

BODY MASS INDEX (BMI) FOR ADULTS

Locate height and weight range. The number at the top of the column is the BMI. Maximum healthy weight is defined as BMI < 25.

BMI	Healthy Weight						Overweight					Obese									Extremely Obese						
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
	Weight in Pounds																										
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322
6'	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369

BMI is a general measure and healthy limits may vary for some groups.

To calculate exact BMI: weight in pounds – height in inches squared X 703.

Source: National Heart, Lung and Blood Institute (www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm).

10 STEPS to a LONGER and HEALTHIER LIFE

1. HAVE A REGULAR DOCTOR OR OTHER HEALTH CARE PROVIDER
2. BE TOBACCO-FREE
3. KEEP YOUR HEART HEALTHY
4. KNOW YOUR HIV STATUS
5. GET HELP FOR DEPRESSION
6. LIVE FREE OF DEPENDENCE ON ALCOHOL AND DRUGS
7. GET CHECKED FOR CANCER
8. GET THE IMMUNIZATIONS YOU NEED
9. MAKE YOUR HOME SAFE AND HEALTHY
10. HAVE A HEALTHY BABY

Source: **TAKE CARE NEW YORK:**
A policy for a healthier New York City.
City Health Information, 2004:23(3)11-18.



City Health Information

The New York City Department of Health and Mental Hygiene

A GUIDE for
PHYSICIANS



KEY PREVENTIVE
SERVICES for ADULTS



MORE INFORMATION:
TAKECARENEWYORK.ORG

nyc.gov/health

Adapted from the U.S. Preventive Services Task Force, the Centers for Disease Control and Prevention, the National Institutes of Health, and the American Diabetes Association.

1. MONITORING

	AGE	18	25	30	35	40	45	50	55	60	65	70	75+
Blood Pressure		Every 1 to 2 years											
Height and Weight		BMI 25 or higher: advise to increase physical activity and eat less/smaller portions											
Cholesterol (Men)													Every 5 years
Cholesterol (Women)													Every 5 years
Diabetes/Pre-diabetes ①		Screen all patients with hypertension or hyperlipidemia											
Colorectal Cancer ②													Colonoscopy: every 10 years
WOMEN													
Breast Cancer													Mammogram: every 1 to 2 years
Cervical Cancer ③		Pap test: every 1 to 3 years											
Chlamydia (if sexually active)		Every year											
2. IMMUNIZATIONS													
Tetanus-Diphtheria (Td)		Every 10 years											
Hepatitis B ④		High-risk groups: 3 doses (0, 1–2, 4–6 months)											
Influenza ⑤													Every year
Pneumococcal ⑥													1 dose

① Preferred test: fasting plasma glucose. Pre-diabetes: 100 to 125 mg/dL; Diabetes: ≥ 126 mg/dL. Screen periodically patients 45 and older if BMI is 25 or higher.

② Persons at high risk should begin colonoscopy at age 40 or younger. Risk factors include personal or family history of colorectal cancer, inflammatory bowel disease, colon polyps, or a history consistent with a hereditary cancer syndrome. (Annual fecal occult blood test is an acceptable alternative for those unable or unwilling to undergo colonoscopy.)

③ There is no upper age limit, but regular Pap tests may be stopped at 65 for those with consistently normal recent results. Pap tests are not

necessary after a hysterectomy in which the cervix was removed for reasons *other* than cervical cancer or its precursors.

④ High-risk groups include: men who have sex with men; people with multiple sex partners; injection-drug users; health care workers.

⑤ Others at high risk: pregnant women, residents and employees of nursing homes and other long-term care facilities, and those with diabetes, immune deficiency, renal, cardiac, or pulmonary disease (including asthma).

⑥ Also recommended for those with chronic illnesses or immune deficiency. A single re-vaccination is recommended after 5 years for those with immune deficiency, and for people 65 and older who were vaccinated before age 65.

3. SCREENING AND COUNSELING

	AGE	18	25	30	35	40	45	50	55	60	65	70	75+
Healthy Heart		Encourage healthy weight and at least 30 mins of physical activity (such as a brisk walk) at least 5 days/week to prevent or control diabetes, high blood pressure, and high cholesterol.											
Smoking Cessation		Ask every patient about smoking status at every office visit. Counsel to quit with clear, <i>personalized</i> advice. Provide brief counseling and prescribe nicotine replacement therapy and/or bupropion. Recommend a smoke-free home.											
HIV Status		Ask HIV status and test if unknown, unless refused. Recommend condoms, safer sex, and safe needle use to protect self and others.											
Depression ⑦		Screen for depression using the PHQ-2, then PHQ-9. Prescribe antidepressants when indicated. Counsel as appropriate and refer when necessary.											
Alcohol Use ⑧		Ask every patient about alcohol use. Screen for problems with CAGE-AID . Offer brief counseling including feedback, advice, and strategies to reduce or stop drinking. Emphasize patient responsibility. Provide or refer for therapy and/or medications if appropriate. Follow up.											
Drug Use ⑧		Ask every patient about prescription and illicit drug use. Screen for problems with CAGE-AID . Discuss treatment options, including buprenorphine for heroin and other opiate addiction, and harm-reduction strategies. Provide or refer for treatment. Follow up.											
WOMEN													
Reproductive Health		Take a sexual history of all patients. If pregnancy is possible, prescribe 0.4 mg/day folic acid. Encourage/prescribe contraception.											
Domestic Violence		Screen and be alert for signs of abuse. Document abuse in the medical record and refer for services.											

⑦ 2-question tool (PHQ-2):

Over the past 2 weeks, have you often been bothered by:

1. Little interest or pleasure in doing things?
2. Feeling down, depressed, or hopeless?

If "YES" to either question, follow up with the PHQ-9, a 9-item, self-administered questionnaire:

www.depression-primarycare.org/images/pdf/phq_9_quest.pdf

⑧ The **CAGE-AID** test:

1. Have you felt you ought to **Cut** down on your drinking or drug use?
2. Have people **Annoyed** you by criticizing your drinking or drug use?
3. Have you felt bad or **Guilty** about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (**Eye-opener**)?

YES to 1 or 2 questions = possible problem

YES to 3 or 4 questions = probable dependence