



Annual physical no more

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Once upon a time, the annual check-up was the measure of all our health. Those of us who were concerned about a particular problem might visit our family doctor more often, but in general, the “annual check-up” was pretty much it. Does the visit do any good?

The annual check-up is something that most physicians were taught, and what most patients considered (and still believe) was to be expected. According to the Centres for Disease Control and Prevention in the U.S., check-ups for people with no medical complaint remain the single most common reason for visiting a doctor.

A New York Times article suggests that the idea for annual physicals became ingrained in the 1920s when life insurance companies found data that suggested people who had them lived longer. (It was probably more a measure of those who cared about their health were the ones getting the exams, thus skewing results to the healthier in society... who lived longer).

After much study, experts now recommend an evidence-based approach to physical exams. That is, instead of giving every patient exactly the same review once a year, why not treat them as individuals each with individual needs? This might sound obvious, but most of us still expect that annual physical.

The evidence-based approach relies on doing what is best for each patient. Depending on the health and individual risk factors of the patient, she might see her doctor no more than every year or two. Alternately,

with a less healthy person exhibiting risk factors (such as those for heart disease or diabetes) might see their ‘annual physical’ become a quarterly visit.

The evolution of ‘the physical’ adds to the prevention side of health care and is based on growing knowledge, or evidence.

A more accurate name for the ‘annual physical’ is now preferred: Periodic Health Examination. The timing of the PHE varies according to your needs and includes both primary and secondary prevention. Primary prevention includes immunizations and reducing the risks to health, and working towards more health behaviours.

Secondary prevention is an attempt to identify the presence of disease in someone not yet showing symptoms. Early identification or detection of a problem

makes it easier to treat and almost always means a better outcome.

Using an evidence-based approach and PHEs suited to each patient is proving to be a much more effective use of health

services, saves money at all levels, and best of all, improves health outcomes for individuals.

That annual visit to the doctor, and the previously standard-issue physical is no longer the norm — and that’s good. But, that said, most physicians do still take a full physical the first time they see a new patient. This establishes a baseline for future comparison and can be invaluable for diagnosing changes in health.

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