

Preventive activities over the lifecycle – Adults

Screening Case-finding

| Activity/topic | Age group | | | | | | | | | | | | | | | Frequency | Notes | |
|-----------------------------------|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|--|---------------------------|---|--|
| | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40–44 | 45–49 | 50–54 | 55–59 | 60–64 | 65–69 | 70–74 | 75–79 | ≥80 | | | | |
| Cancer | | | | | | | | | | | | | | | | | | |
| Breast | | | | | | | | | | | | | | | | | Screening: Every two years Case-finding: At least every two years | Screening: Women at average risk or slightly higher than average risk of breast cancer should participate in mammographic screening from ages 50 to 74 years as part of the national BreastScreen program. Case-finding: Undertake mammographic screening from ages 40 to 74 years for women at moderately increased risk. |
| Cervical | | | | | | | | | | | | | | | | | Every five years | Women and people with a cervix who are aged between 25-74 years, have ever had sexual contact and who are eligible for screening should have an HPV screening test for cervical cancer. This can be on a self-collected vaginal sample or on a clinician-collected sample. |
| Colorectal | | | | | | | | | | | | | | | | | Every two years | Immunochemical faecal occult blood testing (iFOBT) every two years is recommended starting at age 45 years and continuing to age 74 years for those at average risk of colorectal cancer. |
| Prostate | | | | | | | | | | | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Skin | | | | | | | | | | | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Cardiovascular | | | | | | | | | | | | | | | | | | |
| Atrial fibrillation (AF) | | | | | | | | | | | | | | | | | Opportunistically | Opportunistic clinical palpation or auscultation to detect asymptomatic AF in people aged 65 years or more. |
| Cardiovascular disease risk | | | | | | | | | | | | | | | | | Blood pressure (BP) (18+ years) opportunistically, no more than every two years. CVD risk (age 45 - 79) every five years unless risk factors worsen. | See chapter for individual recommendations. |
| Infectious diseases | | | | | | | | | | | | | | | | | | |
| Immunisation | Immunisation is recommended at particular ages throughout life, according to the Australian Immunisation Handbook. | | | | | | | | | | | | | | | See chapter for frequency | See chapter and Australian Immunisation Handbook schedule for recommendations. | |
| Sexually transmitted disease | | | | | | | | | | | | | | | | | Opportunistically if indicated (evidence is unclear on testing interval). | Screening for chlamydia and gonorrhoea is recommended in all sexually active women 24 years or younger but only in those who are at increased risk (see Box 1) in women 25 years or older. |
| Injury prevention | | | | | | | | | | | | | | | | | | |
| Bullying and child abuse | | | | | | | | | | | | | | | | | Opportunistically | See chapter for individual recommendations. |
| Mental health | | | | | | | | | | | | | | | | | | |
| Alcohol | | | | | | | | | | | | | | | | | Every two years | Screen adults aged ≥18 years, including pregnant women, for unhealthy alcohol use. The Alcohol Use Disorder Identification Test – Consumption (AUDIT-C) tool can be used to assess this. Provide persons engaged in risky or hazardous drinking with brief behavioural counselling interventions to reduce unhealthy alcohol use. |
| Anxiety | | | | | | | | | | | | | | | | | As required | See chapter for individual recommendations. |
| Dementia | | | | | | | | | | | | | | | | | Opportunistically | See chapter for individual recommendations. |
| Depression | | | | | | | | | | | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Gambling | | | | | | | | | | | | | | | | | Opportunistically | In patients experiencing stress, mental health issues or substance use problems; in people experiencing or perpetrating domestic violence; in people experiencing relationship breakdown; and/or in people with symptoms of compulsive gambling (see Box 1), ask about gambling behaviours (eg sports betting, wagering, card playing, pokies, casino gambling, online gambling). For example, 'In the past 12 months, have you or someone you are close to ever had issues with gambling?' |
| Smoking and nicotine vaping | | | | | | | | | | | | | | | | | At every opportunity starting from the age of 10 years | Ask patients whether they are currently smoking and document their smoking status. Also ask about and document the use of vaping products. |
| Metabolic | | | | | | | | | | | | | | | | | | |
| Diabetes | | | | | | | | | | | | | | | | | Determined by individual risk. See chapter for recommendations. | General population of average risk (for screening of high-risk and highest-risk populations, see Diabetes chapter). |
| Overweight and obesity | | | | | | | | | | | | | | | | | Opportunistically | Assess height, weight and calculate BMI with caution in adults without a known eating disorder and who are not pregnant. |
| Physical activity | | | | | | | | | | | | | | | | | Every two years | Ask questions about frequency, duration and intensity of physical activity and sedentary behaviour. |
| Musculoskeletal disorders | | | | | | | | | | | | | | | | | | |
| Osteoporosis | | | | | | | | | | | | | | | | | Do not routinely repeat BMD + FRAX® within two years except in special circumstances. | Use FRAX® to calculate absolute fracture risk in people aged ≥50 years with lifestyle and non-modifiable risk factors (eg parent with hip fracture). When the FRAX® risk for major osteoporotic fracture (MOF) is ≥10%, refer for dual energy X-ray absorptiometry (DXA). If the risk for MOF is <10%, DXA is not recommended. Refer for BMD assessment by DXA for people aged ≥50 years with diseases/chronic conditions/medications associated with increased fracture risk. Restratify risk with FRAX® after DXA using BMD reading and treat when: the BMD T-score is ≤−2.5, or when the BMD T-score is between −1.5 and −2.5 and the FRAX® risk for MOF is ≥20% and/or the hip fracture risk is ≥3%. |
| Metabolic | | | | | | | | | | | | | | | | | | |
| Preconception | | | | | | | | | | | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Pregnancy - First antenatal visit | | | | | | | | | | | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Pregnancy - During pregnancy | | | | | | | | | | | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Interconception | | | | | | | | | | | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Perinatal mental health | | | | | | | | | | | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Miscellaneous | | | | | | | | | | | | | | | | | | |
| Frailty | | | | | | | | | | | | | | | | | Every 12 months (screening). Every one - three years (case finding). | Consider screening as part of an assessment of elderly patients. Case find as an assessment of patients (age 65-74) with risk factors. |

Preventive activities over the lifecycle – Children

Screening Case-finding

| Activity/topic | Age group | | | | | | Frequency | Notes |
|--|---|---------------------|---------------------|-------------|------------|-------------|--|---|
| | Neonatal | 2, 4, 6 & 12 months | 18 months & 3 years | 3.5–5 years | 6–13 years | 14–19 years | | |
| Development and behaviour | | | | | | | | |
| Developmental delay and autism | | | | | | | Opportunistically | See chapter for individual recommendations. |
| Preventive activities in childhood | | | | | | | Neonatally | See chapter for individual recommendations. |
| Infectious diseases | | | | | | | | |
| Immunisation | Immunisation is recommended from birth for all children, and at particular ages throughout life, according to the Australian Immunisation Handbook. | | | | | | See chapter for frequency | See chapter and Australian Immunisation Handbook schedule for recommendations. |
| Sexually transmissible infections | | | | | | | Opportunistically if indicated (evidence is unclear on testing interval) | Screening for chlamydia and gonorrhoea is recommended in all sexually active women 24 years or younger. |
| Injury prevention | | | | | | | | |
| Bullying and child abuse | | | | | | | Opportunistically | See chapter for individual recommendations. |
| Mental health | | | | | | | | |
| Alcohol | | | | | | | Every two years | Screen adults aged ≥18 years, including pregnant women, for unhealthy alcohol use. The Alcohol Use Disorder Identification Test – Consumption (AUDIT-C) tool can be used to assess this. Provide persons engaged in risky or hazardous drinking with brief behavioural counselling interventions to reduce unhealthy alcohol use. |
| Anxiety | | | | | | | As required | See chapter for individual recommendations. |
| Depression | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Gambling | | | | | | | Opportunistically | In patients experiencing stress, mental health issues or substance use problems; in people experiencing or perpetrating domestic violence; in people experiencing relationship breakdown; and/or in people with symptoms of compulsive gambling (see Box 1), ask about gambling behaviours (eg sports betting, wagering, card playing, pokies, casino gambling, online gambling). For example, 'In the past 12 months, have you or someone you are close to ever had issues with gambling?' |
| Smoking and nicotine vaping | | | | | | | At every opportunity starting from the age of 10 years | Ask patients whether they are currently smoking and document their smoking status. Also ask about and document the use of vaping products. |
| Metabolic | | | | | | | | |
| Overweight and obesity | | | | | | | Opportunistically | Assess height, weight and calculate BMI using age-appropriate charts in children and adolescents aged ≥6 years without a known eating disorder and who are not pregnant. |
| Physical activity | | | | | | | Every two years | Ask questions about the frequency (in each week), duration and intensity of physical activity and muscle strengthening activities. |
| Musculoskeletal disorders | | | | | | | | |
| Developmental dysplasia of the hip | | | | | | | At newborn and postnatal checks | See chapter for individual recommendations. |
| Reproductive & women's health | | | | | | | | |
| Preconception | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Pregnancy - First antenatal visit | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Pregnancy - During pregnancy | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Interconception | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Perinatal mental health | | | | | | | See chapter for frequency | See chapter for individual recommendations. |
| Miscellaneous | | | | | | | | |
| Vision | | | | | | | Once, between the ages of three - five years | Vision screening in children to detect amblyopia, or its risk factors. |