

# CHOICES



 **MUSC Health**  
Medical University of South Carolina  
Changing What's Possible

MAKING INFORMED HEALTH SCREENING DECISIONS

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An

informed and engaged patient is our best customer at MUSC Health. We want you to make health care decisions that are framed by the best information available.

This informed decision making process is the blueprint for this magazine. We asked patients how they make preventive health decisions and what is needed to help those steps. Their response was a single document that contains the key information.

We have included the preventive health topics that have the strongest recommendations of the United States Preventive Services Task Force (USPSTF). There is a link to this organization in the resource section for more information. There may be some services that you would like information that are not in the magazine. The USPSTF website has almost every preventive health issue research, evidence and recommendation available to you. The sixteen topics we cover are the most important for everyone to consider. Your doctor may have additional tests or procedures to consider based on your medical situation.

Each of the sixteen topics has a similar structure to the information provided.

Each preventive service topic includes four sections:

#### ■ Why is This Important?

A description of the reason this topic is something to consider. How the results of the test, procedure or screening can help provide you and your physician insight into your health.

#### ■ What are the Risks?

All medical procedures, tests and even discussions have a risk of harm. Most

procedures have a low risk of harm, but all risk is something we want you to appreciate. You have the right to decline a service if you think the outcome is too risky.

#### ■ How Does the Procedure or Test Work?

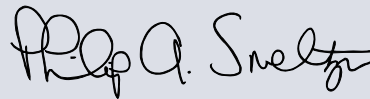
The expected results will be explained. The range of results that are normal, high risk or very high risk will be presented. The meanings of the numbers or results are important for you to understand before you take action.

#### ■ Frequent Questions

Each topic includes common patient questions, misinformation and answers to issues many other patients have asked.

The most important action you can take is to get involved in the care of your health. Ask questions of your doctor. Seek more information if your questions are not answered. Understand the risks and benefits of all medical services you receive. All of us at MUSC Health are here to help you enjoy a healthy life. Let us know how we can help. We strive to change what's possible!

Have a healthy day!



Philip A. Smeltzer, PhD

# Sources for Recommendations

The content in CHOICES! and from all other sources are intended to provide guidance only. The decisions for your health are best made between you and your physician. The sources for the content in CHOICES! were gathered from the most up to date and trusted sources from national experts. Most of the content was taken directly from these sites and only edited where we needed to make it easier to understand and match the different content styles. A description of these sites are included below. You can always find easy to read health information through the MUSChealth.org website as well. As always, ask your physician and health care team questions if you would like more information or would like an explanation.

## **uspstf.gov**

The primary source for recommendations and clinical guidelines included in CHOICES! is the United States Preventive Services Task Force. The U.S. Preventive Services Task Force is an independent panel of experts in primary care and prevention who systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. These reviews are published as U.S. Preventive Services Task Force recommendations on the Task Force Web site (USPSTF.gov) and/or in a peer-reviewed journal.

Getting the best health care means making smart decisions about preventive services. Preventive services, such as screening tests, counseling services, and preventive medicines, are tests or treatments that your doctor or others provide to prevent illnesses before they cause you symptoms or problems. To help doctors and patients decide together whether a preventive service is right for a

person's needs, the U.S. Preventive Services Task Force develops recommendations based on a review of high-quality scientific evidence, and publishes its recommendations on its Web site and/or in a peer-reviewed journal.

The goal of these recommendations is not only to offer guidance to doctors, nurses and other primary care professionals, but to provide patients and their families with the most accurate and up-to-date information on ways to prevent illness and improve health and well-being.

These materials are designed to inform people about Task Force recommendations and are not intended to replace advice from a health professional.

## **HealthFinder.gov**

Healthfinder.gov, is a government website where you will find information and tools to help you and those you care about stay healthy.

When making decisions about your health, it's important to know where to go to get the latest, most reliable information. Healthfinder.gov has resources on a wide range of health topics selected from approximately 1,400 government and non-profit organizations to bring you the best, most reliable health information on the Internet.

We invite you to review the quality guidelines to learn more about how resources on healthfinder.gov are reviewed and selected.

Healthfinder.gov is supported solely by U.S. government funds and does not accept paid advertisements, content, or links in any form.

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## National Heart Lung and Blood Institute of the National Institutes of Health

<http://www.nhlbi.nih.gov/health/resources/health-info-listing>

In order to reach the broadest possible audience, the NHLBI releases health information in a variety of formats such as fact sheets, pamphlets and online publications. If you are looking for information about a particular disease or how to reduce your risk of getting a disease being investigated by the NHLBI, please visit the online health information pages and the NHLBI online catalog as well as the NHLBI Health Topics. Most of the publications listed in the catalog can be downloaded or a limited number of print copies can be ordered free of charge.

<http://www.cdc.gov/az/>

Health Topics A to Z provides links to Centers for Disease Control and Prevention (CDC) pages for hundreds of disease and health topics, including most of those falling under the purview of the NHLBI. It is not a complete index of the CDC site, but provides consumer-friendly information on a variety of topics.

You, the individual, have the greatest influence on your health and wellbeing.



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# Colorectal Cancer



## Why is this important?

Colorectal cancer affects men and women of all racial and ethnic groups, and is most often found in people aged 50 years or older. In the United States, it is the third most common cancer for men and women.

Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. Colorectal cancer screening saves lives.

Screening can find precancerous polyps—abnormal growths in the colon or rectum—so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure. About nine out of every 10 people whose colorectal cancers are found early and treated appropriately are still alive five years later.

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer, for short. The rectum is the passageway that connects the colon to the anus.

## Colorectal Cancer Screening Tests

Several screening tests can be used to find polyps or colorectal cancer. The U.S. Preventive Services Task Force recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. *(The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.)*

## Which colorectal screening test is right for me?

There is no single “best test” for any person. Each test has advantages and disadvantages. Talk to your doctor about the pros and cons of each test, and how often to be tested. Which test to use depends on—

- Your preferences.
- Your medical condition.
- The likelihood that you will get the test.

## What are the risks?

If you are aged 50 or older, get screened now. If you think you may be at higher than average risk for colorectal cancer, speak with your doctor about getting screened early.

Your risk of harm from a colonoscopy increases with age. The older you are or

to remove a precancerous growth (polyp) the risk of a perforation increases. Flexible sigmoidoscopy results in harm for patients in approximately 4 patients out of 10,000. The FOBT or FIT tests are not invasive, so they do not pose any measurable physical harm. The number of individuals needed to be screened to find one case of colon cancer is 1,250.

The preparation for a colonoscopy requires cleansing the bowel. The medications required the day before your colonoscopy result in frequent visits to the bathroom. This preparation process is the reason some patients prefer to avoid a colonoscopy. A colonoscopy requires sedation or anesthesia. There is a risk for harm as a result of any sedation or anesthesia. Discuss any concerns about these harms or risks with your doctor.

If you are aged 50 or older, get screened now. If you think you may be at higher than average risk for colorectal cancer, speak with your doctor about getting screened early.

the more medical conditions you have, the more chance you may be harmed by the procedure. Approximately 25 patients in the U.S. out of 10,000 who receive a colonoscopy have some form of minor or major harm, an adverse event as a result. The greatest risk of harm is when the physician who performs the colonoscopy perforates (penetrates) the colon. When the physician attempts

A risk to be considered is the risk of not obtaining one of the colon cancer screening tests after age 50. Avoiding these procedures may result in undiagnosed and untreated colon cancer.

# Colorectal Cancer

Your risk of getting colorectal cancer increases as you get older.

## How does the colon cancer screening or test work?

### Colonoscopy

This is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

**How often:** Every 10 years

### Flexible Sigmoidoscopy

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.

**How often:** Every 5 years with FOBT every 3 years without FOBT

### High-Sensitivity FOBT (Stool Test)

There are two types of FOBT. One uses the chemical guaiac to detect blood. The other, a fecal immunochemical test (FIT), uses antibodies to detect blood in

the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood.

**How often:** Once a year

## Frequently asked questions about colorectal cancer screening

### ■ What is Colon Cancer?

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the colon or rectum, it is called colorectal cancer. Sometimes it is called colon cancer, for short.

Sometimes abnormal growths, called polyps, form in the colon or rectum. Over time, some polyps may turn into cancer. Screening tests can find polyps so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure.

### ■ What are the Risk Factors for Colon Cancer?

Your risk of getting colorectal cancer increases as you get older. More than 90% of cases occur in people who are 50 years old or older.

Other risk factors include having—

- Inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- A personal or family history of colorectal cancer or colorectal polyps.
- A genetic syndrome such as familial adenomatous polyposis (FAP) or heredi-



tary non-polyposis colorectal cancer (Lynch syndrome).

Lifestyle factors that may contribute to an increased risk of colorectal cancer include—

- Lack of regular physical activity.
- Low fruit and vegetable intake.
- A low-fiber and high-fat diet.
- Overweight and obesity.
- Alcohol consumption.
- Tobacco use.

#### ■ *What Can I do to Reduce my Risk?*

Almost all colorectal cancers begin as precancerous polyps (abnormal growths) in the colon or rectum. Such polyps can be present in the colon for years before invasive cancer develops. They may not cause any symptoms. Colorectal cancer screening can find precancerous polyps so they can be removed before they turn into cancer. In this way, colorectal cancer is prevented. Screening can also find colorectal cancer early, when there is a greater chance that treatment will be most effective and lead to a cure.

Research is underway to find out if changes to your diet can reduce your colorectal cancer risk. Medical experts don't agree on the role of diet in preventing colorectal cancer, but often recommend a diet low in animal fats and high in fruits, vegetables, and whole grains to reduce the risk of other chronic diseases, such as coronary artery disease and diabetes. This diet also may reduce the risk

of colorectal cancer. Also, researchers are examining the role of certain medicines and supplements, including aspirin, calcium, vitamin D, and selenium in preventing colorectal cancer. People may also reduce risk through physical activity, limiting alcohol consumption and avoiding tobacco. Overall, the most effective way to reduce your risk of colorectal cancer is by having regular colorectal cancer screening tests beginning at age 50.

#### ■ *What are the Symptoms of Colon Cancer?*

Colorectal polyps and colorectal cancer don't always cause symptoms, especially at first. Someone could have polyps or colorectal cancer and not know it. That is why getting screened regularly for colorectal cancer is so important.

If you have symptoms, they may include—

- Blood in or on your stool (bowel movement).
- Stomach pain, aches, or cramps that don't go away.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. They may be caused by something other than cancer. The only way to know what is causing them is to see your doctor.

# Cervical Cancer



## Why is this important?

Screening for cervical cancer can identify cancer at an early stage when early treatment is possible and more successful. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.

When cancer starts in the cervix, it is called cervical cancer. The cervix is the lower, narrow end of the uterus. The cervix connects the vagina (birth canal) to the upper part of the uterus. The uterus (or womb) is where a baby grows when a woman is pregnant.

*All women are at risk for cervical cancer.* It occurs most often in women over age 30. Each year, about 12,000 women in the United States get cervical cancer and about 4,000 women die from it.

Cervical cancer used to be the leading cause of cancer death for women in the United States.

*Human papillomavirus (HPV)* is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. At least half of sexually active people will have HPV at some point in their lives, but few women will get cervical cancer.

The most important thing you can do to help prevent cervical cancer is to have regular screening tests starting at age 21.

## When to get screened

You should start getting regular Pap tests at age 21. The Pap test, which screens for cervical cancer, is one of the most reliable and effective cancer screening tests available. The only cancer for which the Pap test screens is cervical cancer. It does not screen for ovarian, uterine, vaginal, or vulvar cancers. If your Pap test results are normal, your doctor may tell you that you can wait three years until your next Pap test.

If you are 21–65 years old, it is important for you to continue getting a Pap test as directed by your doctor—even if you think you are too old to have a child or are not having sex anymore.

## What are the risks?

When you turn 30, you have a choice:

- If your test results are normal, get a Pap test every 3 years. OR
- Get both a Pap test and an HPV test every 5 years.
- You can stop getting screened if:
  - You're older than 65 and have had normal Pap test results for many years.
  - Your cervix was removed during surgery for a non-cancerous condition like fibroids.

It can take as long as three weeks to receive your Pap test results. If your test shows that something might not be normal, your doctor will contact you and figure out how best to follow up.

If your Pap test results show cells that are not normal and may become cancer, your doctor will let you know if you need to be treated. In most cases, treatment prevents cervical cancer from developing. The number of individuals needed to be screened to find one case of cervical cancer and avoid dying is 1,150.

## What increases my risk for cervical cancer?

Almost all cervical cancers are caused by *human papillomavirus (HPV)*, a common virus that can be passed from one person to another during sex. There are many types of HPV. Some HPV types can cause changes on a woman's cervix that can lead to cervical cancer over time, while other types can cause genital or skin warts.

HPV is so common that most people get it at some time in their lives. HPV usually causes no symptoms so you can't tell that you have it. For most women, HPV will go away on its own; however, if it does not, there is a chance that over time it may cause cervical cancer.

Other things can increase your risk of cervical cancer—

- Smoking
- Having HIV (the virus that causes AIDS) or another condition that makes it hard for your body to fight off health problems.
- Using birth control pills for a long time (five or more years).
- Having given birth to three or more children.
- Having several sexual partners.

# Cervical Cancer

## How does the cervical cancer screening or test work?

During the Pap test, the doctor will use a plastic or metal instrument, called a speculum, to widen your vagina. This helps the doctor examine the vagina and the cervix, and collect a few cells and mucus from the cervix and the area around it. The cells are then placed on a slide or in a bottle of liquid and sent to a laboratory. The laboratory will check to be sure that the cells are normal.

If you get the HPV test along with the Pap test, the cells collected during the Pap test will be tested for HPV at the laboratory. Talk with your doctor, nurse, or other health care professional about whether the HPV test is right for you.

When you have a Pap test, the doctor may also perform a pelvic exam, checking your uterus, ovaries, and other organs to make sure there are no problems. There are times when your doctor may perform a pelvic exam without giving you a Pap test. Ask your doctor which tests you are having, if you are unsure.

Two tests can help prevent cervical cancer—

- The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that may become cervical cancer if they are not treated appropriately. You should start getting Pap tests at age 21.
- The human papillomavirus (HPV) test looks for the virus that can cause these cell changes.

If your Pap test results are normal, your chance of getting cervical cancer in the next few years is very low. For that reason, your doctor may tell you that you will

Early on, cervical cancer may not cause signs and symptoms.

not need another Pap test for as long as three years. If you are 30 years old or older, you may choose to have an HPV test along with the Pap test. If both test results are normal, your doctor may tell you that you can wait five years to have your next Pap test. But you should still go to the doctor regularly for a checkup. Screening tests can find abnormal cells so they can be treated before they turn into cancer.

- The Pap test looks for changes in cells on the cervix that could turn into cancer if left untreated.
- The human papillomavirus (HPV) test looks for the virus that causes these cell changes.

## Frequently asked questions about cervical cancer screening

### ■ How often do I need to have a Pap test?

For women aged 21–65, it is important to continue getting a Pap test as directed by your doctor—even if you think you are too old to have a child or are not having sex anymore. However, if you are older than 65 and have had normal Pap test results for several years, or if you have had your cervix removed as part of a total hysterectomy for a non-cancerous condition, like fibroids, your doctor may tell you that you do not need to have a Pap test anymore.

*Most women don't need a Pap test every year!*

Have your first Pap test when you're 21. If your test results are normal, you can wait 3 years for your next Pap test. HPV tests aren't recommended for screening women under 30.

## ■ *What can I do to reduce my risk?*

One of the most effective ways to reduce the risk of cervical cancer is to be vaccinated for the virus associated with cervical cancer, HPV. Two HPV vaccines are available to protect females against the types of HPV that cause most cervical, vaginal, and vulvar cancers. Both vaccines are recommended for 11- and 12-year-old girls, and for females 13 through 26 years of age who did not get any or all of the shots when they were younger. These vaccines also can be given to girls as young as 9 years of age. It is recommended that females get the same vaccine brand for all three doses, whenever possible. It is important to note that women who are vaccinated against HPV still need to have regular Pap tests to screen for cervical cancer.

## ■ *Are there any lifestyle habits I can change to lower my risk for cervical cancer?*

These things may also help lower your risk for cervical cancer—

- Don't smoke.
- Use condoms during sex.
- Limit your number of sexual partners.

## ■ *What are the symptoms of cervical cancer?*

Early on, cervical cancer may not cause signs and symptoms. Advanced cervical cancer may cause bleeding or discharge from the vagina that is not normal for you, such as bleeding after sex. If you have any of these signs, see your doctor. They may be caused by something other than cancer, but the only way to know is to see your doctor.

## **How to prepare for your pap test**

You should not schedule your Pap test for a time when you are having your period. If you are going to have a Pap test in the next two days—

- You should not douche (rinse the vagina with water or another fluid).
- You should not use a tampon.
- You should not have sex.
- You should not use a birth control foam, cream, or jelly.
- You should not use a medicine or cream in your vagina.

## **How is cervical cancer diagnosed and treated?**

If your doctor says that you have cervical cancer, ask to be referred to a gynecologic oncologist—a doctor who has been trained to treat cancers of a woman's reproductive system. This doctor will work with you to create a treatment plan.

Cervical cancer is treated in several ways. It depends on the kind of cervical cancer and how far it has spread. Treatments include surgery, chemotherapy, and radiation therapy.

# Breast Cancer



## Why is this important?

Breast cancer screenings are recommended for women beginning at age 50. The risk of breast cancer increases above this age. Women age 50 to 75 are recommended to obtain a mammogram every two years. Women with a higher risk for breast cancer should discuss the starting age of screening and frequency of the mammograms. Your physician may recommend an earlier age to start breast cancer screening or more frequently than every two years.

Not counting some kinds of skin cancer, breast cancer in the United States is:

- The most common cancer in women no matter your race or ethnicity.
- The most common cause of death from cancer among Hispanic women.
- The second most common cause of death from cancer among white, black, Asian/Pacific Islander and Native American/Alaska Native women.

## What are the risks?

Having a mammogram is uncomfortable for most women. Some women find it painful. A mammogram takes only a few minutes and the discomfort is over soon. What you feel depends on the skill of the technologist, the size of your breast and how much they need to be pressed. Your breast may be more sensitive if you are about to get or have your period. A doctor with special training called a radiologist will read your mammogram. He or she will look at the X-ray for early signs of breast cancer or other problems.

After your mammogram, you may need to have additional tests. Your physician

or the specialist who reviews your X-ray may recommend one of the following.

- **Breast Ultrasound.** A machine uses sound waves to make detailed pictures called sonograms of areas inside the breast.
- **Diagnostic Mammogram.** If you have a problem in your breast, such as lumps or if an area of the breast looks abnormal on a screening mammogram, doctors may have you get another mammogram called a diagnostic mammogram. This is a more detailed X-ray of the breast.
- **MRI (Magnetic Resonance Imaging).** A kind of body scan that uses a magnet linked to a computer. The MRI scan will make detailed pictures from inside the breast.
- **Biopsy.** This is a test that removes tissue or liquid from the breast to be looked at under a microscope and do more testing. There are different kinds of biopsies such as fine-needle aspiration, core biopsy or open biopsy. The number of individuals needed to be screened to find one case of breast cancer is 550.

## How does the mammography screening or test work?

You will stand in front of a special X-ray machine. A technologist will place your breast on a clear plastic plate. Another plate will firmly press your breast from above. The plates will hold the breast still while the X-ray is being taken. You will typically feel some pressure. The other breast will be X-rayed in the same way. The steps are then repeated to make a side view of each breast. You will then wait while the technologist checks the four X-rays to make sure the pictures are ready for review and do not need to be redone. Keep in mind that the technologist cannot tell you the results of your mammogram.

If your mammogram results are normal you should continue to be screened every two years or as directed by your physician. Mammograms work best when they can be compared with previous ones. This allows your doctor to compare them to look for changes in your breast.

If your mammogram results are abnormal, do not panic. An abnormal mammogram does not always mean that there is cancer. But, you will need to have additional mammogram tests or other exams before the doctor can tell for sure. You may also be referred to a breast specialist or a surgeon. It does not necessarily mean you have cancer or need surgery. These doctors are experts in diagnosing breast problems.

If your mammogram results are abnormal, do not panic. An abnormal mammogram does not always mean that there is cancer.

## Tips for your mammogram

- Try not to have your mammogram the week before you get your period or during your period. Your breast may be tender or swollen.
- On the day of your mammogram, don't wear deodorant, perfume or powder. These products can show up as white spots on the X-ray.

# Breast Cancer

- Some women prefer to wear a top with a skirt or pants, instead of a dress. You will need to undress from your waist up for the mammogram.

## Staging

If breast cancer is diagnosed other tests are done to find out if cancer cells have spread within the breast or to other parts of the body. This process is called staging. Whether the cancer is only in the breast, is found in the lymph nodes under your arm, or has spread outside the breast determines your stage of breast cancer.

## Frequently asked questions about breast cancer screening

- *How will I get the results of my mammogram?*

You will usually get the results within a few weeks. A radiologist reads your mammogram and then reports the results to you or your doctor. If there is a concern you will hear from the mammography facility earlier. Contact your physician office or the mammography facility if you do not receive a report of your results within 30 days.

- *How can I reduce my risk of breast cancer?*

Many factors can influence your breast cancer risk. Most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways.

- Exercise regularly (at least four hours per week).

- Get enough sleep.
- Don't drink alcohol or limit alcoholic drinks to no more than one per day.
- Avoid exposure to chemicals that can cause cancer, also called carcinogens.
- Try to reduce your exposure to radiation during medical tests like mammograms, X-rays, CT scans and PET scans.
- Breast feed your babies if possible.

Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat. Talk to your doctor about which breast cancer screening tests are right for you and when you should have them done.

If you have a family history of breast cancer or inherited changes in your BRCA 1 and BRCA 2 genes, you may have a higher breast cancer risk. Talk to your doctor about these ways of reducing your risk





- Antiestrogens or other medicines that block or decrease estrogen in your body.
- Prophylactic (preventive) mastectomy (removal of breast tissue)
- Prophylactic (preventive) removal of the ovaries and fallopian tubes.

It is important that you know your family history and talk to your doctor about screening and other ways you can lower your risk.

## ■ *What are the different screening tests?*

Breast cancer screening tests check a woman's breasts for cancer before there are signs or symptoms of the disease. Three main tests are used to screen the breasts for cancer. Talk to your doctor about which tests are right for you and when you should have them.

### ■ **Mammogram**

A mammogram is an X-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to test and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer.

### ■ **Clinical Breast Exam**

A clinical breast exam is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes.

### ■ **Breast Self-Exam**

A breast self-exam is when you check your own breasts for lumps or changes

in the size or shape of the breast, or other changes in the breast or underarm (armpit).

## **What tests to choose and where to go to get screened**

Having a clinical breast exam or a breast self-exam have not been found to decrease the risk of dying from breast cancer. At this time, the best way to find breast cancer is with a mammogram. If you choose to have clinical breast exams and to perform breast self-exams, be sure you also get mammograms regularly.

Most likely, you can get screened for breast cancer at an MUSC Health clinic, hospital or doctor's office. Call your doctor's office. They can help you schedule an appointment. Insurance companies pay for the cost of a preventive breast cancer screening tests.

Most women who develop breast cancer do not have any known risk factors or a history of the disease in their families.

# Blood Pressure



## Why is this important?

About 1 of 3 U.S. adults—or about 70 million people—have high blood pressure. Only about half (52%) of these people have their high blood pressure under control. This common condition increases the risk for heart disease and stroke, two of the leading causes of death for Americans. That is why high blood pressure is called the “silent killer” because it often has no warning signs or symptoms, and many people do not know they have it.

Blood pressure is the force of blood pushing against the walls of your arteries, which carry blood from your heart to other parts of your body. Blood pressure normally rises and falls throughout the day. But if it stays high for a long time, it can damage your heart and lead to health problems. The only way to know if you have it is to measure your blood pressure. Then you can take steps to control it if it is too high.

Measure your blood pressure regularly. It is quick and painless, and it is the only way to know whether your pressure is high. You can check your blood pressure at a doctor’s office, at a pharmacy, or at home. The good news is that you can take steps to prevent high blood pressure or to control it if your blood pressure is already high.

## What are the risks?

There are very few risks or harms when you get your blood pressure screened. The pressure of the cuff may squeeze your biceps and make you feel uncomfortable. If the first readings of your blood pressure are high, you may be asked to stay in your chair for 5 or more minutes before another set of readings is taken.

If you are found to have higher than normal blood pressure readings you may be asked to make lifestyle changes in your daily habits. You can make changes to your lifestyle that will help you control your blood pressure. Your doctor might prescribe medications that can help you. By controlling your blood pressure, you will lower your risk for the harmful effects of high blood pressure.

You may also be prescribed medications that will help lower your blood pressure readings. There are potential side effects of many medications. If you are diagnosed with high blood pressure, discuss with your doctor all the ways you can help lower your high blood pressure.

## How does blood pressure screening work?

First, a doctor or other health professional wraps a special cuff around your arm. The cuff has a gauge on it that will read your blood pressure. The doctor then inflates the cuff to squeeze your arm.

After the cuff is inflated, the doctor will slowly let air out. While doing this, he or she will listen to your pulse with a stethoscope and watch the gauge. The gauge

uses a scale called “millimeters of mercury” (mmHg) to measure the pressure in your blood vessels. Another option is to get a blood pressure measurement from the machines available at many pharmacies. There are also home monitoring devices for blood pressure that you can use yourself.

## What blood pressure numbers mean?

Blood pressure is measured using two numbers. The first number, called systolic blood pressure, measures the pressure in your blood vessels when your heart beats. The second number, called diastolic blood pressure, measures the pressure in your blood vessels when your heart rests between beats.

The chart on page 17 shows normal, at-risk, and high blood pressure levels. A blood pressure less than 120/80 mmHg is normal. A blood pressure of 140/90

Blood Pressure Levels	
<b>Normal</b>	<b>Systolic: Less than 120 mmHg</b> <b>Diastolic: Less than 80 mmHg</b>
<b>At Risk</b>	<b>Systolic: 120-139 mmHg</b> <b>Diastolic: 80-89 mmHg</b>
<b>High</b>	<b>Systolic: 140 mmHg or higher</b> <b>Diastolic: 90 mmHg or higher</b>

*If the measurement reads 120 systolic and 80 diastolic, you would say “120 over 80” or write “120/80 mmHg.”*

# Blood Pressure

mmHg or more is too high. People with levels in between 120/80 and 140/90 have a condition called prehypertension, which means they are at high risk for high blood pressure. The number of individuals needed to be screened to find one case of high blood pressure and prevent one death is between 275-1,300.

## Frequently asked questions about blood pressure screening

### ■ *Why is high blood pressure bad?*

High blood pressure can damage your health in many ways. It can seriously hurt important organs like your heart and brain.

### **Heart Damage**

High blood pressure can harden your arteries, which decreases the flow of blood and oxygen to your heart and lead to heart disease. In addition, decreased blood flow to the heart can cause:

- Chest pain, also called angina
- Heart failure, a condition when your heart can't pump enough blood and oxygen to your other organs
- Heart attack, which occurs when the blood supply to your heart is blocked and heart muscle begins to die without enough oxygen. The longer the blood flow is blocked, the greater the damage to the heart.

### **Brain Damage**

High blood pressure can burst or block arteries that supply blood and oxygen to the brain, causing a stroke. Brain cells die during a stroke because they do not get enough oxygen. Stroke can cause serious disabilities in speech, movement, and other basic activities, and a stroke can kill you.

### **Kidney Damage**

Adults with diabetes, high blood pressure, or both have a higher risk of developing chronic kidney disease than those without these diseases. Approximately 1 of 3 adults with diabetes and 1 of 5 adults with high blood pressure have chronic kidney disease.

### ■ *What causes high blood pressure?*

Risk factors include health conditions, your lifestyle, and your family history that can increase your risk for high blood pressure. Some of the risk factors for high blood pressure cannot be controlled, such as your age or family history. But you can take steps to lower your risk by changing the factors you can control.

Some medical conditions can raise your risk for high blood pressure. If you have one of these conditions, you can take steps to control it and lower your risk.

### ■ *What is At-Risk or Prehypertension?*

Prehypertension is blood pressure that is slightly higher than normal. Prehypertension increases the risk that you will develop chronic, or long-lasting, high blood pressure in the future. If your blood pressure is between 120/80 mmHg and 139/89 mmHg, you have prehypertension.

### ■ *Is there an alternative to taking blood pressure medications?*

Your lifestyle choices can increase your risk for high blood pressure. To reduce your risk, your doctor may recommend changes to your lifestyle.

## Unhealthy Diet

A diet that is too high in sodium and too low in potassium puts you at risk for high blood pressure. Eating too much sodium—an element in table salt—increases blood pressure.

## Physical Inactivity

Not getting enough physical activity can make you gain weight, which can lead to high blood pressure.

## Obesity

Obesity is excess body fat. Obesity is linked to higher “bad” cholesterol and triglyceride levels and to lower “good” cholesterol levels.

## Too Much Alcohol

Drinking too much alcohol can raise your blood pressure. Women should have no more than 1 drink a day and men should have no more than 2 drinks a day.

## Tobacco Use

Tobacco use increases your risk for high blood pressure. Cigarette smoking can damage the heart and blood vessels. Also, nicotine raises blood pressure, and carbon monoxide reduces the amount of oxygen that your blood can carry.

## Genetics and Family History

Genetic factors likely play some role in high blood pressure, heart disease, and other related conditions. However, family members share genes, behaviors, lifestyles, and environments that can influence their health and their risk for disease. The risk for high blood pressure can increase even more when heredity combines with unhealthy lifestyle choices, such as smoking cigarettes and eating an unhealthy diet.

## Things you cannot control can affect your risk for high blood pressure

- **Age.** Because your blood pressure tends to rise as you get older, your risk for high blood pressure increases with age.
- **Sex.** Women are about as likely as men to develop high blood pressure at some point during their lives.
- **Race or ethnicity.** Blacks develop high blood pressure more often than whites, Hispanics, Asians, Pacific Islanders, American Indians, or Alaska Natives. Compared to whites, blacks also develop high blood pressure earlier in life.

## ■ *What can I do to prevent high blood pressure?*

By living a healthier lifestyle, you can help keep your blood pressure in a “normal range” and lower your risk for heart disease and stroke. A healthy lifestyle includes:

- Eating a healthy diet
- Maintaining a healthy weight
- Getting enough physical activity
- Not smoking
- Limiting alcohol use

# Cholesterol Screening



## Why is this important?

Too much cholesterol (“koh-LEHS-tuh-rah!”) in your blood can cause a heart attack or a stroke. You could have high cholesterol and not know it. The good news is that it’s easy to get your cholesterol checked – and if your cholesterol is high, you can take steps to control it.

Cholesterol is a waxy substance (material) that’s found naturally in your blood. Your body makes cholesterol and uses it to do important things, like making hormones and digesting fatty foods. You also get cholesterol by eating foods like egg yolks, fatty meats, and regular cheese.

If you have too much cholesterol in your body, it can build up inside your blood vessels and make it hard for blood to flow through them. Over time, this can lead to a heart attack or a stroke.

## Who needs to get their cholesterol checked?

- All men age 35 and older and all women age 45 and older
- Men ages 20 to 35 who have heart disease or risk factors for heart disease
- Women age 20 and older who have heart disease or risk factors for heart disease

Talk to your doctor or nurse about your risk factors for heart disease. Ask if you need to get your cholesterol checked.

# Cholesterol Screening

People who have high blood cholesterol have a greater chance of getting coronary heart disease, also called coronary artery disease. (In this section, the term “heart disease” refers to coronary heart disease.)

The higher the level of LDL cholesterol in your blood, the GREATER your chance is of getting heart disease. The higher the level of HDL cholesterol in your blood, the LOWER your chance is of getting heart disease. The number of individuals needed to be screened to find one case of high cholesterol is 450.

## What are the risks?

The test results may cause a level of anxiety. Screening for and identifying lipid disorders in adults do not appear to have important psychological issues or produce important changes in indices of mental health. This has not been proven, and it may occur in some patients.

If your doctor prescribes drug therapy to lower the lipid levels in your blood you may have various side effects. Make sure you ask your doctor about side effects and be comfortable understanding both the health improvement you receive from these drugs as well possible harms.

There is good evidence that the harms from screening and treatment are small and include possible labeling and the adverse effects associated with lipid-lowering therapy.

## The U.S. Preventive Screening Task Force’s (USPSTF) recommendations regarding lipid screening

- The USPSTF concludes that the benefits of screening for and treating lipid disorders in all men aged 35 and older and women aged 45 and older at increased risk for coronary heart disease substantially outweigh the potential harms.
- The USPSTF concludes that the benefits of screening for and treating lipid disorders in young adults at increased risk for coronary heart disease moderately outweigh the potential harms.
- The optimal interval for screening is uncertain. On the basis of other guidelines and expert opinion, reasonable options include every 5 years, shorter intervals for people who have lipid levels close to those warranting therapy, and longer intervals for those not at increased risk who have had repeatedly normal lipid levels.
- An age to stop screening has not been established. Screening may be appropriate in older people who have never been screened; repeated screening is less

If you have too much cholesterol in your body, it can build up inside your blood vessels and make it hard for blood to flow through them.

# Cholesterol Screening

important in older people because lipid levels are less likely to increase after age 65. However, because older adults have an increased baseline risk for coronary heart disease, they stand to gain greater absolute benefit from the treatment of dyslipidemia (high levels of blood fat), compared with younger adults.

Treatment decisions should take into account a person's overall risk of heart disease rather than lipid levels alone. Overall risk assessment should include the presence and severity of the following risk factors: age, gender, diabetes, elevated blood pressure, family history (in younger adults), and smoking. Risk calculators that incorporate specific information on multiple risk factors provide a more accurate estimation of cardiovascular risk than tools that simply count numbers of risk factors.

## How do the cholesterol screening tests work?

Cholesterol is checked with a blood test called a lipid profile. During the test, a nurse will take a small sample of blood from your finger or arm. Be sure to find out how to get ready for the test. For example, you may need to fast (not eat or drink anything except water) for 9 to 12 hours before the test.

There are other blood tests that can check cholesterol, but a lipid profile gives the most information. If you get a lipid profile test, the results will show four (4) numbers. A lipid profile measures:

- Total cholesterol
- LDL (bad) cholesterol
- HDL (good) cholesterol
- Triglycerides

Total cholesterol is a measure of all the cholesterol in your blood. It's based on the HDL, LDL, and triglycerides numbers.

HDL cholesterol is the good type of cholesterol—so a higher level is better for you. Having a low HDL cholesterol level can increase your risk for heart disease.

LDL cholesterol is the bad type of cholesterol that can block your arteries—so a lower level is better for you.

Triglycerides are a type of fat in your blood that can increase your risk for heart attack and stroke

## Frequently asked questions about cholesterol screening

### ■ What are the symptoms of high cholesterol?

There are no signs or symptoms of high cholesterol. That's why it's so important to get your cholesterol checked.

### ■ What are the risk factors for heart disease?

Risk factors for heart disease include:

- High blood pressure
- A family history of heart disease
- Hardening of the arteries (called atherosclerosis)
- Smoking
- Diabetes



# Cholesterol Screening

- Not getting enough physical activity

- *What can cause unhealthy cholesterol levels?*

Causes of unhealthy HDL cholesterol levels include:

- Genetic (inherited) factors
- Taking certain medicines
- Type 2 diabetes
- Not getting enough physical activity
- Smoking

Causes of unhealthy LDL cholesterol levels include:

- Having a family history of high LDL cholesterol
- Eating too much saturated fat, trans fat, and cholesterol

- *What if my cholesterol levels aren't healthy?*

As your LDL cholesterol gets higher, so does your risk of heart disease. Take these steps to lower your cholesterol and reduce your risk of heart disease:

- Eat heart-healthy foods.
- Get active.
- If you smoke, quit.

Ask your doctor if you also need to take medicine to help lower your cholesterol especially if you have one or more of these other risk factors:

- A family history of heart disease
- Hardening of the arteries (called atherosclerosis)
- Smoking



- Diabetes
- Being overweight or obese
- Not getting enough physical activity

# Adult Immunization

▶ AGE GROUP	19–21 years	22–26 years	27–49 years	50–59 years	60–64 years	65 or older
▼ VACCINE						
Influenza (Flu)	Annual Dose					
Tetanus, diphtheria, pertussis (TD/Tdap)	Tdap once, the TD Booster every 10 years					
Varicella (chickenpox)	2 Doses					
Human papillomavirus (HPV) Female	3 Doses					
Human papillomavirus (HPV) Male	3 Doses					
Zoster (shingles)					1 Dose	
Measles, mumps, rubella (MMR)	1 or 2 Doses, depending on indication					
Pneumococcal, Pneumonia (PCV13)	1 Dose					1 Dose
Pneumococcal, Pneumonia (PPSV23)	1 or 2 Doses, depending on indication					1 Dose

## Influenza Notes

Annual vaccination against influenza is recommended for all persons aged  $\geq 6$  months.

## Pertussis (Td/Tdap) Notes

Persons aged  $\geq 11$  years who have not received Tdap vaccine or for whom vaccine status is unknown should receive a dose of Tdap followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.

## Varicella (Chickenpox) Notes

All adults without evidence of immunity to varicella (as defined below) should receive 2 doses of single-antigen varicella vaccine or a second dose if they have received only 1 dose.

Evidence of immunity to varicella in adults includes any of the following:

- documentation of 2 doses of varicella vaccine at least 4 weeks apart;
- U.S.-born before 1980, except health care personnel and pregnant women;
- history of varicella based on diagnosis or verification of varicella disease by a health care provider;
- history of herpes zoster based on diagnosis or verification of herpes zoster disease by a health care provider; or
- laboratory evidence of immunity or laboratory confirmation of disease.

## Human Papillomavirus (HPV) Vaccination Notes

A complete HPV vaccination series consists of 3 doses. The second dose should be administered 4–8 weeks (minimum interval of 4 weeks) after the first dose; the third dose should be administered 24 weeks after the first dose and 16 weeks

after the second dose (minimum interval of 12 weeks).

## Zoster Vaccination Notes

A single dose of zoster vaccine is recommended for adults aged  $\geq 60$  years regardless of whether they report a prior episode of herpes zoster. Although the vaccine is licensed by the U.S. Food and Drug Administration for use among and can be administered to persons aged  $\geq 50$  years, ACIP recommends that vaccination begin at age 60 years.

Persons aged  $\geq 60$  years with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication, such as pregnancy or severe immunodeficiency.

## Pneumococcal Vaccination

Adults are recommended to receive 1 dose of 13-valent (PCV13) and 1, 2, or 3 doses (depending on indication) of 23-valent (PPSV23).

## Understanding Terms

- A vaccine is a product that produces immunity from a disease and can be administered through needle injections, by mouth, or by aerosol.
- A vaccination is the injection of a killed or weakened organism that produces immunity in the body against that organism.
- An immunization is the process by which a person or animal becomes protected from a disease. Vaccines cause immunization, and there are also some diseases that cause immunization after an individual recovers from the disease. Most childhood vaccines produce immunity about 90% to 100%.

# Flu



## Why Is this important?

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. The virus is contagious, that is it can spread from one individual to the next easily. It can cause mild to severe illness, and at times can lead to death.

The best way to prevent the flu is by getting a flu vaccine each year. There are three types of influenza viruses: A, B and C. Human influenza A and B viruses cause seasonal epidemics of disease almost every winter in the United States. The emergence of a new and very different influenza virus to infect people can cause an influenza pandemic. Influenza type C infections cause a mild respiratory illness and are not thought to cause epidemics.

A flu vaccine is needed every season for two reasons. First, the body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection. Second, because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses. For the best protection, everyone 6 months and older should get vaccinated annually.

The flu is different from a cold. The flu usually comes on suddenly. Most healthy adults may be able to infect other people beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Children may pass the virus for longer than 7 days. Symptoms start 1 to 4 days after the virus enters the body.

That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Some people can be infected with the flu virus but have no symptoms. During this time, those persons may still spread the virus to others. People who have the flu often feel some or all of these symptoms:

- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

Pneumonia, bronchitis, sinus and ear infections are examples of complications from flu. The flu can make chronic health problems worse. For example, people with asthma may experience asthma attacks while they have the flu, and people

with chronic congestive heart failure may experience worsening of this condition that is triggered by the flu.

Anyone can get the flu (even healthy people), and serious problems related to the flu can happen at any age, but some people are at high risk of developing serious flu-related complications if they get sick. This includes people 65 years and older, people of any age with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, and young children.

Flu (Influenza) is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others.

During recent flu seasons, between 80% and 90% of flu related deaths have occurred in people 65 years and older. “Flu season” in the United States can begin as early as October and last as late as May. During this time, flu viruses are circulating at higher levels in the U.S. population.

Flu (Influenza) is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently.

# Flu

Most people who get influenza will recover in a few days to less than two weeks, but some people will develop complications (such as pneumonia) as a result of the flu, some of which can be life-threatening and result in death.

## What are the risks?

**The flu shot:** The viruses in the flu shot are killed (inactivated), so you cannot get the flu from a flu shot. Some minor side effects that may occur are:

- Soreness, redness, or swelling where the shot was given
- Fever (low grade)
- Aches

**The nasal spray:** The viruses in the nasal spray vaccine are weakened and do not cause severe symptoms often associated with the flu. In children, side effects from the nasal spray may include:

- Runny nose
- Vomiting
- Wheezing
- Muscle aches
- Headache
- Fever

In adults, side effects from the nasal spray vaccine may include:

- Runny nose
- Sore throat
- Headache
- Cough

## How do flu vaccines work?

Flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses

that are in the vaccine. Traditional flu vaccines made to protect against three different flu viruses are available. In addition, flu vaccines made to protect against four different flu viruses also are available.

The flu vaccine for three flu viruses protects against two *influenza A* viruses (an *H1N1* and an *H3N2*) and an *influenza B* virus. The following flu vaccines are available:

- Standard-dose flu shots for three viruses are manufactured using virus grown in eggs. There are several different flu shots of this type available, and they are approved for people of different ages. Some are approved for use in people as young as 6 months of age. Most flu shots are given with a needle. One standard dose flu shot also can be given with a jet injector, for persons aged 18 through 64 years
- The four-virus flu vaccine protects against two *influenza A* viruses and two *influenza B* viruses. The following four-virus flu vaccines are available
- A four-virus flu shot that is manufactured using virus grown in eggs. There are several different flu shots of this type available, and they are approved for people of different ages. Some are approved for use in people as young as 6 months of age. The number of individuals needed to receive a flu shot and prevent 1 case of the flu, is 12 to 40.

## Frequently asked Questions about flu shots

- *What are the benefits of getting a flu shot?*

While how well the flu vaccine works can vary, there are a lot of reasons to get a flu vaccine each year.

- Flu vaccination can keep you from getting sick from flu. Protecting yourself from flu also protects the people around you who are more vulnerable to serious flu illness.
- Flu vaccination can help protect people who are at greater risk of getting seriously ill from flu, like older adults, people with chronic health conditions and young children (especially infants younger than 6 months old who are too young to get vaccinated).
- Flu vaccination also may make your illness milder if you do get sick or reduce the risk of more serious flu outcomes, like hospitalizations.

■ *When and where can I get a flu vaccine?*

Flu vaccine is produced by private manufacturers, and the timing of availability depends on when production is completed. Flu vaccination should begin soon after vaccine becomes available, if possible by October. However, as long as flu viruses are circulating, vaccination should continue to be offered throughout the flu season, even in January or later. While seasonal influenza outbreaks can happen as early as October, during most seasons influenza activity peaks in January or later. Since it takes about two weeks after vaccination for antibodies to develop in the body that protect against influenza virus infection, it is best that people get vaccinated so they are protected before influenza begins spreading in their community.

- *What about the argument made by some people that vaccines don't work well...that diseases would be going away on their own because of better hygiene*



*and sanitation, even if there were no vaccines?*

That simply isn't true. Certainly, better hygiene and sanitation can help prevent the spread of disease, but the germs that cause disease will still be around. As long as germs still exist, they are they will continue to make people sick. A vaccine is approved only if FDA determines that it is safe and effective for its intended use.

# Pneumonia



## Why is this important?

*Why is pneumococcal vaccine important?*

- Pneumococcal disease or pneumonia is a potentially deadly infection that can come on very quickly.
- Getting vaccinated is the best way to protect against this infection.
- Health officials updated pneumococcal vaccine recommendations, so even people who have been vaccinated before are urged to check with their health-care professional to see if they need an additional vaccination to stay protected.

Pneumonia can be caused by viruses, bacteria, and fungi. In the United States, common causes of viral pneumonia are influenza and respiratory syncytial virus (RSV), and a common cause of bacterial pneumonia is *Streptococcus pneumoniae* (pneumococcus).

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. It is the leading cause of death in children younger than 5 years of age worldwide. However, these infections can often be prevented with vaccines and can usually be treated with antibiotics, antiviral drugs (such as Tamiflu), or specific drug therapies.

Common signs of pneumonia include cough, fever, and difficulty breathing. You are more likely to become ill with pneumonia if you smoke or have underlying medical conditions, such as diabetes or heart disease. However, you can lower your



chances by taking good care of your medical problems, and quitting smoking. You can also help prevent pneumonia and other respiratory infections by following good hygiene practices, such as washing your hands regularly and disinfecting frequently touched surfaces.

- About one million US adults get pneumococcal pneumonia every year and 5 to 7 percent will die from it. Fewer will get pneumococcal meningitis or sepsis, but the mortality rate in this group is higher (10 percent or more).
- In its worst forms, pneumonia kills one in every four to five people over the age of 65 who gets it.

## What are the risks?

Your doctor or other healthcare professional can advise you on which vaccines you need and why—as well as which vaccines may not be right for you based on certain factors such as allergies to vaccine ingredients or health conditions.

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible. Adults have reported pain, redness, and swelling where the shot was given; also mild fever, fatigue, headache, chills, or muscle pain. If you are not feeling well, your health care provider might decide to reschedule the shot on another day.

## How does the pneumonia vaccine work?

Pneumonia vaccines cause antibodies to develop in the body after vaccination. These antibodies provide protection against infection with the viruses that are in

the vaccine. There are different types of pneumococcal vaccines. Discuss what type of vaccine you should receive with your doctor. The number of individuals needed to receive a pneumococcal vaccine and save 1 life, is approximately 1,050 individuals.

## Frequently asked questions about the pneumonia vaccination

### ■ *Why do I need to get these shots?*

Shots help protect you against diseases that can be serious and sometimes deadly—many of these diseases are common. Even if you have always gotten your shots on schedule, you still need to get some shots as an older adult. This is because:

- Older adults are more likely to get certain diseases.
- Older adults are more at risk for serious complications from infections.
- The protection from some shots can wear off over time.

## Getting your shots also protects other people.

Protect yourself and those around you by staying up to date on your shots. Even if you were vaccinated at a younger age, the protection from some vaccines can wear off or the virus or bacteria that the vaccine protects against changes so your resistance is not as strong. As you get older, you may also be at risk for vaccine-preventable diseases due to your age, job, hobbies, travel, or health conditions.

# Herpes Zoster (Shingles)



## Why is this Important?

Almost 1 out of every 3 people in the United States will develop shingles, also known as zoster or herpes zoster, in their lifetime. There are an estimated 1 million cases of shingles each year in this country. Anyone who has recovered from chickenpox may develop shingles; even children can get shingles. However the risk of shingles increases as you get older. About half of all cases occur in men and women 60 years old or older.

Some people have a greater risk of getting shingles. This includes people who have medical conditions that keep their immune systems from working properly, such as certain cancers like leukemia and lymphoma, and human immunodeficiency virus (HIV), and receive immunosuppressive drugs, such as steroids and drugs that are given after organ transplantation.

People who develop shingles typically have only one episode in their lifetime. However, a person can have a second or even a third episode.

Shingles is caused by the *varicella zoster virus* (VZV), the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays dormant (inactive) in the body. For reasons that are not fully known, the virus can reactivate years later, causing shingles. Shingles is not caused by the same virus that causes genital herpes, a sexually transmitted disease.

Shingles is a painful rash that develops on one side of the face or body. The

# Herpes Zoster (Shingles)

rash forms blisters that typically scab over in 7 to 10 days and clears up within 2 to 4 weeks.

Before the rash develops, people often have pain, itching, or tingling in the area where the rash will develop. This may happen anywhere from 1 to 5 days before the rash appears.

Most commonly, the rash occurs in a single stripe around either the left or the right side of the body. In other cases, the rash occurs on one side of the face. In rare cases (usually among people with weakened immune systems), the rash may be more widespread and look similar to a chickenpox rash. Shingles can affect the eye and cause loss of vision.

Other symptoms of shingles can include

- Fever
- Chills
- Headache
- Upset stomach

## What are the Risks?

Adults have reported pain, redness, and swelling where the shot was given; also mild fever, fatigue, headache, chills, or muscle pain after receiving the shingles (Herpes Zoster) vaccination. Most of these reactions occurred within 3 days of the vaccination and cleared up.

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

A severe reaction to a vaccination may cause you go into shock. This is very rare, but it has occurred in some patients. The number of individuals needed to receive a shingles shot and eliminate 1 case of shingles, is approximately 11.

Your doctor or other healthcare professional can advise you on which vaccines you need and why—as well as which vaccines may not be right for you based on certain factors such as allergies to vaccine ingredients or health conditions. If you have a fever, a condition that decreases your body's ability to fight illness (immune-suppressed), or other long term illness, or expect to become pregnant soon, you should consult your doctor.

## How does the zoster vaccine work?

The only way to reduce the risk of developing shingles and the long-term pain from *post-herpetic neuralgia (PHN)* is to get vaccinated. CDC recommends that people aged 60 years and older get one dose of shingles vaccine. Shingles

Shingles is caused by the *varicella zoster virus (VZV)*, the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays dormant (inactive) in the body.

# Herpes Zoster (Shingles)

vaccine is available in pharmacies and doctor's offices. Talk with your healthcare professional if you have questions about shingles vaccine.

## Frequently asked questions about the shingles vaccination

### ■ *How is Shingles treated?*

Several antiviral medicines—acyclovir, valacyclovir, and famciclovir—are available to treat shingles. These medicines will help shorten the length and severity of the illness. But to be effective, they must be started as soon as possible after the rash appears. Thus, people who have or think they might have shingles should call their health care provider as soon as possible to discuss treatment options.

Analgesics (pain medicine) may help relieve the pain caused by shingles. Wet compresses, calamine lotion, and colloidal oatmeal baths may help relieve some of the itching.

theria plus pertussis (whooping cough) and during each pregnancy for women. Some additional vaccines you may need (depending on your age, lifestyle, job, health conditions, and other factors such as vaccines you had in the past) include:

- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Chickenpox (varicella), and measles, mumps, and rubella.
- Meningococcal
- Pneumococcal
- Shingles

Vaccines are an important step in protecting adults against serious, sometimes deadly, diseases. Even if you were vaccinated at a younger age, the protection from some vaccines can wear off or the virus or bacteria that the vaccine protects against changes so your resistance is not as strong. As you get older, you

No medicine is perfect but most childhood vaccines produce immunity about 90–100% of the time.

### ■ *What other vaccines do I need?*

**The Centers for Disease Control and Prevention (CDC) recommends that all adults get the following vaccines:**

- Annual *flu* vaccine to protect against seasonal flu
- Td vaccine every 10 years to protect against tetanus
- Tdap vaccine once instead of Td vaccine to protect against tetanus and diph-

may also be at risk for vaccine-preventable diseases due to your age, job, hobbies, travel, or health conditions.

# Herpes Zoster (Shingles)



# Depression



## Why is this important?

Depression can occur at any time over a person's life. More than 1 out of 20 Americans 12 years of age and older reported current depression. Among Americans 12 years of age and over, a greater percentage of females reported depression than males. Almost 1 out of 10 adults aged 40–59 reported current depression. Depression is associated with significant healthcare needs, school problems, loss of work, and earlier mortality.

## Depression...

- Is associated with an increased risk for mortality from suicide as well as other causes, such as heart disease
- Is associated with lower workplace productivity and more absenteeism, which result in lower income and higher unemployment.
- Is associated with higher risk for other conditions and behaviors, including:
  - Other mental disorders (anxiety disorders, substance use disorders, eating disorders)
  - Smoking

## What are the Risks?

Experts found that screening adults for depression in the primary care setting is accurate, that treatment for people identified through screening is effective at relieving symptoms of depression, and the likelihood of harm from screening and treatment is small.

Determining the best approach to care should be a shared decision between a

doctor and patient. What treatment will be the most effective for an individual patient depends on how severe the depression is and other considerations, such as the person's life situation, other health conditions, and his or her preferences for health care. The number of individuals needed to be screened to identify 1 case of depression is approximately 115 individuals.

There are many different approaches for treating depression, including psychotherapy, medications, or a combination of these approaches.

## How does depression screening work?

The goal of screening is to identify people who have depression so that they can get the help they need. In the United States, one common screening test for depression is the Patient Health Questionnaire (PHQ). The PHQ is a short questionnaire that asks patients to report how often they are bothered by problems such as a lack of pleasure in doing things, sad or hopeless feelings, sleep problems, or trouble concentrating. The PHQ also asks whether these problems are getting in the way of carrying out daily activities.

The question you may be asked in a survey or by your doctor will be similar to the following.

Over the past 2 weeks, how often have you been bothered by the following problem?

- Little interest or pleasure doing things
- Not at all      ■ More than half the days
- Several days      ■ Nearly every day

- Feeling down, depressed or hopeless
- Not at all      ■ More than half the days
- Several days      ■ Nearly every day

## Frequently asked questions about depression screening

### ■ *How Should I Talk to My Doctor about Depression ?*

Acknowledging a mental health concern can sometimes be difficult. However, if you have been feeling sad or hopeless, or have lost interest in the things you used to enjoy, talk with your doctor or nurse.

During your conversation with your clinician, make sure all your questions and concerns are addressed. Think about your personal beliefs and preferences for healthcare and consider scientific recommendations, like this one. Use this information to become fully informed so that you and your doctor or nurse can decide what actions might be right for you.

### ■ *Is Depression an Illness?*

Sadness is something we all experience. It is a normal reaction to difficult times in life and usually passes with a little time. When a person has depression, it interferes with daily life and normal functioning. It can cause pain for both the person with depression and those who care about him or her. Doctors call this condition “depressive disorder,” or “clinical depression.” It is a real illness. It is not a sign of a person's weakness or a character flaw. You can't “snap out of” clinical depression. Most people who experience depression need treatment to get better.

# Physical Activity



## Why is this important?

Regular physical activity is good for everyone's health. Physical activity is anything that gets your body moving. Start at a comfortable level. Once you get the hang of it, add a little more activity each time. Then try getting active more often.

## What kinds of activity should I do?

To get all the health benefits of physical activity, do a combination of aerobic and muscle-strengthening activities.

Aerobic activities make you breathe harder and cause your heart to beat faster. Walking fast is an example of aerobic activity. Muscle-strengthening activities make your muscles stronger. Muscle-strengthening activities include lifting weights, using resistance bands, and doing push-ups.

## What are the benefits of physical activity?

- Physical activity increases your chances of living longer. It can also help:
- Control your blood pressure, blood sugar, and weight
- Lower your “bad” cholesterol and raise your “good” cholesterol
- Prevent heart disease, colorectal cancer, breast cancer, and type 2 diabetes

And that's not all. Being more active can:

- Be fun
- Help you look your best



- Improve your sleep
- Make your bones, muscles, and joints stronger
- Lower your chances of becoming depressed
- Reduce falls and arthritis pain
- Help you feel better about yourself

## How can the MUSC healthcare team help you in planning a physical activity program?

Your MUSC Health physician or health care team member will ask you about your daily physical activity and exercise habits. You may also receive counseling during and after your office visit. You will be encouraged to increase your activity levels to a healthy amount. Sometimes phone calls are scheduled to discuss your exercise program. If you have medical conditions that may prevent an increase in your physical activity, your doctor may ask additional questions or schedule some tests.

## The Guidelines for Adults Less than Age 65

Some physical activity is better than none. Inactive adults should gradually increase their level of activity. People gain health benefits from as little as 60 minutes of moderate-intensity aerobic activity per week.

For major health benefits, do at least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity or 75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity each week. Another option is to do a combination of both.

A general rule is that 2 minutes of moderate-intensity activity counts the same as 1 minute of vigorous-intensity activity.

For even more health benefits, do 300 minutes (5 hours) of moderate-intensity aerobic activity or 150 minutes (2 hours and 30 minutes) of vigorous-intensity activity each week (or a combination of both). The more active you are, the more you will benefit. The number of individuals needed to receive physical activity counseling and reach an activity lifestyle for 1 life, is approximately 12 individuals.

When doing aerobic activity, do it for at least 10 minutes at a time. Spread the activity throughout the week. Muscle-strengthening activities that are moderate or vigorous intensity should be included 2 or more days a week. These activities should work all of the major muscle groups (legs, hips, back, chest, abdomen, shoulders, and arms). Examples include lifting weights, working with resistance bands, and doing sit ups and pushups, yoga, and heavy gardening.

## Guidelines for adults aged 65 or older

The guidelines advise that:

- Older adults should be physically active. Older adults who do any amount of physical activity gain some health benefits. If inactive, older adults should gradually increase their activity levels and avoid vigorous activity at first.
- Older adults should follow the guidelines for adults, if possible. Do a variety of activities, including walking. Walking has been shown to provide health benefits and a low risk of injury.

# Physical Activity

- If you can't do 150 minutes (2 hours and 30 minutes) of activity each week, be as physically active as your abilities and condition allow.
- You should do balance exercises if you're at risk for falls. Examples include walking backward or sideways, standing on one leg, and standing from a sitting position several times in a row.
- If you have a long-term (ongoing) health condition—such as heart disease, lung disease, or diabetes—ask your doctor what types and amounts of activity are safe for you.

## Frequently asked questions about physical activity

### ■ *Is physical activity for everyone?*

Yes! Physical activity is good for people of all ages and body types. Even if you feel out-of-shape or you haven't been active in a long time, you can find activities that will work for you.

### ■ *What if I'm overweight?*

If you are overweight or obese, getting active can help you lower your risk of:

- Type 2 diabetes
- Stroke
- High blood pressure
- Some types of cancer
- Heart disease

### ■ *What if I have a health condition?*

If you have a health condition like type 2 diabetes or high blood pressure, physical activity can help you manage it. Ask your doctor what types of activity are

best for you.

### ■ *What if I have a disability?*

If you have a disability, your doctor can help you choose the best activities for you. You can also use these tips to stay active with a disability.

### ■ *How Do I Take Action?*

First, think about your current physical activity level. The tips in this section are for adults. Use these tips to help your kids get more active.

#### **I'm just getting started.**

Start out slowly and add new physical activities little by little. After a few weeks or months, do them longer and more often.

#### **Choose activities that you enjoy.**

Team up with a friend or join a class. Ask your family and friends to be active with you. Play games like tennis or basketball, or take a class in dance or martial arts.

#### **Everyday activities can add up to an active lifestyle.** You can:

- Go for a brisk walk around the neighborhood
- Ride a bicycle to work or just for fun
- Play outdoor games with your children

#### **Have fun with your family.**

- If you have children, you can be a role model for making healthy choices. Encourage your whole family to get active outside. Go for a hike or organize a family soccer game.
- If someone you know has trouble making time for physical activity, use these tips to help your loved one get more active.

## **Strengthen your muscles.**

- Try some of these activities a few days a week:
- Crunches (sit-ups)
- Heavy gardening, like digging or shoveling
- Doing push-ups on the floor or against the wall
- Lifting small weights—you can even use bottled water or cans of food as weights

## **Find a time that works for you.**

See if you can fit in 10 minutes of activity before work or after dinner.

## **I'm doing a little, but I'm ready to get more active.**

You may already be feeling the benefits of getting active, such as sleeping better or getting toned. Here are 2 ways to add more activity to your life.

## **Be active for longer each time.**

If you are walking 3 days a week for 30 minutes, try walking for an additional 10 minutes or more each day.

## **Be active more often.**

If you are riding your bike to work 2 days a week, try riding your bike to work 4 days a week.

## **Find time in your schedule.**

Look at your schedule for the week. Find a few 30-minute time periods you can use for more physical activity. Put them in your calendar.

## **I'm already physically active, and I want to keep it up.**

If you are already active for 2 hours and 30 minutes each week, you can get even

more health benefits by stepping up your routine.

Getting more physical activity can further lower your risk for:

- Heart disease
- Breast cancer
- Type 2 diabetes
- Colorectal cancer

## **Do more vigorous activities.**

In general, 15 minutes of vigorous activity has the same benefits as 30 minutes of moderate activity. Try jogging for 15 minutes instead of walking for 30 minutes.

## **Mix it up.**

Mix vigorous activities with moderate ones. Try joining a fitness group or gym class. Don't forget to do muscle-strengthening activities 2 days a week.

## **Challenge yourself.**

- *It's never too late to increase your physical activity! Healthy people who don't have heart problems or chronic disease, normally don't need to talk to their doctor before starting. Consult your doctor if you have any health concerns about your exercise program.*

# Obesity



## Why is this important?

Obesity is a complex health issue to address. Almost 70 percent of Americans are overweight or obese. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion.

People who are obese are more likely to develop heart disease, diabetes, and some cancers, as well as to die early. Losing weight can reduce the risk for illness and early death and improve overall health.

Many factors determine whether a person will become obese. Americans now live in an environment that encourages us to eat too much and discourages us from being physically active. Families, communities, employers, government, and the medical system all have a role to play in helping people achieve and maintain a healthy weight. The number of individuals needed to reduce their body fat and eliminate a health condition such as diabetes from developing, is approximately 7 individuals.

People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including the following:

## All causes of death (mortality)

- High blood pressure (Hypertension)
- High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (Dyslipidemia)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis (a breakdown of cartilage and bone within a joint)
- Sleep apnea and breathing problems
- Some cancers (endometrial, breast, colon, kidney, gallbladder, and liver)
- Low quality of life
- Mental health issues such as clinical depression, anxiety, and other mental disorders
- Body pain and difficulty with physical functioning

In women, overweight and obesity are highest among non-Hispanic Black women about 4 in 5, compared with about 3 in 4 percent for Hispanic women and 2 in 3 percent for non-Hispanic White women.

In men, overweight and obesity are highest among Hispanic men about 4 in 5, compared with about 3 in 4 for non-Hispanic White men and about 3 in 4 for non-Hispanic Black men.

## What are the Risks?

The experts found that the harms of screening for obesity and offering weight loss programs are small. The experts reviewed studies on the benefits and harms of intensive behavioral counseling to prevent heart disease among adults who are overweight or obese and are at increased risk for heart disease. Evidence shows that effective programs generally involve multiple sessions of face-to-face or telephone contact, spread out over several months to a year.

The main potential benefits of behavior change programs are to help obese people change their eating and physical activity behaviors, lose weight, and reduce their risk for diseases such as heart disease, high blood pressure, and diabetes. The experts found that intensive, comprehensive programs led to modest weight loss and improved risk factors for diabetes and other contributors to heart disease. The experts found little evidence, however, about the long-term effect of these programs on reducing illness and death from heart disease.

## How can the MUSC healthcare team help you in planning a weight management/obesity reduction program?

When you visit your MUSC Health care team member, he or she usually weighs you and measures your height. These two numbers are used to calculate your body mass index (BMI). BMI indicates whether you are at a healthy weight or whether you are overweight or obese. The higher your BMI, the higher your risk for certain diseases such as heart disease, high blood pressure, and diabetes. Your MUSC Health care team member also might want to measure the size of

# Obesity

your waist (your waist circumference). This can help screen for possible health risks that develop when a person is overweight or obese. If most of your fat is around your waist rather than around your hips, you are at higher risk for heart disease and diabetes.

If your MUSC Health care team member finds that you are obese, he or she may suggest that you join a weight management program. Even modest weight loss can reduce health risks in people who are obese.

## Frequently asked questions about overweight and obesity screening and counseling

### ■ What Causes Obesity?

A lack of energy balance most often causes overweight and obesity. Energy balance means that your energy IN equals your energy OUT.

Energy IN is the amount of energy or calories you get from food and drinks. Energy OUT is the amount of energy your body uses for things like breathing,

digesting, and being physically active.

To maintain a healthy weight, your energy IN and OUT don't have to balance exactly every day. It's the balance over time that helps you maintain a healthy weight.

- The same amount of energy IN and energy OUT over time = weight stays the same

- More energy IN than energy OUT over time = weight gain

- More energy OUT than energy IN over time = weight loss

Overweight and obesity happen over time when you take in more calories than you use.

### ■ What are Health Behaviors for Losing Weight?

Healthy behaviors include a healthy diet pattern and regular physical activity. Energy balance of the number of calories consumed from foods and beverages with the number of calories the body uses for activity plays a role in preventing excess weight gain. Healthy diet pattern follows the Dietary Guidelines for Americans which emphasizes eating whole grains, fruits, vegetables, lean pro-

Family health history reflects the effects of shared genetics and environment among close relatives. Families can't change their genes but they can change the family environment to encourage healthy eating habits and physical activity.

Weight Category	BMI	Examples
<b>Healthy Weight</b>	18.5 to 24.9	<ul style="list-style-type: none"> <li>■ A woman 5'3" tall and 132 lbs has a BMI of 22.</li> <li>■ A man 5'11" tall and 172 lbs has a BMI of 24.</li> </ul>
<b>Overweight</b>	25 to 29.9	<ul style="list-style-type: none"> <li>■ A woman 5'3" tall and 163 lbs has a BMI of 29.</li> <li>■ A man 5'9" tall and 176 lbs has a BMI of 26.</li> </ul>
<b>Obese</b>	30 or greater	<ul style="list-style-type: none"> <li>■ A woman 5'3" and 198 lbs has a BMI of 33.</li> <li>■ A man 6'1" and 250 lbs has a BMI of 35.</li> </ul>

tein, low-fat and fat-free dairy products and drinking water. The Physical Activity Guidelines for Americans recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with 2 days of strength training per week.

### ■ *Do Genes Have a Role in Obesity?*

Though genetic changes in human populations occur too slowly to be responsible for the obesity epidemic studies have identified variants in several genes that may contribute to obesity by increasing hunger and food intake. Nevertheless, the variation in how people respond to the environment that promotes physical inactivity and intake of high-calorie foods suggests that genes do play a role in the development of obesity, but remain poorly understood and need greater study.

### ■ *Can a Disease or Medication Influence Obesity?*

Some illnesses may lead to obesity or weight gain. These may include

Cushing's disease, and polycystic ovary syndrome. Drugs such as steroids and some antidepressants may also cause weight gain. The science continues to emerge on the role of other factors in energy balance and weight gain such as chemical exposures and the role of the microbiome (e.g., the role of good and bad bacteria in the gut and their influence on energy regulation).

A health care provider can help you learn more about your health habits and history in order to tell you whether behaviors, illnesses, medications, and/or psychological factors are contributing to weight gain or making weight loss hard.

# Tobacco Use



## Why is this important?

Smoking harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general. Quitting smoking has immediate as well as long-term benefits for you and your loved ones.

Smoking can cause cancer and then block your body from fighting it. Poisons in cigarette smoke can weaken the body's immune system, making it harder to kill cancer cells. When this happens, cancer cells keep growing without being stopped. Poisons in tobacco smoke can damage or change a cell's DNA. DNA is the cell's "instruction manual" that controls a cell's normal growth and function. When DNA is damaged, a cell can begin growing out of control and create a cancer tumor.

Doctors have known for years that smoking causes most lung cancers. It's still true today, when nearly 9 out of 10 lung cancers are caused by smoking cigarettes. In fact, smokers have a greater risk for lung cancer today than they did in 1964, even though they smoke fewer cigarettes. One reason may be changes in how cigarettes are made and what chemicals they contain. The number of individuals needed to receive tobacco cessation counseling and save 1 life, is approximately 50 individuals.

Treatments are getting better for lung cancer, but it still kills more men and women than any other type of cancer. In the United States, more than 7,300 nonsmokers die each year from lung cancer caused by secondhand smoke. Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke breathed out by smokers.



Smoking can cause cancer almost anywhere in your body, including the:

- Blood (acute myeloid leukemia)
- Bladder
- Cervix
- Colon and rectum
- Esophagus
- Kidneys and ureters
- Larynx
- Liver
- Lungs
- Mouth, nose, and throat
- Pancreas
- Stomach
- Trachea

The chemicals in tobacco smoke harm your blood cells. They also can damage the function of your heart and the structure and function of your blood vessels.

Smoking is a major risk factor for heart disease. When combined with other risk factors—such as unhealthy blood cholesterol levels, high blood pressure, and overweight or obesity—smoking further raises the risk of heart disease.

The effects of your smoking on other household members through the effects of second hand smoke are important reasons to quit. Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke breathed out by smokers. Secondhand smoke contains more than 7,000 chemicals. Hundreds are toxic and about 70 can cause cancer.

Since the 1964 Surgeon General's Report, 2.5 million adults who were nonsmokers died because they breathed secondhand smoke.

- There is no risk-free level of exposure to secondhand smoke.
- Secondhand smoke causes numerous health problems in infants and children, including more frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS).
- Some of the health conditions caused by secondhand smoke in adults include coronary heart disease, stroke, and lung cancer.

## What are the Risks?

### Adults Who Smoke

The experts found that behavioral interventions and medications, including nicotine replacement therapy (NRT)—either alone or in combination—greatly improve the chances that a person will be able to successfully quit. They also found that the harms of behavioral interventions are likely to be small to none, and the potential harms of medications and NRT are likely to be small.

### Pregnant Women Who Smoke

The experts found that behavioral interventions greatly improve the chances that a pregnant woman can stop smoking during her pregnancy. Additionally, not smoking during pregnancy reduces the risk of a baby being born too small or too early.

There were not enough studies for the Task Force to weigh the overall benefits and harms of using medications, including NRT, to help pregnant women quit smoking.

# Tobacco Use

## E-Cigarettes

Finally, the Task Force found that there was not enough information to determine whether e-cigarettes are more helpful or harmful for smoking cessation for adults and pregnant women.

## How can the MUSC healthcare team help you quit tobacco?

Your MUSC Health physician or a member of our health care team will ask you about your use of tobacco. This includes smoking, using e-cigarettes or vaping, smokeless tobacco such as snuff, chewing tobacco and similar products. You may also receive counseling during and after your office visit. You will be encouraged set a quit date, obtain counseling and consider NRT or medications to help you quit tobacco use. Sometimes phone calls and/or personal visits are scheduled to discuss your quit attempts.

## Frequent asked questions about tobacco use screening and counseling

- *What should I say to my Doctor?*

### Talking with Your Primary Care Clinician about Smoking Cessation

Quitting smoking is difficult, and some people try several times before they are successful. But it's worth the struggle, because quitting smoking is one of the most important things you can do for your health.

If you're pregnant, quitting smoking is one of the best ways to protect your and your baby's health.

Talk with your doctor or nurse to decide which intervention might work best to help you quit. Consider your own health and lifestyle. Think about your personal beliefs and preferences for health care.

- *What are some suggestions to quit using tobacco?*

### Take these steps to help you quit:

- Make a list of the reasons you want to quit.
- Set a quit date and make a plan to deal with cravings.
- Ask your family, friends, and coworkers for support.
- Talk to your doctor about counseling and medicines that can help you quit.
- Call 1-800-QUIT-NOW (1-800-784-8669) or visit [Smokefree.gov](http://Smokefree.gov) for free help.

### Write down your reasons to quit.

Make a list of all the reasons you want to quit. For example, your reasons to quit might be to set a healthy example for your children and to save money. Keep the list with you to remind yourself why quitting is worth it.

### Set a quit date.

- Pick a date that gives you enough time to get ready to quit. But make sure it's soon enough that you don't lose your motivation.

Your MUSC Health physician or a member of our health care team will ask you about your use of tobacco.

- Tell your family, friends, and coworkers about your quit date so they can support you.

## **Make a quit plan.**

- Think about situations that might trigger you to smoke. Plan how you will handle them without smoking.
- Right before your quit date, go through your house, car, and workplace to get rid of anything that has to do with smoking. Throw away all your cigarettes, ashtrays, lighters, and matches.
- Clean your clothes so they don't smell like smoke.

## **Change your daily routine.**

Changing your routine on and after your quit date can help you break habits related to smoking.

## **Try taking a different route to work.**

- For the first few weeks, avoid activities and places you connect with smoking.
- Do things and go places where smoking isn't allowed.
- Make getting active and eating healthy part of your quit plan. Eat healthy snacks instead of smoking. Go for walks. Drink lots of water.

## **Break the connection between eating and smoking.**

Many people like to smoke when they finish a meal. Here are some ways to break the connection:

- Get up from the table as soon as you are done eating.
- Brush your teeth and think about the fresh, clean feeling in your mouth.
- Try going for a walk after meals.

## **Manage cravings.**

When you quit smoking, the urge to smoke will come and go. Most cravings only last 5 to 10 minutes.

## **Here are some ways to manage cravings:**

- Do something else with your hands, like washing them, sorting the mail, or washing the dishes.
- Have healthy snacks ready, like carrots, apples, or sugar-free gum.
- Distract yourself with a new activity. Try doing crosswords or other puzzles.
- If you used to smoke while driving, try something new. Take public transportation or ride with a friend.
- Take several deep breaths to help you relax.

# Nutrition



## Why is this important?

Eating healthy means getting enough vitamins, minerals, and other nutrients—and limiting unhealthy foods and drinks. Eating healthy also means getting the number of calories that’s right for you (not eating too much or too little).

To eat healthy, be sure to get plenty of:

- Vegetables, fruits, whole grains, and fat-free or low-fat dairy products
- Seafood, lean meats and poultry, eggs, beans, peas, seeds, and nuts

## It’s also important to limit:

- Sodium (salt)
- Added sugars—like refined (regular) sugar, brown sugar, corn syrup, high-fructose corn syrup, and honey
- Saturated fats, which come from animal products like cheese, fatty meats, whole milk, and butter, and plant products like palm and coconut oils
- Trans fats, which may be in foods including stick margarines, coffee creamers, and some desserts
- Refined grains which are in foods like cookies, white bread, and some snack foods

## A healthy diet can help keep you healthy.

Eating healthy is good for your overall health. Making smart food choices can also help you manage your weight and lower your risk for certain chronic (long-term) diseases.

When you eat healthy foods—and limit unhealthy foods—you can reduce your risk for:

- Heart disease
- Type 2 diabetes
- High blood pressure
- Some types of cancer
- Osteoporosis (bone loss)

for heart disease) through weight loss, lowered blood pressure and cholesterol levels, and improved blood glucose control. The experts found no evidence that behavioral programs to improve diet are harmful.

### How can the MUSC healthcare team help you eat better?

Your MUSC Health physician or a member of our health care team will ask you about your daily physical activity and exercise habits. You may also receive counseling during and after your office visit. You will be encouraged to adjust your

The experts found that intensive behavioral counseling programs can help adults improve their diet and increase physical activity.

### What are the risks?

The experts reviewed studies on the benefits and harms of intensive behavioral counseling including nutrition to prevent heart disease among adults who are overweight or obese and are at increased risk for heart disease. Evidence shows that effective programs generally involve multiple sessions of face-to-face or telephone contact, spread out over several months to a year.

The experts found that intensive behavioral counseling programs can help adults improve their diet and increase physical activity. These behavior changes can help people reduce their risk for heart disease and diabetes (also a risk factor

daily eating habits to improve your health and lower risks for long term conditions. Sometimes phone calls are scheduled to discuss your nutritional habits. If you have medical conditions that are complicated by your food intake such as diabetes or conditions including the digestive tract, your doctor may ask additional questions or schedule some tests.

### Frequently asked questions

- *What are the national recommendations from the U.S. Department of Agriculture (USDA).*

Everything you eat and drink over time matters. The right mix can help you



be healthier now and in the future. Start with small changes to make healthier choices you can enjoy.

### **Find your healthy eating style and maintain it for a lifetime.**

This means:

- Make half your plate fruits and vegetables.
- Focus on whole fruits.
- Vary your veggies.
- Make half your grains whole grains.

### **Move to low-fat and fat-free milk or yogurt.**

- Vary your protein routine.
- Drink and eat less sodium, saturated fat, and added sugars.
- *What are the main themes of the most recent **Dietary Guidelines**?*

The **Dietary Guidelines for Americans** provides food-based recommendations for people age 2 and older, including those at risk for chronic disease. Its primary focus is promoting overall health and preventing—rather than treating—chronic disease in the U.S.

The **2015–2020 Dietary Guidelines** emphasizes the importance of eating patterns as a whole—the combination of foods and drinks that people consume over time. This edition highlights evidence about the synergistic and potentially cumulative impact of eating patterns on a person’s health and risk of chronic disease.

Another key component of the 2015–2020 Dietary Guidelines is its comparison of how Americans are eating now against recommendations, providing data by age groups and sex, and clear guidance on shifts in food choices encouraged to achieve healthy eating patterns. Additionally, because many factors influence individual food choices, this edition of the Dietary Guidelines acknowledges that everyone has a role in supporting healthy eating patterns.

The 2015–2020 Dietary Guidelines emphasizes the importance of eating patterns as a whole—the combination of foods and drinks that people consume over time.



# Partner Violence



## Why is this important?

Partner abuse or violence is common in the United States and has serious physical and emotional effects on people and families. It is hard to know exactly how many people experience partner abuse because it is not always reported. However, it is thought that nearly 1 in 3 women and 1 in 4 men report experiencing partner abuse at some time during their lives.

Partner abuse injures and kills people. It also leads to many health problems. As a result of partner abuse, women can develop sexually transmitted diseases and other reproductive disorders. They also can become pregnant. If a woman is already pregnant when she is abused, she is more likely to have a premature baby or a baby with low birth weight.

Women and men who experience partner violence suffer pain and can develop nervous or stomach disorders, severe headaches, and other physical problems. Partner violence leads to mental health problems such as depression, post-traumatic stress disorder, anxiety, alcohol and drug abuse, and suicidal behavior. Teens and young adults who are abused can suffer from low self-esteem or eating disorders, and can engage in risky sexual behavior.

## What are the risks?

The main potential benefit of screening for partner abuse is to identify people who are being abused so they can get help. The experts found that partner violence screening can identify current or past abuse and increased risk of fu-



ture abuse in women of childbearing age who do not show signs and symptoms of abuse.

The experts also found that programs and support services can reduce violence, abuse, and physical and mental harms for women who have experienced partner violence. The potential harms of partner violence screening and programs are small.

There are very few studies on how to effectively screen for and prevent partner violence against men. Very little information is also available on this issue for women who are beyond their childbearing years. We need more research in these areas.

The experts also did not find evidence that screening can help prevent abuse or reduce its harms. Although we hope screening will help people who are being hurt get help, some worry that screening can put people at greater risk and actually result in harm. It is important to learn how to screen both effectively and safely. More research is needed in all of these areas.

## How can the MUSC healthcare team help you?

Your MUSC Health physician or a member of our health care team will ask you about your risk for partner violence. These questions are directed at all women of childbearing age. Since most women do not have any easy way to observe signs of abuse, we need to ask all women in this group the same screening ques-

Women and men who experience partner violence suffer pain and can develop nervous or stomach disorders, severe headaches, and other physical problems.

tions.

The questions asked are similar to this: “if you have felt unsafe or threatened over a recent period of time”. If your doctor thinks you may be at risk for partner violence, you will be connected to an experienced expert in social work who can conduct a more detailed screening. The screening process is for you as a patient. The goal is help you live a safe and healthy life. When it would help you, counseling may be suggested. The counselor can help you determine if you are in an unsafe and unhealthy situation and develop a plan for you to improve your health and safety.

## Frequently asked questions

### ■ How Can I tell if I am in an abusive relationship?

It can be hard to know if your relationship is headed down the wrong path. While it's not always possible to prevent relationship violence, there are steps you can take to protect yourself.

# Partner Violence

If you think your partner might be controlling or abusive, it's important to:

- **Trust your feelings.** If something doesn't seem right, take it seriously.
- **Learn the warning signs** of someone who might become controlling or violent.
- **Get help.** Talk to experts in relationship violence.

If your partner is controlling or abusive, it's better to get help now than to wait. Controlling or violent relationships usually get worse over time.

When many people think about relationship violence, they think about physical violence, like hitting or pushing. But people can also use other methods, like threats or insults, to control their partners.

Relationship violence can include:

- Physical violence, like pushing, hitting, or throwing things
- Sexual violence, like forcing or trying to force someone to do something sexual
- Threats of physical or sexual violence, which may include threatening to hurt

If you feel controlled by or afraid of your partner—even if you haven't been hurt physically—trust yourself. There are people who can help you figure out what to do next.

Remember: if your partner hurts you, it's not your fault.

- *What is relationship violence?*

Relationship violence is when one person in a relationship is abusive or controlling toward the other person—especially when they disagree about something.

Relationship violence is sometimes called dating violence, domestic violence, or intimate partner violence. In some relationships, both partners act in abusive or controlling ways.

another person or a pet

- Emotional abuse, like embarrassing a partner or keeping that person away from family and friends

If you feel controlled by or afraid of your partner—even if you haven't been hurt physically—trust yourself. There are people who can help you figure out what to do next.

# Partner Violence



## ■ *What Does a Healthy Relationship Look Like?*

How do I know if my relationship is healthy?

### **In a healthy relationship:**

- Both people feel supported, respected, and valued.
- The couple makes decisions together.
- Both people have friends and interests outside of the relationship.
- The couple settles disagreements with open and honest communication.
- Both people are honest about their feelings and needs.
- There are more good times than bad.

Healthy relationships have problems, too. But in healthy relationships, both partners take responsibility for their actions and work together to sort out problems.

## ■ *What if I'm not sure if my relationship is violent?*

It's okay if you aren't sure—you can still get help. Domestic violence agencies have counselors who are experts at helping people with questions about their relationships. You don't even have to give your name.

If you have questions about your relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (1-800-799-7233) or chat online with a trained advocate.

# Folate Supplement



## Why is this important?

Women of childbearing age (typically ages 11 to 49) need an extra 400 to 800 micrograms (mcg) of folic acid every day. Folic acid is found in vitamins and foods like breakfast cereal or bread that have folic acid added.

Everyone needs folic acid, but it's especially important for women who are pregnant or who may become pregnant. Folic acid is a vitamin that can prevent birth defects.

Getting enough folic acid is important even when you aren't planning to get pregnant. It's needed during the first few weeks of pregnancy, often before a woman knows she's pregnant.

Neural tube defects develop during the first month of pregnancy, often before a woman even knows she is pregnant. The two most common types of neural tube defects are spina bifida and anencephaly. In spina bifida, the unborn baby's spine does not close completely to protect the spinal cord. In anencephaly, most of the brain and skull do not develop. Babies with anencephaly die before or shortly after birth.

Any woman who could become pregnant is at risk for neural tube defects. However, having a previous pregnancy with a neural tube defect, or having a female relative who had a baby with a neural tube defect increases the risk. Other risk factors include taking certain anti-seizure medications, diabetes during pregnancy, obesity, and problems with the genes that regulate folate.

# Folate Supplement

## Facts about folic acid

Folate and folic acid are a type of B vitamin. Every cell in the body needs this vitamin for normal growth and development. Folate is the form that is found naturally in foods such as fruits and vegetables, nuts, beans, poultry and meat, eggs, and grains. Folic acid is the man-made form of the vitamin that is added to packaged foods such as breads, cereals, and other grain products and also made into supplements.

Even though folate and folic acid are found in a wide range of foods, most women do not get the recommended amount in their diets. Having enough folate in the body when pregnancy begins helps ensure that the baby's neural tube develops normally.

## Talk with your doctor about folic acid.

If you are pregnant or breastfeeding, your doctor can help you figure out how much folic acid is right for you. You may need more than 400 mcg folic acid if you have a health condition or are taking certain medicines.

## What are the risks?

The experts looked at research on the potential benefits and harms of taking a folic acid supplement to prevent neural tube defects. It found convincing evidence that a daily supplement of between 400 and 800 micrograms of folic acid before and during pregnancy can help protect against the development of neural tube defects. The number of individuals needed to receive folate supplement and reduce 1 low-weight birth, is approximately 25 deliveries.

Because half of all pregnancies in the United States are unplanned, the experts suggest that all women who could become pregnant, as well as those who are planning a pregnancy, take a folic acid supplement.

The experts also looked at harms of taking a folic acid supplement and found that taking folic acid is unlikely to be harmful for the mother or baby.

## How can the MUSC healthcare team help you in folate supplement screening and counseling?

Your MUSC Health doctor or a member of our health care team will ask about your desire to become pregnant. Since 1 of every 2 pregnancies in the U.S. are not planned, all women of childbearing age are recommended to have adequate folate in their diet. You will be encouraged to take a vitamin or increase your intake of foods that are high in folic acid.

## Frequently asked questions

### ■ How can I get enough folic acid?

It's easy—you can eat foods like breakfast cereal (100% DV) or bread that have folic acid or you can take a daily vitamin with folic acid.

### Eat healthy.

Eating healthy means getting plenty of vegetables, fruits, whole grains, and foods with protein. A healthy diet also includes foods with folate (a different type of folic acid) such as:

- Spinach and other leafy greens
- Oranges and orange juice
- Asparagus
- Beans and peas

# Osteoporosis Screening



## Why is this important?

Approximately 12 million Americans older than 50 years have osteoporosis. One half of all postmenopausal women will have an osteoporosis-related fracture during their lifetime; 25% of these women will develop a vertebral deformity, and 15% will experience a hip fracture.

Osteoporotic fractures, particularly hip fractures, are associated with chronic pain and disability, loss of independence, decreased quality of life, and increased mortality. Although hip fractures are less common in men than in women, more than one-third of men who experience a hip fracture die within 1 year.

## What are the risks?

Potential harms of screening for osteoporosis include false-positive test results causing unnecessary treatment, false-negative test results, and patient anxiety about positive test results.

The experts found no new studies that described harms of screening for osteoporosis in men or women. Screening with a bone X-ray machine is associated with opportunity costs (time and effort required by you and the health care system).

Harms of drug therapies for osteoporosis depend on the specific medication used. The experts found adequate evidence that the harms of bisphosphonates, the most commonly prescribed therapies, are no greater than small. Convincing evidence indicates that the harms of estrogen and selective estrogen

gen receptor modulators are small to moderate.

## How can the MUSC healthcare team help you regarding osteoporosis screening and counseling?

Your MUSC Health doctor or clinical team will ask you questions and complete a survey to assess your risk. You may also be asked to take a bone X-ray to measure the size of your bones and assess your risk for a fracture in the next few years.

One of the most common assessment surveys estimate risk for the next 10 years (the FRAX, fracture risk assessment tool). Your personal measurements such as age, body mass index (BMI), history or fractures in your parents, tobacco use, alcohol use may be confirmed by the doctor or nurse.

There is not enough research to understand how often you should be screened for your risk of an osteoporotic bone fracture. Once your risk is assessed it may take a few years for the risk factors to change enough to justify another examination.

The most commonly used bone measurement tests used to screen for osteoporosis are Dual-energy X-ray absorptiometry (DXA, previously DEXA) of the hip and lower back and quantitative ultrasonography of the heel bone. Quantitative ultrasonography is less expensive and more portable than Dual-energy X-ray and does not expose patients to ionizing radiation. Quantitative ultrasonography of the heel bone predicts fractures of the femoral neck, hip, and spine

as effectively as Dual-energy X-ray. However, current diagnostic and treatment criteria for osteoporosis rely on Dual-energy X-ray measurements only, and criteria based on quantitative ultrasonography or a combination of quantitative ultrasonography and Dual-energy X-ray have not been defined. The number of individuals needed to be screened to reduce 1 hip or back fracture is influenced by age. At age 55-59 more than 4,300 women are needed, at age 75-79 only 145 women screened will reduce 1 fracture.

## Frequently Asked Questions

### ■ What is the FRAX risk assessment?

The FRAX assessment tool is one of the most widely used instruments to predict risk for fractures and was derived from data on 9 different, large, world-wide study groups. The FRAX tool also predicts 10-year fracture risks for black, Asian, and Hispanic women in the United States. In general, estimated fracture risks in nonwhite women are lower than those for white women of the same age.

### ■ How is Osteoporosis Treated?

In addition to adequate calcium and vitamin D intake and weight-bearing exercise, multiple drug therapies are used to reduce fractures, including bisphosphonates, parathyroid hormone, raloxifene, and estrogen. The choice of therapy should be based on the patient's clinical situation and the relative benefits and risks. Doctors should provide patient education on how to use drug therapies to minimize adverse effects.

# Out-of-Pocket Estimates



## **Out-of-Pocket estimates for preventive health care**

Preventive care can help you stay healthier throughout your life. For many people, certain preventive health care is now free, with no copays or deductibles. Learn about the preventive care that you and your loved ones need and ask your MUSC Health Care Team provider what health care you need to stay healthy.

## **What is preventive care?**

Preventive care includes health services like screenings, check-ups, and patient counseling that are used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely to work best. Getting recommended preventive services and making healthy lifestyle choices are key steps to good health and well-being.

Most health plans must cover a set of preventive services—like shots and screening tests—at no cost to you.

*IMPORTANT—These services are free only when delivered by a doctor or other provider in your plan's network.*

## **Preventive care benefits for adults**

All Marketplace health plans and many other plans must cover the following list of preventive services without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible.

- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease for men and women of certain ages



# Out-of-Pocket Estimates

- Blood pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults over 50
- Depression screening
- Diabetes (Type 2) screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic disease
- Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
- Hepatitis C screening for adults at increased risk, and one time for everyone born 1945–1965
- HIV screening for everyone ages 15 to 65, and other ages at increased risk
- Immunization vaccines for adults—doses, recommended ages, and recommended populations vary:
  - Diphtheria
  - Hepatitis A
  - Hepatitis B
  - Herpes Zoster
  - Human Papillomavirus (HPV)
  - Influenza (flu shot)
  - Measles
  - Meningococcal
  - Mumps
  - Pertussis
  - Pneumococcal
  - Rubella
  - Tetanus
  - Varicella (Chickenpox)
- Lung cancer screening for adults 55–80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling

- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Syphilis screening for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for users

## Other covered preventive services for women

- Breast cancer genetic test counseling (BRCA) for women at higher risk
- Mammography screenings every 1 to 2 years for women over 40
- Breast cancer chemoprevention counseling for women at higher risk
- Cervical cancer screening for sexually active women
- Chlamydia screening for younger women and other women at higher risk
- Domestic/interpersonal violence screening and counseling for all women
- Gonorrhea screening for all women at higher risk
- HIV screening and counseling for sexually active women
- Human Papillomavirus (HPV) DNA test every 3 years for women with normal cytology results who are 30 or older
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh incompatibility screening follow-up testing for women at higher risk
- Sexually transmitted infections counseling for sexually active women
- Syphilis screening for women at increased risk
- Tobacco use screening and interventions
- Well-woman visits to get recommended services for women under 65

Many of the preventive services available at no charge are included in this **Choices Magazine**. Ask your health care team about any services you have questions. It's your health. We look forward to helping you achieve the best health and peace of mind.

# Make a Smart Decision

Your Journey for Peace of Mind

## What Is Recommended?

Read the information in this **Choices Magazine**. Match your age, gender and other health issues with the recommendations. Your first step is the awareness of what is recommended by experts in preventive health.

## If You Do Not Understand?

**GET MORE INFORMATION!** Ask your MUSC HEALTH TEAM about your questions and concerns. If you want, learn more through the Internet resources at [www.USPSTF.org](http://www.USPSTF.org), [www.CDC.gov](http://www.CDC.gov), and [www.HealthFinder.gov](http://www.HealthFinder.gov).

## Still Hard to Decide?

Ask to talk to your health care team and get all of your questions answered. MUSC Health is here to get you all the information you want to make an informed choice. Health care can be complex. We understand. Let us know your concerns or questions so we can discuss options with you. After all, it's your health, let us be a resource for you.

## Do You Understand?

You should understand the recommendations. We all have unique issues to consider. If you have any questions about what services you should receive, **ASK YOUR MUSC HEALTH TEAM**.

## Get Comfortable with Your Decision?

After you have reviewed the information and recommendations, make a decision and take action. Make an appointment or inform your MUSC Health Team about your decision.

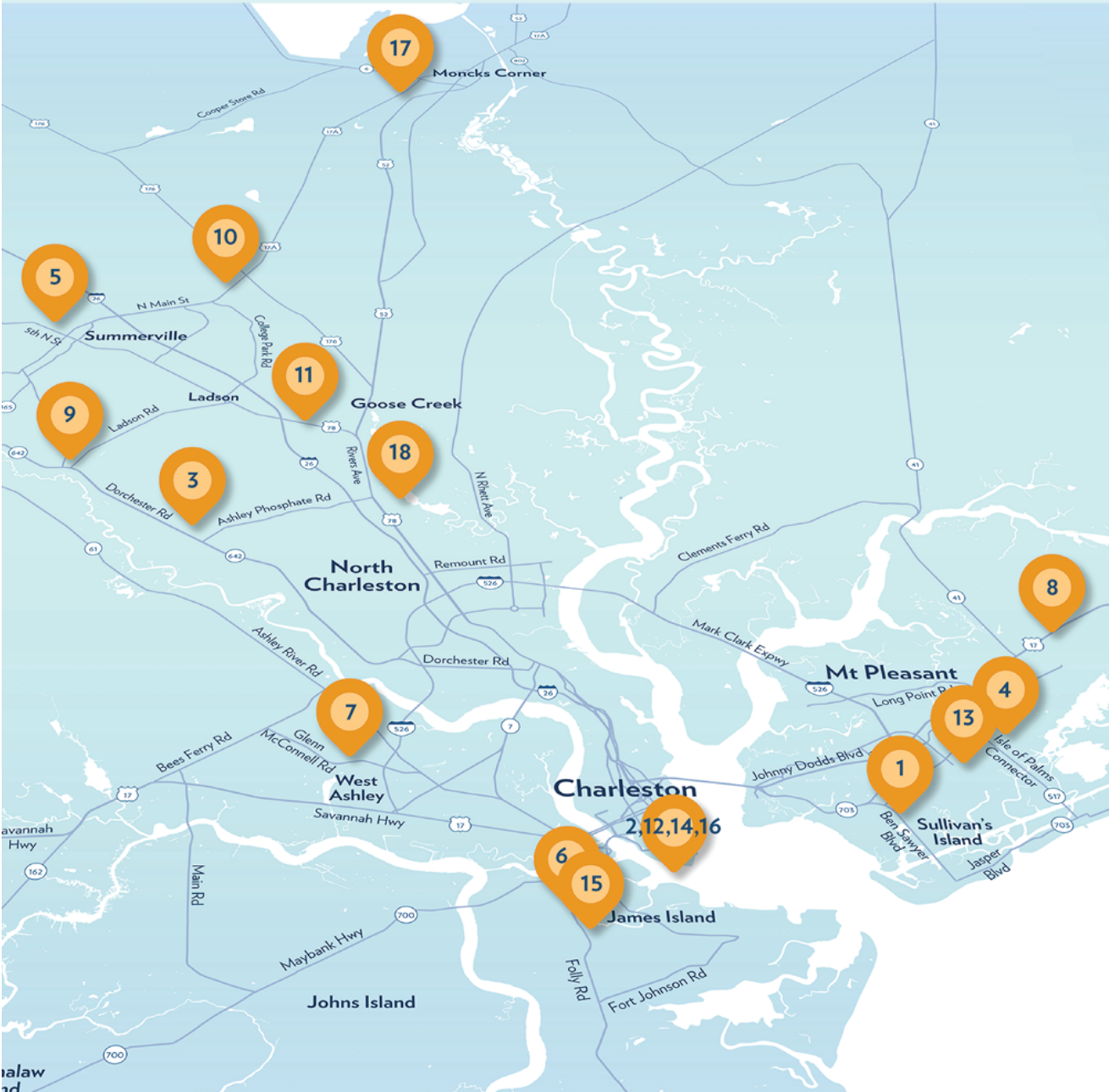
## Take Action?

Inform your family and MUSC Health Team about your decision. Set up an appointment or a future date to reconsider.

Changing What's Possible

## Primary Care

CALL 843-792-7000 or visit [MUSChealth.org/primary-care](http://MUSChealth.org/primary-care)



- 1 MUSC Health Primary Care—Ben Sawyer  
1440 Ben Sawyer Plaza, Suite 1109, Mount Pleasant
- 2 MUSC Health Primary Care—Peninsula  
30 Bee Street, Charleston
- 3 MUSC Health Primary Care—Coosaw  
8471 Resolute Way, Suite 102, North Charleston
- 4 MUSC Health Primary Care—Sweetgrass  
1208 Two Island Court, Mount Pleasant
- 5 MUSC Health Primary Care—Flowertown  
602 North Main Street, Summerville
- 6 MUSC Health Primary Care—Martello  
490 Martello Drive, James Island
- 7 MUSC Health Primary Care—West Ashley  
2125 Charlie Hall Boulevard, West Ashley
- 8 MUSC Health Primary Care—Park West  
1113 Park West Boulevard, Mount Pleasant
- 9 MUSC Health Primary Care—Springview  
87 Springview Lane, Summerville
- 10 MUSC Health Primary Care—Carnes Crossroads  
2000 1st Avenue, Goose Creek
- 11 MUSC Health Primary Care—North Charleston  
8992 University Boulevard, North Charleston
- 12 MUSC Health University Internal Medicine—Rutledge Tower  
135 Rutledge Avenue, 8th Floor, Charleston
- 13 MUSC Health University Internal Medicine—East Cooper  
1600 Midtown Avenue, Mount Pleasant
- 14 MUSC Health University Family Medicine—Rutledge Tower  
135 Rutledge Avenue, 1st Floor, Charleston
- 15 MUSC Health University Family Medicine—Ellis Oak  
650 Ellis Oak Drive, James Island
- 16 MUSC Children's Health University Pediatrics—Rutledge Tower  
135 Rutledge Avenue, 3rd Floor, Charleston
- 17 MUSC Children's Health University Pediatrics—Moncks Corner  
109 West Main Street, Moncks Corner
- 18 MUSC Children's Health University Pediatrics—Northwoods  
2070 Northbrook Boulevard, Suite A-16 North Charleston

# Peace of Mind?

## ARE YOU UP TO DATE ON YOUR PREVENTIVE SCREENINGS?

### Adult Preventive Care Recommendations and Age Bands



Age > 18 25 30 35 40 45 50 55 65 >

#### Cancer Prevention

Breast	♀	Individualize	Every 2 years age 50-74
Cervical		Every 3 years age 21-65	
Colorectal		FOBT/Sigmoidoscopy/Colonoscopy	

#### Heart Health

Blood Pressure		Every 2 years when normal, Annual if > 120/80	
Lipid Disorders	♂	35-65 every 5 years	
	♀	45-65 every 5 years	

#### Immunizations

Influenza		Annual, per season	
Pneumonia			Once (65+)
Herpes Zoster (Shingles)			Once (60+)

#### Behavioral

Depression Screening		Screen with adequate care support available when life events present	
Physical Activity		Counsel with adequate support and time available	
Nutrition		Counsel with adequate support and time available	
Partner Violence	♀	Screen, refer to intervention	
Obesity		Calculated BMI Screening, refer to intervention	
Tobacco Use		Screen, refer to intervention	

#### Prevention

Folic Acid Supplement	♀	When planning or capable of pregnancy	
Osteoporosis Screen	♀		

Colorectal Cancer Screening Frequency: Annual FOBT, Sigmoidoscopy (5 years), Colonoscopy (10 Years)

Source: U.S. Preventive Services Task Force (USPreventiveServicesTaskForce.org) updated 2/1/2016

