



TABLE OF CONTENTS

(“Ctrl + click” to go to section)

Recommended measures 2
Caution: Not proven one way or the other 12
NOT recommended 14

These guidelines are intended for information only, and not intended to take the place of your health care provider’s advice. They are adapted from the work of the U.S. Preventive Services Taskforce (USPSTF) and the Advisory Committee on Immunization Practices (ACIP) unless otherwise specified.

*These guidelines are for low risk adults.
If you have or are at high risk for medical problems,
or are pregnant,
these guidelines may not apply to you.*

A detailed disclaimer is included at the end of this document

After this first section of recommended measures there are lists of measures that are either **not routinely recommended** or **generally not recommended**, even though they may be right for some high-risk individuals.

Recommended Measures

The following are doctor-recommended for most people based on the overall benefit shown by current research. Some may not be right for you and your particular situation. See below for more information about each recommendation.

Women only

- ✓ Pap smears
- ✓ Mammograms
- ✓ Chlamydia check
- ✓ Osteoporosis (thin bones) check
- ✓ Breastfeeding
- ✓ Human Papilloma Virus (HPV), or “cervical cancer” vaccine
- ✓ Rubella vaccine or check
- ✓ Folic acid supplement

Men and Women

- ✓ Colon cancer screening
- ✓ Blood pressure check
- ✓ Cholesterol check
- ✓ Problem drinking
- ✓ Depression check
- ✓ Tobacco use
- ✓ Healthy diet
- ✓ Exercise
- ✓ Healthy weight
- ✓ Tetanus booster
- ✓ Measles, Mumps and Rubella (MMR) vaccine
- ✓ Chicken Pox (Varicella) vaccine
- ✓ Influenza vaccine
- ✓ Pneumococcal (Pneumonia)
- ✓ Shingles vaccine (Zostavax)

Additional topic information

✓ Pap smears (women)

- *Bottom line:* The cervix is the part of the uterus that opens into the vagina. Routine Pap smears to screen for cancer of the cervix are recommended every 1-3 years for women up to age 65, unless they have never had sexual intercourse or have had their cervix removed (usually along with their uterus). If a woman's cervix was removed because of cancer or a condition that might lead to cancer, it is not clear whether or not Paps provide benefit. (USPSTF 2003).

Additional information:

- Cancer of the cervix acts like a sexually spread infection in that it seems to happen almost only in women that have had sexual intercourse and a sexually spread infection with a virus called HPV, or Human Papilloma Virus.
- Screening with Pap smears every 1-3 years has been shown to reduce the risk of dying from cervical cancer, but this risk is very low after age 65 if recent Paps have been normal.

✓ Mammograms (women)

Bottom line: Routine mammograms to screen for breast cancer, whether or not you get breast exams, are recommended every two years for women, especially aged 50-74. Women are also encouraged to consider with their health care provider whether or not mammograms are right for them in their 40's. It is not known whether mammograms are beneficial on balance at age 75 and over. (USPSTF 2009).

Additional information:

- Studies have shown that mammograms decrease the chance of dying from breast cancer in women age 40 and over. It is important to consider, however, that the benefit is lower at age 40-49 compared to age 50 and over. For example, about 600 additional women age 40-49 would need to be invited for screening, compared to age 50 and over, to extend one woman's life. Whether that lower likelihood of benefit is worth it for younger women is a judgment that they and their health care providers should make.
- Studies have shown benefit from mammograms whether or not breast exams by health care providers were done in addition, so it is not clear whether these clinical exams add benefit.

- While doing mammograms every year rather than every two years would add a small amount of benefit, it would also add more risk from unnecessary procedures and extra radiation. On balance, every two years seems best for overall health.

✓ **Chlamydia check (women)**

Bottom line: Routine screening for Chlamydia infection with a urine test or swab from the vagina is recommended for all sexually active women aged 24 years and younger, as well as older women at high risk (USPSTF 2007).

Additional information:

- Chlamydia is one of the most common sexually transmitted infections, and can cause pain and vaginal discharge as well as an inability to get pregnant in women.
- Chlamydia infection is not as harmful in men. Still, you might reasonably think that it makes sense to screen men in order to prevent the spread of this infection to women and other men. It is not yet known whether screening is beneficial, but more research is being done.
- How often to screen is not known.

✓ **Osteoporosis (thin bones) check (women)**

Bottom line: Routine screening for osteoporosis is recommended in women age 65 years and over, and women age 60 – 64 years who are at increased risk (see below) (USPSTF 2002).

Additional information:

- The biggest risk factor for osteoporosis is a body weight less than 154 pounds. Other risk factors are not as well established, and include smoking, weight loss, a family history of osteoporosis, decreased physical activity, alcohol or caffeine use, or low calcium and vitamin D intake.
- Osteoporosis leads to an increased risk of bone fractures which can cause chronic pain and other serious health effects.
- Screening and treatment for those with osteoporosis lowers the risk for fractures.
- The DEXA scan is the best predictor of hip fractures. Other screening tests such as peripheral (ankle or wrist, for example) bone density tests may also be effective.
- How often to screen is not known. Some experts believe that screening again less than 2 years after the last test may be too soon to show any differences.

✓ **Breastfeeding (women)**

Bottom line: Breastfeeding is good for most moms and babies (USPSTF 2008).

Additional information:

- Breastfeeding provides the single best and most complete source of nutrition for babies, and promotes healthy bonding between mothers and their babies.
- Breastfeeding has been associated with:
 - ✓ Fewer ear infections, pneumonias and stomach/intestine infections in infants
 - ✓ Less asthma, type 2 diabetes, and obesity in children
 - ✓ Fewer cases of breast and ovarian cancer in women who have breastfed
- There are rare situations such as a mother with HIV (the AIDS virus) in developed countries, or a baby with a disease called galactosemia, where breast feeding may not be recommended or appropriate.

✓ **Human Papilloma Virus (HPV) vaccine (women)**

Bottom line: The HPV, or “cervical cancer” vaccine, is recommended for all women (series of 3 doses) prior to age 27. The second and third doses are given two and six months after the first. It is recommended that girls get the vaccine at age 11-12 years (it is approved for girls down to age nine), and that older girls and women age 26 years and younger who have not received it get it as soon as possible (ACIP). The vaccine has been approved for men, but is not yet specifically recommended for men because of the lack of proven benefit.

Additional information <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-hpv.pdf>

✓ **Rubella vaccine (if not pregnant), or check (women)**

Bottom line: Rubella is a virus that causes a mild measles-like infection in adults, but can cause serious birth defects in the developing fetus such as deafness, cataracts, heart defects, mental retardation, and liver and spleen damage. The Rubella vaccine is not safe to give during pregnancy, so if you are able to get pregnant, it is important to either find out if the vaccine is needed with a blood test, or just get the vaccine, before pregnancy.

✓ **Folate (folic acid) supplement (women)**

Bottom line: About 1 in every 1000 pregnancies is affected by a malformation of the brain or spinal cord. This risk is reduced somewhere between 33% and 89% if folate supplements of 0.4 – 0.8 mg (400-800 micrograms) are taken from at least one month before the pregnancy and through the first 2 or 3 months of the pregnancy. If women wait until they are pregnant to take folate there is not as much benefit, so it is best to begin taking it when you are capable of becoming pregnant.

✓ **Colon cancer screening (men and women)**

Bottom line: Routine screening for colon cancer (or “colorectal” cancer) is recommended for men and women age 50 – 75, and can be considered for healthy 76-85 year olds who have not yet been screened. Any of the following options are recommended:

1. Colonoscopy (having the entire colon checked with a flexible scope) every 10 years
2. Testing the stool every year for blood that you might not see. This is called Fecal Occult Blood Testing (FOBT). If one FOBT is positive, a colonoscopy would then be done to see if you had colon cancer.
3. Sigmoidoscopy (like a colonoscopy, but only checks about 1/3rd of the colon) every 5 years, along with FOBT's every 3 years.

Screening is not recommended in adults over 85 years old.

It is not clear yet if newer screening methods such as CT scans or stool DNA tests are beneficial. (USPSTF 2008)

Additional information:

- Colorectal cancer screening has been shown to reduce deaths from colorectal cancer in as little as five years of beginning to screen.
- The frequencies suggested above are based on estimates, and are not proven.
- High risk patients may benefit from being screened at earlier ages or more often.

✓ **Blood pressure check (men and women)**

Bottom line: Routine screening for high blood pressure in adults is recommended (USPSTF 2007).

Additional information:

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- Blood pressure (BP) is described most often as the systolic pressure (measured while the heart is pushing blood through the body) over the diastolic pressure (while the heart is at rest), giving a number such as 125/75. It can be measured at home, at a clinic, or other places.
- An ideal BP is about 115/75 or lower. A normal BP can be as low as 90/60 or so, and even lower in infants and children.
- As BP's get higher than 120/80 (i.e., the top number is at least 120, or bottom number is at least 80), the risk of medical problems such as heart attacks, strokes, and kidney disease begin to increase. Lowering these BP's lowers the risk.
- "Pre-hypertension" means BP's of 120-139/80-89, and is treated with lifestyle measures such as limiting alcohol to about 1-2 drinks a day, limiting salt, exercising regularly, stress reduction, and eating lots of fruits and vegetables.
- "Hypertension" means BP's of 140/90 or higher, and is treated with the lifestyle measures listed above, with medications if needed.

✓ **Cholesterol check (men and women)**

Bottom line: Routine cholesterol screening in men age 35 and over is recommended. Screening is also recommended in men age 20-34 and women age 20 or over who are at high risk for coronary heart disease (see below) (USPSTF 2008).

Additional information:

- Cholesterol is made up of 3 main parts:
 - ✓ LDL (low-density lipoprotein), the "bad" cholesterol
 - ✓ HDL (high-density lipoprotein), the "good" cholesterol that acts like a vacuum cleaner cleaning out the bad cholesterol from your bloodstream
 - ✓ Triglycerides, which are also bad if high enough
- Most of your cholesterol comes from your liver, but about 1/4th of it comes from what you eat. Cholesterol is needed for several important bodily functions, but if the LDL or triglycerides are too high, or the HDL is too low, your chance of heart and other blood vessel disease is increased.
- Screening should include at least measurement of the total cholesterol and high density lipoprotein (HDL) levels, which can be done with or without fasting ("fasting" means not eating or drinking anything except water and perhaps taking medications for a period of 10-12 hours before testing). If the total or HDL cholesterol are abnormal, a full fasting lipid panel with low density lipoprotein (LDL) and triglyceride measurements may be helpful to clarify treatment goals.
- What your LDL, triglycerides, and HDL should be is different for everyone, based on their particular level of risk. In general, the ideal LDL should be under 160 (or even lower based on risk), the triglycerides should be under 150, and the HDL should be over 40.

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- Detecting and treating abnormal cholesterol in men aged 35 or more, men age 20-34 or women age 20 or more at high risk for coronary heart disease has been shown to decrease the risk for heart disease.
- “High risk” for coronary heart disease here means having one of the following:
 - ✓ diabetes
 - ✓ a personal history of coronary heart disease, or blood vessel disease in other areas such as the arteries in the neck, legs, or abdomen
 - ✓ a family history of “early” coronary heart disease. “Early” means under age 50 in a male relative, or under age 60 in a female relative
 - ✓ tobacco use
 - ✓ high blood pressure
 - ✓ a BMI (body mass index) of 30 or greater (the BMI is an estimate of how much body fat you have, based on your height and weight – to calculate your BMI, go to <http://www.nhlbisupport.com/bmi/>)
- There is not enough evidence to say whether or not such detection and treatment is beneficial in men aged 20-34 or women aged 20 or more at low risk.
- How often to have your cholesterol checked is not known, but experts suggest checking it every five years if it is normal.
- The age at which to stop screening is not known. On the one hand, cholesterol levels in people over 65 years of age are less likely to increase, but on the other hand, the chance of heart disease in this age group is higher so they stand to benefit more from detection and treatment.

✓ **Problem drinking (men and women)**

Bottom line: Routine screening for alcohol misuse is recommended (USPSTF 2004).

Additional information:

- Light or moderate alcohol use, which has been defined by the National Institute of Health as up to two standard drinks per day by men up to age 65, and up to one drink per day by men or women over the age of 65 or younger adult women, has been associated with some health benefits. However, drinking often causes repeated problems with health, emotions, and other social functions such as work.
- Screening tools and counseling have been shown to help persons with harmful drinking behaviors.
- One of the most studied tests for harmful drinking behaviors was developed by the World Health Organization and is called the Alcohol Use Disorders Identification Test (AUDIT). Here is a link to a website that allows you to take the AUDIT test:
http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=1860&cn=14

✓ **Depression check (men and women)**

Bottom line: Routine screening for depression is recommended (USPSTF 2002).

Additional information:

- Depressed people often do not realize they are depressed and that effective treatment is available. Therefore, doctors and other healthcare providers are advised to screen for depression with any of a number of effective screening tools.
- One of the simplest screening tools for depression is the following two questions: "Over the past 2 weeks, have you felt down, depressed, or hopeless?" and "Over the past 2 weeks, have you felt little interest or pleasure in doing things?" If you answer "yes" to either of these, it is possible that you are depressed – see your healthcare provider and be evaluated.
- How often to screen for depression is not known.

✓ **Tobacco use (men and women)**

Bottom line: If you smoke or otherwise use tobacco, quit. If you don't, don't start (USPSTF 2003).

Additional information:

- Tobacco use is harmful. It leads to various cancers. It also leads to heart and lung disease and strokes. Quitting smoking decreases these risks.
- If you smoke or use tobacco, your healthcare provider can provide reasons to quit, as well as medications and other resources to help you quit.
- One free and helpful resource is the Tobacco Quit Line (1-877-270-STOP).

✓ **Healthy diet (men and women)**

Bottom line: Eating a healthy diet can help prevent a number of diseases such as diabetes, stroke, some types of cancer, and heart disease (based on the work of the Harvard School of Public Health, as outlined on their website)

Additional information:

While everyone has individual needs, research shows that the following are components of a healthy diet for most people. A good source for further detail on healthy nutrition is the Harvard School of Public Health's online "Nutrition Source" at <http://www.hsph.harvard.edu/nutritionsource/index.html>:

- Maintain a healthy weight by balancing calories burned off and calories eaten.

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- Eat plenty of whole grains such as 100% whole wheat breads and pastas, brown rice, oatmeal and whole grain cereals. Eat low amounts of refined grains such as white bread, white rice and white pastas.
- Limit simple sugars such as sodas, sweets, and many juices.
- Favor plant oils and fish over animal fats in other meats and dairy products.
- Avoid trans-fatty acids (or “partially-hydrogenated” oils).
- Eat lots of fruits and (especially) vegetables.

✓ **Exercise (men and women)**

Bottom line: If you are able, exercise for at least 30 minutes on most days (Department of Health and Human Services 2002).

Additional information:

- Much research shows that regular physical activity can help prevent problems such as high blood pressure, heart disease, obesity, some cancers, and osteoporosis (thinning of the bones).
- Health benefits are seen with as little as 30 minutes of walking or biking on most days of the week, and increase with increasing levels of activity.

✓ **Healthy weight (men and women)**

Bottom line: Routine screening for obesity, along with intensive counseling and behavior change training to promote sustained weight loss for those who are obese is recommended (USPSTF 2003).

Additional information:

- Obesity is associated with an increased risk for many diseases such as heart disease, cancer and arthritis.
- Obesity refers to a Body Mass Index (BMI) of 30 or more. The BMI is an estimate of body fat, adjusted for height. To calculate your BMI, go to <http://www.nhlbisupport.com/bmi/>
- Combined nutrition education and exercise counseling, along with learning behavioral techniques to make changes, are effective to lose weight.
- The long-term safety and effectiveness of weight loss medications are not known, but they can be effective in the short run. Weight loss surgery is also effective and may be considered in some people along with safer treatments.

✓ **Tetanus booster (men and women)**

Bottom line: After your initial shots, usually as a child, get a Tetanus and Diphtheria booster vaccine every 10 years (with one of these boosters as a Tdap (Tetanus, Diphtheria and Acellular Pertussis prior to age 65). Additional doses may be recommended in high-risk situations (ACIP).

Additional information: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-dtap.pdf>

✓ **Measles, Mumps and Rubella (MMR) vaccine (men and nonpregnant women)**

Bottom line: Vaccination with one or two doses of MMR vaccine is recommended, depending on level of risk, if not already known to have had the infections or vaccinations already (ACIP). If you were born before 1957 you were almost certainly exposed to Measles and Mumps already, are probably immune, and do not need the vaccine. Women able to get pregnant (but not pregnant at the time) should be vaccinated or have their blood checked for Rubella immunity, because Rubella puts the unborn baby at risk of birth defects.

Additional information: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mmr.pdf>

✓ **Chicken Pox (Varicella) vaccine (men and nonpregnant women)**

Bottom line: Vaccination with two doses of the Chicken Pox vaccine is recommended for all adults who have not either had Chicken Pox or already had two doses as a child (ACIP). People born in the U.S. before 1980 are considered immune, unless pregnant or a health care worker (when we want to be more careful).

Additional information: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-varicella.pdf>

✓ **Influenza vaccine (men and women)**

Bottom line: All adults 50 years or older, or earlier if at high risk, should get one dose of influenza vaccine each year in October or November (ACIP).

Additional information for flu shot:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf>

Additional information for flu vaccine nasal spray mist:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf>

✓ **Pneumonia (Pneumococcal) vaccine (men and women)**

Bottom line: All adults 65 years or older, or sooner if at high risk, should get one dose of the Pneumococcal vaccine. High risk persons should get two doses, starting at an earlier age (ACIP).

Additional information: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-ppv.pdf>

✓ **Shingles vaccine (Zostavax)**

Bottom line: The Shingles vaccine, Zostavax, is recommended as a one-time dose for all adults aged 60 years or over.

Additional information: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-shingles.pdf>

Not routinely recommended – proceed with caution

(some may be recommended for certain high-risk persons)

Being “screened” means being checked for a problem when you don’t have any signs or symptoms of that problem. *If you do have signs or symptoms of any of these problems, you should be evaluated by your healthcare provider.* For example, even if routine screening for skin cancer has not been proven to make any difference, you should still see your healthcare provider if you have a mole that changes color or grows.

If you are concerned about these possibilities, feel you are high risk, or simply want to be checked, discuss them with your healthcare provider.

✓ **Being routinely screened for glaucoma** (increased pressure in the eye)

✓ **Being routinely screened for lung cancer**

(The best way to prevent lung cancer is to not smoke)

- ✓ **Being routinely screened for oral (mouth), cancer**
(The best way to prevent oral cancer is to not use tobacco and limit alcohol use)
- ✓ **Being routinely screened for cancer of the prostate gland**
- ✓ **Routine mammograms for women age 75 or over, clinical breast exams (by health care providers) in women age 40 or over, or the use of digital mammography (as opposed to regular film mammograms) or MRI (Magnetic Resonance Imaging) for screening**
- ✓ **Being routinely screened for skin cancer**
(You should still see your healthcare provider if you have unexplained skin problems or changes in moles)
- ✓ **Taking vitamins to prevent cancer and cardiovascular disease**
(Although women capable of getting pregnant benefit from taking folate to prevent birth defects in their babies)
(Taking beta-carotene may actually be harmful to smokers)
- ✓ **Screening for coronary heart disease using the following nontraditional risk factors:**
 - A blood test for inflammation called the high-sensitivity C-reactive protein (hs-CRP)
 - A comparison of blood pressures at the ankle and arm called the Ankle-brachial Index (ABI)
 - White blood cell count
 - Fasting blood sugar
 - Periodontal (gum) disease
 - Thickening of the inner lining of the carotid neck arteries
 - CT scans of the heart to look for calcium deposits
 - Homocystein levels in the blood
 - Lipoprotein (a) levels in the blood
- ✓ **Being routinely screened for the human immunodeficiency (HIV) or AIDS virus**
(Screening is recommended in high-risk and pregnant persons)
- ✓ **Being routinely screened for dementia (decreased mental functioning)**
- ✓ **Being routinely screened for suicide risk**
- ✓ **Being routinely screened for thyroid disease**

- ✓ **Being routinely screened for diabetes mellitus type 2 unless your blood pressure is 135/80 or higher treated or untreated. Diabetes mellitus type 2 diabetes usually comes on in adulthood and is usually associated with being overweight.**
(Exercising, eating a healthy diet, and maintaining a healthy weight decrease the chance of developing type 2 diabetes)
 - ✓ **Being routinely screened for an abdominal aortic aneurysm (ballooning out of your aorta blood vessel in your abdomen) (men)**
(This *has* been shown to be useful in men aged 65-75 who have smoked)
 - ✓ **Being screened for colon cancer (males 76-85)**
 - ✓ **Having your vision checked routinely (males and females, age 65 and older)**
-

NOT recommended in most cases

(some may be recommended for certain high-risk individuals)

The following preventive measures are generally recommended against in average- or low-risk individuals. Current research in these areas indicates that the possible harms (such as cost, false positive test results and unnecessary testing or procedures) may be greater than the benefits. However, *they may be recommended for certain high-risk individuals*. Talk to your doctor or nurse practitioner if you think they might be right for you.

- ✓ **Bladder Cancer screening**
(If you smoke, consider quitting to reduce your risk of bladder cancer)
- ✓ **Genetic counseling or breast cancer gene (BRCA1 or BRCA2) testing (women)**
(May be recommended in women at high risk for breast or ovary cancer)
- ✓ **Medications to prevent breast cancer (women)**
(If someone is at high risk for breast cancer and low risk for complications from these medications, the benefits may outweigh the risk, but otherwise they don't appear to)
- ✓ **Screening for cancer of the ovaries (women)**
(Screening has not been shown to decrease deaths from ovarian cancer, and 98 out of 100 positive tests will actually be *falsely* positive in women without ovarian cancer)
- ✓ **Screening for cancer of the pancreas**
- ✓ **Screening for an abdominal aortic aneurysm (women)**

- ✓ **Screening for cancer of the testicles (the actual medical term is “testes”) (males)**
(Very rare cancer and most often curable after symptoms develop)
- ✓ **Screening for coronary heart disease**
(There are, however, many ways to reduce the risk of this disease, such as not smoking, eating a healthy diet, maintaining a healthy weight, and controlling high blood pressure, high cholesterol, or diabetes)
- ✓ **Screening for peripheral (in the arms or legs) arterial blockage**
(Reduce risk of this by exercising and not smoking)
- ✓ **Screening for bacteria in the bladder that is not causing symptoms**
- ✓ **Screening for genital herpes (a sexually transmitted infection)**
- ✓ **Screening for gonorrhea (a sexually transmitted infection)**
(This is recommended in some high-risk persons)
- ✓ **Screening for Hepatitis B virus infection**
(Vaccination is recommended for children and high-risk adults)
- ✓ **Screening for Hepatitis C virus infection**
- ✓ **Screening for syphilis (a sexually transmitted infection)**
- ✓ **Screening for prostate cancer in men age 75+**
- ✓ **Screening for colon cancer in men and women age 86+**
- ✓ **Hormone therapy for the prevention of chronic disease in women after menopause**
While taking estrogen with or without progesterin can reduce the risk of fractures related to thinning of the bones (osteoporosis), it increases the risk of other illnesses such as heart disease and breast cancer, and on balance the risks outweigh the potential benefits. Taking these medications to treat severe menopause symptoms for a limited time may be beneficial and is not being addressed here.
- ✓ **Screening for COPD (Chronic Obstructive Pulmonary Disease) with a breathing test called spirometry**
- ✓ **Being checked for blockages in your neck arteries (carotid arteries)**

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Disclaimer

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These guidelines are for low risk adults. If you are pregnant, have medical problems, or are at high risk for medical conditions, they may not apply to you.

These guidelines are a publication of Proven Health Ways, Inc, formed using the work of the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP), unless a different source is given. New research may make them outdated between the time they are written and the time they are read.

The guidelines are written for populations, rather than individuals. People using them should think about their own particular risks, allergies, likes and dislikes, pregnancy and the possibility of pregnancy, and current medical problems and treatments. Talk to your own health care provider to see if they are right for you.

Receipt of this publication does not create a physician-patient relationship. The information provided is not intended as, nor should it be construed as, medical diagnosis, advice or treatment. This information should not be used in place of consultation with or the advice of your physician or another qualified health care provider. In case of an emergency call 911. Always consult with your physician or another qualified health care provider before embarking on a new treatment, diet or fitness program.

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