

Cochrane Review finds no benefit from routine health checks

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Carrying out general health checks does not reduce deaths overall or from serious diseases like cancer and heart disease, according to Cochrane researchers. The researchers, who carried out a systematic review on the subject for *The Cochrane Library*, warn against offering general health checks as part of a public health program.

In some countries, general [health checks](#) are offered as part of standard practice. General health checks are intended to reduce deaths and ill health by enabling early detection and treatment of disease. However, there are potential negative implications, for example diagnosis and treatment of conditions that might never have led to any symptoms of disease or shortened life.

The researchers based their findings on 14 trials involving 182,880 people. All trials divided participants into at least two groups: one where participants were invited to general health checks and another where they were not. The number of new diagnoses was generally poorly studied, but in one trial, health checks led to more diagnoses of all kinds. In another trial, people in the group invited to general health checks were more likely to be diagnosed with [high blood pressure](#) or [high cholesterol](#), as might be expected. In three trials, large numbers of abnormalities were identified in the screened groups.

However, based on nine trials with a total of 11,940 deaths, the researchers found no difference between the number of deaths in the two groups in the long term, either overall or specifically due to cancer

or [heart disease](#). Other outcomes were poorly studied, but suggested that offering general health checks has no impact on [hospital admissions](#), disability, worry, specialist referrals, additional visits to doctors or time off work.

"From the evidence we've seen, inviting patients to general health checks is unlikely to be beneficial," said lead researcher Lasse Krogsbøll of The Nordic Cochrane Centre in Copenhagen, Denmark. "One reason for this might be that doctors identify additional problems and take action when they see patients for other reasons."

"What we're not saying is that doctors should stop carrying out tests or offering treatment when they suspect there may be a problem. But we do think that public healthcare initiatives that are systematically offering general health checks should be resisted."

According to the review, new studies should be focused on the individual components of health checks and better targeting of conditions such as kidney disease and diabetes. They should be designed to further explore the harmful effects of [general health](#) checks, which are often ignored, producing misleading conclusions about the balance of benefits and harm. Another problem is that those people who attend health checks when invited may be different to those who do not. People who are at a high risk of serious illness may be less likely to attend.

More information: Krogsbøll LT, Jørgensen KJ, Grønhøj Larsen C, Gøtzsche PC. General health checks in adults for reducing morbidity and mortality from disease. *Cochrane Database of Systematic Reviews* 2012, Issue 10. Art. No.: CD009009. [DOI: 10.1002/14651858.CD009009.pub2](#)

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