General health checks do not reduce morbidity or mortality

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THE PROBLEM: The benefits of health checks and screening programmes seem obvious. For instance, the identification of hypertension or hypercholesterolaemia in a patient may warrant preventive treatment that could, in turn, result in reduced morbidity and mortality. Some screening tests can detect precursors to conditions where early treatment may halt the disease’s development (e.g. cervical dysplasia or colorectal adenomas). Also, for infections that are curable but asymptomatic in some individuals, such as Chlamydia trachomatis, screening would appear advantageous to prevent pelvic inflammatory disease and other possible complications of the female reproductive system. However, even though general health checks are commonly carried out in primary care and within government health programmes, evidence for their effectiveness is sparse; medical interventions themselves can also lead to harms (e.g. over-diagnosis, over-treatment, psychological distress, etc.).

CLINICAL BOTTOM LINE: General health checks failed to reduce morbidity and mortality in cardiovascular disease and cancer, and also overall mortality. However, health checks did increase the number of new diagnoses.

Effects of health checks on mortality

<table>
<thead>
<tr>
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<th>Success</th>
<th>Evidence</th>
<th>Harms</th>
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<tbody>
<tr>
<td>General health checks on total mortality</td>
<td>Non-significant reduction of risk at median 9-year follow-up</td>
<td>Cochrane review1</td>
<td>Insufficient data to determine harms</td>
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<tr>
<td>General health checks on cardiovascular mortality</td>
<td>Non-significant reduction of risk at median 10-year follow-up</td>
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<td>General health checks on cancer mortality</td>
<td>Non-significant reduction of risk at median 10-year follow-up</td>
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References

String of PEARLS

Addressing addictions

**PEARLS** are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprimarycare.org), New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland (www.auckland.ac.nz/ua), funded by the Ministry of Health (www.health.govt.nz), and published in NZ Doctor (www.nzdoctor.co.nz.).

- Psychological therapies effective for pathological and problem gambling.
- Benzodiazepines effective for alcohol withdrawal syndrome.
- Brief interventions may benefit heavy alcohol users admitted to hospital.
- Motivational interviewing effective in reducing substance abuse.
- Case management for people with substance abuse disorders can improve linkage with relevant services.
- Buprenorphine effective maintenance treatment for heroin dependence.
- Limited evidence on effectiveness of maintenance treatments for opiate-dependent adolescents.

**DISCLAIMER:** PEARLS are for educational use only and are not meant to guide clinical activity, nor are they a clinical guideline.

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