Let’s Get Physical!

Annual health exams can often be intimidating—even if you get one every year. I hope my story and these Hep tips empower you to make the most out of the tests and to schedule an appointment today.

March 4, 2010 By Kellee Terrell

Recently, I visited the doctor for my annual exam. To my relief, my appointment went well. Two weeks later my results arrived in the mail. I stared at the little white postcard in my hand. When I saw a smiley face and the letter “A,” I thought, “I must be healthy.”

And yet, I didn’t feel so great about the experience. The truth was, I had no idea what any of the terms on the card meant: What were HDL, LDL and triglycerides? I wasn’t sure what my doctor was checking. I also didn’t call her to ask about my results. Were they good or not?

To help you (and me) understand these annual exam results, *RH* enlisted the help of heart health guru Jennifer Mieres, MD, author of *Heart Smart for Black Women and Latinas: A 5-Week Program for Living a Heart-Healthy Lifestyle*. The following step-by-step guide offers tips about what you can do to benefit big-time from health and wellness testing.

Do Your Homework Beforehand and Bring It to Class

You have to take an active role in staying healthy. After all, this is your life and your well-being. “If you are going to a job interview, you are going to prepare,” Mieres says. “Your physical is no different.”

Like an interview, a physical is a tool that provides essential information to you and your doctor. The following steps will help you get the most from your visit to the doctor:

- Ready your questions. List any existing symptoms you have and any medications you are currently taking—include prescriptions, herbal medicines and vitamins. In case your doctor has to prescribe new meds, this info helps avoid harmful drug interactions.

- Bring a detailed account of your family’s health history with you to your appointment. (visit hhs.gov/familyhistory/ for a useful tool to help you compile the information). “Your family health history is like your passport,” Mieres explains. “It shows where you’ve been and can let the

doctors know what your risk factors are for a number of diseases."

- Observe all instructions given. If the doc says to not eat the night before the exam, don't eat. "Fasting allows the doctors to see the sugar levels in your blood," Mieres says. "If you do eat, that can trigger incorrect test results and cause docs to prescribe medicines you really don't need."

Know What the Doctor Is Testing for and Why

Because heart disease (often referred to as cardiovascular disease, which includes the health of blood vessels) is such a critical health issue for African Americans, it's key for everyone to understand what I didn't about those names and numbers on my test results postcard. The tests that evaluate your risk factors for these complex conditions are among the most important to your health and well-being.

According to the Centers for Disease Control and Prevention (CDC), nine out of 10 people suffering from heart disease have at least one of the following risk factors: high cholesterol, high blood pressure (hypertension), diabetes, cigarette smoking, weight problems and obesity, poor diet, physical inactivity and alcohol use. More than 40 percent of black adults have high blood pressure, 3 million are diabetic, and we are twice as likely to suffer from a stroke than our white counterparts. "The physical allows the doctor to determine what your [heart disease] risk factors are," Mieres explains.

To gauge heart health, docs take some essential measurements. They include a blood test to check your cholesterol and triglyceride levels, a blood pressure reading, an electrocardiogram (EKG) and a measurement of your weight and waist circumference.

Know What the Different Tests Are and Why They're Important

Low-density lipoprotein (LDL, the "bad" cholesterol)

What it is: This special substance is the major carrier of cholesterol (a soft, waxy substance found in fats) in the blood.

Why it's checked: A high level (greater than 130 milligrams per deciliter, or mg/dL) may increase your chance of developing heart disease. Aim for a number lower than 70 mg/dL if you already have a higher risk for heart disease because of previous heart attacks or diabetes or if you have two or more of the following risk factors: smoking, high blood pressure, low HDL cholesterol, family history of early onset heart disease and you're 45 and older (for men) or 55 and older (for women).

High-density lipoprotein (HDL, the "good" cholesterol)

What it is: The cholesterol carrier that moves fat away from the arteries and back to the liver,

where it’s passed from the body.

Why it’s checked: A high level of this lipoprotein (greater than 60 mg/dL) may lower your chances of having a heart attack or stroke.

Triglycerides
What they are: A type of fat the body uses to store energy. Only a small amount should be found in the blood.

Why they’re checked: High levels (greater than 150 mg/dL) of triglycerides, along with high levels of LDL, can increase your risk of coronary artery disease (CAD). CAD is caused by a buildup of plaque inside the arteries that supply your heart with oxygen-rich blood.

Vitamin D blood test (25-hydroxyvitamin D status)
What it is: An important screening test to measure vitamin D levels in the body.

Why it’s checked: Proper vitamin D levels are important because this nutrient protects the body from a wide range of diseases, such as stroke, cardiovascular disorders, osteoporosis, some cancers, multiple sclerosis, rheumatoid arthritis and several mental illnesses.

Blood pressure
What it is: Blood pressure measurement consists of two numbers—the higher (systolic) and lower (diastolic). The higher reading represents the pressure while the heart contracts to pump blood to the body. The lower reading represents the pressure when the heart relaxes between beats. A healthy blood pressure is anything 120/80 or less, but a blood pressure level of 140/90 or more is considered high.

Why it’s checked: High blood pressure is harmful because it causes your heart to work harder than normal. This increases the risk of kidney failure and eye damage and cardiovascular illnesses such as heart attacks, congestive heart failure and stroke.

Electrocardiogram (EKG or ECG)
What it is: This test uses sensors to detect the electrical activity of a heartbeat. It’s recommended for men over 40 and women over 50, depending on your risk factors and history of heart disease.

Why it’s done: An EKG shows whether the heart’s electrical activity is normal, slow, fast or irregular. The test also reveals whether parts of the heart are too large or are overworked.

Weight/Waist Circumference
What it is: Simply put, it is a measure of how round (circumference) your waist is. Similarly, the body mass index (BMI) is a number calculated from your weight and height that tells how much body fat you carry.

Why it's done: Waist circumference measurements can indicate a gain or loss in abdominal fat over time. Increased abdominal fat puts you at risk for heart disease. The BMI assesses whether you're overweight or obese—both directly link to your risk of developing heart disease.

Doctors might also check key body parts and vital signs to evaluate possible problems:

- The lung, head, neck, skin, abdomen, nerves, reflexes, balance, muscles and your mental state
- Heart rate, temperature and pulse
- Urine analysis (tests for diabetes and kidney disease)
- Testicular and prostate exams for men; breast and pelvic exams for women

Also important: The CDC recommends HIV testing be a routine part of your physical. But this doesn't always happen. Don't assume your doc is testing for HIV. You must specifically ask to be tested. And don't let anyone talk you out of it. Some docs may not feel you are "at risk" for contracting the virus, but knowing your status is important. If you are HIV positive, the sooner you know the better. And the same goes for if you're not.

The Doctor Will See You Now
OK. You're at the doctor's office. Pull out your list of questions, review them and be ready to voice your health concerns.

The Checklist:
Ask all your questions. If you don't understand an answer the first time, repeat your question. Remember, this is your health—you have the right to leave feeling empowered.

Be honest about your lifestyle. Discuss with your doc ways to handle problematic health concerns. For example, if the doc advises you to stop smoking, just don't nod your head. Ask for suggestions that might help you.

The Results Are In
"Keep these results so you can compare them to both past and future tests," Mieres advises. "This way you can see how you are progressing over time."

Ask more questions. Are you healthy or not? And, based on your test results, do you need treatment for anything? If the answer is yes, ask your doc what specific lifestyle changes could improve your numbers.

If diagnosed with a condition, ask your doctor how you can control it and what treatment he or she recommends. Remember, little changes to your lifestyle can make big improvements to your

health. Mieres suggests being active most days of the week for at least 30 minutes, adding more fruits and veggies to your diet and flavoring your food with spices instead of salt.

“If you fall off the wagon, that doesn’t mean you can’t get back on,” Mieres says. “Every little bit helps.”

Do You Have to Get a Physical Every Year?
Studies show that annual exams aren’t necessary for everyone. But some docs still say you should continue the tradition.

Each year doctors stress that we should get an annual physical. But a growing number of studies say otherwise.

Notably, a 2007 study conducted by The University of Pittsburgh School of Medicine suggests that, for healthy adults, the benefits of an annual physical didn’t justify the costs of the tests.

Researchers also concluded that a number of key preventive health procedures—from thyroid stimulating hormone (TSH) level measurements to mammograms—aren’t performed during a general physical. In fact, when people visit their docs for a health ailment, the doc often suggests they take these other tests.

But before you close your appointment book, consider this. Even if time lost from work and “unnecessary” tests may not be cost effective for relatively healthy people, too many African Americans are unhealthy and don’t see a doctor regularly.

“I totally think the annual physical is necessary, especially for people who have risk factors, are older and are suffering from diseases,” says Jennifer Mieres, MD, who specializes in black health.

Other docs also share Mieres’s opinion. In a 2005 survey, published in the Archives of Internal Medicine, researchers reported that 65 percent of almost 800 primary care physicians from three U.S. cities believed annual physicals are necessary.
In addition, 74 percent of the doctors surveyed felt that annual physicals helped detect early stages of disease, and 94 percent said the tests improved patient-physician relationships.

And if you’re healthy?

“Perhaps you can talk to your doctor about getting one every two years,” Mieres says.

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http://beta.docker.hepmag.com/article/annual-physical-exam-18116-1230415695