



## Adult Autism Health Resources

# Preventive Health Table

This Autism Preventive Health Table was developed as part of the Harvard Medical School's course, *Clinical Care for Autistic Adults*. It is intended for use by primary care physicians to assure that autistic adults get adequate preventive health care. Use as a reference and feel free to share this with PCPs other providers. Key points for caregivers and self-advocates:

- Schedule all annual exams well in advance so that you can get your appointment at the time of year and time of day that works best for you.
- If possible, gather information about health conditions that can run in families such as heart problems, cancer, diabetes, depression, and addiction. This information can help identify the most important screenings and how often you should have them.

### **This table was created using the following resources:**

[Adult Immunization Schedule by Age, CDC, 2023.](#)

[CDC: Cancer Screening Tests.](#) Accessed on April 1, 2023.

Dhanasekara CS, Ancona D, Cortes L, et al. Association Between Autism Spectrum Disorders and Cardiometabolic Diseases: A Systematic Review and Meta-analysis. *JAMA Pediatr.* 2023;177(3):248-257. doi:10.1001/jamapediatrics.2022.5629

Isenberg BM, Yule AM, McKowen JW, Nowinski LA, Forchelli GA, Wilens TE. Considerations for Treating Young People With Comorbid Autism Spectrum Disorder and Substance Use Disorder. *J Am Acad Child Adolesc Psychiatry.* 2019;58(12):1139-1141. doi:10.1016/j.jaac.2019.08.467

[Massachusetts Department of Developmental Services Adult Screening Recommendations 2019, Mass.gov.](#) Accessed on April 1, 2023.

[Schick, Elizabeth, Is It Safe to Sedate our Son at the Dentist? Autism Speaks. 2014.](#) Accessed on April 1, 2023.

[Screening and Preventive Interventions for Oral Health in Children 5 Years and Older and Adults, U.S. Preventive Services Task Force.](#) Accessed on April 1, 2023.

[Sexually Transmitted Infections Treatment Guidelines, 2021, CDC.](#) Accessed on April 1, 2023.



PREVENTIVE HEALTH CATEGORY	PUBERTY (12–16 YEARS)	TRANSITION TO ADULTHOOD (17–26 YEARS)	YOUNG ADULTHOOD (27–39 YEARS)	MIDDLE ADULTHOOD (40–61 YEARS)	LATE ADULTHOOD (≥62 YEARS)
<b>GENERAL PREVENTIVE</b>					
Annual physical	Yearly visits are recommended for all ages. At this visit, collect height and weight for BMI measurement; discuss preventive screenings and assess for needed immunizations. Interview patient and caregiver about problematic behaviors, mental health concerns, and psychosocial needs. Screen for anxiety, sleep disturbances, and irritability.				
Medications	Review medications with patients on an annual basis.				
Oral and dental health	Promote dental health through regular oral hygiene practices and assessment by a dentist at least every 6 months.				
Eye exam	Patients of all ages should receive regular eye exams by an eye specialist (ophthalmologist or optometrist). Refer to eye specialist if new ocular symptoms develop, including changes in vision and behavior.				
Balance, flexibility, and strength	At every medical appointment and at least annually; discuss physical activity, strength, and mobility. Document baseline strength and mobility, and monitor for changes.				
Sleep health	Test for sleep apnea if symptomatic (e.g., snoring, witnessed apneas, excessive daytime sleepiness, difficulty waking, fragmented sleep at night, morning headaches).				
Diet, nutrition	At every medical visit and at least annually; discuss mealtime behavior and dietary intake.				
Bowel movement tracking	Use shared decision-making to determine need to track the pattern of toileting in all age groups. Some patients and caregivers can utilize a Bristol Stool Chart description of stool nature.				
Abuse, neglect, and sexual behaviors	At every medical visit and at least annually; discuss sexual behaviors and screen for at-risk sexual behaviors.				
<b>CANCER SCREENINGS</b>					
Breast cancer		Annual clinical breast exam and self-examination instruction as appropriate.	Annual clinical breast exam and self-exam instruction as appropriate. Use shared decision-making to consider accommodations for mammograms, especially for high-risk patients.	Annual clinical breast exam. Conduct mammography every two years for women who are at average risk for breast cancer, or more frequently at the clinician's discretion, based on risk factors.	
Cervical cancer		Screen every three years for patients aged 21-29 years.	Screen with Pap test every three years, or combination of Pap and HPV tests every five years, for women who want to lengthen the screening interval.	Discontinue Pap tests after age 65 years if there is documented evidence of consistently negative results.	
Colorectal cancer		Use shared decision-making to discuss screening starting at age 40 years for adults who are at high risk, and at age 45 years for adults who are at average risk.		At age 50 years (until age 75 years), begin regular screening. For people aged 76-85 years, the decision to be screened should be based on a person's preferences, life expectancy, overall health, and prior screening history.	
Prostate cancer		Serum Prostate Specific Antigen [PSA] testing occurs between the ages of 55-69 years; or, if high risk based on cancer in 1st degree family member, then 5-10 years prior to the age the family member was diagnosed. PSA screening is not recommended for men aged 70 years and older.			
Skin cancer	Annual screening for those at high risk (family history of skin cancer; a lighter natural skin, eyes, and hair color; and people who have taken immunosuppressive medications). Inspect skin for abnormalities at routine exams annually.				
<b>ADDITIONAL RECOMMENDED SCREENINGS</b>					
Liver function tests	Annually for Hepatitis B carriers. At clinician's discretion, after consideration of risk factors including long-term prescription medication.				
Osteoporosis	Consider bone marrow density (BMD) screening at any age if risk factors are present (e.g., long-term polypharmacy [particularly antiepileptic medications], mobility, hypothyroidism, limited physical activity, hypogonadism, and vitamin D deficiency).			Consider BMD testing for adults over the age of 50 years. Repeat BMD testing at clinician's discretion.	



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<b>CARDIOMETABOLIC SCREENINGS</b>					
Hypertension	At every medical encounter and at least annually.				
Cholesterol	Screen men aged 35 years and older with lipid panel if not previously tested. Screen women aged 45 years and older if at increased risk for coronary heart disease with lipid panel. Screen every 5 years or at clinician's discretion. Screen earlier for individuals at increased risk (family history of heart disease, diabetes, hypertension, obesity, and use of psychotropic medications).				
Obesity	Screen for obesity. Consult the Center of Disease Control (CDC) growth and body mass index (BMI) charts. Counsel on benefits of physical activity and a healthy diet to maintain healthy weight for height. Offer more focused evaluation and intensive counseling for obese adults (BMI>30), or overweight adults (BMI>25), with medical comorbidities to promote sustained weight loss.				
Diabetes Mellitus (Type 2)	Screen at least every 3-5 years with the A1C or fasting plasma glucose screen until age 45 years for individuals who are at high risk.			Screen every 3 years beginning at age 45 years.	
Cardiovascular disease	Conduct annual cardiovascular disease risk assessment.				Screen once for abdominal aortic aneurysm in men ages 65 years to 75 years who have smoked.
<b>MENTAL AND BEHAVIORAL HEALTH</b>					
Anxiety	Screen at every medical encounter and at least annually.				
Depression	Screen annually for sleep and appetite disturbance, reduced energy, or weight loss.				
Dementia	Establish and track baseline skill level for activities of daily living (ADLs) and memory.				
Substance use disorder	Screen at every medical encounter and at least annually.				
Suicidal ideation	Screen as needed.				
<b>INFECTIOUS DISEASES</b>					
Sexually Transmitted Infections (STIs)	Screen annually in sexually active individuals under age 25 years.	Screen annually in sexually active individuals 25 years and older if at increased risk or based on sexual behaviors.			
HIV	Screen all individuals aged 13-64 years at least once in their lifetime and all individuals who seek treatment for STIs; screen annually for those at increased risk due to sexual behaviors.				
Hepatitis B	Screen all individuals at increased risk (by sexual or percutaneous exposure).				
Hepatitis C	Screen all adults over age 18 years except in settings where the hepatitis C infection positivity is < 0.1%				
Tuberculosis	Assess risk annually and obtain testing for those at moderate to high risk. Risk factors: residents of a nursing home or care facility or who are in close contact with persons known, suspected, or at risk to have TB.				
<b>IMMUNIZATIONS</b>					
Influenza	1 dose annually unless medically contraindicated.				
COVID-19	2- or 3-dose primary series and booster.				
Tdap or Td	1 dose	1 dose Tdap, then Td or Tdap booster every 10 years.			
MMR	From ages 19 to 65 years, 1 or 2 doses depending on indication.				
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition.			For ages 27-45 years, employ shared decision-making to determine need.	
Varicella (Chicken Pox)	2 doses recommended for those who do not have documentation of age-appropriate immunization or a reliable history of varicella.				
Zoster (Shingles)	2 doses for immunocompromising conditions.				2 doses