ASaP Maneuvers Menu – Reference List

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

Maneuver	Reference source(s)
Blood pressure	Leung AA, Daskalopoulou SS, Dasgupta K, McBrien K, Butalia S, Zarnke KB, et al. Hypertension Canada's 2017 Guidelines for Diagnosis, Risk Assessment, Prevention, and Treatment of Hypertension in Adults. Canadian Journal of Cardiology. 2017 May 1;33(5):557–76. http://www.onlinecjc.ca/article/S0828-282X(17)30110-1/fulltext • *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 cardiovascular risk and monitor antihypertensive treatment* Tobe SW, Stone JA, Walker KM, Anderson T, Bhattacharyya O, Cheng AYY, et al. Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 update. CMAJ. 2014 Nov 18;186(17):1299–305. http://www.cmaj.ca/content/186/17/1299.full • *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 CV risk and monitor antihypertensive treatment.* Lindsay P, Gorber SC, Joffres M, Birtwhistle R, McKay D, Cloutier L. Recommendations on screening for high blood pressure in Canadian adults. Can Fam Physician. 2013 Sep 1;59(9):927–33. http://canadiantaskforce.ca/ctfphc-guidelines/2012-hypertension/ • *We recommend blood pressure measurement at all appropriate primary care visits*
Height	Brauer P, Connor Gorber S, Shaw E, Singh H, Bell N, Shane ARE, et al. Recommendations for prevention of weight gain and use of behavioural and pharmacologic interventions to manage overweight and obesity in adults in primary care. CMAJ. 2015 Feb 17;187(3):184–95. http://www.cmaj.ca/content/187/3/184 • *We recommend measuring height, weight and calculating BMI at appropriate primary care visits.*

	Tobe SW, Stone JA, Walker KM, Anderson T, Bhattacharyya O, Cheng AYY, et al. Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 update. CMAJ. 2014 Nov 18;186(17):1299–305. http://www.cmaj.ca/content/186/17/1299.full • *Height, weight and waist circumference should be measured and body mass index calculated for all adults.*
Weight	Brauer P, Connor Gorber S, Shaw E, Singh H, Bell N, Shane ARE, et al. Recommendations for prevention of weight gain and use of behavioural and pharmacologic interventions to manage overweight and obesity in adults in primary care. CMAJ. 2015 Feb 17;187(3):184–95. http://www.cmaj.ca/content/187/3/184 • *We recommend measuring height, weight and calculating BMI at appropriate primary care visits.* Tobe SW, Stone JA, Walker KM, Anderson T, Bhattacharyya O, Cheng AYY, et al. Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 update. CMAJ. 2014 Nov 18;186(17):1299–305. http://www.cmaj.ca/content/186/17/1299.full • *Height, weight and waist circumference should be measured and body mass index calculated for all adults. [Waist circumference not included due to issues with accuracy and patient sensitivity.]* Moyer VA. Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012 Sep 4;157(5):373–8. http://annals.org/article.aspx?articleid=1355696 • *Recommends screening all adults for obesity* Lau D, Douketis J, Morrison K, Obesity Canada Clinical Practice Guidelines Expert Panel. 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children [summary]. CMAJ. 2007;176(8):S1-13. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839777/ • *Recommend measuring body mass index in all adults; recommend measuring waist circumference in all adults to assess obesity-related health risks. [Waist circumference not included due to issues with accuracy and patient sensitivity.]*
Exercise assessment	Tobe SW, Stone JA, Walker KM, Anderson T, Bhattacharyya O, Cheng AYY, et al. Canadian Cardiovascular Harmonized

National Guidelines Endeavour (C-CHANGE): 2014 update. CMAJ. 2014 Nov 18;186(17):1299–305. http://www.cmaj.ca/content/186/17/1299.full

- *To achieve health benefits, adults aged 18 – 64 years should accumulate at least 150 min of moderate-to-vigorous intensity aerobic physical activity per week, in bouts of 10 min or more.*

Tremlay M, Warburton D, Janssen I, Paterson D, Latimer A, Rhodes R, et al. Canadian physical activity guidelines. Ottawa, ON: Canadian Society for Exercise Physiology; 2011 Jan. http://www.csep.ca/CMFiles/Guidelines/CSEP-InfoSheetsComplete-ENG.pdf

- *To achieve health benefits, adults aged 18-64 years should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more. To achieve health benefits, and improve functional abilities, adults aged 65 years and older should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.*

Moyer VA. Behavioral counseling interventions to promote a healthful diet and physical activity for cardiovascular disease prevention in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012 Sep 4;157(5):367–71. http://annals.org/article.aspx?articleid=1355698

- *Although the correlation among healthful diet, physical activity, and the incidence of CVD is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting to promote a healthful diet and physical activity is small.*
- *Concludes with moderate certainty that medium- or high-intensity behavioral counseling interventions in the primary care setting to promote a healthful diet and physical activity have a small net benefit in adult patients without CVD, hypertension, hyperlipidemia, or diabetes.*

Lin JS, O'Connor E, Whitlock EP, Beil TL, Zuber SP, Perdue LA, et al. Behavioral Counseling to Promote Physical Activity and a Healthful Diet to Prevent Cardiovascular Disease in Adults: Update of the Evidence for the U.S. Preventive Services Task Force. Rockville (MD): Agency for Healthcare Research and Quality (US); 2010. http://www.ncbi.nlm.nih.gov/books/NBK51030/

- *Medium- to high-intensity dietary behavioral counseling resulted in small but statistically significant changes in adiposity, blood pressure, and cholesterol, as well as medium to large changes in self-reported dietary and*

	physical activity behaviors. Evidence for changes in physiologic outcomes was strongest for high-intensity counseling interventions. Medium- to high-intensity physical activity counseling resulted in increases in self-reported physical activity.
Tobacco use assessment	Leung AA, Daskalopoulou SS, Dasgupta K, McBrien K, Butalia S, Zarnke KB, et al. Hypertension Canada's 2017 Guidelines for Diagnosis, Risk Assessment, Prevention, and Treatment of Hypertension in Adults. Canadian Journal of Cardiology. 2017 May 1;33(5):557–76. http://www.onlinecjc.ca/article/S0828-282X(17)30110-1/fulltext • *Tobacco use status of all patients should be updated on a regular basis and health care providers should clearly advise patients to quit smoking.* Tobe SW, Stone JA, Walker KM, Anderson T, Bhattacharyya O, Cheng AYY, et al. Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 update. CMAJ. 2014 Nov 18;186(17):1299–305. http://www.cmaj.ca/content/186/17/1299.full • *All patients/clients should be asked if they use tobacco and should have their tobacco use status documented on a regular basis.* CAN-ADAPTT. Canadian smoking cessation clinical practice guideline. Toronto, Canada: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health.; 2011. https://www.nicotinedependenceclinic.com/English/CANADAPTT/Documents/CAN-ADAPTT%20Canadian%20Smoking%20Cessation%20Guideline_website.pdf • *Tobacco use status should be updated, for all patients/clients, by all health care providers on a regular basis.*
Influenza vaccination recommendation	National Advisory Committee on Immunization (NACI). Statement on seasonal influenza vaccine for 2014-2015 [Internet]. Government of Canada; 2014 [cited 2014 Dec 5]. Available from: http://www.phac-aspc.gc.ca/naci-ccni/flu-grippe-eng.php • *NACI now recommends influenza vaccination for all individuals aged 6 months and older, 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 others as indicated in Table 5.*
Mammography	Toward Optimized Practice (TOP) Working Group for Breast Cancer Screening. Breast cancer screening: clinical practice guideline. Edmonton, AB: Toward Optimized Practice; 2013 Mar. http://www.topalbertadoctors.org/cpgs/2886567

	• *Women aged 50 to 74 years should have a screening mammogram every two years* Canadian Task Force on Preventive Health Care, Tonelli M, Gorber S, Joffres M, Dickinson J, Singh H, et al. Recommendations on screening for breast cancer in average-risk women aged 40–74 years. CMAJ. 2011 Nov 22;183(17):1991–2001. http://www.cmaj.ca/content/183/17/1991.full • *For women aged 50–74 years, we recommend routinely screening with mammography every two to three years*
Colorectal cancer screen	Toward Optimized Practice (TOP) Working Group for Colorectal Cancer Screening. Colorectal cancer screening: clinical practice guideline. Edmonton, AB: Toward Optimized Practice; 2013 Nov. http://www.topalbertadoctors.org/cpgs/30429617 • *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.* Canadian Task Force on Preventive Health Care, Bacchus CM, Dunfield L, Gorber SC, Holmes NM, Birtwhistle R, et al. Recommendations on screening for colorectal cancer in primary care. CMAJ. 2016 Mar 15;188(5):340–8. https://www.ncbi.nlm.nih.gov/pmc/articles/pmid/26903355/ • *We recommend screening adults aged 60 to 74 years for colorectal cancer with FOBT (either gFOBT or FIT) every two years or flexible sigmoidoscopy every 10 years.* • *We recommend screening adults aged 50 to 59 years for colorectal cancer with FOBT (either gFOBT or FIT) every two years or flexible sigmoidoscopy every 10 years.* • *We recommend not screening adults aged 75 years and older for colorectal cancer.* • *We recommend not using colonoscopy as a screening test for colorectal cancer.* Bibbins-Domingo K, Grossman DC, Curry SJ, Davidson KW, Epling JW, García FAR, et al. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. JAMA. 2016 Jun 21;315(23):2564–75. http://jamanetwork.com/journals/jama/fullarticle/2529486 • *The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The decision to screen for colorectal cancer in adults aged 76 to 85 years should be an individual one, taking into account the patient's overall health and prior screening history.* • *The risks and benefits of different screening methods vary. See the Clinical Considerations section and the Table for details about screening strategies.*

Pap test	Toward Optimized Practice (TOP) Cervical Cancer Screening Working Group. Cervical cancer screening: clinical practice guideline. Edmonton, AB: Toward Optimized Practice; 2016. http://www.topalbertadoctors.org/cpgs/919105 • *Screening recommended every 3 years for women 25 to 69 years of age who are or have ever been sexually active* 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 • *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	Toward Optimized Practice (TOP) Cardiovascular Disease Risk Working Group. Prevention and management of cardiovascular disease risk in primary care. 2017 update. Edmonton, AB: Toward Optimized Practice; 2015 Feb. http://www.topalbertadoctors.org/cpgs/54252506 • *Fasting for lipid tests is NOT required* • *Screen patients without cardiovascular disease (primary prevention)* o *Lipid testing is part of global CVD risk estimation in men and women > 40 years of age* Tobe SW, Stone JA, Walker KM, Anderson T, Bhattacharyya O, Cheng AYY, et al. Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 update. CMAJ. 2014 Nov 18;186(17):1299–305. http://www.cmaj.ca/content/186/17/1299.full • *Screening of plasma lipids is recommended in men ≥ 40 and women ≥ 50 yr of age or in postmenopause*. Anderson TJ, Grégoire J, Pearson GJ, Barry AR, Couture P, Dawes M, et al. 2016 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. Canadian Journal of Cardiology. 2016 Nov 1;32(11):1263–82. http://www.onlinecjc.ca/article/S0828-282X(16)30732-2/pdf • *Screening should be considered for men and women older than 40 years of age or at any age with the conditions listed in Figure 1.*

	Bibbins-Domingo K, Grossman DC, Curry SJ, Davidson KW, Epling JW, García FAR, et al. Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2016 Nov 15;316(19):1997–2007. http://jamanetwork.com/journals/jama/fullarticle/2584058 • *Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.*
CV risk calculation	Toward Optimized Practice (TOP) Cardiovascular Disease Risk Working Group. Prevention and management of cardiovascular disease risk in primary care. 2017 update. Edmonton, AB: Toward Optimized Practice; 2015 Feb. http://www.topalbertadoctors.org/cpgs/54252506 • *Use any CVD risk calculator, e.g., Framingham, every time lipid testing is performed* • *Perform lipid testing and risk estimation for men and women between age 40 and 75* Tobe SW, Stone JA, Walker KM, Anderson T, Bhattacharyya O, Cheng AYY, et al. Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 update. CMAJ. 2014 Nov 18;186(17):1299–305. http://www.cmaj.ca/content/186/17/1299.full • *We recommend that a cardiovascular risk assessment, using the "10-year risk" provided by the Framingham model, be completed every 3–5 yearrs for men aged 40–75 and women aged 50–75 years.* Anderson TJ, Grégoire J, Pearson GJ, Barry AR, Couture P, Dawes M, et al. 2016 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. Canadian Journal of Cardiology. 2016 Nov 1;32(11):1263–82. http://www.onlinecjc.ca/article/S0828-282X(16)30732-2/pdf • *We recommend that a CV risk assessment be completed every 5 years for men and women aged 40 to 75 years 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* Bibbins-Domingo K, Grossman DC, Curry SJ, Davidson KW, Epling JW, García FAR, et al. Statin Use for the Primary

	Prevention of Cardiovascular Disease in Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2016 Nov 15;316(19):1997–2007. http://jamanetwork.com/journals/jama/fullarticle/2584058 *To determine whether a patient is a candidate for statin therapy, clinicians must first determine the patient's risk of having a future CVD event.*
Diabetes screen	Tobe SW, Stone JA, Walker KM, Anderson T, Bhattacharyya O, Cheng AYY, et al. Canadian Cardiovascular Harmonized National Guidelines Endeavour (C-CHANGE): 2014 update. CMAJ. 2014 Nov 18;186(17):1299–305. http://www.cmaj.ca/content/186/17/1299.full • *Screening for diabetes using FPG and/or A1c should be performed every 3 years in individuals ≥ 40 yearrs of age or at high risk using a risk calculator.* • *All individuals should be evaluated annually for type 2 diabetes risk on the basis of demographic and clinical criteria.* Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Canadian Journal of Diabetes. 2013;37(Suppl 1):S1–212. http://guidelines.diabetes.ca/Browse/Chapter4 • *Screening for type 2 diabetes using a fasting plasma glucose (FPG) and/or glycated hemoglobin (A1C) should be performed every 3 years in individuals ≥ 40 years of age or in individuals at high risk using a risk calculator* • *All individuals should be evaluated annually for type 2 diabetes risk on the basis of demographic and clinical criteria.* 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 • *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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