Health screening - women - ages 18 - 39

You should visit your health care provider from time to time, even if you are healthy. The purpose of these visits is to:

- Screen for medical issues
- Assess your risk of future medical problems
- Encourage a healthy lifestyle
- Update vaccinations
- •Help you get to know your provider in case of an illness

Information

Even if you feel fine, you should still see your health care provider for regular checkups. These visits can help you avoid problems in the future. For example, the only way to find out if you have high blood pressure is to have it checked regularly. High blood sugar and high cholesterol levels also may not have any symptoms in the early stages. A simple blood test can check for these conditions.

There are specific times when you should see your provider. Below are screening guidelines for women ages 18 - 39.

BLOOD PRESSURE SCREENING

- •Have your blood pressure checked every 2 years. If the top number (systolic number) is between 120 139, or the bottom number (diastolic number) is between 80 89 mm Hg, you should have it checked every year.
- •Watch for blood pressure screenings in your area. Ask your provider if you can stop in to have your blood pressure checked. Or check your blood pressure using the automated machines at local grocery stores and pharmacies.
- •If the top number is greater than 140 or the bottom number is greater than 90, schedule an appointment with your provider.
- •If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to have your blood pressure checked more often.

CHOLESTEROL SCREENING

•If you are between ages 20 - 45, you should be screened if you have a higher risk for heart disease. In healthy women, screening will begin at age 45.

•If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to be monitored more closely.

DIABETES SCREENING

- •If your blood pressure is above 135/80 mm Hg, your provider will test your blood sugar level for diabetes.
- •If you have a body mass index (BMI) greater than 25 and have other risk factors for diabetes, you should be screened. Having a BMI over 25 means that you are overweight.

DENTAL EXAM

•Go to the dentist every year for an exam and cleaning.

EYE EXAM

•If you have vision problems, have an eye exam every 2 years.

IMMUNIZATIONS

- •You should get a flu shot every year.
- •After age 19, you should have one tetanus-diphtheria and acellular pertussis (TdAP) vaccine as one of your tetanus-diphtheria vaccines. You should have a tetanus-diphtheria booster every 10 years.
- •You should receive 2 doses of varicella vaccine if you were born after 1980 and never had chickenpox or the varicella vaccine.
- •Your provider may recommend other immunizations if you are at high risk for certain conditions, such as pneumonia.

Ask your provider about the human papilloma virus (HPV) vaccine if you are between ages 18 - 26 and you have:

- •Not received the HPV vaccine in the past (you will need all 3 shots)
- •Not completed the full vaccine series (you should catch up on this shot)

PHYSICAL EXAM

- •You should have 2 physical exams in your 20s and 30s.
- •Healthy young people do not need usually need blood tests.

•Your height, weight, and BMI should be checked at every exam.

During your exam, your provider may ask you about:

- Depression
- Diet and exercise
- Alcohol and tobacco use
- Safety issues, such as using seat belts and smoke detectors

BREAST SELF-EXAM AND MAMMOGRAM

- •The American Cancer Society (ACS) states that monthly breast self-exam is optional. The U.S. Preventive Services Task Force (USPSTF) recommends against teaching women how to perform breast self-exam.
- •Screening mammogram is not recommended for most women under age 40.
- •If you have a mother or sister who had breast cancer at a younger age, or you have other risk factors for breast cancer, your provider may recommend a mammogram, breast ultrasound, or MRI scan.
- •Contact your provider right away if you notice a change in your breasts, whether or not you do breast self-exams.
- •If you are between ages 20 40, your provider may do a complete breast exam every 3 years.

PELVIC EXAM AND PAP SMEAR

- •Beginning at age 21, women should have a pelvic exam and Pap smear every 3 years to check for cervical cancer.
- •If you are over age 30 or your Pap smear and HPV test are normal, you only need a Pap smear every 5 years.
- •If you have had your uterus and cervix removed (total hysterectomy), you do not need to have Pap smears.
- •Women who are sexually active should be screened for chlamydia infection up until age 25. Women 26 years and older should be screened if at high risk. This can be done during a pelvic exam.
- •Your provider will tell you how to prevent infections spread through sexual contact. These are called sexually transmitted infections (STIs).

•Your provider will ask you questions about alcohol and tobacco and may ask you about depression.

SKIN SELF-EXAM

- •The ACS recommends a skin exam as part of a periodic exam by your provider, if it is indicated.
- •The USPSTF does not recommend for or against performing a skin self-exam.

OTHER SCREENING

- •You should be screened for colon cancer only if you have a strong family history of colon cancer or polyps, or if you have had inflammatory bowel disease or polyps yourself.
- •Routine bone density screening of women under 40 is not recommended.

Alternative Names

Health maintenance visit - women - ages 18 - 39; Physical exam - women - ages 18 - 39; Yearly exam - women - ages 18 - 39; Checkup - women - ages 18 - 39; Women's health - ages 18 - 39; Preventive care - women - ages 18 - 39

References

American College of Obstetricians and Gynecologists. Committee opinion no. 463: Cervical cancer in adolescents: screening, evaluation, and management. Obstet Gynecol. 2010;116:469-472.

American College of Obstetricians and Gynecologists. Committee opinion No. 588: Human papillomavirus vaccination. Obstet Gynecol. 2014;123:712-8.

American College of Obstetricians and Gynecologists. Practice bulletin no.122: Breast cancer screening. Obstet Gynecol. 2011;118:372-82.

American College of Obstetricians and Gynecologists. Practice Bulletin No. 99: Management of abnormal cervical cytology and histology. Obstet Gynecol. 2008;112:1419-1444.

American College of Obstetricians and Gynecologists. Practice bulletin no. 131: Screening for cervical cancer. Obstet Gynecol. 2012;120:1222-1238.

American Diabetes Association. Standards of medical care in diabetes -- 2014. Diabetes Care. 2014;37 Suppl 1:S14-S80.

Atkins D, Barton M. The periodic health examination. In: Goldman L, Schafer AI, eds. Goldman's Cecil Medicine. 24th ed. Philadelphia, PA: Saunders Elsevier; 2011:chap 14.

Centers for Disease Control and Prevention. Recommended Immunization Schedule for Adults, United States, 2014. Available at http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf. Accessed July 24, 2014.

Gaziano M, Ridker PM, Libby P. Primary and secondary prevention of coronary heart disease. In: Bonow RO, Mann DL, Zipes DP, Libby P, eds. Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine. 9th ed. Philadelphia, PA: Saunders; 2012:1010.

Handler J, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5;311(5):507-520.

Helfand M, Carson S. Screening for Lipid Disorders in Adults: Selective Update of 2001 US Preventive Services Task Force Review. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Jun.

Mosca L, Benjamin EJ, Berra K, Bezanson JL, Dolor RJ, Lloyd-Jones DM, et al. Effectiveness-based guidelines for the prevention of cardiovascular disease in women-2011 update: A guideline from the American Heart Association. Circulation. 2011;123(11):1243-1262.

Peterson ED, Gaziano JM, Greenland P. Recommendations for treating hypertension: what are the right goals and purposes? JAMA. 2014 Feb 5;311(5):474-476.

Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology screening guidelines for the prevention and early detection of cervical cancer. CA Cancer J Clin. 2012;62(3):147-72.

Screening for Breast Cancer. U.S. Preventive Services Task Force. Available at http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm. Accessed July 24, 2014.

Screening for Cervical Cancer. U.S. Preventive Services Task Force. Available at http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm. Accessed July 24, 2014.

Smith RA, Cokkinides V, Brooks D, Saslow D, Brawley OW. Cancer screening in the United States, 2010. A review of current American Cancer Society guidelines and issues in cancer screening. CA Cancer J Clin. 2010; 60(2):99-119.

Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz N, Blum CB, et al. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. Circulation. 2014 Jun 24;129(25 Suppl 2):S1-S45.

Update Date: 8/8/2014

Updated by: Deborah Greenberg, MD, Associate Professor of Medicine, Division of General Internal Medicine, University of Washington, Seattle, WA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team.