Hidden Agenda Among Individuals Visiting a Family Physician in Turkey for Routine Health Visits: a Cross-sectional Study

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KEY WORDS: family health; health promotion; screening.

J Gen Intern Med 33(9):1436–7

DOI: 10.1007/s11606-018-4501-z

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INTRODUCTION

When a patient requests a periodic health examination or a screening test, physicians may assume it is for detection of an asymptomatic disease. In this context, most recommendations for periodic health examinations are based largely on the prevalence of preventable disease in asymptomatic individuals.¹ However, a prospective study has shown that the majority of patients coming in for a routine check-up were motivated by specific symptoms and health concerns and were not “asymptomatic.”² This could be systematically ignored or overlooked during check-up consultations in which physicians may focus on delivering recommended screenings. Unfortunately, however, one in three patients have one or more hidden agendas for their periodic health examination.³ Patients often use periodic health examinations as a reason for consultation to raise the issue of a specific problem that troubles them, to use the physician as a counselor to discuss problems, to seek reassurance regarding symptoms or to obtain relief.⁴ Our study purpose was to evaluate the presence of a hidden agenda among individuals visiting a family physician in Turkey for routine health visits.

METHODS

Our sample was 100 healthy individuals visiting a family physician for screening in Rize, a city in the Black Sea (Northern part) Region of Turkey. Participants with a known medical diagnosis were not included. Research was completed between February 2017 and May 2017. All participants gave informed verbal consent. Participants completed in-person questionnaires that assessed sociodemographic data, reasons for requesting a screening test, health concerns, symptoms, and complaints. Descriptive data were analyzed as numbers and percentages. Cross tables were used and analyzed using chi-square and ANOVA tests. We assessed for normality using the Shapiro–Wilk test (SPSS v21).

RESULTS

Sociodemographic characteristics and lifestyle behaviors of participants are shown in Table 1.

When we asked participants about their motivations for screening, 37% had no complaints or health concerns. Among patients with symptoms, 21% ($n = 21$) thought their complaints might be related with a serious disease and 42% ($n = 42$) were not sure so they wanted to consult the family physician for relief.

We asked participants “Which disease do you think can be related with your complaints or health concerns?”, 29% stated cancer; 19% a chronic disease such as diabetes mellitus, hypertension, hypothyroidism, asthma, coronary heart disease; and 7% a psychological problem.

There was a significant relationship between the number of symptoms and increased health concerns ($p = 0.003$) and participants with complaints/health concerns had a greater desire to undergo screening tests ($p = 0.003$) (Table 2).

As the age of participants increased, the frequency of visiting for periodic health examination/screening increased ($p = 0.01$) and increased age was significantly related to being in favor of undergoing screening tests ($p = 0.01$) (Table 2).

Table 1 Sociodemographic characteristics and lifestyle behaviors of participants

Characteristics	n (%)
Number of participants	100 (100)
Mean age (SD)	38.9 (11.5)
Male	36 (36)
Female	64 (64)
Married/living together	60 (60)
Socioeconomic status	
Moderate	60 (60)
Low-moderate	25 (25)
Educational status	
University graduate	39 (39)
High school	34 (34)
Primary or secondary school	10 (10)
Number of cigarettes a day	
< 10	36 (36)
> 20	8 (8)
Alcohol consumption	
Quit smoking	20 (20)
Rarely*	24 (24)
Never	66 (66)
Regular exercise**	8 (8)
Healthy diet	38 (38)
Positive family history for cancer	41 (41)

*Once a month; **more than 150 min per week

Table 2 Complaints, health concerns, screening tests and related sociodemographic factors

Sociodemographic factors		<i>p</i> *
Age	Frequency of visiting for periodic health examination/screening	0.01
	Being in favor of undergoing screening tests	0.01
Gender	Complaints	0.888
	Health concerns	0.621
	Complaints	0.602
	Health concerns	0.943
	Smoking	0.072
	Alcohol consumption	0.643
Socioeconomic status	Regular exercise	0.154
	Healthy diet	0.158
	Complaints	0.913
Complaints	Health concerns	0.954
	Health concerns	0.003
Complaints and health concerns	Frequency of visiting for periodic health examination/screening	0.003
	Being in favor of undergoing screening tests	0.002
	Smoking	0.250
	Alcohol consumption	0.064
	Regular exercise	0.083
	Healthy diet	0.076
Positive family history for cancer	Being in favor of undergoing screening tests	0.114
	Complaints	0.567
	Health concerns	0.679

*Pearson's chi-square test

DISCUSSION

The periodic health examination is an opportunity for detection of asymptomatic disease.⁵ However, we found that less than half of participants presenting for routine examinations were asymptomatic and most of them desired tests for their symptoms and not just screening tests for disease prevention.

Patients often present with hidden agendas (complaints/symptoms/health concerns) and these are often the primary motivation for requesting a periodic health examination/check-up/screening.⁶ Interestingly, nearly half of the asymptomatic participants were not in favor of undergoing screening tests.

Since we did not examine participants' complaints and symptoms in detail, we could not explain which complaint or symptom was more motivating for requesting screening test/periodic health examinations.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. Guide to Clinical Preventive Services. AHRQ. 2008;Publication No. 08-05122.
2. Hunziker S, Schlapfer M, Langewitz W, et al. Open and hidden agendas of "asymptomatic" patients who request check-up exams. BMC Fam Pract. 2011; 12:22.
3. Bayliss RI. The medical check-up. Br Med J (Clin Res Ed). 1981; 283 (6292):631-34.
4. Virgini V, Meindl-Fridez C, Battegay E, Zimmerli L. Check-up examination: recommendations in adults. Swiss Med Wkly. 2015; 145:w14075.
5. Boulware LE, Marinopoulos S, Phillips KA, et al. Systematic review: the value of the periodic health evaluation. Ann Intern Med. 2007; 146(4):289-300.
6. Oboler SK, Prochazka AV, Gonzales R, Xu S, Anderson RJ. Public expectations and attitudes for annual physical examinations and testing. Ann Intern Med. 2002; 136(9):652-59.