

ASaP Maneuvers Menu - Reference List

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Please Note: additional maneuvers were researched during the development of the ASaP Maneuvers Menu. The references listed below reflect sources of evidence considered for the selected maneuvers.

Maneuver	Reference source & recommendation
Blood pressure	<p>Rabi DM, McBrien KA, Sapir-Pichhadze R, Nakhla M, Ahmed SB, Dumanski SM, et al. Hypertension Canada’s 2020 Comprehensive Guidelines for the Prevention, Diagnosis, Risk Assessment, and Treatment of Hypertension in Adults and Children. <i>Can J Cardiol</i>. 2020 May;36(5):596–624. https://guidelines.hypertension.ca/diagnosis-assessment/measuring-blood-pressure/</p> <ul style="list-style-type: none"> Health care professionals who have been specifically trained to measure BP accurately should assess BP in all adult patients at all appropriate visits to determine car-diovascular risk and monitor antihypertensive treatment (Grade D). <p>Lindsay P, Connor Gorber S, Joffres M, Birtwhistle R, McKay D, Cloutier L. Recommendations on screening for high blood pressure in Canadian adults. <i>Can Fam Physician</i>. 2013 Sep;59(9):927–33. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3771717/</p> <ul style="list-style-type: none"> We recommend blood pressure measurement at all appropriate primary care visits
Height & weight	<p>Wharton S, Lau DCW, Vallis M, Sharma AM, Biertho L, Campbell-Scherer D, et al. Obesity in adults: a clinical practice guideline. <i>CMAJ</i>. 2020 Aug 4;192(31):E875–91. https://www.cmaj.ca/lookup/doi/10.1503/cmaj.191707</p> <ul style="list-style-type: none"> Health care providers can measure height, weight and calculate the BMI in all adults (level 2a, grade B)
Exercise assessment	<p>Jain R, Stone JA, Agarwal G, Andrade JG, Bacon SL, Bajaj HS, et al. Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE) guideline for the prevention and management of cardiovascular disease in primary care: 2022 update. <i>CMAJ</i>. 2022 Nov 7;194(43):E1460–80. https://www.cmaj.ca/content/cmaj/194/43/E1460.full.pdf</p> <ul style="list-style-type: none"> The initiation of physical activity in previously inactive or highly sedentary populations should preferably take place within a comprehensive health behaviour change program. To achieve optimal health benefits, a progressive and individualized program with the target energy expenditure of moderate to vigorous physical activity for 30–60 min most days of the week is recommended. The use of practical tools to facilitate physical activity, such as pedometers, smart watches or phones, or time, distance, activity and caloric equivalence charts, may help to improve adherence. Recommendation: grade B

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	<ul style="list-style-type: none"> • Aerobic physical activity (30–60 min of moderate to vigorous intensity most days of the week) can be considered for adults who want to: <ul style="list-style-type: none"> • Achieve small amounts of body weight and fat loss. Recommendation: grade B; evidence: level 2a • Achieve reduction in abdominal visceral fat and ectopic fat, such as liver and heart fat, even in the absence of weight loss. Recommendation: grade A; evidence: level 1a • Favour weight maintenance after weight loss • Favour the maintenance of fat-free mass during weight loss • Increase cardiorespiratory fitness and mobility <p>Ross R, Chaput JP, Giangregorio LM, Janssen I, Saunders TJ, Kho ME, et al. Canadian 24-Hour Movement Guidelines for Adults aged 18–64 years and Adults aged 65 years or older: an integration of physical activity, sedentary behaviour, and sleep. <i>Appl Physiol Nutr Metab</i>. 2020 Oct;45(10 (Suppl. 2)):S57–102. https://cdnscepub.com/doi/full/10.1139/apnm-2020-0467</p> <ul style="list-style-type: none"> • Moderate to vigorous aerobic physical activities such that there is an accumulation of at least 150 minutes per week <p>US Preventive Services Task Force. Behavioral Counseling Interventions to Promote a Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults Without Cardiovascular Disease Risk Factors: US Preventive Services Task Force Recommendation Statement. <i>JAMA</i>. 2022 Jul 26;328(4):367–74. https://jamanetwork.com/journals/jama/fullarticle/2794558</p> <ul style="list-style-type: none"> • The USPSTF recommends that clinicians individualize the decision to offer or refer adults without CVD risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. (C recommendation) <p>US Preventive Services Task Force. Behavioral Counseling Interventions to Promote a Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: US Preventive Services Task Force Recommendation Statement. <i>JAMA</i>. 2020 Nov 24;324(20):2069–75. https://jamanetwork.com/journals/jama/fullarticle/2773280</p> <ul style="list-style-type: none"> • The USPSTF recommends offering or referring adults with CVD risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. (B recommendation)

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Tobacco use assessment	<p>Jain R, Stone JA, Agarwal G, Andrade JG, Bacon SL, Bajaj HS, et al. Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE) guideline for the prevention and management of cardiovascular disease in primary care: 2022 update. CMAJ. 2022 Nov 7;194(43):E1460–80. https://www.cmaj.ca/content/cmaj/194/43/E1460.full.pdf</p> <ul style="list-style-type: none"> Tobacco use status of all patients should be updated on a regular basis and health care providers should clearly advise patients to quit smoking. <p>Rabi DM, McBrien KA, Sapir-Pichhadze R, Nakhla M, Ahmed SB, Dumanski SM, et al. Hypertension Canada’s 2020 Comprehensive Guidelines for the Prevention, Diagnosis, Risk Assessment, and Treatment of Hypertension in Adults and Children. Can J Cardiol. 2020 May;36(5):596–624. https://guidelines.hypertension.ca/diagnosis-assessment/measuring-blood-pressure/</p> <ul style="list-style-type: none"> Tobacco use status of all patients should be updated on a regular basis and health care providers should clearly advise patients to quit smoking (Grade C). <p>CAN-ADAPTT. Canadian smoking cessation clinical practice guideline [Internet]. Toronto, Canada: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health.; 2011. Available from: https://www.nicotinedependenceclinic.com/en/canadaptt/home</p>
Influenza vaccination recommendation	<p>Sinilaite A, Papenburg J. Summary of the National Advisory Committee on Immunization (NACI) seasonal influenza vaccine statement for 2022–2023. Canada Communicable Disease Report (CCDR). 48(9):373–82. https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2022-48/issue-9-september-2022/summary-national-advisory-committee-immunization-naci-seasonal-influenza-vaccine-statement-2022-2023.html</p> <ul style="list-style-type: none"> NACI continues to recommend that an age-appropriate influenza vaccine should be offered annually for all individuals aged six months of age and older who do not have contraindications to the vaccine, with particular focus on people at high risk of influenza-related complications or hospitalization, people capable of transmitting influenza to those at high risk, and other groups for whom influenza vaccination is particularly recommended.

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Mammography	<p>Alberta Breast Cancer Screening Clinical Practice Guideline Committee. Alberta breast cancer screening clinical practice guideline [Internet]. Calgary, AB; 2022 Jan. Available from: https://screeningforlife.ca/wp-content/uploads/Alberta-Breast-Cancer-Screening-Guideline-2022.pdf</p> <ul style="list-style-type: none"> • Routine screening every 2 years is recommended for individuals 45 to 74.
Colorectal cancer screen	<p>Toward Optimized Practice (TOP) Working Group for Colorectal Cancer Screening. Colorectal cancer screening: clinical practice guideline. Edmonton, AB: Toward Optimized Practice; 2013 Nov. https://actt.albertadoctors.org/CPGs/Pages/Colorectal-Cancer-Screening.aspx</p> <ul style="list-style-type: none"> • Individuals at average risk should begin colorectal cancer screening at age 50 years and continue until age 74 years. Screen with FIT every 1-2 years; if positive, refer for colonoscopy.
Pap test	<p>Toward Optimized Practice (TOP) Cervical Cancer Screening Working Group. Cervical cancer screening: clinical practice guideline. Edmonton, AB: Toward Optimized Practice; 2016. https://actt.albertadoctors.org/CPGs/Pages/Cervical-Cancer-Screening.aspx</p> <ul style="list-style-type: none"> • Screening recommended every 3 years for women 25 to 69 years of age who are or have ever been sexually active <p>Canadian Task Force on Preventive Health Care. Recommendations on screening for cervical cancer. CMAJ. 2013 Jan 8;185(1):35–45. http://www.cmaj.ca/content/185/1/35.long</p> <ul style="list-style-type: none"> • For women aged 25–69 years who are or have ever been sexually active, we recommend routine screening for cervical cancer every 3 years
Plasma lipid profile	<p>Jain R, Stone JA, Agarwal G, Andrade JG, Bacon SL, Bajaj HS, et al. Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE) guideline for the prevention and management of cardiovascular disease in primary care: 2022 update. CMAJ. 2022 Nov 7;194(43):E1460–80. https://www.cmaj.ca/content/cmaj/194/43/E1460.full.pdf</p> <ul style="list-style-type: none"> • We recommend lipid or lipoprotein screening (in either fasting or nonfasting state) for men and women aged > 40 yr or at any age with 1 of the specific conditions listed. <p>Pearson GJ, Thanassoulis G, Anderson TJ, Barry AR, Couture P, Dayan N, et al. 2021 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in Adults.</p>

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	<p>Canadian Journal of Cardiology. 2021 Aug 1;37(8):1129–50. https://www.onlinecjc.ca/article/S0828-282X(21)00165-3/fulltext</p> <ul style="list-style-type: none"> We continue to recommend lipid/lipoprotein screening (in either fasting or non fasting state) for men and women older than 40 years of age or at any age with one of the specific conditions listed in Table 1. The non fasting state is recommended (except for individuals with known triglycerides > 4.5 mmol/L) because it leads to minimal changes in relevant lipid levels and has no effect on apolipoprotein levels compared with the fasting state
CV risk calculation	<p>Jain R, Stone JA, Agarwal G, Andrade JG, Bacon SL, Bajaj HS, et al. Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE) guideline for the prevention and management of cardiovascular disease in primary care: 2022 update. CMAJ. 2022 Nov 7;194(43):E1460–80. https://www.cmaj.ca/content/cmaj/194/43/E1460.full.pdf</p> <p>We recommend that a CV risk assessment be completed every 5 years for men and women aged 40 to 75 yr using the modified FRS or CLEM to guide therapy to reduce major CV events. A risk assessment might also be completed whenever a patient’s expected risk status changes.</p> <p>Pearson GJ, Thanassoulis G, Anderson TJ, Barry AR, Couture P, Dayan N, et al. 2021 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in Adults. Canadian Journal of Cardiology. 2021 Aug 1;37(8):1129–50. https://www.onlinecjc.ca/article/S0828-282X(21)00165-3/fulltext</p> <ul style="list-style-type: none"> We maintain the recommendation for regular CV risk assessments using a validated risk model in Canada (either the Framingham Risk Score [FRS] or the Cardiovascular Life Expectancy Model [CLEM]) every 5 years for men and women aged 40-75 years to guide preventive care through shared decision-making with the patient.
Diabetes screen	<p>Pottie K, Jaramillo A, Lewin G, Dickinson J, Bell N, Brauer P, et al. Recommendations on screening for type 2 diabetes in adults. CMAJ. 2012 Oct 16;184(15):1687–96. http://www.cmaj.ca/content/184/15/1687</p> <ul style="list-style-type: none"> For adults at low to moderate risk of diabetes (determined with a validated risk calculator), we recommend not routinely screening for type 2 diabetes. For adults ≥ 18 years of age, we suggest risk calculation at least every 3–5 years.

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	<p>Jain R, Stone JA, Agarwal G, Andrade JG, Bacon SL, Bajaj HS, et al. Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE) guideline for the prevention and management of cardiovascular disease in primary care: 2022 update. CMAJ. 2022 Nov 7;194(43):E1460–80. https://www.cmaj.ca/content/cmaj/194/43/E1460.full.pdf</p> <ul style="list-style-type: none"> • Screening for diabetes using FPG or A1C or both should be performed every 3 years in individuals aged ≥ 40 yr or at high risk, using a risk calculator. <p>Ekoe JM, Goldenberg R, Katz P. Screening for Diabetes in Adults. Canadian Journal of Diabetes. 2018 Apr 1;42:S16–9. https://www.canadianjournalofdiabetes.com/article/S1499-2671(17)30814-6/fulltext All individuals should be evaluated annually for type 2 diabetes risk on the basis of demographic and clinical criteria [Grade D, Consensus]. Screening for diabetes using FPG and/or A1C should be performed every 3 years in individuals ≥40 years of age or at high risk using a risk calculator [Grade D, Consensus].</p>