
| • Elevated:             | <b>120-129</b> | <b>&lt;80</b>    |
| • Hypertension Stage 1: | <b>130-139</b> | <b>&gt;80-89</b> |
| • Hypertension Stage 2: | <b>&gt;140</b> | <b>&gt;90</b>    |



# Statins (Medication) for Primary Prevention of Cardiovascular Disease

- **Primary** Prevention: **Before** Disease
- (B) Recommend low- to moderate-dose statin therapy in patients meeting all three criteria:
  - **40 to 75** years of age
  - **Calculated Risk** of Cardiovascular Event in 10 years
    - <https://tools.acc.org/ascvd-risk-estimator-plus/>

# Cholesterol Medication: Other Conditions

- **Diabetes** is a high risk factor for cardiovascular disease
  - Statin Medication is recommended
- Medication started **after** a cardiovascular event:
  - Heart Attack
  - Stroke
  - Artery Disease
    - Peripheral (legs)
    - Carotid (blood vessels to neck)

# Aspirin for Primary Prevention: Recent **Change** in Recommendation

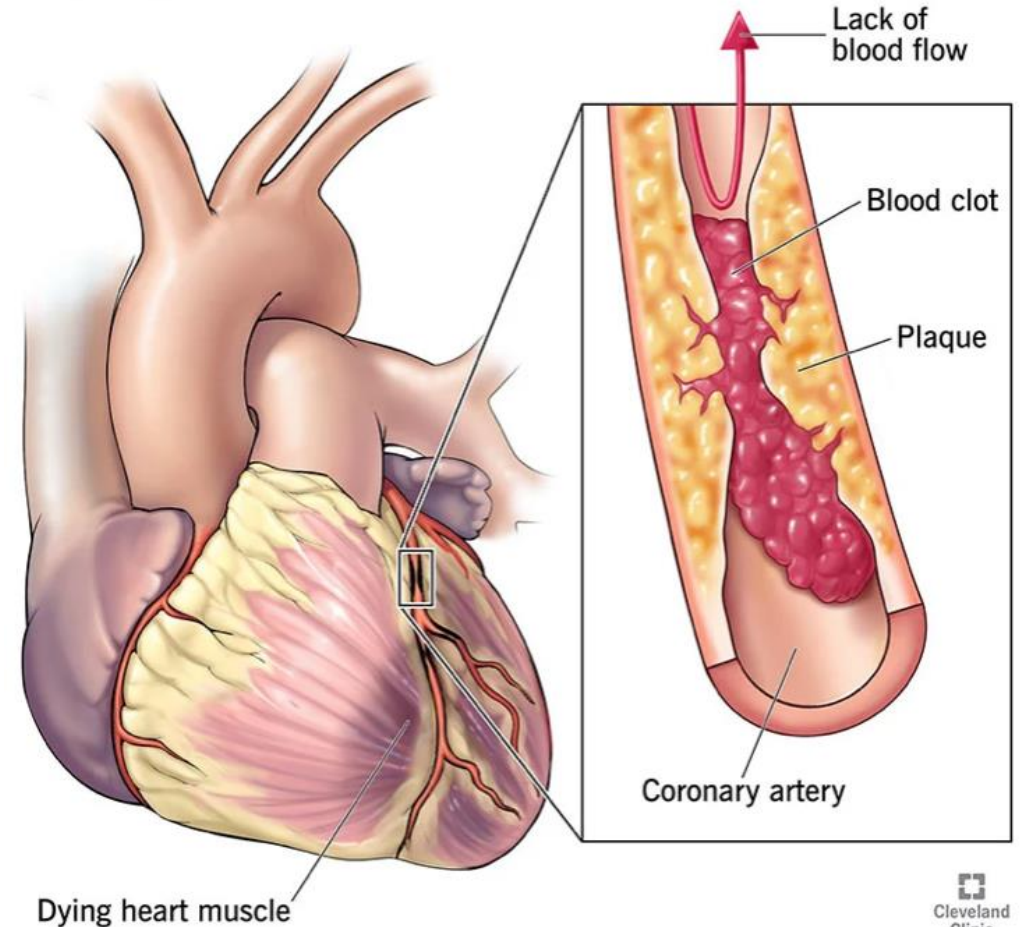
- **40 – 59** years with estimated risk of **10 % or greater** cardiovascular risk
  - **Level C** Recommendation
  - Decision to initiate low dose aspirin for primary prevention should be an **individualized one**
- **>60** years old
  - **Level D**
  - Do **not initiate** aspirin



# Aspirin for Treatment

- Secondary prevention
- Disease is **present** and goal to reduce further events
- Coronary Artery Disease
- Heart Attack
- Stroke
- Peripheral Vascular Disease

Heart Attack



# Prediabetes and Type 2 Diabetes Screening

- Screen adults 35 to 70 years of age who are overweight or obese
- Test: A1c
  - Average Blood Sugar over the past 3 months.
- Prediabetes:      A1c: 5.7 -- 6.4
- Diabetes:          A1c: >6.4



# Women's Health

- Breast Cancer Screening
- Cervical Cancer Screening
- Osteoporosis Screening
- Intimate Partner Violence Screening
- Folate Supplementation



# Breast Cancer Screening

- (B) **Biennial** Screening Mammography in women **50** to 74 years of age
- (C) Screening is an individualized decision for women 40 to 49 years of age
- Understanding that many females elect yearly mammograms
  - Covered by Insurance



# Cervical Cancer Screening

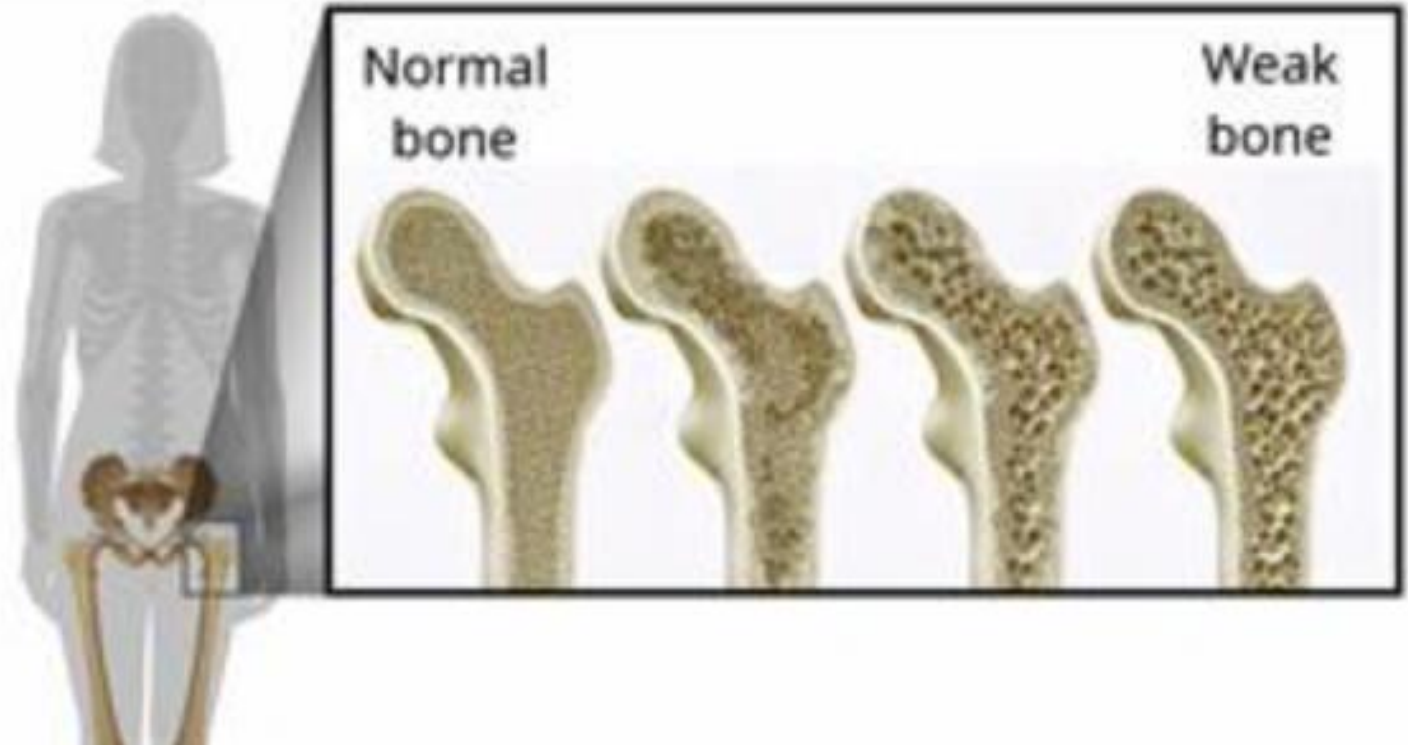
- Pap Smear
  - Swab of Cervix
- **21** to 29 years of age every **three** years with cytology alone
- **30** to 65 years of age with cytology and high-risk human papillo mavirus **cotesting** or high-risk human papillomavirus testing alone of screening may increase to every **five** years for women
- Positive Pap Spear
  - Follows different pathway and repeat testing based on results

# Recommend **Against** PAP Smear Screening in Women:

- (D) Recommend against screening in women
  - **20** years and younger
  - **Older** than **65** years if adequately screened previously and no increased risk of cervical cancer
    - > 65 with no recent screen. 1 time catch up pap smear is recommended
  - **With hysterectomy** (including cervix) without history of cervical intraepithelial neoplasia grade 2 or 3 or cervical cancer

# Osteoporosis Screening

- (B) Screen **Women 65** years and older
- Test: DEXA Scan
- Fracture Risk Calculated
- Recheck Bone Density
  - Compression Fracture of Back
  - Nontraumatic Fracture



# Fall prevention in community-dwelling older adults

- (B) Recommend exercise interventions for individuals 65 years and older at increased risk of falls
- Physical Therapy

# Intimate Partner Violence Screening

- Intimate Partner Violence Screening
- (B) Screen women of childbearing age and refer to appropriate services
- Do you feel safe at home?
- **Arizona 24-hour Domestic Violence Hotline**
  - 800-799-7233
- **Domestic Violence Program Information**
  - 602-542-4446
- Social Worker

# Folic Acid Supplementation

- (A) 0.4 to 0.8 mg daily for women capable of conceiving
- Prenatal Vitamin



# Men's Health: Prostate Cancer Screening

- (C) Men aged: **55-59** years old
  - **Decision** to test prostate-specific antigen (**PSA**) should be an **individualized** one
- (D) Men **>60** years old
  - Recommends **against** testing PSA

# Adult Vaccines

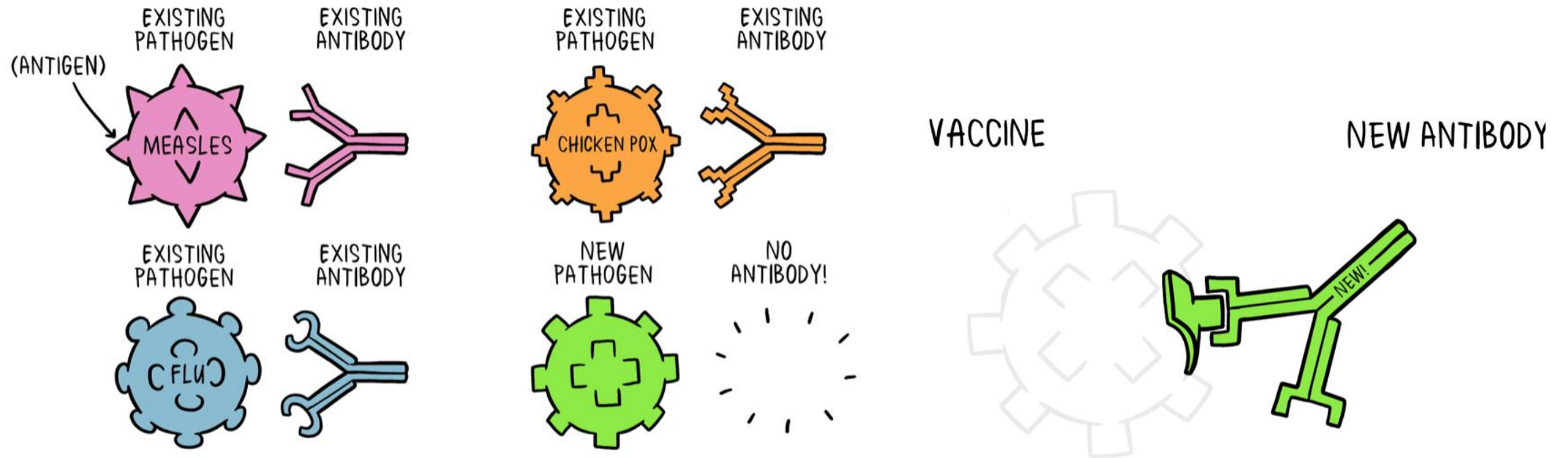


Table 1

Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
<b>Influenza inactivated (IIV4) or Influenza recombinant (RIV4)</b> or <b>Influenza live, attenuated (LAIV4)</b>	1 dose annually			
	1 dose annually			
<b>Tetanus, diphtheria, pertussis (Tdap or Td)</b>	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
<b>Measles, mumps, rubella (MMR)</b>	1 or 2 doses depending on indication (if born in 1957 or later)			
<b>Varicella (VAR)</b>	2 doses (if born in 1980 or later)		2 doses	
<b>Zoster recombinant (RZV)</b>	2 doses for immunocompromising conditions (see notes)		2 doses	
<b>Human papillomavirus (HPV)</b>	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
<b>Pneumococcal (PCV15, PCV20, PPSV23)</b>	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
<b>Hepatitis A (HepA)</b>	2 or 3 doses depending on vaccine			
<b>Hepatitis B (HepB)</b>	2, 3, or 4 doses depending on vaccine or condition			
<b>Meningococcal A, C, W, Y (MenACWY)</b>	1 or 2 doses depending on indication, see notes for booster recommendations			
<b>Meningococcal B (MenB)</b>	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
<b>Haemophilus influenzae type b (Hib)</b>	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/Not applicable

## CDC Vaccination Schedule

<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

# References

- CDC Vaccination Schedule:
  - <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- ClinicalKey: Images from Patient Information Topics
  - <https://www.clinicalkey.com/#!/>
- Cleveland Clinic Imates
  - Patient Education Webpages
- CDC COVID-19 Vaccination Clinical & Professional Resources
  - <https://www.cdc.gov/vaccines/covid-19/index.html>
- U.S. Preventive Services Task Force
  - <https://www.uspreventiveservicestaskforce.org/uspstf/index.php/>

# Meningococcal Vaccine: Special Situations

- Infection of the Spinal Fluid
- First Year College Students in **Dorm Living**
- Military Recruits
- History of **Spleen Removal**

# Hepatitis A Vaccine: Special Situations

- Chronic Liver Disease
  - Fatty Liver Disease
- MSM
- IV Drug Use
- HIV

# Hepatitis B Vaccine:

- **All Ages 19-59**
- > 60 + Risk Factors
  - Chronic Liver Disease
  - Sexual Risk
  - IV Drug Use
  - Travel

# Human Papillomavirus Vaccination (HPV)

- HPV Infection:
  - Skin Warts
  - Major Risk Factor for Cervical Cancer
- All Adults: **18-26**
- Shared Decision Making: 27– 45 years old



# Tetanus

- Bacterial Infection: Leads to Muscle Contraction
  - Lock Jaw
- Booster Given After Wounds needed ER Treatment / Stitches
  - Minor Wound: 10 years
  - All other wounds: 5 years
- Recommended Booster **Every 10 years.**

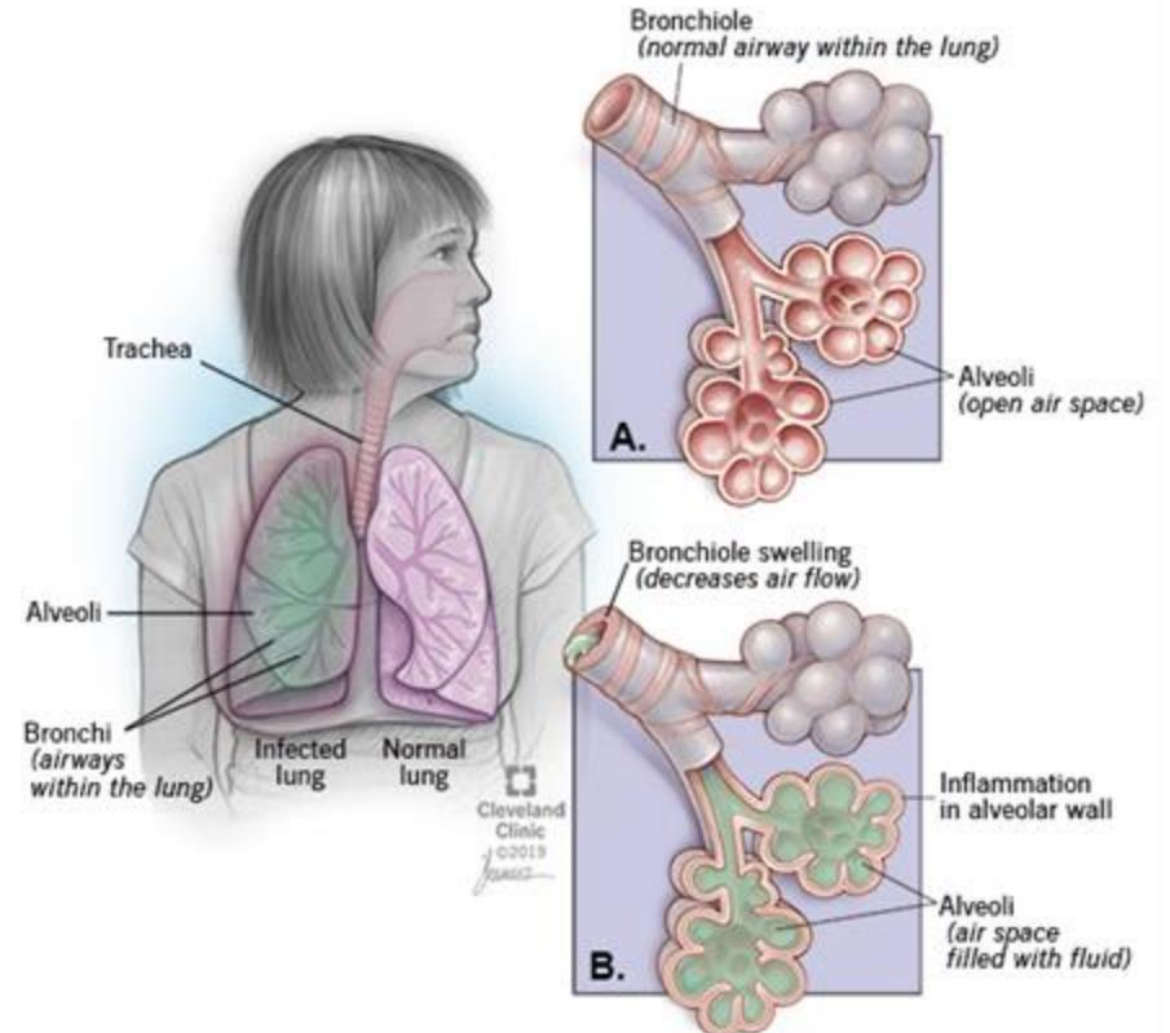
# Shingles Vaccine: All Adults > 50

- Painful Rash.
  - Pain can last after rash heals.
- Prior Shingles Vaccine
  - Zostavax
    - Repeat with Shingrix
- New Vaccine
  - Shingrix
    - 2 shots



# Lung Infections:

- Pneumonia can be caused by
  - Virus
  - Bacteria
  - Fungus
    - Valley Fever
- Influenza
  - Virus
- Pneumococcal Pneumonia
  - Bacterial
- COVID
  - Virus



# Influenza Vaccine:

- All Adults:
  - Yearly
  - Vaccines are available now for Fall 2022
- 18-64: Standard Dose Vaccine
- >65: High Dose Vaccine

# Pneumococcal Pneumonia Vaccine

- Protects the most common cause of bacterial pneumonia.
  - Streptococcus pneumonia
- Confusing: 4 Different Vaccines on market
  - PCV 13, PCV 15, PCV 20, PCV 23
  - Each covers different combination of subtypes of bacteria
- CDC PneumoRecs Vaccination Calculator
  - Determine what vaccine is needed based on prior history
  - <https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html>

# Pneumococcal Pneumonia Vaccine: >65

- First Vaccine >1 year ago
  - General Rule: Need total of **2 different** vaccines
- Never Vaccinated
  - 1 dose of PCV 20

# Pneumococcal Pneumonia Vaccine: 19-65

## Special Situations

- **Diabetes**
- **Chronic Heart Disease**
- **Chronic Liver Disease**
- **Chronic Lung Disease**
- **Cigarette Smoking**
- **Cancer**
- Immunodeficiency/ Immunosuppression from medication
- History Kidney Transplant
- History of Spleen Removal
- Sickle Cell Disease

# COVID Vaccinations

- Remember:
  - Does NOT Prevent COVID Infection or Repeat Infection
  - Significantly REDUCES need for BREATHING TUBE/ICU and Death.
- Pending Long Term Vaccination Plan
- Continued Changes in Virus.
  - Similar to mutations of Flu Virus. Why need yearly Vaccine.
- Vaccination Protection lowers after ~ 3 months
- <https://www.cdc.gov/vaccines/covid-19/index.html>



# COVID Vaccines

- No Standardized Naming
  - Initial Series
  - Booster 1
  - Booster 2
  - Bivalent / Omicron Booster (Most Recent)
    - Boosts both original COVID Strains and Omicron Variant BA.4 and B.A.5

# Do I need to catch up on Boosters?

- After Initial Series.
- Do NOT need to catch up with Booster 1. Booster 2.
- Currently Only Approved Booster Bivalent / Omicron Booster.

# When to get Omicron / Bivalent Booster?

- At least 2 months after last booster
  - Who?: All Adults
- At least 3 months from prior COVID Illness
- Note:
  - Omicron Booster
  - Does NOT Count as Initial Series

# Am I Up To Date?

- After:
  - Initial Series
  - Bivalent / Omicron Booster
- Currently
  - No further Boosters are recommended after Bivalent / Omicron Booster
- In Future:
  - Suspect continued need for Boosters
  - Pending Research on what is best vaccination Interval

# Can Flu Vaccine and COVID Vaccine be given at the same time?

- Yes

Questions:



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