

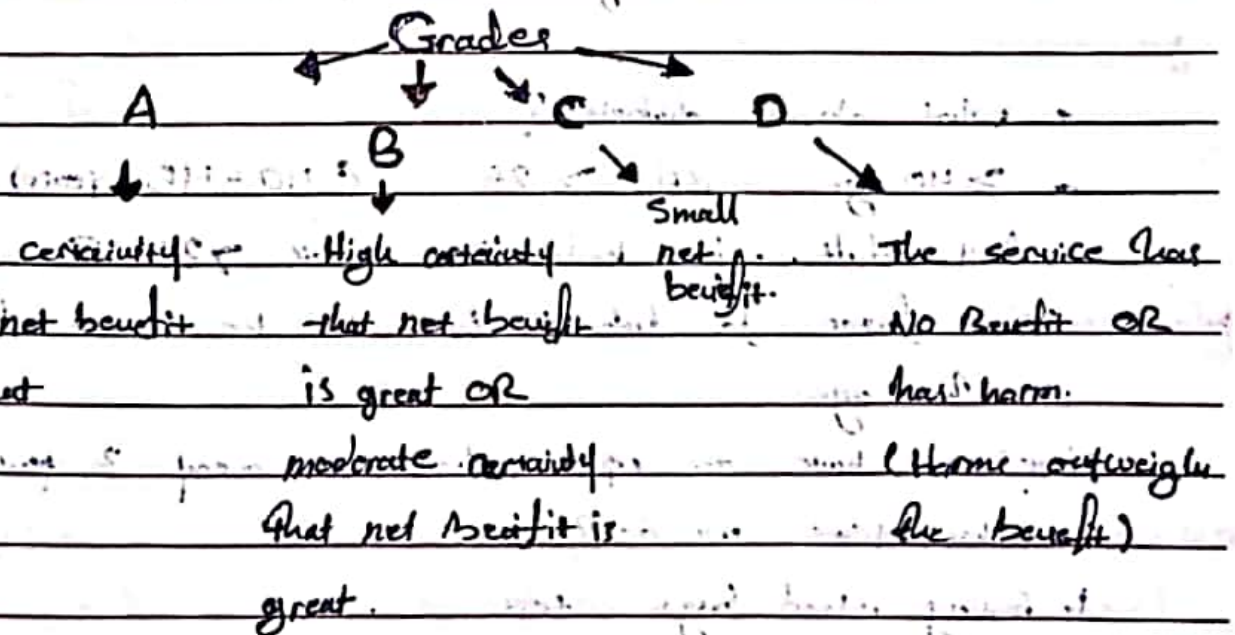
- Iatrogenic harm is due to the activity of a physician or a therapy.

- Meta-analysis of the systematic reviews provides the best and strongest evidence from which guidelines extract their recommendations and statements.

- Meta analysis :- statistical procedure for combining data from multiple studies (when the effect is consistent from one study to the next, meta analysis can be used to identify this common effect, when it varies, meta-analysis may be used to identify the reason for variation).

- Guidelines :- Statements of recommendations that are intended to optimize the patient's care → Formed by systematic review of evidence and by assessment of magnitude of benefits & harms of alternative options.

(If it's not benefit → we go with the service)



* Criteria for preventive care:

1. Burden of suffering

2. Screening test -

3. The th. options

How to screen for CVD? ≥ 20

every 3-5 years.

History (Risk factors)

2. Fasting lipid profile

3. Objective calculators (≥ 40)

→ if we found that the patient has risk of developing CVD we have to implement strategies to lower it

+ When we have to screen for hypertension?

- At least annually starting from the age of 19 (adults)
- Same from the age of 3 (pediatric)

+ What about diabetes?

- ≥ 40 age, BMI > 25 (40-45 years)

Any adult with body mass index > 25 + additional risk factors for diabetes has to be screened regardless to his age.

Note: we have to repeat the tests every 3 years if -ve.

What tests we do?

1. Fasting Blood Sugar test

2. Oral glucose tolerance test

3. Hemoglobin A1C

Scanned with CamScanner

- Dyslipidemia:

Any individual ≥ 40 → Fasting lipid profile

Another guideline says:- 1. (9-11) test

2. (18-21) test

→ the screening for CVD is a part of this screening.

① If the pt. has high risk of CVD → Male → Start (25-30)

Female → Start (30-35)

② If there are no risk factors for CVD → Male → Start (35)

Female → Start (45)

regularly every (3-5) years.

Aspirin & Lipid-Lowering agents :-

The usage depends on the risk of developing CVD

(Can be calculated by special scores)

Prevention of Breast Cancer :-

1. Lifestyle modification (Healthy diet, managing weight, Breast-feeding, ...)

2. Screening

→

From the age of 50 → Clinical exam + Mammography

IF +ve FAMILY HISTORY :-

- Assess possibility of having genetic abnormalities

→ Genetic testing → If +ve genetic mutations → prophylactic

Mastectomy or aromatase inhibitors if not contraindicated.

• In Jordan we start from the age of 40

→ 40-50 → every year

IF Clinical Exam.

→ every 2 years

(67) smoker male patient with hypertension

what preventive services to provide?

1. Lifestyle modification, smoking cessation

2. Controlling hypertension & prevent complications.

3. For diabetes

4. For dyslipidemia (Fasting lipid profile)

5. CVD (elderly smoker, hypertensive) and consider starting him on statin or aspirin if necessary.

6. Screening for lung cancer.

7. Abdominal Aortic Aneurysm (By doing abdominal

ultrasound for all individuals > 65 who have ever

smoked or if the pt hasn't smoked but has family history of AAA which needed repair or ruptured

we have to screen them) → Male 1 pack 1 pack

8. For every individual > 65 we have to give

Vaccines:-

① Flu vaccine (pediatric from (6) months, pregnant ladies & elderly > 65 year)

② Pneumococcal vaccine.

③ Zoster vaccine (Live attenuated → single dose > 60 OR recombinant Zoster vaccine which is given in (2) doses > 50)

↳ Recombinant ← (Immunocompromised individuals)

what about prostate cancer?

-55-69 → small benefit.

> 70 → Main survival benefits.

(67) Female Hypertensive

① Same screenings except for prostate cancer.

② clinical exam & mammogram for BC until 75

③ for cervical cancer

④ Osteoporosis & osteoporotic fractures (every woman > 65 & post-menopausal)

(osteoporosis) ↑ risk if (previous fractures) or (low-density) or (Hypogonadism) → do screening

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أو (previous fractures) أو (low-density) أو (Hypogonadism) → do screening

(Hypogonadism) → do screening

Risk factors (Hypogonadism) → do screening

(Hypogonadism) → do screening

⑤ for lung cancer if smoker

⑥ AAA screening is NOT proven to be done yet.

Routine check up for well baby :-

1. Growth Parameters

2. Vaccination Status

3. Developmental assessment at each age

4. Nutritional and physical health.

5-day baby :- h/o (During the 1st week of life)

1. BCG vaccine (Tuberculosis)
2. Heel prick test → looks for multiple anomalies such as:
 - A. Congenital hypothyroidism (by TSH)
 - B. Phenylketonuria
3. Hearing assessment
4. Screen for congenital heart disease using pulse oxymetry.
5. Hyperbilirubinemia to prevent acute bilirubin encephalopathy.

At the age of (9) months :- (9-12 months)

1. Growth parameters
2. Developmental assessment
3. Diet (Iron diet is recommended since Iron stores end at 5-6 months of age) → (CBC) or (Hb) ← check
4. Vaccines & Vit. A dose
5. Dev. assessment.

At (18) months :-

1. Growth Parameters
2. Vaccines
3. Screening for autism & repeat the questionnaire at the age of 24 months
4. teething and take care of them (Fluoride suppl.)
5. Dev. assessment.

(3) years old :-

1. Growth parameter
2. Vaccines → ماني مطاعيم لول والرسب بيا كبا في افرط مطاعيم
3. Dev. assessment.
4. Start screening for Hypertension
5. Visual assessment (3-5) year. (toddler exam)
6. Strabismus test using torch (Light reflex should be equal in both eyes)
7. Cover / uncover test for latent strabismus.

(6) years old :-

1. Growth parameter
2. Vaccines
3. BMI chart (normal, obese, ...)
4. Visual assessment if not performed previously.

(Strabismus diabetic 40%)

Strabismus 8% diabetic 40% cup sine lup 4%