

### Annual Physical???

It may surprise you to know that there is evidence that an annual physical examination is NOT effective in finding hidden disease in healthy people.<sup>i</sup>

Based on this evidence, the annual physical examination has been replaced by the preventative health visit.

What is included in the preventative health visit, varies from person to person depending on age, gender, and risk factors, and IS evidence-based. What does this mean?

1. It means doing more procedures (e.g blood pressure checks, immunizations), blood work and cancer screening that has evidence to improve patient outcomes, such as lower mortality or disease prevention.
2. It also means less procedures, blood work and investigations that do not improve patient outcomes.

There are many procedures, tests and investigations that do have evidence for improving your health. Below are some of the main ones:

1. Immunizations: routine childhood vaccines, tetanus shots every 10 years, pneumonia vaccines for patients >65 (or some high risk patients), and flu shots as per the NACI guidelines (National Advisory Committee on Immunization).
2. Cervical cancer screening: all people with a cervix who have ever been sexually active should have a PAP test every 3 years from age 21 to 69. People with compromised immune systems or with a history of abnormal PAP tests may need more frequent screening.<sup>ii</sup>
3. Colon cancer screening: all patients 50 to 74 years old should do a fecal occult blood test (a stool sample you collect at home) every 2 years. Higher risk patients may need different screening tests such as colonoscopy, or earlier screening.<sup>iii</sup>
4. Breast cancer screening: all women 50 to 74 years old should do mammogram testing every 2 years. Higher risk patients may benefit from different screening options.<sup>iv</sup>
5. Sexually transmitted infection screening: all sexually active patients with new or multiple unprotected sexual partners should have testing with urine or swabs and blood tests.
6. Blood pressure checks: all adults should have regular blood pressure checks.<sup>v</sup> (at least annually)
7. Diabetes screening: all patients over 40, or high risk patients, should have screening blood tests every 3 years.<sup>vi</sup>
8. High cholesterol screening: all men >40, all women >50 and high risk patients should have screening fasting cholesterol blood tests every 3 years.<sup>vii</sup>
9. Bone density screening: all adults >65 and some higher risk patients should have bone density testing every 1-5 years depending on risk level.<sup>viii</sup>

Most importantly, healthy eating, regular exercise, and quitting smoking, are the best things you can do for developing and maintaining good physical and mental health.

At the Village Family Health Team, we want to take a proactive, evidence-based approach to your health care. We are doing this by nurse-led preventative health visits. At this appointment, the nurse will address the above preventative health measures as they apply to you. You will also see your physician after this appointment briefly to address your health questions or renew medications.

How often should you have a preventative health visit?

1. We recommend every 3 years for adults under 50 and every 2 years for adults over 50

Can I address my preventative health care at other visits?

2. Absolutely! We want patients to take a proactive approach to their health care. If you think you are due for a mammogram, tetanus shot, blood pressure check, etc, you can ask at any visit or via wellx.

Will I be examined?

3. Our focus is on evidence-based examinations, such as blood pressure and body mass index. We will examine other areas if you have symptoms (eg rectal bleeding, stomach pain, breast lump, moles, etc) or if you prefer to have an examination.

Does this replace appointments with my primary care provider (physician or nurse practitioner)?

4. While evidence supports that the preventative health visit will be a more effective intervention than an annual physical, it does not replace all visits with your primary care provider. You should still be seen for chronic disease management (e.g. hypertension and diabetes), urgent medical issues, and physical or mental health concerns.

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<sup>i</sup> BMJ 2012;345:e7191

<sup>ii</sup> Cancer Care Ontario, 2012, Updated Ontario Cervical Screening Cytology (PAP test) Guidelines

<sup>iii</sup> Cancer Care Ontario, 2008, Colon Cancer Check

<sup>iv</sup> Cancer Care Ontario, 2011, Ontario Breast Screening Program Report

<sup>v</sup> CHEP (Canadian Hypertension Education Program) 2014 Recommendations

<sup>vi</sup> Canadian Diabetes Association. Clinical Practice Guidelines 2013. Screening and Diagnosis

<sup>vii</sup> 2012 Update of the Canadian Cardiovascular Society Guidelines for the Diagnosis and Treatment of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. Canadian Journal of Cardiology Volume 29, Issue 2, Pages 151–167, February 2013

<sup>viii</sup> 2010 clinical practice guidelines for the diagnosis and management of osteoporosis in Canada: summary. CMAJ. October 2010