PEARLS

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.2 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

	Success	Evidence	Harms
General health checks on total mortality	Non-significant reduction of risk at median 9-year follow-up	Cochrane review ¹	Insufficient data to determine harms
General health checks on cardiovascular mortality	Non-significant reduction of risk at median 10-year follow-up		
General health checks on cancer mortality	Non-significant reduction of risk at median 10-year follow-up		

References

- Krogsboll LT, Jorgensen KJ, Gronhoj Larsen C, Gotzsche PC. General health checks in adults for reducing morbidity and mortality from disease. Cochrane Database Syst Rev. 2012;10:CD009009.
- Andersen B, Olesen F. Screening for Chlamydia trachomatis. BMJ. 2012;345:e4231.

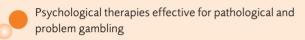
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