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We're rethinking the way we do the ANNUAL PHYSICAL

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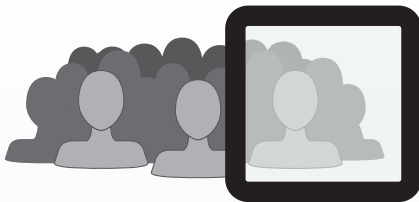
Why the rethink?

Although we like to connect over prevention and learn more about you, there is no scientific evidence that giving people an annual “checkup” actually prevents more disease and saves more lives.

Doing the same screening tests every year on everybody often means **over-testing low-risk people** and **under-testing those at higher risk of certain diseases**.



What do we mean by screening?



The testing we're rethinking is the **blanket screening** of all patients every year—regardless of whether they have symptoms or risk factors. We're not talking about tests done because of symptoms.

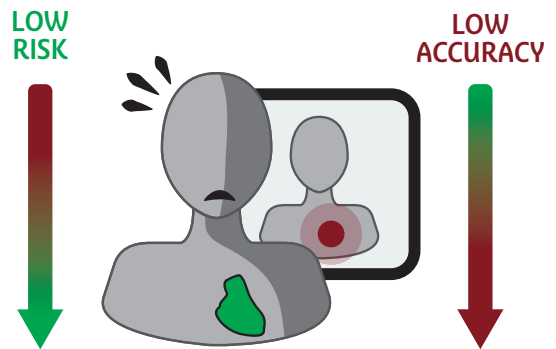
If you do have symptoms, talk to your doctor.

The Solution: Customized Care

Instead of running the same test on everybody every year, we recommend moving to a Periodic Health Review and more focused testing that takes into account your unique risk factors, your age, your lifestyle, and so on.

Is more testing better?

The lower the patient's risk for a particular illness, the less precise the test results tend to be. For low-risk patients, **more testing often leads to more misdiagnosis and is not necessarily better for one's health.**



Case Study: Ovarian Cancer Screening

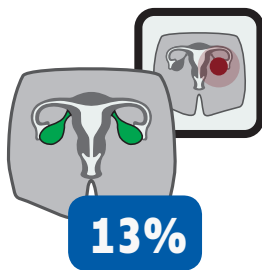
Where screening caused more harm than benefits

Ovarian cancer can be hard to detect, so screening all women might seem like it makes sense. Screening for ovarian cancer involves two tests:

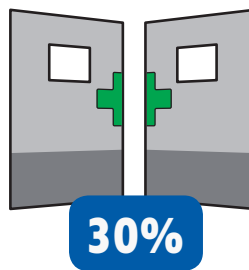
1. ultrasound and 2. blood test.

A recent study looked at whether screening actually helped women **who didn't have symptoms or risk factors for ovarian cancer**. Although ovarian cancer was diagnosed more in the screening group, **this did not lead to more saved lives.**

In addition, when we followed the women who were screened:



*of screened patients
had false alarms*



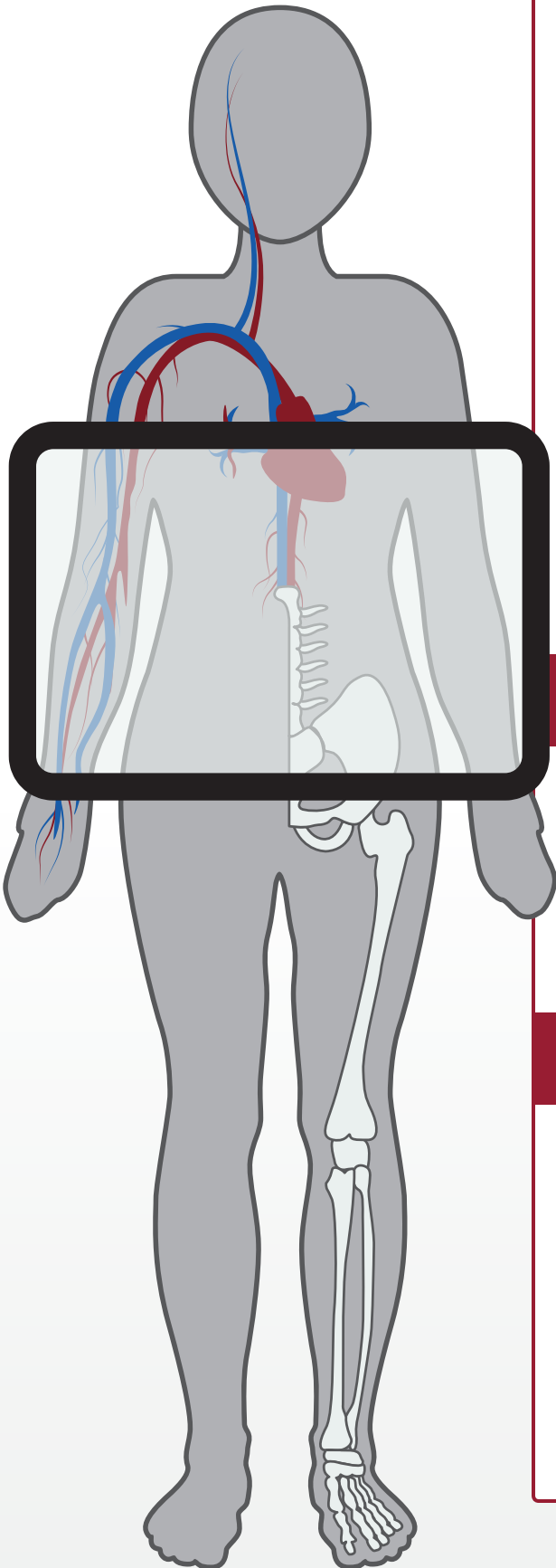
*of the false alarms
led to surgeries*



*of those surgeries had
serious complications*

So, you can see with this example that what seems like a simple test that makes sense can actually backfire and **cause more health problems than it prevents.**

6 Tests to Rethink*



Optimal timing

1. Cholesterol levels

- Low-risk people can be tested every 3-5 years
- High-risk people tested more frequently

2. Blood sugar levels

- Low-risk people can be tested every 3 years
- High-risk people tested more frequently

3. Bone densitometry

- Test people older than 65 years and those with risk factors
- Any changes between first and second test inform frequency for subsequent tests
- Low-risk people can be tested every 5-10 years
- High-risk people tested every 2 years

Change in timing

4. Cervical cancer screening

- First Pap smear between 21-25 years
- Pap smears, can be done every three years (unless there is an abnormal test) until the age of 70 years.

Only when prompted

5. Electrocardiogram (ECG)

- No ECG for low-risk people
- 30-50% of people with a healthy heart have ECG abnormalities

6. Thyroid function

- Test only when there are symptoms (e.g., sudden onset of fatigue that persists)

*Please consult relevant provincial guidelines.

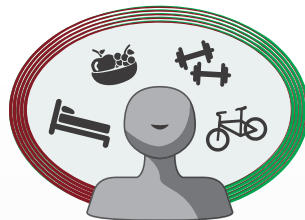
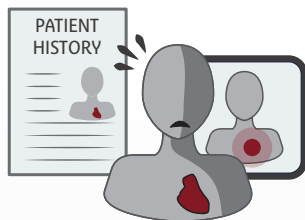
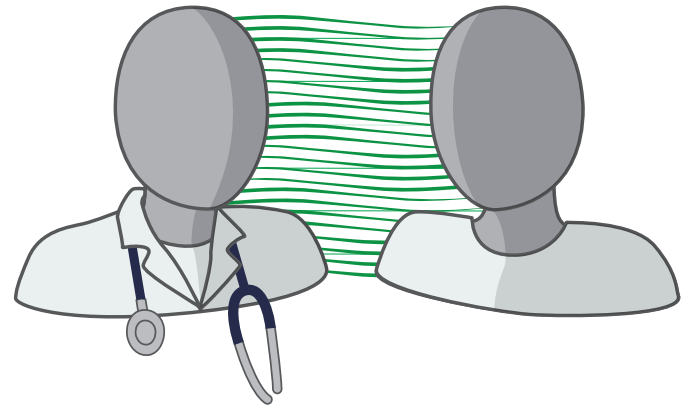
What's the best approach for you?

It's not actually about more testing, but rather **maintaining a good relationship with your doctor.**

Having open conversations, partnering around prevention, and trying to make positive change are critical to making the most of preventive visits with your family doctor.

Smarter screening considers your personal values and individual risk factors alongside scientific evidence.

Simple changes such as walking more, curbing mindless overeating, and having good friendships are priorities.



Keep in touch with
your doctor:

Resources:

For more information, visit www.cfpc.ca/ChoosingWisely.

See advice for when you need a test and when you don't at www.choosingwisely.ca.

Watch Dr. Mike's videos on smart testing and more at www.YouTube.com/DocMikeEvans.