A REVIEW OF CLINICAL PREVENTIVE SERVICES FOR ADULTS WITH BLEEDING DISORDERS

MEDICAL CONCERNS

ALCOHOL MISUSE
Use screening and counseling to reduce alcohol misuse. Love your Liver! Coagulation factors are synthesized by the liver.

TOBACCO USE
Ask your Treatment Center what tobacco cessation programs are available. It is never too late to quit.

DEPRESSION
Screening is recommended in clinical practices that have systems to assure accurate diagnosis, treatment and follow-up. Hepatitis C treatment side effects may cause depression.

CERVICAL CANCER
Screening as recommended by primary care physician or gynecologist every one to three years in women who have been sexually active and have a cervix.

COLORECTAL CANCER
Screening in women and men over age 50. Higher risk patients should be screened earlier. Call your treatment center if any invasive procedures are planned.

BREAST CANCER
Screening mammograms every one to two years for women over 40 years old. Call your treatment center if any biopsies are planned.

HIGH BLOOD PRESSURE SCREENING
Adults 18 years of age or older should be screened annually*.

<table>
<thead>
<tr>
<th>BP</th>
<th>SBP</th>
<th>DBP</th>
<th>DRUG THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prehypertensive</td>
<td>120-139</td>
<td>or 80-90</td>
<td>Maybe</td>
</tr>
<tr>
<td>Stage 1</td>
<td>140-159</td>
<td>or 90-99</td>
<td>Monotherapy</td>
</tr>
<tr>
<td>Stage 2</td>
<td>&gt;/=160</td>
<td>or &gt;/=100</td>
<td>Yes, two-drug therapy</td>
</tr>
</tbody>
</table>


LIPID DISORDERS
Screening is recommended for men aged 35 years or older. Abnormal lipids should be treated in people who are at risk for coronary heart disease.

Screening younger adults (men aged 20-35 years and all women) for lipid disorders in the presence of any of the following:
- Diabetes
- Personal history of Coronary Heart Disease or non-coronary atherosclerosis
- Family history of premature cardiovascular disease
- Family history suggestive of dyslipidemia
- Hypertension, tobacco use or obesity

HIV SCREENING
Screening recommended for persons exposed to blood products (including factor concentrates) from 1978-1985 and for High Prevalence Settings (as defined by the Centers for Disease Control and Prevention as those known to have a 1% or greater prevalence of infection among patient population being served).

OBESITY
Body mass index (BMI) is simply weight adjusted for height and is the recommended method to screen for obesity. Increased BMI is associated with an increase in adverse health effects. Persons with a BMI between 25 and 29.9 are overweight and those with a BMI of 30 and above are obese.

BMI calculator at [www.nhlbisupport.com/bmi/](http://www.nhlbisupport.com/bmi/)

Table may be found at [www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm)

Regular physical activity helps prevent cardiovascular disease, hypertension, type 2 diabetes, obesity, and osteoporosis. It may also decrease all-cause morbidity and lengthen life-span.


MEDICATIONS
Aspirin is used in prevention of cardiovascular events but is contraindicated in most people with inherited bleeding disorders. Before starting ANY new medication and/or herbal supplement, contact your Hemophilia Treatment Center (HTC).

BODY ART
Call the HTC for risks and treatment recommendations.

DENTAL
Check-ups every six months. Call the HTC if any procedures are planned.

IMMUNIZATIONS
Hepatitis A and Hepatitis B immunizations are recommended for adults with bleeding disorders. Flu shots every year. Pneumonia shot once after age 65. Tetanus every ten years.

PROSTATE CANCER SCREENING
Routine screening not recommended by the USPSTF or American Cancer Society.

SELF-SURVEILLANCE FOR SKIN CHANGES
Sun screen SPF 15 or higher is recommended. Report any changes in skin moles to your primary care provider.

DIABETES MELLITUS - 2
Screen adults with sustained blood pressure >135/80 or hyperlipidemia.

OSTEOPOROSIS
Begin at age 60 for women at increased risk for osteoporotic fractures. Lower body weight (< 70 kg) is the best predictor of low bone mineral density. Evidence exists that hemophilia may be a risk factor for development of osteopenia/osteoporosis. Screening may be indicated for males with bleeding disorders. Contact your HTC.