

Like many people, you may schedule a yearly checkup with your doctor. It usually includes a health history, physical exam and tests.

It is important to have a doctor who helps make sure the medical care that you receive is best for your individual needs. But healthy people often don't need annual physicals, and they can even do more harm than good.

Here are reasons that you can skip the some body check:

1. Annual physicals usually don't make you healthier

Your doctor may order tests like blood and urine tests, or an electrocardiogram (EKG). Sometimes, these tests are ordered for healthy people who have no risk factors. There have been many studies of the effects of these annual checkups. In general, they probably won't help you stay well and live longer. And usually they don't help you avoid hospital stays or keep you from dying of cancer or heart disease.

Careful reviews of several large studies have shown that these annual visits don't make any difference in health outcomes. In other words, having an annual body check won't necessarily keep you from getting sick, or even help you live longer.



2. Side effects of tests and screening

One problem of screening is getting a false-positive result. These false alarms can cause anxiety, and unnecessary follow-up tests and treatments.

For example, a false-positive blood test can result in a biopsy. An electrocardiogram (ECG) that is not interpreted correctly may lead to another test that exposes you to radiation. Or you might get a procedure to show arteries in the heart that has a risk of heart attack or death in two patients for every 100 who get the test.

Even if these inaccurate findings affect only a tiny percentage of the more than 200 million adults who would undergo such exams, the monetary, practical, and emotional costs are huge.

So, what tests we can actually skip?

1. Pelvic exams:

There's no evidence that pelvic exams help detect ovarian cancer or allow doctors to ease benign problems such as fibroids or cysts by treating them earlier, according to a 2014 review in *Annals of Internal Medicine*.



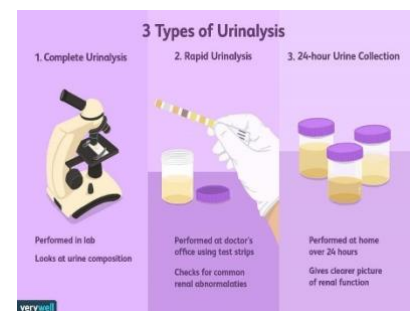
2. Chemistry screens:

These are groups of tests that are ordered (often when you go in for a physical) to determine your general health status — for example, electrolytes, proteins, and kidney and liver function. But these tests can generate false positives, says Laine, like suggesting you have a liver abnormality when you really don't, and sometimes they aren't covered by health insurance. There are certain people who should get specific types of blood work each year; someone who is on a diuretic for high blood pressure, for instance, should get his kidney function and potassium levels checked annually, since these types of medications can affect both. But there's no need to test things like thyroid hormone levels unless someone is showing symptoms of thyroid disease. "If your physician hands you a slip for blood work, you should always ask what tests they are ordering and why they want you to have them, to make sure they're really necessary," says Laine.

3. Urinalysis:

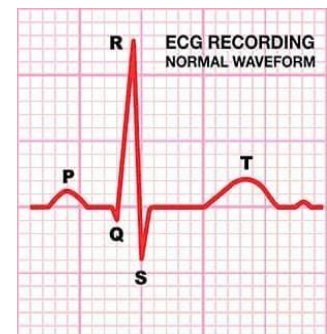
Unless you have signs of a urinary tract infection, such as frequent burning while urinating, there's no need to do this test, says Laine.

You may end up being incorrectly diagnosed with a UTI and be treated with antibiotics even though you don't have an infection.



4. Electrocardiogram:

If you don't have symptoms of heart disease, there's no benefit to getting this test, which records your heart's electrical activity. This test can result in a false positive, which means you'll have to undergo invasive unnecessary screenings such as a CT angiography.



To maintain our health, some tests still are needed.

1. Pap smear:

This test, which checks cells in the cervix for abnormalities that could potentially lead to cervical cancer, should be done every three years until age 65, or every five years if you do HPV testing along with your Pap smear. (This is true even if you've had a hysterectomy but still have a cervix.) You can safely stop once you reach age 65 and have had either three consecutive normal Pap tests or two negative HPV/Pap smear results in a row within the past 10 years, with the most recent test performed within the past five years.

2. Colon cancer screening:

Everyone over age 45 needs some form of colon cancer screening, ideally either an annual fecal immunochemical test (FIT) or a colonoscopy, according to guidelines published in June 2018 by the U.S. Multi-Society Task Force on Colorectal Cancer. But almost a quarter of screening colonoscopies in older adults over age 70 are

inappropriate, another 2013 study, published in JAMA Internal Medicine, revealed. If results are normal, you don't need another one for a decade. And you can usually stop all colon cancer screenings after age 75.

3. **Mammograms:**

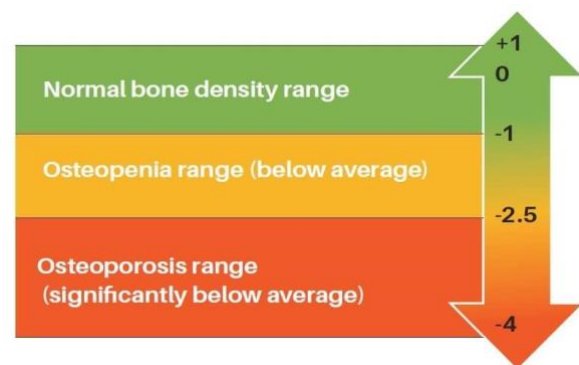
Women should get them annually from ages 45 to 54, and after that can switch to every one or two years, according to the American Cancer Society. Women over 75 should talk with their health care provider about whether testing continues to make sense for them. The American Cancer Society recommends continuing these screenings as long as you have a life expectancy of at least a decade.

4. **Prostate-specific antigen (PSA) screening:**

This test, which measures a protein made by the prostate gland — called a prostate-specific antigen — is controversial because it has a high rate of false positives: Only about 25 percent of men with high PSAs end up having prostate cancer. The U.S. Preventive Services Task Force is against routine screening in men of any age, and the American Urological Association recommends it only for men 55 to 69 who have discussed the pros and cons of testing with their doctor.

5. **Bone density scan:**

Women should get a baseline bone scan at age 65, and men, at age 70, and both should consult their doctor about having one even earlier if they have risk factors such as rheumatoid arthritis, cigarette smoking or have been using a corticosteroid drug for at least three months. If your bone density is normal, then you don't need to be screened again for 15 years, according to guidelines released by the American College of Physicians in 2017. If you have osteopenia (low bone density), you should get rechecked every two to five years, depending on severity. You don't need to get rescreened more often than every five years if you have osteoporosis and are being treated for it, as there's no evidence that there's any benefit to more frequent monitoring. There are no recommendations for when to stop screening.



And finally, when we need a body check? Should it be planned to have every year?

You might need it when:

- You are sick
- You have symptom(s) that could mean illness
- You need to manage chronic or ongoing conditions
- You are checking on the effects of a new medicine
- You are helping with risk factors like smoking or obesity

People in their twenties often do not see a health care provider for several years without risking their health, while older people who have developed risks for certain diseases may see a health care provider more often. It is best to have a trusted health care provider you see regularly who has access to your health records.

COMIC CORNER

Whubble - 12:58 Health check.



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