General practice and screening for disease

Mass screening has been much criticized. In this issue of *huisarts en wetenschap Seelen et al.* report on a screening program for cardiovascular diseases in a group practice.Although their results are good in terms of response, they conclude that their approach would be too elaborate for most general practitioners to follow.

Ever since the revival of general practice in the Fifties, prevention has been an important point. The birthplace of modern Dutch general practice, the Woudschoten conference, listed prevention as one of the tasks. In the Sixties, *Ten Cate* and *Van den Dool* were among those who practised it. Both paid attention to the feasibility of inviting large groups from the practice population for general investigation and screening. *Ten Cate* thought that, on balance, benefit outweighed cost. *Van den Dool* pointed out that the majority of the patients with abnormal results had visited the general practitioner shortly before; on these grounds he claimed that the best way of providing preventive care in general practice would be to use the regular contact with the patient for additional screening tests.

Individualized high-risk screening – anticipatory medicine – became a great challenge to general practitioners. *Tudor Hart* was one of the first to point out the great importance of this statement. Both he and *Van der Feen* have effectively put the theoretical implications of anticipatory medicine into practice with regard to hypertension. Cervical cancer is another example (*Van Weel* 1975).

However, some doubts remain. Our knowledge of high risk is less good than we would like and, when we look at groups of general practitioners, we see that they differ quite considerably in practicing anticipatory medicine (*Van Weel* 1979). Advocates of mass screening are eager to point out that their approach overcomes this problem of inter-doctor variation.

In a nation-wide mass screening program for cervical cancer – Cyt-U-Universitair – the highest response rates were seen in areas where the organizing was done or strongly supported by general practitioners *(Collette et al.)*. However, as these general practitioners volunteered to do so, self-selection is an important bias here as well.

Apart from feasibility, there are other considerations, one of them being the selection of the population at risk. If we wish to screen for hypertension, for example, we focus mainly on the middle-aged male population. However, patients visiting the general practitioner are mostly female (aged).

What are the consequences? Has inviting our patients for hypertension screening any advantage over waiting till they come to consult us, having their blood pressure measured on that occasion? Will more middle-aged men be identified as hypertensive if we opt for the first way of screening?

Few data, if any, are available for a comparison between practices with a anticipatory approach and those relying on invited (mass) screening. All statements about the consequences for the population which would come under treatment in the end – in terms of sex and age – are therefore still wide open to speculation.

It can in fairness be claimed that preventive and anticipatory medicine is the stock-in-trade of general practice. But there is still some way to go to convince supporters and adversaries alike that the general practitioner can deliver the goods in this respect that anticipatory medicine really is preferable to mass screening.

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Cate, R. S. ten. Resultaten van de eerste ronde van een periodiek geneeskundig onderzoek bij de veertig-vijfenzestigjarigen in een huisartspraktijk. (1967) *huisarts en wetenschap* **10**, 401.

Collette, H. J. A., A. Linthors and F. de Waard. Vroege diagnostiek cervix carcinoom. Cyt-U-Universitair 1970-1973. 1974.

Dool, C. W. A. van den. Surveillance van risicogroepen: anticiperende geneeskunde. (1970) *huisarts en wetenschap* **13**, 59.

Feen, J. van der. Hypertensie, een uitdaging voor de huisarts. *Thesis Rotterdam/Bronder Offset, Rotterdam*, 1977.

Hart, J. Tudor. Screening for hypertension. (1971) *Update* **16**, 963.

Seelen, A. M. R., J. P. M. Diederiks, W. M. van Zutphen et al. Identification of cardiovascular risk factors in a general practice. (1980) *huisarts en wetenschap* **23**, 325-331.

Weel, C. van. Mogelijkheden tot anticiperen in de huisartsgeneeskunde. (1975) *huisarts en wetenschap* **18**, 401.

Weel, C. van. For or against an active search for hypertension. (1979) *Allgemeinmedizin International* **8**, 174.