AARP Bulletin

How's Your Health?...Check It Out

Routine tests can detect hidden medical problems. But they have downsides, too.

By Carole Fleck
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The day Beverly Ferguson attended a health screening fair at her church in Alexandria, Va., a routine test revealed that she had dangerously high blood pressure.

Ferguson, then 52 and a program analyst for the U.S. Army, had been feeling dizzy and lightheaded for days before the fair but "ignored it," she says. A short time after she left the fair, she sought medical attention at an urgent care facility. She was treated right away with blood pressure medication that she continues to take to prevent a heart attack or stroke.

In shopping malls, churches, public schools and hospitals around the country, free or low-cost health screening fairs are becoming a popular means of promoting healthy living and raising awareness of conditions like heart disease, diabetes and colon, breast and lung cancers. For the thousands of people who attend them each year, the events are an inexpensive way to monitor their health.

Screening tests that identify risk factors or detect undiagnosed conditions enable doctors to intervene early with treatment or recommended lifestyle changes. "They can pick up some kinds of abnormalities," says Barry Portnoy, senior adviser for disease prevention at the National Institutes of Health (NIH).

But to some health care experts, frequent routine screenings—from the simple tests like those for cholesterol and blood sugar levels done at health fairs and screenings to mammograms and colonoscopies performed in hospitals or doctors' offices—are sometimes unnecessary and even harmful.

"They kind of make my skin crawl," says Diana Pettiti, M.D., vice chair of the U.S. Preventive Services Task Force, an independent panel of experts set up by Congress to make recommendations for preventive tests and screenings. "You could get false-positive test results," she says, which can lead to other unnecessary and costly tests. Or, she adds, "you could get false reassurances that deter you from seeing a doctor."

The task force doesn't favor annual physical exams across the board because it says there's not enough evidence to show a benefit. The group does recommend targeted screenings based on an individual's age, gender, underlying health condition or family history. [See What Tests Do You Need, and When?]

Dan Merenstein, M.D., assistant professor at Georgetown University Medical Center in Washington, agrees that screenings may do more harm than good for some people. A false positive on a routine urinalysis, for example, could lead to more tests, including a kidney biopsy. "Some people get sick or hurt or die of infection from a kidney biopsy," he says.

A study by Merenstein and his colleagues, published in the *American Journal of Preventive Medicine* in June, found that unnecessary medical tests cost the U.S. health

system as much as $184 million a year. The study examined the costs incurred when results from urinalyses, electrocardiograms (EKGs) and chest X-rays mistakenly showed evidence of a health problem.

"We estimate that if 20 percent of EKGs [given to asymptomatic patients in a routine exam] are false, the follow-up tests will cost about $683 million," Merenstein says, "and that doesn't account for the stress a patient feels, the time off from work they have to take and the possible complications that result from the follow-up test."

One Connecticut resident who asked that her name be withheld was stunned to learn at a health screening fair at her workplace that she had extremely elevated cholesterol levels, putting her at risk for heart disease.

"I was worried, so I checked in with my doctor," says the woman, even though she resented the cost and inconvenience of the visit. Her physician tested her in his office—this time she was told to fast first for accurate results—and the outcome was a relief. Her cholesterol levels were only marginally high, she says, and she quickly adjusted her diet to lower them.

Still, Americans are attracted to free or low-cost screening events. Nearly 1,500 people in three cities took advantage of screenings for heart disease at a traveling clinic sponsored by NIH's National Heart, Lung and Blood Institute earlier this year. Sixty-five percent were found to be at risk for heart problems, says NIH spokesman Calvin Jackson.

In Colorado, an estimated 100,000 people attend the annual health screening fairs sponsored by 9Health Fair, a nonprofit, statewide organization. Of those, some 10,000 residents find they have health concerns and are urged to follow up with their doctors for further diagnosis or treatment, says Angie Devlin, 9Health Fair's director of communications.

Despite the misgivings of some critics, most doctors agree that certain screenings make sense for most adults at certain ages.

"Our number one killer is cardiovascular disease and stroke, and hypertension is the most important risk factor for those conditions," says Daniel Lackland, professor of epidemiology and medicine at the Medical University of South Carolina in Charleston. He says it's important to keep tabs on blood pressure and cholesterol, and to know your fasting blood glucose level—an increase could indicate the onset of diabetes.

While vision checks are recommended every year or two for those 65 and older, people with glaucoma in their family history may want to start screening at 45. And hearing—which tends to worsen after age 50—should be checked every 10 years, but more often by those who find they are turning up the TV or radio so loud that others complain, or are straining to hear normal conversation.

The U.S. Centers for Disease Control and Prevention also recommends that adults up to age 64 receive HIV testing in a health clinic or doctor's office. Though risk of infection is low, older adults are the most likely of all age groups to be infected with the virus and not know it.

But routine screening for most people age 50 and older may be less important than doing things they can control, such as watching their weight, exercising and not

smoking, says Cally Vinz, director for evidence-based medicine at the Institute for Clinical Systems Improvement in Bloomington, Minn., which develops quality-care guidelines for hospitals in three states.

"If you've kept yourself healthy, and you're not at high risk for heart disease" or other conditions, Vinz says, "then you don't need frequent screenings as you get older."

Maybe not, but Ellen McCord, 70, a retired school vice principal from Temple Hills, Md., says she'll continue to seek out health fairs every chance she gets. "Through the screenings," she says, "I'm always looking for confirmation I'm on the right track with diet and exercise."

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