

January 2012

Ask the Expert: [Health Screening Guidelines, Preventative Care and Wellness](#)

Expert: [Stephanie Carter-Henry, MD](#)



There were a number of excellent questions that were submitted about preventative care. I have answered many of them below. If your question was not answered, please speak with your primary care provider so that he or she can help you make the best decisions for you and your family. Questions answered were those that dealt with preventative health and wellness.

If you submitted a question with specific symptoms or individual health concerns it is important for you to address these concerns with your primary care provider so that he or she can help you best address the issue. The questions may have been modified to protect privacy.

If you are looking for a primary care provider or specialist, our [Find a Physician](#) tool can help you search for a UMass Memorial doctor by name, location, language or specialty. If you are having difficulty finding what you are looking for, UMass Memorial Health Care has a dedicated telephone number to help you locate a provider who is accepting new patients. The number for the Physician Referral Line is **508-334-1249**.

I have listed a number of great resources within the answers to your questions and have also placed the links to these resources at the end of the Q & A. I hope you find this helpful and informative.

Thank you for your great questions!

Dr. Carter-Henry

Q: What's the Difference Between DTaP and Tdap vaccine?

A: Both DTaP and Tdap are vaccines that help prevent diphtheria, tetanus (also known as lockjaw), and pertussis (whooping cough).

DTaP is the vaccine recommended for children under the age of 7. It is recommended that children receive 5 doses of this vaccine, usually administered at 2, 4, 6, 15-18 months, and 4-6 years.

Tdap is the vaccine recommended for adolescents 11-18 and adults 19 to 64. Each group should receive a booster with Tdap to increase protection. Tdap is also given to children older than 7 who have did not receive the full 5 doses of DTaP.

The difference between the two vaccines is related to the amount of dosage included in each injection. The capital letters in the vaccines above indicate a full strength dose of the individual vaccine while the lowercase letters indicate a lower dose of vaccine.

Q: I am starting a new job that requires me to get the Tdap vaccine. I am wondering if it is safe to have this vaccine even though I just had the Td vaccine about 4 years ago. Is there any risk in having these too close together?

A: Tdap can be given safely regardless of the timing of the last Td vaccine. Adults should receive Td vaccines every 10 years and following high-risk injuries.

Q: Do adults need to be concerned about whooping cough? Is there a vaccine for this or is it just for children? I am a school teacher and concerned about outbreaks.

A: Yes, adults do need to be concerned about whooping cough because adults and children can be affected. There have recently been outbreaks of whooping cough which is part of why vaccination is important.

Adults ages 19 to 64 should receive one dose of Tdap. Adults older than 65 who have close contact with children and who have not received a Tdap booster should receive a dose of Tdap.

Q: What do I need to know if I am traveling out of the US for a few months? I know there are certain shots required, but I believe I have had them. I am leaving in a couple of weeks. Do I need a full exam, or can I just tell my doctors office that I need shots?

A: The answer to this question has a lot to do with the area you are traveling to and if you have documentation of having previously received the vaccines. Your primary care provider's office should be able to help you determine whether you need an exam based on what you will be doing while away, your medical issues, and when you last had an exam.

You can look into specific destinations and vaccinations required by visiting the website of the Centers for Disease Control at www.cdc.gov. Many primary care offices can help you obtain needed vaccines but it is important that they receive enough notice ahead of your trip to obtain the vaccines not in stock in their office. Additionally, the UMass Memorial Medical Center Travel Clinic can be a helpful resource for you. The number for the Travel Clinic is **508-334-5481**.

Q: My husband is 44-years-old. What health tests and screenings does he need at this age?

A: The United States Preventative Services Task Force (USPSTF) is an expert panel that strives to provide evidence-based recommendations about health care screenings. For a 44-year-old male, the USPSTF recommendations include blood pressure screening, cholesterol screening, alcohol abuse screening, depression screening, maintaining healthy weight and dietary habits, and maintaining up-to-date status on recommended vaccines.

Additional recommendations are affected by weight, smoking status, medical history, and family history and include smoking cessation, diabetes screening, screening for sexually transmitted infections, and screening for colon cancer depending on risk. It is important to speak with your primary care provider about what screenings are appropriate for you and your loved ones based on your own personal medical history, family history and habits.

Q: How often should I get my cholesterol checked if I'm a 33-year-old woman? I am in good health, but both my parents have high cholesterol and high blood pressure. Diabetes also runs in my family.

A: Cholesterol screening is generally recommended for women over the age of 20 and strongly recommended for women over the age of 45 who are at increased risk of heart disease (defined as a person with the following risk factors: obesity, diabetes, current smoker, high blood pressure, personal history of heart disease or disease of the blood vessels, or with a family history of men less than 50 or women less than 60 with heart disease).

There is less clear evidence about the risks and benefits of screening in individuals who do not have an increased risk of heart disease.

There are even less clear guidelines about how frequently cholesterol should be checked. Many physicians recommend annually or every other year in the setting of risk factors listed above. A history of an abnormal cholesterol screening in the past or significant weight gain is also likely to change the frequency your primary care provider would recommend screening.

Q: How often should a person be screened for skin cancer?

A: The answer to this is not entirely clear. The Centers for Disease Control and the American Cancer Society recommend that people use caution in the sun and take measures to protect their skin including, avoiding indoor tanning, making sure to use sunscreen that is at least SPF 15, using sunglasses that protect your eyes from 100 percent of the sun's UVA and UVB light, seeking shade, especially during the midday hours between 10 am and 4 pm when UV light can be most damaging, and using hats and light clothing to further protect exposed skin. The Academy of Dermatology and American Cancer Society recommend using SPF 30 or higher.

As for skin exams, the American Cancer Society recommends "regular" exams by a medical provider and monthly exams on your own. There is no consensus on how often exams by a medical provider are needed for early detection of skin cancer; however, if you see something changing on your body or that has newly developed it is important to bring it to the attention of your primary care provider. He or she may recommend monitoring it for changes, local destruction (freezing or shave biopsy), office-based biopsy for diagnosis, or an excision (removal) procedure depending on the appearance, size, characteristics and clinical features of the area. If you have had skin cancer or a family history of skin cancer, you should be examined more frequently and your medical providers can help you determine what timeframe is appropriate.

Q: Where can I find a list of the recommended screenings and vaccines for my family? I've looked online and I keep finding different guidelines for different years.

A: Two very helpful websites to get started with are www.healthfinder.gov and www.cdc.gov. Both have extensive, reliable information with access to the evidence behind the various recommendations. Some recommendations change based on a person's individual medical history, weight, habits, family history and other factors, so it is important to discuss screening recommendations with your primary care provider as well to make sure you have information that is appropriate and applicable to you, your family, and the entire clinical picture.

It is important to remember that some guidelines are less clear than others because more study of evidence may be needed. Health finder uses the recommendations of the United States Preventative Services Task Force and will allow you to access the documents that explain the reason for the recommendations.

Q: What are the current cervical cancer screening guidelines? Is a Pap test needed every year?

A: The current recommendations for women who have never had an abnormal Pap smear is to start screening at the age of 21 and to screen every 2 years until the age of 30 and every three years after the age of 30.

The recommendations change if a woman has a history of abnormal findings on a Pap smear. Your primary care provider can help you to understand what screening frequency is appropriate for you.

Q: Should I have the HPV test?

A: The HPV test is performed on the same sample that is collected when a woman has a Pap smear (screening for cervical cancer). Studies have shown that the HPV test is helpful to determine appropriate follow-up screenings in women over the age of 30 and when there are certain findings on a Pap smear of a woman in her 20s.

Q: What are the symptoms of hypothyroidism? Is this a standard screening for women at a certain age?

A: There are no recommendations for regular screening for hypothyroidism (low functioning thyroid) at any age. However, testing may be appropriate if clinical presentation suggests that a patient may be suffering from symptoms of low thyroid function. Symptoms can include depression, feeling tired, weight gain, changes in hair, skin, or nails, and constipation among others. Please speak with your primary care physician if you are experiencing symptoms that are concerning for you.

Q: My husband and I are thinking about having our first child. Are there certain tests I should have before we try to conceive? If I am going off the pill do I need to see my doctor to let her know and tell her about our plan?

A: If you are planning to begin trying to conceive, it can be helpful to schedule an appointment with your primary care provider for a visit about pre-conceptual counseling. Pre-conceptual counseling is a discussion about medical history, family history of newborn or childhood illnesses, complications of pregnancy, and partner's family history that would allow your provider to help you understand if there are any health concerns about becoming pregnant or preventive measures to help ensure a healthy pregnancy.

It is important to start taking prenatal vitamins that contain folic acid (400-800mcg daily), ideally 3 months prior to becoming pregnant as this helps with brain and spinal cord development. If there is a family history of children who have had certain problems with brain development, your medical provider may recommend that you take a higher dose of folic acid.

It can also be helpful for women to record their periods to help with dating of the pregnancy when they do become pregnant. When you are pregnant your medical provider may recommend screenings for diseases based on your family's ethnic origin as different diseases affect different populations across the world. As a result, you may be at a higher risk of having an infant affected by one of these diseases that can be passed on genetically. Some of these diseases include cystic fibrosis (a lung disease), sickle cell anemia (a disease of the red blood cells), and thalassemia (as disease of the red blood cells). Screenings for these diseases are usually not performed before you are pregnant.

Q: I have no idea what immunizations I received when I was a child. Now that I am pregnant, I am really worried about vaccines. How can I tell if I'm immune to a disease?

A: The most important diseases we think about during pregnancy that are preventable with vaccination are varicella (chicken pox), rubella (usually associated with fever and rash), and influenza (flu). It is safe and important to be vaccinated against the flu when you are pregnant to protect yourself and your baby when it is born. It is also safe and important to receive your tetanus vaccine if you are overdue for that immunization.

If you have not had the chicken pox, your medical provider will likely check to see if you have been vaccinated by ordering a blood test to see if your body has developed immunity from previous exposure or vaccination. Your doctor will also check to see if you are immune to rubella. If you are found not to be immune, the recommendation is that you receive that vaccine when you are no longer pregnant; often this can happen before you leave the hospital after you have your baby.

Q: How is BMI determined during pregnancy? Is this something doctors are concerned about during pregnancy?

A: Body Mass Index (BMI) is determined based on height and weight and is useful to look at because of the health-related risks associated with being underweight, overweight or obese. The calculation for BMI is important when considering a women's weight prior to when she becomes pregnant because there are different guidelines for women who are underweight, overweight and obese during pregnancy. Recommendations for appropriate weight gain are related to pre-pregnancy BMI. There are higher risks for women who are obese prior to becoming pregnant.

The calculation for BMI is not important during pregnancy but healthy weight gain is and this is based on pre-pregnancy BMI.

Q: Is it dangerous to use inhalers such as Albuterol (for asthma) to extend athletic activity for children?

A: It can be dangerous to use any medication in a way different from how it is prescribed. All medications have potential side effects and should only be used after a discussion of risks and benefits with your medical provider.

In the absence of bronchospasm (when the airways become tight causing wheezing as seen in asthma and other health conditions) there is not an indication for Albuterol and it should not be used. In a child who has exercise-induced asthma, bronchospasm can develop with athletic activity and use of Albuterol would be appropriate prior to activity to prevent complications from asthma.

Some great websites with reliable scientific information:

- [Centers for Disease Control and Prevention](#)
- [U.S. Department of Health & Human Services: healthfinder.gov](#)

Below is a link to a recent lecture Dr. Mike Evans posted about some of the best preventive medicine we have available to all of us. Please take a look and enjoy. Some food for thought regarding staying healthy!

Dr. Mike Evans is founder of the Health Design Lab at the Li Ka Shing Knowledge Institute, an associate professor of Family Medicine and Public Health at the University of Toronto, and a staff physician at St. Michael's Hospital.

23 and 1/2 hours: What is the single best thing we can do for our health?

<http://youtu.be/aUaInS6HIGo>