

PERSONAL RESPONSIBILITY—HEALTH AND COMMUNITY



FACT SHEET: Personal Medical Checkup

HOW OFTEN SHOULD A PERSON HAVE A MEDICAL CHECKUP?

The American Medical Association suggests that people have medical checkups every five years until age 40 and then every one to three years thereafter. One rule of thumb suggested: For individuals in their twenties – two exams during that time period; in their thirties – three exams; forties – four exams. An annual health exam is recommended for most patients after age 50. It is always best to work with your clinician to decide what is best for you.

WHAT MIGHT A PERSON EXPECT FROM A MEDICAL EXAMINATION?

A complete family and medical history will be taken.

The clinician should check or ask questions about the eyes, ears, nose, throat, abdominal area, swallowing, appetite, digestion, circulation and lungs. A urine specimen is used to test problems with kidneys; a blood sample, to check cholesterol and any deficiency of iron.

The clinician may request additional tests, depending on age, gender, medical history and family history. A chest X-ray, EKG, rectal examination, or stress test may be suggested. The clinician may suggest lifestyle changes and call for health interventions. New patients should be quizzed about their medical history and that of close relatives. There should be a few questions about their social history.

There isn't much counseling done at this time as it relates to lifestyle changes. A study by Consumer Reports revealed that patients don't receive much counseling when they go in for their health checkups. One in five receives counseling about nutrition. One in seven is counseled about exercise. One in three smokers is encouraged to quit. One in 100 patients is counseled about injury prevention. (Consumer Reports August 1998)

WHOM SHOULD YOU SEE?

Consumer Reports suggests that family physicians and general internists are good choices. They receive the most training in preventive care. (Consumer Reports August 1998)

Clinicians may counsel patients about some of the following health and behavior patterns to reduce disease, injury and premature death. The list below is for ages 25 and older.

COUNSELING TOPIC

Substance use	Diet and exercise	Injury prevention	Sexual behavior	Dental health	Immunizations	Hormone/Vitamins use
Tobacco cessation Avoid alcohol/drug use while driving, swimming, boating, etc.*	Limit fat and cholesterol intake; maintain caloric balance; emphasize grains, fruits and vegetables Adequate calcium intake (women) Regular physical activity*	Lap/shoulder seat belts Bicycle/motorcycle/ATV helmets* Smoke detector* Safe storage/removal of firearms from the home* Fall prevention*** Set hot water heater to 120-130°F*** CPR training for household members***	Prevention of sexually transmitted disease: avoid high-risk behaviors*	Regular visits to dental care provider* Floss, brush with fluoride toothpaste daily*	Tetanus-diphtheria boosters Rubella (women of child-bearing age; serology or history of vaccination)** Pneumonia vaccine*** Influenza***	Multivitamin with folic acid (women planning or capable of pregnancy)** Discuss hormone replacement (pre- and postmenopausal women)

* The value of clinician counseling in influencing this behavior is unproven.

** This applies only to people age 25-64.

*** This applies only to people age 65 and older.

PERSONAL MEDICAL CHECKUP

FACT SHEET

MAJOR SCREENING TESTS

SERVICE	WHO NEEDS	HOW OFTEN	COMMENTS
Blood pressure measurement (to detect hypertension)	All adults.	Periodic screening. Optimally once every 2 years for those with normal blood pressure.	Those with elevated blood pressure need to be under medical care.
Cholesterol measurement	All adults.	At least once every 5 years, but more frequently if total number is elevated, HDL is low, and/or you have cardiac risk factors.	The U.S. Preventive Services Task Force and some other experts recommend screening only men ages 35-65 and women ages 45-65, but we advise screening all adults.
Pap smear (for early detection of cervical cancer)	All women with a cervix, starting at age 18, or earlier if sexually active.	Every 3 years. Possibly more often, depending on risk factors such as smoking or multiple sex partners.	Some experts advise that women who have never had an abnormal result can stop being screened after age 65.
Breast cancer screening (mammogram and clinical breast exam)	All women age 50 and over; those 40-49 should discuss their risk factors with their doctors.	Annually. Medicare reimburses only for every other year.	There is debate about screening those in their forties; the National Cancer Institute is reviewing its guidelines for them.
Colorectal cancer screening (fecal occult blood test and/or sigmoidoscopy)	Everyone age 50 and over; earlier for those at high risk.	Occult blood test annually; sigmoidoscopy every 3-10 years, on professional advice.	There's still debate about the usefulness of occult blood test. Digital rectal exam may also be done.
Prostate cancer screening (prostate specific antigen, or PSA test, and digital rectal exam)	Routine screening is not recommended. However, men over 50 who are black or have a family history should consider testing.	On professional advice.	Usefulness of PSA test for screening all men remains controversial.
Thyroid disease screening	People over 60, especially women, should discuss with doctor.	On professional advice.	If you don't have symptoms, there may be no reason to be tested.
Glaucoma screening	People at high risk: those over 65, very nearsighted, or diabetic; blacks over 40; those with a family history.	On professional advice of eye specialist.	Many eye specialists advise screening all adults starting at age 40 or 50.
Dental checkup	All adults.	On professional advice.	If you don't have symptoms, there may be no reason to be tested.
Tetanus/diphtheria booster	All adults.	Every 10 years.	People over 50 are least likely to be adequately immunized.
Influenza vaccine	Everyone 65 and over; people with lung or heart disease or cancer, and others at high risk.	Annually, in autumn.	Even healthy younger adults can benefit and should consider getting the shot, according to a 1995 study.
Pneumococcal vaccine	Everyone 65 and over, and others at high risk for complications.	At least once.	Effective against most strains of pneumonia; lasts 5-10 years.
Rubella vaccine	All women of childbearing age.	Once.	Avoid during pregnancy.
Hepatitis B vaccine	All young adults, as well as adults at high risk.	On professional advice.	All newborns should be vaccinated.

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