

# Health Checks and Screening

A number of organisations offer health screening tests and checks to workplaces. Some workplaces pay for such tests for some or all of their employees. It is important to be clear about how useful such checks really are and /or whether they are available free through the NHS. Some of them are more appropriate if administered by GPs or consultants as part of ongoing health care. The time spent discussing the reasons for and results of any tests can be very beneficial for an individual. It gives the opportunity to consider options and choices. It can be a trigger for decisions about lifestyle changes.

## Why Screen?

There are two main reasons for carrying out any screening:

**1. To try and prevent or reduce serious outcomes from existing disease.** Some cancers can be detected and treated before they spread to other parts of the body; cervical smear tests detect cell changes before they even become cancer.

**2. To try and prevent the development of disease.** If someone has a number of factors which are known to increase the risk of heart disease, they can be given specific advice about lifestyle changes or appropriate treatment.

It is important to understand that detecting a disease, even if early, is not the same as preventing a disease. Just because something could be detected does not mean that it is always appropriate to carry out a screening programme. There are a number of questions to consider:

### **Is the condition an important health problem – or does it, for example, only affect a tiny number of people?**

The costs of screening everyone might then yield very little benefit and could be better spent on other forms of prevention or treatment. Screening may be worthwhile if treatment of those detected can be very effective – as in the case of cervical smears which can lead to the prevention or treatment of cervical cancer – or if the disease is common in a particular, small community.

### **Is the way the disease progresses and develops well understood?**

If it is not, it may not be possible to identify early or late stages, nor whether treatment at an early stage is more beneficial than at a later stage. For example, there is no screening programme for ovarian cancer because it is not clear how the cancer develops.

### **Is there a suitable test?**

If a test involves surgery or X-ray, that in itself can carry a small risk. So the benefits of discovering any problem must outweigh that risk.

### **Is the test acceptable to participants?**

If it is painful or embarrassing, a high proportion of people may refuse to have the test.

### **Does the test give a clear result? Is it ‘sensitive’ – evidence of disease is rarely missed – and ‘specific’ – few false alarms are caused?**

If it is not sensitive, there could be a high level of ‘false negatives’ when people will think they are clear of the disease when they do in fact have it. If it is not specific, there could be a high level of ‘false positives’ (that is, results which show the person has something wrong when actually they have not). There is a real risk of causing distress by screening healthy adults, by raising their anxiety and leading them to have unnecessary surgery.

### **Is there appropriate treatment if a problem is found and does this treatment result in a high rate of cure?**

Even if not, there may be some benefits in people knowing what the problem is.

### **How often should the test be done?**

The more quickly a disease develops, the more frequently the test will need to be done so that it hasn't progressed beyond treatment in between tests.

### **Is there adequate and appropriate support after screening?**

If a problem is found, there should be support provided, or even counselling and liaison with the person's GP to ensure continuity of care.

## **Good Practice in Screening**

1. From the invitation to attend screening to receiving the results, the whole process should be confidential.
2. It is important that people understand and agree with the reasons why screening is being offered.
3. Screening should always be voluntary.
4. There should be written explanation of what the test involves, what it measures, and what the results will mean.
5. There should be someone available to ask for further explanation before and after the test, and when the results are given.
6. Everyone should receive the results of their tests immediately or as soon as possible at a follow-up appointment. This should include sufficient time for counselling, advice and referral by the person administering the test or other competent and trained person.
7. As is normal practice with regard to medical confidentiality, there should be complete confidentiality about the results of tests. The results of an individual's tests should only be made available to anyone else with that individual's written consent.
8. If the results indicate that further tests or treatment are needed, there should be a clear route for referral and liaison with the individual's GP.
9. There should be written information about what follow-up and support is available, including how to contact appropriate local services and facilities.
10. In terms of promoting general health and well being, screening is more effective if it is part of a holistic health assessment and part of an ongoing programme of health promotion.

## **Screening Tests and Checks**

### **Blood Pressure**

Blood pressure is a measure of how hard your heart is working to pump blood round your body. As a one-off test, it is not very accurate or helpful. A person's blood pressure can vary from day to day, and, for example, if they are anxious. The reading itself is not absolute, but relies partly on the judgement of the person doing the test. High blood pressure is an important risk factor for strokes and for heart disease, so checking it is important, but it needs to be done regularly to be useful and to monitor changes.

### **Bowel Cancer**

The screening of stool samples for blood could reduce deaths from bowel cancer, but such a test is probably not yet acceptable to the general population.

### **Breast Screening**

Women are invited for mammography every three years between the ages of 50 and 64 as part of a national NHS breast screening programme. The invitation comes from the local breast screening service (in Manchester this is at the Nightingale Centre, at Withington Hospital). Younger women will normally only be screened if they have a high risk (such as, mother or sister with breast cancer before the menopause) because mammography is not very effective for them. Older women can be screened if they specifically request it.

### **Cervical Screening**

Women are invited to have a smear test at least once every five years. This is done through her GP. It is estimated that between 1100 and 3900 cases of invasive cervical cancer are prevented every year, and that death rates are falling by 7% a year.

### **Cholesterol Levels**

Testing of cholesterol levels is not useful for the general population. People with the highest cholesterol levels are at the highest risk of heart disease. However, just because someone has a high level does not necessarily mean they will have heart disease, nor if they have a low level that they will not have heart disease. The risk increases if they have other risk factors, such as high blood pressure or if they smoke, or

have a family history of heart disease, or have diabetes, or if they don't do much physical activity. If someone has a family history of 'hyperlipidaemia' – excess fat in the blood – or if they have some of the other risk factors for heart disease, they can be tested and offered specific medication to reduce their cholesterol level. Most cholesterol is made within the body, not eaten, so changing diet has only a very small effect.

### **Prostate Cancer**

Although there is a possible test – the prostate-specific antigen test (PSA) – it is not 'specific' or 'sensitive' for prostate cancer. Levels of PSA vary enormously among healthy men and there is no consensus on the level at which treatment becomes appropriate. Nor is there agreement on what sort of treatment, if any, is best. The National Screening Committee, set up in 1996, has advised that a national screening programme for prostate cancer, using current techniques, was of no benefit and could cause considerable harm.

### **Testicular self-examination**

The first sign of testicular cancer is usually a swelling of one of the testicles or a pea-sized hard lump on the front or side of the testicle. Regular self-examination is the way to check for this. Testicular cancer is quite rare – just over 1,420 new cases a year in the UK – and it is one of the most curable cancers – 90% of men with it make a complete recovery.

### **General Health Checks – Body 'MOT'**

Unless people are showing some specific symptoms or they already have an established disease, a general health check is not very worthwhile. The most useful part of it is probably the time spent talking to the doctor or nurse carrying out the tests. The following tests, in particular, are of very limited value unless there is a clear reason for doing them, for example, to assist GPs or consultants in making a specific diagnosis:

**Lung Function:** Test results are usually normal except in people who have been exposed to dust or who have a family history of chest disease, or who smoke.

**Chest and abdominal X-rays:** Since they involve unnecessary exposure to X-rays they should only be done with good reason, such as exposure to hazardous substances like asbestos or if there is a family history of heart disease. Smokers, for example, should not need an X-ray or lung function test to be given advice about stopping smoking.

**Resting Electrocardiogram (ECG):** This is used in hospitals only to help in the diagnosis of a heart attack as it happens. It is virtually useless as a general screening device, and it can miss severe coronary artery disease. Exercise ECGs, which show some aspects of the heart's performance under conditions of exertion, may be slightly more helpful, but they are rarely offered as part of these one-off tests.

**Blood Tests for anaemia, liver or kidney disease:** It is unlikely that such tests will detect anything in people who do not already have other symptoms. They just give a snapshot of the things they measure at that time – they cannot predict whether a disease will develop. The tests are so non-specific that further extensive investigations would be needed if anything did show up.

**Urine Testing:** Another test which is not sensitive and not specific. It is only recommended if there is a family history of diabetes or if the person is 30% overweight, and even in this case a random blood sugar test is more appropriate.