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The status of family physicians having their own periodic health examinations

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Abstract

Purpose: The aim of the study is to determine the status of family physicians in Ankara to have their own periodic health examinations.

Methods: A survey prepared based on the periodic health examinations recommended by the Public Health Institution of Turkey was conducted between October 1, 2017 and October 30, 2017 to general practitioners, specialist family physicians, and family medicine specialty students in Ankara. The data of the obtained questionnaires were evaluated with the help of SPSS software.

Results: The rate at which family physicians perform screening tests for common diseases in the community and engage in preventive health behaviors varies depending on the test and the physician's age, gender, marital status, whether or not he/she has a chronic disease, and the years of practicing medicine. As physicians get older, the rate of having periodic health examinations increases. Female physicians have significantly lower rates than male physicians in undergoing colonoscopy, having arterial blood pressure measurement, and using aspirin. ($p<0.05$)

Conclusion: The rate of periodic health examinations of young and non-chronically ill physicians remains low. Furthermore, female physicians fail to perform the tests and conduct preventive health that should be performed for the prevention of cardiovascular diseases, early diagnosis of colon cancer, as compared to men.

The importance of periodic health examinations for all age groups and genders should be explained and family physicians should be encouraged to have their own periodic health examinations.

Keywords: SPSS, Colon Cancer, Periodic Health.

Introduction

The importance of chronic diseases has gradually increased with the prolongation of human life, industrialization, and the emergence of related risk factors. (1) According to the World Health Organization, of the 57 million deaths that occurred in 2008, 36 million were attributable to non-communicable diseases, and a quarter of these deaths occurred before the age of 60. (2) The aim of secondary prevention, which is a part

of preventive health care, is to detect the disease at an early stage and thus to prevent morbidity and mortality caused by the disease. Individuals who are still asymptomatic are screened with screening tests. (3) Screening tests should be inexpensive and non-invasive and should not harm the people who are administered and should have a high capability to distinguish those who are sick from those who are not. (4) The diseases to be screened should be those diseases that are frequently encountered in the community, cause the most deaths, can be treated and have a long asymptomatic period. (5, 6, 7, 8, 9).

The study, namely "Status of family physicians having their own periodic health examinations", is intended to determine the status of family physicians who are responsible for protecting and improving the health of the society and the individual to have their own periodic health examinations.

Results

In our study, the rate of weight, height, and body mass index (BMI) measurements of physicians turned out to be 80%. The rate of having such measurements done tends to increase with age. According to the results, 46.6 percent of physicians have waist circumference measurements at least once a year. As physicians get older, annual waist circumference measurement rates also increase. The rate of measurement of arterial blood pressure once a year by male physicians was found to be significantly higher than that of women ($p<0.05$). The blood pressure measurement rate of those with chronic diseases was 94% and was found to be significantly higher than those without chronic disease ($p<0.05$). The rate of arterial blood pressure measurement tends to increase with age. The rate of having serum lipid levels measured every 5 years by physicians over 35 years is 89%. 38% of male physicians use aspirin every day, which is significantly higher than female physicians ($p<0.05$). The rate of physicians over the age of 50 who undergo FOBT test is 18%. The rates of having colonoscopy were also found to be equal to this rate. None of the female physicians who participated in the study had a colonoscopy. Only 35% of female physicians have a PAP smear test or HPV test. The rate of having the test tuned out to be significantly higher than those with chronic diseases compared to those without. 67 percent of female physicians over the age of 40 have a mammogram every 2 years.

Discussion

The intention of this study is to reveal the status of family physicians having their own periodic health examinations, which are considered as part of preventive medicine practices. According to the results of the study, the progression of age, the increase in the duration of medical profession and the status of having a chronic disease generally increase the rates of having periodic health examinations. Being young and not having any chronic disease may not only create an illusion that the state of health is perpetual, but also it may be arising from the fact that people do not know that there are periodic health examinations that should be done in their age groups, and that they perceive chronic diseases only as an advanced age problem. Those with chronic diseases may be more cautious about the prevention of morbidity and mortality and about co-morbidities, although it should be kept in mind that having a chronic disease that requires regular check-ups may make it easier for a person to be guided by their physician to have the appropriate periodic examination. In addition, there is a significant difference between the genders between the rates of having some periodic examinations.

There is no significant difference between the genders in terms of the incidence of cardiovascular disease and colon cancer (8, 10).

The fact that similar results have not been obtained in waist circumference measurement despite the high body mass index measurement from periodic health examinations suggests that people may be conducting these measurements not for cardiovascular risk and prevention of obesity and metabolic diseases and early diagnosis, but as part of activities of daily living, mostly with cosmetic concerns. The rate of having mammograms after the age of 40 is over the half. This may suggest that the awareness created in society about breast cancer has begun to be reciprocated by physicians. When assessing the very low rates of FOBT and colonoscopy, the target age group of these screenings should also be taken into consideration. The fact that the use and prevalence of screening tests in clinical practice is relatively new and that it has not yet attained sufficient prevalence may be the reason for these low rates.

Studies comparing the health status of physicians with the rest of the population demonstrate that physicians generally pay attention to healthier eating, and that fewer physicians smoke, and that there is less alcohol overuse than the general population (1 1). However, this optimistic picture varies among physicians according to specialty and title. Assistant physicians, and especially surgeons, exhibit less healthy living behavior than the rest of the physicians (1, 2). One of the reasons why this study was conducted with primary care physicians is that it is known that directing the society to gain healthy life behavior, which is one of the roles that family physicians are expected to possess, is better applied by physicians who pay attention to their own health.

Concrete suggestions on how to increase the regular periodic health examinations of physicians can be listed as follows; The fact that physicians are under the control of another physician increases the rate of having periodic health examinations; thus, family physicians may be advised to follow the physicians in the population registered to them, if any. Enhancing the knowledge of family physicians also bring about a change in attitude. Finally, it may be recommended to increase the time allocated to periodic health examinations within the family medicine specialty training, and to facilitate the regular examinations of physicians by the health institutions they work with.

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