The Wellness Exam Through The Decades

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Illustrations

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- Created for express use in this presentation

Learning Objectives:

- Discuss the Wellness Exam as a dynamic construct with content that varies by patient age and sex
- Apply best-practice guidelines for common preventive interventions throughout the lifespan
- Discuss how to tailor the Wellness Exam for maximal preventive impact

It is easier to build strong children than to repair broken men.

- Fredrick Douglass



https://brightfutures.aap.org

Samuel J. Miller; American, 1822-1888

Newborn (0-3 months)

- · Growth/ Breastfeeding
- Jaundice
- · Hearing Screening
- Congenital conditions (newborn screen, exam)
- Infection counseling/ prevention
- Safe sleep
- Parental support/ social context

Neonatal Hyperbilirubinemia

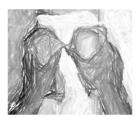
- Measure bilirubin in first 24 hours.
- · Visual estimation unreliable.
- Age (hours) and risk factor interpretation.
- · www.bilitool.org
- Close outpatient follow up (tailored to level of risk at discharge)

Breastfeeding

- Long-term success of infant.
- Decrease SIDS, obesity, and childhood illness risk.
- Improved IQ.
- Maternal benefits (decrease DM2 and postpartum depression risk).
- Exceptions (galactosemia, HIV)

Developmental Dysplasia of the Hip

- · Ortolani, Barlow reliable until 3 months of age
- Older: attention to limb length difference, asymmetric buttock creases.

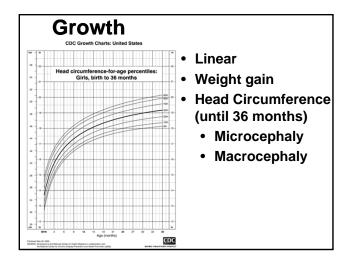


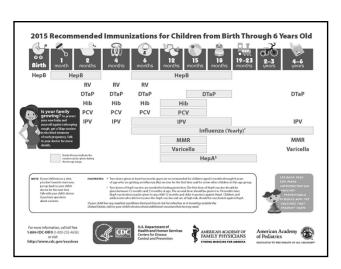


Infant (3 m-35 m)

- Growth
- Immunizations
- Feeding (Solids/ Allergen Exposure)
- Sleep/ Behavior
- Accident Prevention
- · Developmental/ Autism screening
- · Lead toxicity and iron deficiency screening
- Dental care

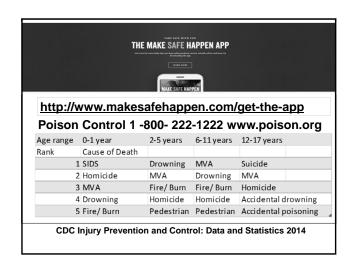






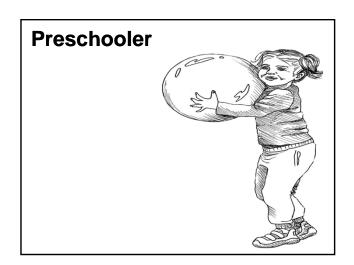
Food Introduction Principles

- Meet motor developmental milestones.
- Complementary feeding (ideally supplementing MBM) at 4-6 months.
- Early introduction of high allergen potential (small amounts, right consistency).
- Avoid: whole cow's milk; choking hazards (eg, nuts, grapes, raw carrots, or candies); and honey.



Preschooler (3 y-5 y)

- Growth
- Immunizations (catch up and pre-kindergarten)
- Blood pressure (starting at age 3)
- Vision/ Hearing screening
- Screen time and activity
- Safety
- Sleep
- Toilet training



Pediatric Blood Pressure Screening

- SBP and/or DBP > or = to 95% for age, sex, and height on 3 or more occasions
- NHLBI & AAP- screening age 3 and up
- Special situations: premature, recurrent UTI, CHD
- SIZE MATTERS (cuff and child)!
- Appropriate cuff size and BP tables: https://www.nhlbi.nih.gov/files/docs/resource s/heart/hbp_ped.pdf

Toilet training

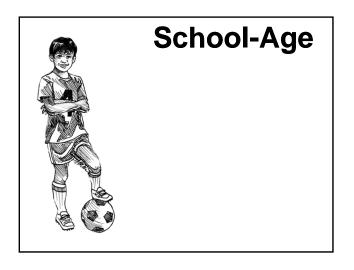
- · Readiness is key!
- · Stay positive.
- Dry for 2 or more hours.
- · Predictable bowel function.
- · Interest in toileting.
- · Can follow instructions.
- Able to pull pants up and down.

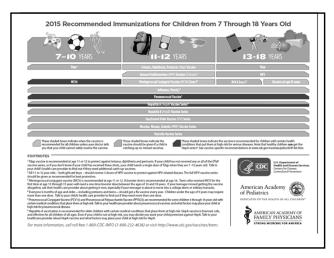
Vision Screening

- Most kids able to comply by 4 years of age.
- 36-47 months: most of 20/50 line
- 48-59 months: most of 20/40 line
- 5 years and up: most of 20/32 with either or both eyes
- Refer children not reading at grade level
- Repeat every 1-2 years (school age to adolescent)

Elementary (Age 6y-11y)

- Growth
- Immunizations
- Social/ School Performance
- Scoliosis
- Obesity/ dyslipidemia
- BP screening
- Vision/ Hearing/Dental





Behavior/ School Performance

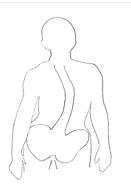
- Poor school performance signifies deeper issues.
- If concern, consider ADHD/ anxiety/ depression/ detailed social history.
- Excessive screen time (ideal < 2 hours)
- Iron deficiency
- Sleep apnea/ inadequate sleep
- Screens and sugar!

Screen Time

- · Parenting and role modeling.
- Content matters.
- Co-engagement (get in the sandbox).
- Tech-free zones.
- < 2 hours for > 2 years of age.

Scoliosis

- Lateral curvature of spine (3-D)
- Females > males; + family history
- Adam's forward bending test
- Early adolescent
- Females age 10, 12
- Males at age 13



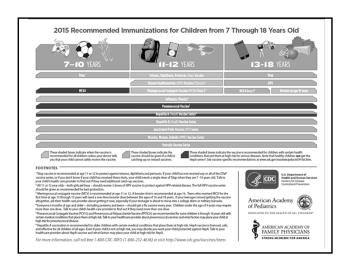
Adolescent (12y-18y)

- Growth/ Obesity/ Eating (BP/ ?lipid)
- Immunizations
- School Performance
- Age/ developmentally appropriate
- Parent and child with confidentiality assurance
- Sexuality
- Injuries
- Tobacco/ Alcohol/ Drugs
- Depression/ Suicide screening



Adolescent Social Assessment

- H- Home
- E- Education and Employment
- E- Eating
- A- Activities
- D- Drugs
- S- Sexuality
- S- Suicide/ depression
- S- Safety



Obesity

- Overweight BMI 85%-95%
- Obese BMI >= 95%
- Anticipatory guidance (hard work)
- Whole family
- Food/ drink/screens/ activity
- Refer BMI > 99% and or 95-99% without maintenance
- · Labs: lipid/ fasting glucose

Depression Screening

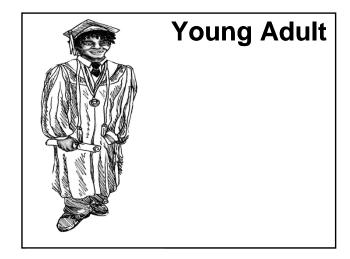
- Routine screening recommended ages 11 and up
- · GAPS Questionnaire has some
- History (HEADSS)
- Formal screening tools Patient Health Questionnaire (PHQ-9) and Mood and Feelings (MFQ) have been validated.

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Young Adults

- College or pre-college exams
- Vaccine update
- STI's, sexual practices
- Lifestyle and personal habits
- Reproductive planning and pregnancy care
- · Mental and physical health
- Planning future medical care



- "Every day when I wake up I gotta go to the gym. I arrange my other activities around my workout. I have to organize my mind, body, and health first."
- -The Situation



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Women's Health

- http://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf
- For contraceptive advice/updates
- Appendices A and B
- LARCs
- New Pap smear guidelines in last 5 yrs.
- Mammography controversy



Middle Ages

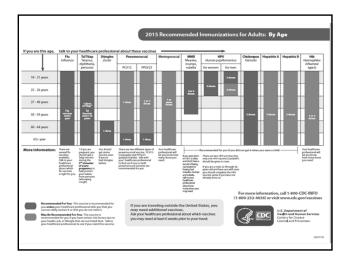
- 30's through age 49
- BP, lipids, BMI, glucose
- Personal habits and lifestyle inc. exercise
- Medications, problems, family history
- Accident prevention, mental health

Recommendations for Prevention

- http://www.ahrq.gov/sites/default/files/publications /files/cpsguide.pdf
- Details most current USPSTF recommendations and evidence for them
- Offer A and B recommendations
- Individualize C and I recommendations

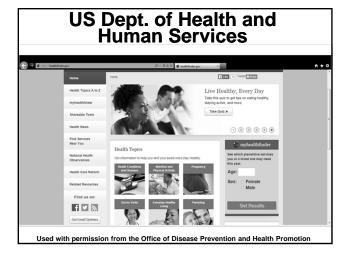
Immunizations

- http://www.cdc.gov/vaccines/schedules/hcp/ imz/adult.html
- ACIP 2015 Immunization Schedule for adults
- Read with footnotes for contraindications
- App- downloadable for iOS and android devices



Patient Preparation and Education

- www.healthfinder.gov
- Allows patient to map preventive services by age and sex



Preventive Services Throughout Adulthood

- "It is always better to catch and treat an illness earlier rather than later, and clinical preventive services enable us to do that."
 - Douglas Shenson, MD, MPH

Older Middle Age (50-64)

- Patient barriers to care begin to be evident:
 - · Not aware of recommended services
 - No physician discussion of recommended services
 - Physical or social barriers (transportation, disability, language)
 - Need to take responsibility for own prevention care

Preventive Services in Middle Aged and older Adults

 The positive message to older adults is: 'You are in charge.'"- Cathie Berger



Older Adults (65 and Older)

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MPS_QRI_IPPE0 01a.pdf
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN 905706.pdf

Initial Medicare Wellness Exam

- Update Medical and Social History
- Screen for mood disorders
- Functional ability/level of safety
- Basic exam
- End-of-life planning
- · Educate, counsel, and refer based on findings
 - EKG, visual screen
 - Vaccines and other recommended screenings



Elderly Patients

Focus on wellness behaviors

Annual Medicare Wellness Exams

- · Health risk assessment including ADL's
- Review functional/safety level requirements
- Update family and medical history
- List providers, suppliers
- Screen for mood disorders, basic PE
- List screening and health risk factor interventions needed
- Refer as needed/personalized health advice

"If I had known I was going to live this long, I would have taken better care of myself."
-Mae West _____

