

Prevention Guidelines, Women Ages 40 to 49

Screening tests and vaccines are an important part of managing your health. A screening test is done to find diseases in people who don't have any symptoms. The goal is to find a disease early so lifestyle changes and checkups can reduce the risk of disease. Or the goal may be to detect it early to treat it most effectively. Screening tests are not used to diagnose a disease. But they are used to see if more testing is needed. Health counseling is important, too. Below are guidelines for these, for women ages 40 to 49. Talk with your healthcare provider to make sure you're up-to-date on what you need.

Screening	Who needs it	How often
Type 2 diabetes or prediabetes	All women beginning at age 45 and women without symptoms at any age who are overweight or obese and have 1 or more additional risk factors for diabetes	At least every 3 years ¹
Type 2 diabetes or prediabetes	All women diagnosed with gestational diabetes	Lifelong testing every 3 years
Type 2 diabetes	All women with prediabetes	Every year
Alcohol misuse	All women in this age group	At routine exams
Blood pressure	All women in this age group	Yearly checkup if your blood pressure is normal Normal blood pressure is less than 120/80 mm Hg If your blood pressure reading is higher than normal, follow the advice of your healthcare provider

Breast cancer	All women at average risk in this age group	Screening with a mammogram can start at age 40. ² Talk with your healthcare provider to help you decide when to start screening. At age 45 start yearly mammograms. ³
Cervical cancer	All women in this age group, except women who have had a complete hysterectomy	Pap test every 3 years or Pap test plus human papilloma virus (HPV) test every 5 years
Colorectal cancer	Women age 45 years and older at average risk	Multiple tests are available and are used at different times. Possible tests include: <ul style="list-style-type: none"> • Flexible sigmoidoscopy every 5 years, or • Colonoscopy every 10 years, or • CT colonography (virtual colonoscopy) every 5 years, or • Yearly fecal occult blood test, or • Yearly fecal immunochemical test every year, or • Stool DNA test, every 3

		<p>years</p> <p>If you choose a test other than a colonoscopy and have an abnormal test result, you will need to follow-up with a colonoscopy. Screening advice varies among expert groups. Talk with your healthcare provider about which tests are best for you.</p> <p>Some people should be screened using a different schedule because of their personal or family health history. Talk with your healthcare provider about your health history.</p>
Chlamydia	Women at increased risk for infection	At routine exams if you're at risk or have symptoms
Depression	All women in this age group	At routine exams
Gonorrhea	Sexually active women at increased risk for infection	At routine exams
Hepatitis C	Anyone at increased risk; 1 time for those born between 1945 and 1965	At routine exams
High cholesterol or triglycerides	All women ages 45 and older who are at risk for coronary artery disease; younger women,	At least every 5 years

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	talk with your healthcare provider	
HIV	All women	At routine exams. Those with risk factors for HIV should be tested at least annually.
Obesity	All women in this age group	At routine exams
Syphilis	Women at increased risk for infection—talk with your healthcare provider	At routine exams
Tuberculosis	Women at increased risk for infection—talk with your healthcare provider	Ask your healthcare provider
Vision	All women in this age group	Complete exam at age 40 and eye exams every 2 to 4 years. If you have a chronic disease, ask your healthcare provider how often you should have your eyes examined. ⁴
Vaccine	Who needs it	How often
Chickenpox (varicella)	All women in this age group who have no record of this infection or vaccine	2 doses; the second dose should be given at least 4 weeks after the first dose
Hepatitis A	Women at increased risk for infection—talk with your healthcare provider	2 doses given 6 months apart

Hepatitis B	Women at increased risk for infection—talk with your healthcare provider	3 doses over 6 months; second dose should be given 1 month after the first dose; the third dose should be given at least 2 months after the second dose and at least 4 months after the first dose
Haemophilus influenzae Type B (HIB)	Women at increased risk	1 to 3 doses
Influenza (flu)	All women in this age group	Once a year
Measles, mumps, rubella (MMR)	All women in this age group who have no record of these infections or vaccines	1 or 2 doses
Meningococcal	Women at increased risk for infection—talk with your healthcare provider	1 or more doses
Pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23)	Women at increased risk for infection—talk with your healthcare provider	1 or 2 doses
Tetanus/diphtheria/pertussis (Td/Tdap) booster	All women in this age group	A 1-time dose of Tdap instead of a Td booster after age 18, then Td every 10 years
Counseling	Who needs it	How often
BRCA gene mutation testing for breast and ovarian cancer susceptibility	Women with increased risk for having gene mutation	When your risk is known

Breast cancer and chemoprevention	Women at high risk for breast cancer	When your risk is known
Diet and exercise	Women who are overweight or obese	When diagnosed, and then at routine exams
Domestic violence	Women at the age in which they are able to have children	At routine exams
Sexually transmitted infection prevention	Women at increased risk for infection—talk with your healthcare provider	At routine exams
Use of tobacco and the health effects it can cause	All women in this age group	Every exam

¹ American Diabetes Association

² American College of Obstetricians and Gynecologists

³ American Cancer Society

⁴ American Academy of Ophthalmology

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