

## Danish Centre for Evaluation and Health Technology Assessment

Preventive health screenings and health consultations in primary care  
- an analysis of the psychosocial impact

Summary

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*Background:* The morbidity and mortality of certain lifestyle diseases, e.g. heart diseases, diabetes and certain types of cancer may be reduced if screening of the population for detection of these diseases is carried out and relevant prophylactic measures or treatment is initiated.

It is important to discuss as many aspects as possible of the patient perspective prior to the introduction of the general health checks and health discussions used as a screening program. Contrary to specific screening of diseases the general health checks screen for risk of disease rather than actual disease. Thus, knowledge about the patient perspective in relation to specific screening of disease cannot just be transferred to health checks.

*Aim:* To discuss aspects of the patient perspective by offering general health checks and health discussions in general practice. And to discuss whether the population is interested in being offered general health checks and whether any ethical, psychological or social problems are linked to the introduction. The overall question to be answered is: "Is it recommendable to introduce, to the population, an offer of general health checks and health discussions with your own GP?"

*Method:* Systematic literature search and analysis of data concerning aspects of the patient perspective from the Ebeltoft Health Promotion Project, a Danish randomised trial investigating the impacts of general health checks and health discussions in general practice.

*Results:* According to the randomised studies, i.e. The Ebeltoft Health Promotion Project, there are no indications of a connection between long-lasting poor self-assessed health or poor emotional well being and being offered or participating in general health checks. The majority of the participants do not think that their participation has had a negative impact on them, on the contrary many of the participants reported of a positive impact. Non-randomised follow-up studies and cross-sectional studies show that some participants are anxious or worry about their health and mental well-being including depressive symptoms in the short run. There is no basis that these impacts are long-lasting or permanent. In general, people have been interested in and satisfied with their participation in the studies.

*Conclusion:* The answer to the above mentioned question is limited by the patient perspective, which in essential ways, e.g. social and work-related consequences, the consequence of false positive and false negative screening, is not discussed satisfactorily in the existing literature. Based alone on our present knowledge about the patient perspective it is not recommendable to offer the population general health checks and health discussions with their own GP as there are no grounds for an improvement of the participants' emotional well being, self-assessed health or other related parameters after participation.

But the decision of offering general health checks and health discussions should not be taken based on the patient perspective alone. It is also important to include organisational, economic, and technological effects in the considerations. If there's convincing evidence that general health checks can reduce morbidity and mortality and you therefore wish to offer general health checks and health discussions, the above mentioned question can be answered in the affirmative, as there are found no grounds for long-lasting poor self-assessed health or poor emotional well-being and other examined related parameters among the participants. Only signs of short momentary psychological side effects among the participants are found. The majority of the participants' emotional well-being and self-assessed health did not change due to their participation in the health checks.