

Evidence-based Clinical Preventive Services for Adolescents and Young Adults

✓ Indicates recommendations* of the U.S. Preventive Services Task Force (USPSTF).

ADOLESCENTS

Substance Use

- ✓ Tobacco education and brief counseling

Reproductive Health

- ✓ Adolescents should only be screened for STIs if at heightened risk; STI counseling should be offered to all sexually active adolescents

Mental Health

- ✓ Screening for depression [when there are adequate systems in place to ensure accurate diagnosis, effective treatment and follow-up]

Nutrition and Exercise

- ✓ Obesity/BMI screening and referral

Immunizations

- ✓ CDC recommended immunizations

Safety and Violence

- ✓ Intimate partner violence - screen women of childbearing age, refer those at risk to relevant services

In addition, the USPSTF has found sufficient evidence to recommend screening and brief counseling, there is promising research in a number of other areas suggesting that preventative screening may result in adolescent behavior change. For example, studies support the effectiveness of screening and brief counseling in primary care for alcohol and illicit drug use (Harris 2011; Walker 2002), helmet use (Ozer 2011, Stevens 2002), healthy diet (Walker 2002), suicide risk (Wintersteen 2010), chlamydia in boys (Tebb 2005), and physical activity (Walker 2002; Ortega-Sanchez 2004).

Other services recommended for adolescents between 11 and 21 years in Bright Futures Guidelines** include: Screening and counseling for alcohol and illicit drugs; chlamydia and gonorrhea screening in males, birth control use screening, suicide screening, cholesterol level, healthy diet, physical activity counseling, family/partner violence, fighting, helmets, seat belts, alcohol while driving, guns, and bullying.

YOUNG ADULTS

Substance Use

- ✓ Alcohol screening and counseling
- ✓ Tobacco screening and cessation help

Reproductive Health

- ✓ Screening for HIV [everyone aged 15 to 65]
- ✓ Screening for syphilis [anyone at increased risk]
- ✓ Screening for chlamydia and gonorrhea [sexually active women age 24 years and younger]
- ✓ Intensive behavioral counseling for all who are at increased risk for STIs [sexually transmitted infections]
- ✓ Cervical cancer screening [≥ 21]

Mental Health

- ✓ Screening for depression [when there are adequate systems in place to ensure accurate diagnosis, effective treatment and follow-up]

Nutrition and Exercise

- ✓ Lipid disorder [≥ 20 with increased risk for coronary artery disease]
- ✓ Obesity/BMI screening and referral
- ✓ Hypertension [≥ 18]

Immunizations

- ✓ CDC recommended immunizations

Safety and Violence

- ✓ Intimate partner violence - screen women of childbearing age, refer those at risk to relevant services

*Recommendation has an A or B grade.

**Bright Futures Guidelines are expected to be updated in late 2015

Resources

U.S. Preventive Services Task Force:

<http://www.uspreventiveservicestaskforce.org/>

Hagan JF, Shaw JS, Duncan PM, Eds. **Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents**, Third Edition, Elk Grove Village, IL: American Academy of Pediatrics, 2008. (Fourth Edition in review – expected publication date – fall 2015.

National Adolescent and Young Adult Health Information Center's **Summary of Recommended Guidelines for Clinical Preventive Services for Young Adults ages 18–26**, nahic@ucsf.edu. Accessed January 14, 2015.

Centers for Disease Control and Prevention, Vaccine **Recommendations of the ACIP** (Advisory Committee for Immunization Practices): www.cdc.gov/vaccines/hcp/acip-recs/index.htm, Accessed January 13, 2015.

NRC (National Research Council) and IOM (Institute of Medicine), 2009. **Adolescent Health Services: Missing Opportunities**. Washington, D.C.: The National Academies Press.

IOM (Institute of Medicine) and NRC (National Research Council), 2014. **Investing in the health and well-being of young adults**; Washington, D.C.: the National Academies Press.

Works Cited

Harris, S., Csémy, L., Sherritt, L., Starostova, O., et al. (2012). Computer-Facilitated Substance Use Screening and Brief Advice for Teens in Primary Care: An International Trial. *Pediatrics*, 129(6), 1072-1082.

Ortega-Sanchez, R., Jimenez-Mena, C., Cordoba-Garcia, R., Muñoz-Lopez, J., Garcia-Machado, M., & Vilaseca-Canals, J. (2004). The effect of office-based physician's advice on adolescent exercise behavior. *Prev Med*, 38(2), 219-226.

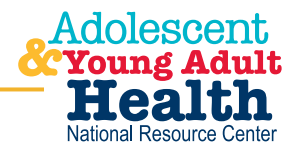
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Tebb, K., Pantell, R., Wibbelsman, C., et al. (2005). Screening Sexually Active Adolescents for Chlamydia trachomatis: What About the Boys? *Am J Public Health*, 95(10), 1806–1810-1806–1810.

Walker, Z., Joy Townsend, J., Oakley, L., et al. (2002). Health promotion for adolescents in primary care: Randomized controlled trial. *BMJ*, 325(7363), 524-524.

Wintersteen, M. (2010). Standardized screening for suicidal adolescents in primary care. *Pediatrics*, 125(5), 938-9.



Funded by MCHB, the AYAH-NRC is focused solely on the unique health and development needs of adolescents and young adults.

Inspired by and aligned with Title V transformation strategies, the AYAH-NRC will collaborate with the MCH community to integrate public health and health care delivery systems.

AYAH-NRC partners include:

- ▼ University of California/San Francisco (**lead**)
- ▼ Association of Maternal and Child Health Programs
- ▼ University of Minnesota/State Adolescent Health Resource Center
- ▼ University of Vermont/National Improvement Projects Network

For more information about the Center, contact Ms. Jane Parks -- Jane.Park@UCSF.edu or visit our website nahic.ucsf.edu/resources/resource_center/

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