National Guide lifecycle chart | Adult

RACGP Royal Australian College *of* General Practitioners

NACCHO National Aboriginal Community Controlled Health Organisation *Aboriginal health in Aboriginal hands* www.naccho.org.au

Screening/assessment	How often?	Who?	Page*	Age (years) 10–14	15–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	≥55
Lifestyle														
Smoking														
Smoking status	Annually and opportunistically	People aged ≥10 years	10											
Assess willingness to quit and level of nicotine dependence to guide intervention choice	Opportunistically	People who currently smoke	10											
Overweight and obesity														
Body mass index (BMI) using age-specific and sex-specific centile charts	Annually and opportunistically	People aged <18 years (refer to Chapter 3: Child health)	12											
BMI and waist circumference	Annually and opportunistically	People aged ≥18 years	12											
Physical activity														
Assess level of physical activity and sedentary behaviour as per Australian age-appropriate recommendations	Annually and opportunistically	All people	16											
Alcohol														
Quantity and frequency	Annually	People aged ≥15 years	20											
Comprehensive alcohol assessment	Opportunistically	High-risk groups (refer to Chapter 1: Lifestyle, 'Alcohol')	20											
Gambling														
Screen by asking a single-item question	Annually and opportunistically	People aged ≥12 years (refer to Chapter 1: Lifestyle, 'Gambling')	23											
Antenatal care (For pregnant girls aged <15 years, follow recommendations for people aged ≥15 years)														
General antenatal care and screening	**Refer to Chapter 2: Antenatal care**	**Refer to Chapter 2: Antenatal care**	**30**											
Ask about psychosocial factors and screen for depression and anxiety using a validated perinatal mental health assessment tool	Early in pregnancy and at subsequent visits	All pregnant women	32											
Ask about exposure to family abuse and violence (FAV) and respond immediately if a woman discloses FAV	Early in pregnancy and at subsequent visits	All pregnant women	32											
Smoking cessation														
Regularly assess smoking status and remind patients to limit/avoid exposure to cigarette smoke	First visit and subsequent antenatal visits	All pregnant women	25											
Genitourinary and blood-borne virus (BBV) infections														
Offer either screening for Group B streptococcus (GBS) colonisation or an assessment of risk factors for GBS transmission during labour	At 35–37 weeks' gestation	All pregnant women	26											
Chlamydia testing	First antenatal visit and consider screening later in pregnancy in areas of high prevalence	Pregnant women aged <25 years and all pregnant women from communities with high prevalence of sexually transmitted infections (STIs)	26											
Gonorrhoea testing	First antenatal visit and consider repeat screening later in pregnancy in areas of high prevalence	Pregnant women who have known risk factors or who live in or come from communities with a high prevalence of gonorrhoea, including those in outer regional and remote areas	26											
Offer syphilis, human immunodeficiency virus (HIV) and hepatitis B virus (HBV) testing	First antenatal visit	All pregnant women	27											
Offer serological testing for hepatitis C virus (HCV) antibodies	First antenatal visit	Pregnant women with risk for HCV, including intravenous drug use, tattooing and body piercing, and incarceration	27											
Asymptomatic bacteriuria test	First antenatal visit	All pregnant women	26											
Bacterial vaginosis test	On presentation	Pregnant women with symptoms of bacterial vaginosis	26											
Trichomoniasis test	On presentation	Pregnant women with symptoms of trachomoniasis	26											
Nutrition and nutritional supplementation														
Measure height and weight and calculate BMI	At first visit; at subsequent visits only if clinically indicated	All pregnant women	28											
Full blood examination to assess for anaemia	First antenatal visit and at 28 and 36 weeks	All pregnant women	28											
Consider serology testing for vitamin D levels	First antenatal visit	Pregnant women with risk factors for vitamin D deficiency	28											
Diabetes														
Fasting plasma glucose	First antenatal visit	Pregnant women who do not have diagnosed diabetes	29											
75 g two-hour oral glucose tolerance test (OGTT)	Between 24 and 28 weeks	Pregnant women who do not have diagnosed diabetes	29											
75 g fasting OGTT	At six weeks postpartum	Women diagnosed with gestational diabetes who are now postpartum	29											
Health of older people														
Osteoporosis														
Assess risk factors for osteoporosis	Annually	All postmenopausal women and men aged >50 years	60											
Dual-energy X-ray absorptiometry on at least two skeletal sites to measure bone density	Baseline, then two-yearly if needed	People at moderate and high risk (refer to Chapter 5: The health of older people)	60											
Falls														
Assess for risk factors for falls	Annually On admission, then six-monthly	People aged ≥50 years at all risk levels Aged care residents	63											
Detailed assessment including cardiac, neurological, medication, vision/gait/balance, home environment	Opportunistically	People with a history of falls or at high risk	63											
Referral for pacemaker	As needed	Falls due to carotid sinus hypersensitivity	63											
Referral for cataract surgery (first eye)	As needed	Vision-threatening cataract disease	63											
Dementia														
Obtain history, perform comprehensive physical examination and consider cognitive screening test (refer to Chapter 5: The health of older people)	Opportunistically	People with: memory loss, behaviour change, concerned family, history of repeated head trauma, Down syndrome, elevated cardiovascular disease (CVD) risk, depression or history of depression	65											
Eye health														
Visual acuity														
Ask about vision	Every 1–2 years	All age groups	66											
Near and far visual acuity assessment	Annually and opportunistically	People aged >40 years and people with poor vision	66											
Referral to ophthalmologist	Opportunistically	Where problems identified	66											
Visual acuity and retinal assessment	Annually	People with diabetes	66											
Conduct eye examination by dilated fundus examination or retinal digital imaging and counsel clients about risk of diabetic retinopathy	First trimester (refer to Chapter 6: Eye health)	Pregnant women with pre-existing diabetes	66											
Trachoma														
Community screening program	National guideline recommendations	People living where trachoma is endemic (refer to Chapter 6: Eye health)	67											
Trichiasis														
Eye examination	Two-yearly (age 40–54 years); annually (age ≥55 years)	Adults aged >40 years raised in trachoma endemic area	67											
Refer to ophthalmologist		People with trichiasis	67											
Hearing loss														
Vaccination (rubella, measles, *Haemophilus influenzae* type b, meningococcus)	National Immunisation Program Schedule (NIPS) and state/territory schedules	Children aged <15 years	68											
Test for rubella immunity and syphilis serology and recommend enhanced hygiene practices for cytomegalovirus prevention	Refer to Chapter 2: Antenatal care	All pregnant women	68											
Ear examination	Annually and opportunistically	Children aged <15 years	68											
Monitor for hearing loss and maintain high suspicion of hearing loss	Annually	Children aged <5 years and older children at high risk of hearing impairment; people aged ≥15 years	69											
Monitor for hearing impairment, provide advice re free hearing assessment and refer where needed	Opportunistically	All people aged ≤50 years	69											
Oral and dental health														
Oral health review, including assessment of teeth, gums and oral mucosa	Annually First antenatal visit Every two years	People aged 6–18 years; adults with poor oral health and/or risk factors for dental disease (refer to Chapter 8: Oral and dental health) All pregnant women Adults with good oral health	74											
Oral health review and oral hygiene advice to minimise oral bacteria levels	Six-monthly	People with history of rheumatic heart disease and cardiovascular abnormalities	74											
Respiratory health														
Pneumococcal disease														
Immunisation: refer to Chapter 9: Respiratory health, 'Pneumococcal disease prevention'			76											
Influenza														
Influenza vaccine	Annually pre-influenza season Part of routine antenatal care (refer to Chapter 2: Antenatal care)	Children aged six months to five years; people aged ≥15 years; people aged >6 months with chronic illness; healthcare providers Women who are pregnant or planning a pregnancy	79											
Asthma														
Consider early detection strategies		All people	81											
Chronic obstructive pulmonary disease														
Influenza vaccine	Annually pre-influenza season	People with an established diagnosis of COPD	83											
23-valent pneumococcal polysaccharide vaccine (23vPPV)	Refer to Chapter 9: Respiratory health, 'Pneumococcal disease prevention'	People with an established diagnosis of COPD	83											
Check for symptoms of chronic obstructive pulmonary disease (COPD) as part of targeted approach	Opportunistic	People aged >35 years who currently smoke or are ex-smokers	83											
Spirometry to assess for presence of airflow obstruction	Opportunistic	All people presenting with symptoms, especially shortness of breath, chronic bronchitis and recurrent acute bronchitis	83											
Bronchiectasis and chronic suppurative lung disease														
Ensure timely immunisation provided	NIPS and state/territory schedules	All children and adults, including pregnant women	84											
Review after acute respiratory infection (ARI) episode	3–4 weeks post-episode, then two-weekly until symptoms resolve or the patient is referred	People with pneumonia and lower ARIs (refer to Chapter 9: Respiratory health, 'Bronchiectasis and chronic suppurative lung disease')	84											
Consider bronchiectasis diagnosis and repeat chest X-ray; specialist referral (refer to Chapter 9: Respiratory health)	Opportunistically	People with recurrent lower ARIs	84											
Clinically assess for chronic lung disease symptoms and undertake spirometry	Opportunistically	People with history of tuberculosis	84											
Undertake spirometry; assess for bronchiectasis and consider referral to specialist where needed (refer to Chapter 9: Respiratory health, 'Bronchiectasis and chronic suppurative lung disease')	Opportunistically	Adults with COPD	84											
Acute rheumatic fever and rheumatic heart disease														
Vaccination (routine childhood and adult vaccinations, annual influenza as per NIPS, and provide pneumococcal vaccination)	As per national guidelines	People with a history of acute rheumatic fever (ARF) or known rheumatic heart disease (RHD)	87											
Take a comprehensive medical history and family history for CVD	Annually and opportunistically	Individuals coming from high-risk groups or living in high-risk settings for ARF/RHD; all pregnant women	87											
Maintain a high index of clinical suspicion of streptococcal pharyngitis in people presenting with a sore throat	As presented	All people in high-risk communities where Group A streptococcus (GAS) infections are common and ARF is prevalent	87											
Assess for overcrowding and refer to social support services for housing assistance if indicated	Opportunistically	People living in communities where GAS infections are common and ARF is prevalent	88											
Refer for echocardiography and subsequent follow-up	As per management guidelines (refer to Chapter 10: Acute rheumatic fever and rheumatic heart disease)	People with past ARF or murmurs suggestive of valve disease	87											

Age-specific Condition-specific

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Cardiovascular disease														
Assess smoking status, physical activity, nutrition, BMI, waist circumference	Annually and opportunistically	People aged 12–17 years	89	A	A									
Assess smoking status, physical activity, nutrition, BMI, waist circumference, blood pressure (BP), family history of premature CVD, diabetes risk and psychosocial and socioeconomic risk factors	Annually and opportunistically	People aged 18–29 years without vascular risk factors	89			A	A	A						
Assess above and serum lipids and screen for chronic kidney disease (CKD)	Annually and opportunistically	People aged 18–29 years with either family history of premature CVD or CKD, overweight, smoking, diabetes, elevated BP	89			C	C	C						
Assess for Framingham and non-Framingham risk factors and clinically high-risk conditions (refer to Chapter 11: Cardiovascular disease prevention)	Annually	People aged 30–74 years	89						A	A	A	A	A	A
When using the Framingham risk equation, consider adding 5% to the calculated five-year risk score; use clinical judgement (refer to Chapter 11: Cardiovascular disease prevention)	Annually	People aged 30–74 years in communities where local risk factor prevalence rates and CVD incidence rates are high (eg remote areas)	90						A	A	A	A	A	A
Advise lifestyle risk reduction as needed	Review risk every two years	People with low absolute five-year CVD risk (<10%)	90						A	A	A	A	A	A
Advise lifestyle risk reduction as needed with intensive intervention support (refer to Chapter 1: Lifestyle)	Review according to clinical context	People with moderate or high absolute five-year CVD risk (>10%)	90						A	A	A	A	A	A
Review individual risk factor profile (in particular, sub-optimal BP and lipids levels) and recommend commencing BP-lowering treatment and/or lipid-lowering medication unless contraindicated (refer to Chapter 11: Cardiovascular disease prevention)	Review according to clinical context	People at moderate absolute CVD risk: 10–15% five-year CVD risk	91						A	A	A	A	A	A
Recommend commencing both a BP-lowering medication and lipid-lowering medication regardless of risk factor levels unless contraindicated (refer to Chapter 11: Cardiovascular disease prevention)	Review according to clinical context	People at high absolute CVD risk: >15% five-year CVD risk or presence of any clinically high-risk conditions	91						A	A	A	A	A	A
Type 2 diabetes														
Fasting plasma glucose or random venous blood glucose or glycosylated haemoglobin (HbA1c)	Annually	People aged ≥ 18 years and/or adults with any high-risk conditions	94			A	A	A	A	A	A	A	A	A
Consider testing according to clinical context	Opportunistically	People aged <18 years with overweight/obesity	94	C	C									
Chronic kidney disease														
Screen for CKD risk factors (smoking, obesity, hypertension, diabetes, history of acute kidney injury, family history of kidney disease)	Annually	People aged 18–29 years without CKD risk factors	96			A	A	A						
Screen for CKD with estimated glomerular filtration rate (eGFR) and albumin–creatinine ratio (ACR)	Two-yearly (more frequently if CKD risk factor present)	People aged 18–29 years with risk factors (refer to Chapter 13: Chronic kidney disease prevention and management); all people aged ≥30 years	96			C	C	C	A	A	A	A	A	A
Sexual health and blood-borne viruses														
General advice														
Screen for STIs and BBVs	Annually and re-screen three months after positive test	All people with risk factors for STI or BBV; all sexually active people aged ≤30 years	99		C	C	C	C	C	C	C	C	C	C
Screen for other STIs	Upon diagnosis and re-screen in three months	People diagnosed with an STI	99		C	C	C	C	C	C	C	C	C	C
Contact tracing	Every positive screen	Sexual partners of a person with an STI	99		C	C	C	C	C	C	C	C	C	C
Sexually transmitted infections														
Chlamydia														
Recommend nucleic acid amplification test (NAAT) (refer to Chapter 14: Sexual health and blood-borne viruses)	Annually	People aged 15–30 years if sexually active	101		C	C	C	C	C	C	C	C	C	C
	Annually	People aged ≥30 years if sexually active and at high risk												
	First visit	All pregnant women												
	First visit and third trimester	Pregnant women at high risk of STI												
	Opportunistic	Women who are having a termination of pregnancy												
	Annually or 3–6-monthly if high risk	Men who have sex with men												
Gonorrhoea														
Recommend gonorrhoea NAAT (refer to Chapter 14: Sexual health and blood-borne viruses)	Annually	Sexually active people aged 15–30 years	101		C	C	C	C	C	C	C	C	C	C
	Annually	Pregnant women who are at risk												
	Annually or 3–6-monthly if high risk	Men who have sex with men												
	Annually	All people aged ≥30 years if sexually active and at high risk												
Trichomonas vaginalis														
Recommend NAAT (refer to Chapter 14: Sexual health and blood-borne viruses)	Opportunistically	Sexually active people aged ≤30 years where local prevalence rates are high or in regional/remote areas	101		C	C	C	C						
Syphilis														
Recommend syphilis serology	First antenatal visit and repeat at 28 weeks if positive, in a high prevalence area, or risk factors for STIs are present	All pregnant women	101		C	C	C	C	C	C	C	C	C	C
Recommend syphilis serology	Annually or 3–6-monthly if high risk	Men who have sex with men; others at high risk of STI	101		C	C	C	C	C	C	C	C	C	C
Blood-borne viruses														
HBV														
Hepatitis B vaccination (refer to Chapter 14: Sexual health and blood-borne viruses)			102		C	C	C	C	C	C	C	C	C	C
HBV post-exposure prophylaxis	Within 72 hours (or 14 days for sexual contact)	Individual exposed to person who is HBsAg positive or who is at high risk and unable to be identified and tested rapidly	102		C	C	C	C	C	C	C	C	C	C
Offer HBV screening, including hepatitis B virus surface antigen (HBsAg) and hepatitis B surface antibody (HBsAb)	Opportunistically	Non-vaccinated or unknown vaccine status; people at high risk for BBVs; healthcare workers	103		C	C	C	C	C	C	C	C	C	C
Human papilloma virus (HPV)														
HPV vaccination (also refer to Chapter 15: Prevention and early detection of cancer, recommendations for cervical cancer)	As per *The Australian immunisation handbook*	Young people prior to first sexual activity; women who are sexually active; females who are sexually active and not yet vaccinated	103		C	C	C	C						
Hepatitis A virus														
Hepatitis A vaccination if non-immune	Two doses at zero and six months	Men who have sex with men; injecting drug users; people with chronic HBV and HCV infection	103		C	C	C	C	C	C	C	C	C	C
HCV														
HCV serology testing	Annually and opportunistically	People at high risk of contracting HCV	103		C	C	C	C	C	C	C	C	C	C
HIV														
HIV serology testing	First antenatal visit	All pregnant women	103		C	C	C	C	C	C	C	C	C	C
	3–6-monthly	Men who have sex with men; others at high risk of BBVs												
Cancer														
Cervical														
Promote HPV vaccination for prevention of cervical cancer	As per NIPS	All people aged 9–18 years, ideally age 11–13 years, prior to onset of sexual activity	105	A	A	C	C	C	C	C	C	C	C	C
		Women and men aged >19 years only if individual risk and benefit assessment indicates												
4-valent human papilloma virus (4vHPV) vaccine (not subsidised; refer to state/territory rules re catch-up program)	As per *The Australian immunisation handbook*	Men who have sex with men, but should take into account likelihood of past exposure to HPV and risk of future exposure	105		C	C	C	C	C	C	C	C	C	C
Cervical screening test (HPV)	From age 25 years or two years after sexual activity, whichever is later, and regardless of HPV vaccine status	Asymptomatic women aged 25–69 years who have ever been sexually active	105					C	C	C	C	C	C	C
Exit cervical screening test (HPV) for those who have been regularly screened	Exit test for age 70–74 years	Asymptomatic women aged 70–74 years who have ever been sexually active	105											C
Refer to Chapter 15: Prevention and early detection of cancer, cancer for asymptomatic under-screened women and women with recent abnormal Pap smears			106			C	C	C	C	C	C	C	C	C
Liver														
Recommend hepatitis B vaccine as per NIPS	At birth, and at two, four and six months	All people	107		C	C	C	C	C	C	C	C	C	C
Screen for HBV and HCV if indicated	Refer to Chapter 14: Sexual health and blood-borne viruses, 'Recommendations'	All people	107	C	C	C	C	C	C	C	C	C	C	C
Abdominal ultrasound, alpha-fetoprotien screening for hepatocellular carcinoma (HCC) as part of specialist management plan	Six-monthly	People with chronic hepatitis B who are: aged >50 years, or have cirrhosis, or have a family history of HCC	107	C	C	C	C	C	C	C	C	C	C	C
Specialist review and consider ongoing screening for HCC with an abdominal ultrasound +/– alpha-fetaproten	Protocols vary, refer to guidelines	People with advanced liver disease (cirrhosis) not due to chronic hepatitis B	107	C	C	C	C	C	C	C	C	C	C	C
Breast														
Ask about family history of breast cancer to ascertain individual risk, and discuss 'breast awareness'	Annually	All women	109	A	A	A	A	A	A	A	A	A	A	A
Recommend mammography screening and provide information to allow an informed decision based on individual risk and preferences	Two-yearly	Women aged 50–74 years at, or slightly above, average risk	109								C	C	A	A
Advise referral to a family cancer clinic for risk assessment, possible genetic testing and development of a management plan	Annually	Women at potentially high risk	109					C	C	C	C	C	C	C
Colorectal (bowel)														
Ask about family history of colorectal cancer in order to estimate the individual risk of developing colorectal cancer	Annually	All people	112			A	A	A	A	A	A	A	A	A
Screen according to risk category (1, 2 or 3); refer to Chapter 15: Prevention and early detection of cancer, 'Recommendations: Prevention and early detection of colorectal (bowel) cancer'			112									C	C	C
Provide lifestyle risk factor counselling on the benefits of regular physical activity, maintaining healthy weight, alcohol intake in the low-risk range, restricting energy intake and dietary fat (refer to Chapter 1: Lifestyle), including the consumption of vegetables and sources of dietary fibre	Annually	All people	113	A	A	A	A	A	A	A	A	A	A	A
Prostate														
Recommend individualised discussion with patient based on assessment of risks and benefits	If requested	Asymptomatic men at average and potentially higher risk due to family history (refer to Chapter 15: Prevention and early detection of cancer)	116								C	C	C	C
Lung														
Provide lifestyle risk factor counselling on the benefits of avoiding smoking and exposure to smoke	Annually and opportunistically	All people	117		A	A	A	A	A	A	A	A	A	A
Family abuse and violence														
Establish a high level of awareness of the risks of FAV and actively case find by taking a social history and asking sensitively about the potential for FAV	Opportunistic and as part of an annual health assessment	All people	118	C	C	C	C	C	C	C	C	C	C	C
Assess for risk of FAV as part of a comprehensive antenatal assessment	At least once in every pregnancy	Pregnant women	118	C	C	C	C	C	C	C	C	C	C	C
Mental health														
Depression														
For those with a higher risk of depression, ask about symptoms of depression	As part of annual health assessment	People in whom depression risk is greater (refer to Chapter 17: Mental health, Box 1)	120		C	C	C	C	C	C	C	C	C	C
Suicide prevention														
Consider asking about past and current suicidal ideation and intent as part of a comprehensive medical history	Opportunistically	People with history of self-harm, mood disorders, hazardous alcohol consumption or misuse of other drugs, or who are close to someone who has recently died by suicide	122		C	C	C	C	C	C	C	C	C	C

A Age-specific C Condition-specific

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