

Case Studies – Male Patients

Case Example	Recommended Clinical Preventive Services and health counseling, based on U.S. Preventive Services Task Force guidelines
<p>1. A healthy and active 24-year old active-duty male is sexually active but does not use condoms 100 percent of the time. He does not use tobacco, although he occasionally drinks to excess at parties.</p>	<ol style="list-style-type: none"> 1. Tobacco-nicotine use assessment; if needed, offer tobacco counseling and cessation 2. Weight check to assess body mass index (BMI); if overweight/obese, offer counseling and interventions for healthy diet, nutrition and exercise. 3. Alcohol use assessment; offer intervention if needed 4. Blood pressure check at least every 3 years if aged 18-39 and low risk; annual for ≥ 40 or high risk. 5. Immunizations update: annual influenza immunization; other vaccines based on age and individual risks. 6. Screening for depression; offer interventions as needed. 7. HIV check one time in all adults; more frequently if high risk. 8. Sexually transmitted infections checks, based on risk: chlamydia, gonorrhea, syphilis, HIV; screen up to every 3 months for high risk. 9. Human Papilloma Virus (HPV) immunization up to age 26, and consider up to age 45 for higher risk individuals. 10. Hepatitis B checks in those not immunized, and high risk. 11. Behavior counseling about safe sex practices. <p>Also consider vision, hearing, and tuberculosis screening based on individual risk/exposures.</p>
<p>2. A 44-year-old male recently retired from the military, is slightly overweight, and doesn't exercise regularly. He has been in a monogamous sexual relationship for over 4 years. He smokes a couple of cigars a week and drinks about 2-3 beers on weekend nights.</p>	<ol style="list-style-type: none"> 1. Tobacco-nicotine use assessment; if needed, offer tobacco counseling and cessation. 2. Weight check to assess body mass index (BMI); if overweight/obese, offer counseling and interventions for healthy diet, nutrition and exercise. 3. Alcohol use assessment; offer intervention if needed 4. Blood pressure check at least every 3 years if aged 18-39 and low risk; annual for ≥ 40 or high risk. 5. Immunizations update: annual influenza immunization; other vaccines based on age and individual risks. 6. Screening for depression; offer interventions as needed. 7. Cholesterol check for ages 40-75, as part of cardiovascular risk assessment. 8. Screening for diabetes for ages 40-70; if overweight or obese, screen every 3 years and offer intensive interventions on healthy diet, nutrition, and exercise. <p>Also consider vision, hearing, and tuberculosis screening based on individual risk/exposures.</p>
<p>3. A 66-year-old male retired from the military is considering retiring from his post-military career. He believes he is healthy, although he has smoked since age 18. He is down to about ½ pack per day after smoking about two packs per day in the 1970s and 1980s. He has been married for 46 years and states he is monogamous. He drinks alcohol occasionally.</p>	<ol style="list-style-type: none"> 1. Tobacco-nicotine use assessment; if needed, offer tobacco counseling and cessation (definitely yes for this gentleman!). 2. Weight check to assess body mass index (BMI); if overweight/obese, offer counseling and interventions for healthy diet, nutrition, and exercise. 3. Alcohol use assessment; offer intervention if needed 4. Blood pressure check at least every 3 years if aged 18-39 years and low risk; annual for ≥ 40 or high risk. 5. Immunizations update: annual influenza immunization; other vaccines based on age and individual risks. 6. Screening for depression; offer interventions as needed. 7. Cholesterol check for ages 40-75, as part of cardiovascular risk assessment. 8. Screening for diabetes for ages 40-70; if overweight or obese, screen every 3 years and offer intensive interventions on healthy diet, nutrition, and exercise. 9. Check Hepatitis C one time if born 1945-1965; more frequently for other high risks. 10. HIV check one time in all adults (if not checked while in the military); more frequently if high risk. 11. Abdominal aortic aneurysm screening for ages 65-75 with one time abdominal ultrasound in men who have ever smoked; may be considered for men ages 65-75 who have not smoked based on shared decision-making with primary care provider. 12. Colorectal cancer screening for ages 50-75, with one of several options, such as colonoscopy. 13. Lung cancer screening for ages 55-80 who have a 30-pack-per-year smoking history, smoke currently, or have quit within the past 15 years. 14. Consider prostate cancer blood test (PSA) for ages 55-69, based on risk factors and shared decision-making with primary care provider. <p>Also consider vision, hearing, and tuberculosis screening based on individual risk/exposures.</p> <p>Medicare for adults 65 and older requires a brief assessment of cognitive function, usually a single question with no formal testing unless concerns. e Exercise intervention to prevent falls in adults 65 and older who are at risk for falls.</p>

Please note: This chart is based on recommendations for asymptomatic adult males. For those with diagnosed chronic conditions or those with family health history of any kind, please speak with your primary care provider [instead of physician] who can recommend the best course of care for your specific health situation.