

## **PREVENTIVE HEALTH CARE AND SCREENING**

**What I would like you to know.**

**Preventive health care can save your life but is becoming increasingly complex. Personal preference and lifestyle issues, as well as cost, inconvenience, and imperfection in screening efforts make participation an individual decision for you to make.**

**During your exam, the most emphasis is appropriately directed toward detecting risk for heart attack and stroke, as these are very common and intervention is very effective. Arterial disease screening will be thoroughly accomplished automatically, while other issues are covered only as time permits, making details in this handout important for you to read.**

**The handout is designed to help you weigh the advantages and drawbacks of various issues so that you can form your own conclusions. The last page contains my recommendations to you in table form. These were developed over a number of years using guidelines from the American College of Physicians, National Institutes of Health, National Cancer Institute, various medical journals, my own clinical experience, and a variety of other sources. The body of this handout contains what I would like you to know about preventive health and elaborates on the table as well as other subjects I think are important.**

**I urge you to read through this completely and feel free to ask questions. I will initiate implementation of some of these recommendations, others I will not. You must decide which measures I do not initiate that you want done and pursue them. For example, if you are 50 years old and I do not discuss a colonoscopy, it is still recommended as in the table. You must decide if you want it, and if so, make arrangements.**

### **The Big Picture**

**Preventive care is a matter of balancing risk from disease with our ability to accurately detect disease early and with our ability to do something about it if we find it. Cost enters in, but that is a more individual consideration. For example, we do not screen for pancreatic cancer because it is quite rare and even if we test aggressively, we cannot accurately say it is there without invasive testing. Once we know it is there early, we often do not possess great ability to alter the outcome.**

False positive tests are a major problem in screening. For example, a total body CT Scan might find several abnormalities that require surgical evaluation, with no proof anyone benefits from such testing. Also, we are giving more attention to limiting cumulative radiation doses in recent years.

As you read through the next few pages, these principles will serve as the basis for my rationale in recommending some procedures and not others. Of course, anyone at high risk for a given problem should be considered in a different light. If you are interested in a test that is not recommended, let's discuss it.

### The Table

History and Physical should be done every year from age 18. We cover many things from screening for skin, thyroid, or colon cancer, to detecting diabetes, heart disease, high cholesterol, or hypertension. This is when risk factors for heart attack are found and dealt with, resulting in a substantial decrease in heart attack and death rates over the last decade. This also serves as the time to bring the medical record up to date and answer questions.

Self Breast Exam is still listed on the table although studies to prove effectiveness are lacking.

Mammogram. Your mammogram is best ordered and interpreted by the physician who does your breast exam. I recommend mammography every year starting at 40 because, though breast cancer is less common under age 50, it is often more aggressive and younger breasts are more dense and the test more difficult to accurately interpret. Understand before the exam, the odds of a "suspicious" mammogram are fairly high even though cancer is unlikely. Be prepared for the possibility of a worrisome phone call and possibly even a biopsy, both of which are much more commonly not cancer. This is the price everyone pays to help those few who do have cancer. Though some studies have questioned the value of mammography, I believe the test continues to decrease breast cancer death by about one third.

More recent advice to not screen till age fifty has not been universally accepted by experts but perhaps, *does* provide a reasonable thought for women who are reluctant to screen.

Pap Smear. Recent recommendations that essentially move toward less pap screening are becoming so complex that I will eventually suggest "discuss it with your gynecologist". In the meantime, the guidelines from the 2009 American College of Obstetricians and Gynecologists suggest the following: under 21 years, avoid screening; 21 to 29 years, screen every 2 years; 30 to 65 or 70 years, screen every 3 years for 3 consecutive negative tests unless one has HIV or compromised immunity or a history of abnormal pap smears or exposure to DES before born.

Finally, between 65 and 70 years, one may discontinue screening if 3 consecutive smears have been negative and no abnormal tests in the preceding years, unless one has multiple sexual partners.

Stool Guaiac is the test to detect blood in the stool for colon cancer. I recommend this for all people age 40 and over. Please complete the 3 cards given to you during the exam and return them to us. If the dietary and drug restrictions cannot be followed, the test is still worthwhile, though a higher false positive rate will result. If blood is found on these cards, a referral for a colonoscopy will be made.

Colonoscopy. While you are sedated a flexible, lighted scope is passed into the colon to search for cancer or polyps. I do not do the test but can refer you to someone who does. It is recommended at age 50 and every ten years thereafter. Though this test is underutilized, it has definite value and I suggest you pursue having it done. Texas law has caused *some* insurance companies to cover this test as a screening test. Almost all insurances will pay for it if you are investigating abdominal pain or any rectal bleeding. If colonoscopy is not possible for you, the gastroenterologist can discuss other options.

Sonogram of abdomen. A sonogram of the abdomen to screen for abdominal aortic aneurysm is recommended *only* in men age 65-75 who have *ever* smoked greater than 100 cigarettes in a lifetime. It is not recommended for women, for men who have not smoked, or for men that are not in this age group.

Urinalysis should be done yearly to screen for urinary tract cancer beginning at age 60.

Self Testicle Exam should be done by all men every month starting at age 18 to try to discover a lump that could be early testicular cancer.

Flu Shot. The flu shot is now recommended every Fall for everyone not allergic to eggs. Getting it as early as available is best, but depending on the season, we sometimes give it even after the New Year. It decreases the number of flu cases and saves lives. In recent years strains of flu have been prevented by the vaccine but resistant to medicine, making the flu shot more important.

Pneumovax protects against the most common bacterial pneumonia. Get it at age 65 and a single booster 5 years later. Pneumovax should also be taken by those with underlying serious illness, especially asthma, emphysema, congestive heart failure, and diabetes, even if younger than 65 years of age.

Tetanus. Every 10 years you should have a tetanus booster. Recently, we have changed from a diphtheria-tetanus to a diphtheria-tetanus-WHOOPING COUGH shot because whooping cough has made a comeback, even in adults.

I do not carry the shot but will write a prescription and it can be given to you at local pharmacies. The whooping cough immunization *is* appropriate over age 65 though some pharmacies have failed to know this - if you encounter such, try a different pharmacy.

Zostavax. Zostavax is a fairly new vaccine that insurance might or might not pay for and costs close to \$200. It is designed to protect against shingles which is a painful skin condition that occurs more over the age of 50 due to reactivating the chicken pox virus from having

had chicken pox decades before. It only decreases shingles occurrence by about 51%, perhaps more under age 60. It does however, also protect against the likelihood of long-term nerve pain from having had shingles, after having recovered from it. It reduced the incidence of this complication by about 39%.

We are not able to carry the Zostavax but rather will write a prescription for you to take to an appropriate drug store where they can administer the shot.

### Not on The Table

Human papilloma virus. Vaccine should be discussed with a gynecologist or pediatrician but is advised for females age 11-26. There is some possibility of opinion soon including boys as well.

PSA blood testing. I am willing and happy for you to have the test done; however ethically, I feel it is important you have adequate, informed consent regarding the test, including knowing I am *unwilling* to have the test done on me and recently the U.S. Preventive Services Task Force recommended that PSA Screening not be done.

In conversation with a National Cancer Institute researcher working with the PSA preventive trials in January 2009, he said "the silence is deafening ." What he meant by that was that so many years of ongoing trials hoping to demonstrate clear benefit and yet none has been demonstrated.

Two ongoing, major studies, one American and one European, published interim data analysis in 2009.

The American trial showed no benefit from PSA testing (recall this is an interim analysis - not the final word). The European study showed a 20% reduction in death from prostate cancer (if true, then 80% of the relatively few that were destined to die, died in spite of this). If the European data is true and the American data is wrong, then to prevent one prostate cancer death, 1,410 men would have to be screened and an additional 48 men treated with either surgery or radiation which can cause permanent impotence or urinary incontinence. Of interest, the enthusiasm of the European authors was muted in spite of the slightly positive finding. If you want PSA testing at any time, just ask and it will be done.

Screening chest x-ray, even in smokers, is no longer recommended because it does not detect cancer early enough to change the outcome.

Don't smoke. It hurts your heart, lungs, and blood vessels. Studies have shown that people whose doctor tells them they should quit smoking, quit more often than those who don't. Therefore, "quit smoking, please."

Don't drink too much alcohol. It is easier than some think to be harmed by alcohol. The Center for Disease Control suggests any more than 7 servings per week in women or 14 servings per

**week in men risks long term harm.**

**Nutrition may have been overplayed in recent years, but I think a few principles are important: Unless you have high blood pressure, I wouldn't be overly careful about salt intake. Unless you have had your cholesterol checked and found to be high, I wouldn't be overly careful about cholesterol intake though decreasing animal and "trans" fat in your diet and maintaining ideal body weight through mild exercise and, if necessary, a modest reduction in calories, pays big dividends. Attention to some fiber in the diet is probably worthwhile. One or two inexpensive multivitamins per day are reasonable, particularly if you sense your diet is not well rounded.**

**There are many lab tests and appropriate ones are chosen each year depending on your situation.**

**See a dentist once or twice per year if you have teeth, and an ophthalmologist or optometrist once a year.**

**I recommend against TB skin testing as a screen, as do virtually all consensus organizations.**

**Screening for osteoporosis is worthwhile on a case by case basis, starting at age 60 years – sometimes younger. Discuss this with me. Google "fracture risk calculator" to see your risk without bone density testing. Often, this may show why many experts are concerned we are doing *too much* bone density testing and treatment with drugs.**

**In the meantime, for good bone health, I suggest women 40 and over should do the following:**

- 1. Take 800-1600 mg of Vitamin D per day.**
- 2. Take 1200 mg of Calcium per Day, less if you take in some dairy.**
- 3. Get weight bearing exercise, especially of the upper body, in the form of light weight lifting.**
- 4. Especially during the winter months, get 5 to 10 minutes of sunlight several times per week to convert Vitamin D to its effective and useful form.**

**If your hearing is bad, let an ear, nose, and throat doctor see if he can help. Study the table on the last page and these suggestions and let me hear from you.**

