Texas Preventable Disease NEWS

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contents:





**Bureau of Disease Control and Epidemiology,**
**1100 West 49th Street, Austin, Texas 78756 (512-458-7455)**

# GUIDE TO CLINICAL PREVENTIVE SERVICES:

## Report of the US Preventive Services Task Force

The *Guide to Clinical Preventive Services* is the culmination of a five-year effort by the US Preventive Services Task Force, which was appointed in 1984 by the Assistant Secretary for Health to develop age- and sex-specific recommendations for preventive interventions in clinical setting. The 20-member, non-Federal panel, which included 14 physicians, selected 60 topics for evaluation.

In preparing the *Guide* the Task Force used a rigorous analytic framework that evaluated:

**the burden of suffering of the condition,** including morbidity, mortality, years of life lost, cost of treatment, and impact on society.

**the proven effectiveness of the intervention,** according to the quality of the published research evidence, including risks and benefits; the sensitivity, specficity, and predictive value of screening tests; and the effects of simplicity, costs, and acceptability on paitent compliance.

The *Guide* provides recommendtions on more than 100 interventions for 60 potentially preventable diseases and conditions. It is intended to help primary care clinicians, including physicians, nurses, nurse practitioners, physician's assistants, and other allied health professionals, select the most appropriate and effective preventive interventions for their patients.

The specific recommendtions for preventive interventions in the *Guide* take into consideration age, gender, and other risk factors; summary tables (by age) are provided. The tables also highlight leading causes of death by age groups.

For each of the 60 topics, the *Guide:*

(1) states the recommendation;
(2) details the burden of suffering;
(3) describes the intervention's efficacy in detecting the condition or in reducing risk;
(4) evaluates the effectiveness of early detection or counseling in reducing morbidity or mortality;
(5) summarizes recommendations of other groups;
(6) discusses other relevant issues;
(7) suggests appropriate clinical interventions, including specification of high-risk groups, dosages, and screening schedules (where supported by evidence); and
(8) lists the primary literature used in developing the recommendation.

The *Guide* conveys several broad conclusions of the Task Force. First, a selective periodic health examination tailored to individual risks is a more appropriate clinical strategy than the "annual physical," in which the same battery of tests is performed routinely on all patients. Second, there is a need for greater selectivity in the use of screening tests, with tests chosen on the basis of the unique risk profile of the individual patient. Third, addressing the personal health behaviors of patients through education and counseling is one of the most effective forms of prevention available to the clinician. Fourth, the roles of both clinicians and patients will continue to undergo important changes in the near future as patients assume greater responsibility for their own health and clinicians develop new skills in risk assessment, counseling, and patient education.

The *Guide to Clinical Preventive Services* will be published by Williams and Wilkins in late summer. Write to the publisher at PO Box 1496, Baltimore, MD 21298-9724, or call 1-800-638-0672.

For further information about the *Guide*, contact Steven H. Woolf, MD, MPH, Scientific Editor, US Preventive Services Task Force, (202)245-0180. For further information about the Task Force and follow-up activities, contact Angela D. Mickalide, PhD, Coordinator, US Preventive Services Task Force (202)472-5660. Written correspondance to Doctor Woolf or Doctor Mickalide should be addressed to Room 2132, Switzer Building, 330 C Street SW, Washington, DC 20201.

# Guide to Clinical Preventive Services

## Contents

# QUESTIONS AND ANSWERS REGARDING ENVIRONMENTAL TOBACCO SMOKE

In an effort to clear the air regarding the regulation of smoking in worksites and public places, the TDH Office of Smoking and Health answers the following questions:

Q. Is environmental tobacco smoke (ETS) harmful to nonsmokers?

A. A review of the existing research on ETS by independent scientists concluded that 1) exposure to tobacco smoke by nonsmokers increased their risk for developing lung cancer and 2) children of parents who smoke, compared with children of non-smoking parents, have increased frequency of respiratory infections and smaller rates of increase in lung function as the lungs mature. These conclusions were published in reports by the Surgeon General and the National Research Council.[1,2]

ETS is very irritating to the eyes, nose, and throat of a nonsmoker and is even more irritating for someone with allergies.

Q. Is the research on the dangers of ETS conclusive enough to warrant regulating ETS exposure in public places and worksites?

A. Tobacco smoke contains 43 carcinogens and 24 airborne materials that are currently regulated by the Occupational Safety and Health Administration. The evidence against ETS is at least as strong as that against benzene, asbestos, automobile emissions, and other compounds to which exposure is regulated. The evidence against tobacco smoke is certainly strong enough for us to eliminate it, to the extent possible, in public places and worksites.

Q. Do no-smoking policies/ordinances infringe on smokers' rights?

A. Restrictions on smoking in the workplace are very threatening to cigarette companies, yet they can hardly oppose them on the grounds that they threaten cigarette sales and profits. Instead cigarette companies have become the champions of "smokers' rights." This is a weak argument for several reasons: 1) there is no constitutional right to smoke; 2) there is no guaranteed right to smoke at work, except in a very few situations where it is a provision of a union contract; 3) no-smoking ordinances do not take away people's "right" to smoke, they simply eliminate smoking in areas where it may affect the health of those who choose not to smoke; and 4) it is not a rights issue, it is a health and safety issue.

Q. What is the best kind of worksite no-smoking policy?

A. The overriding objective for a no-smoking policy is worker protection. It is a matter of eliminating another toxic substance, in this case tobacco smoke, from the workplace. The most effective policy is to completely eliminate smoking in the worksite. While a total ban on smoking should be the ultimate goal, there are different ways to accomplish this. Most companies prefer to limit smoking to designated areas before moving to a total ban. Whether you choose to go directly to a total ban or elect to first restrict smoking to designated areas depends on the values and interests of management and employees.

Q. How can problems be avoided when implementing a no-smoking policy?

A. First, do not implement a new policy overnight. Employees, especially smokers, need time to adjust. Second, inform all employees about the new regulations before implementation. Third, the organization should help those who smoke to quit by offering cessation programs.

For more information on tobacco issues contact the TDH Office of Smoking and Health at 1-800-345-8647 or (512) 458-7402. The Office of Smoking and Health is funded by the Texas Cancer Council.

Prepared by: Ron Todd, Office of Smoking and Health, TDH.

References:
1. Koope CE. Reducing the health consequences of smoking: a report of the Surgeon General, 1989.
2. National Research Council. Environmental tobacco smoke - measuring exposure and assessing health effects. National Academy Press, 1986.

# NEW AIDS INFORMATION TABLOID AVAILABLE

A publication filled with AIDS information for college students is being offered free to any college that will print it, thanks to the work of a group of Southwest Texas State University students. The publication, an eight-page tabloid, was first printed April 6 in the SWT student newspaper, the University Star. A copy of the tabloid is now being sent to other student newspaper editors in Texas, along with the offer of the free artwork to reprint it. The SWT Residence Hall Association (RHA), made up of representatives from the university's 25 residence halls, sponsored the project, with financial assistance from the SWT Parents' Association and the Student Health Center on campus.

The supplement includes articles on the most frequently asked questions about AIDS, myths about the disease, conditions warranting an AIDS test, safer sex, condoms, bringing up the subject of sex on a date, what to do for a friend with AIDS, and sources for more information. It also includes an interview with a college student who has AIDS. Design and artwork were done by student artists.

The information is written in a fairly blunt style to appeal to college students and to get their attention with something that has everything they need to know in one place.

Information in the tabloid has been approved for accuracy by the Texas Department of Health and is endorsed by the SWT Parents' Association, the Student Health Center, and the Campus Christian Community of San Marcos.

Reprinting of this tabloid is encouraged by SWT. Camera-ready artwork is available upon request to:

T. Cay Rowe
Director, University Relations
Southwest Texas State University
J. C. Kellan Bldg, Room 135
San Marcos, Texas 78666-4615

AIDS will become the leading cause of death for Americans 25 to 44 years old by 1991, according to government predictions. Sixty-seven percent of the 90,000 Americans who now have AIDS are between the ages of 20 and 39, which makes young people a leading target for AIDS prevention information.

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