Modern medicine makes available to patients a huge array of amazing tests. Technology is far advanced over what was used when I was back in medical school in the early 1970s. MRI and CT scans of every body part, DEXA scan of bones, CT scans of the calcium in our arteries, and thousands of different types of blood tests are all available.

But how does a person know if a particular test is really necessary? Colored MRI scans are so cool! If we can get a “better picture” of what’s going on with my headache by getting an MRI scan of my brain – why not?

There are some really important reasons to avoid unnecessary tests. One, something may be found that actually isn’t the real problem. Then you have to face more decisions about “chasing down the problem.” For instance, in a study in New York City people walking by the front door of a hospital were asked if they had any history of back pain. If they answered “no” they were asked if they wanted a free MRI of their back. In these healthy people 55 percent of those over age 50 and 80 percent of those over age 75 had a “positive MRI” – meaning an abnormality was found. Any of these people could have seen a doctor complaining of back pain and the simple statistical likelihood is that “something” will be found.

Fortunately for us, over 60 medical specialty groups have been publishing lists of “don’t do” tests and treatments. The medical societies base their recommendations on the best available scientific evidence.

First, let’s take a look at that old stalwart of medicine – the annual routine physical exam. Perhaps surprisingly, there’s no good evidence this is beneficial to your health. In you’re not having any problems, the Society of General Internal Medicine (SGIM) says, “Don’t perform routine general health checks for asymptomatic adults.” In addition, routine heart checks are also not recommended in people without symptoms. Both the American College of Cardiology and American Academy of Physicians discourage routine annual electrocardiograms (ECG) or annual stress testing if there are no heart symptoms.

You’d be better off meeting with your doctor periodically and talking about how you can adopt a healthy lifestyle – eating better (a Mediterranean diet is the most evidence-based), stopping smoking, and getting 150 minutes of exercise a week.

There’s always lots of controversy when discussing recommendations for screening for illnesses. A number of medical societies have made recommendations about cancer screening that you do not need. The bottom line for all these is that there is no evidence that some screenings makes a difference in death rates and can even increase death rates by leading to unnecessary surgeries. Gastroenterologists recommend against repeating colorectal cancer screening (by any method) for 10 years after a high-quality colonoscopy is negative in average-risk individuals. The preventive medicine specialists recommend not screening for cervical cancer in low-risk women aged 65 years or older and in women who have had a total hysterectomy for benign disease. The gynecologists recommend not screening for ovarian cancer in women with no symptoms and at average risk.

One of the biggest uses of unnecessary tests has been the explosion of CT scans and MRI scans. CT scans are risky – the radiation in one CT scan can equal as many as 300 chest x-rays. That’s why so many medical societies have now issued recommendations of which scans to avoid. These include routinely using them for the evaluation of sinus infections (American Association of Otolaryngology), evaluation of acute back pain (three different societies), and uncomplicated headache (American College of Radiology). The Society of Nuclear Medicine doesn’t recommend PET scanning in people with dementia unless a dementia specialist has seen you.

So there are many tests that you can avoid, based upon the top medical society’s recommendations. Of course, the best approach is always to discuss any recommendation with your physician to fully understand the potential benefits and potential risks of each test. Through shared decision-making the two of you can arrive at a treatment plan that works for you. To check out all the lists in the Choosing Wisely Campaign, go to http://www.choosingwisely.org/doctor-patient-lists/

My next blog will cover treatments and monitoring of medical conditions that are not recommended.

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