



COMMON TESTS, TREATMENTS AND PROCEDURES YOU MAY THINK YOU NEED

LET'S THINK AGAIN

ECGs (ELECTROCARDIOGRAMS)

The problem

An ECG records the electrical activity of your heart at rest. It provides information about your heart rate and rhythm, and shows if there is enlargement of the heart due to high blood pressure (hypertension) or evidence of a previous heart attack (myocardial infarction).

The risks

The ECG will not harm you. However, it can sometimes show mild nonspecific abnormalities that are not due to underlying heart disease, but cause worry and lead to follow-up tests and treatments that you do not need.

When to consider the tests

You may need an ECG test if you have risk factors for heart disease such as high blood pressure, or symptoms such as palpitations or chest pain. Or you may need it if you already have heart disease.

IMAGING TESTS FOR LOWER-BACK PAIN

The problem

Getting an X-ray, CT scan or MRI may seem like a good idea. But back pain usually subsides in about a month, with or without testing. For example, one study found that back pain sufferers who had an MRI in the first month were eight times more likely to have surgery, but didn't recover faster.

The risks

X-rays and CT scans expose you to radiation, which can increase cancer risk. CT scans and X-rays of the lower back are especially worrisome for men and women of childbearing age, because they can expose testicles and ovaries to substantial radiation. Finally, the tests often reveal abnormalities that are unrelated to the pain, but can prompt needless worry and lead to unnecessary follow-up tests and treatment, sometimes even including surgery.

When to consider the tests

X-ray and CT scans often make sense if you have nerve damage, or signs of a serious underlying condition such as cancer or a spinal infection. "Red flags" that can alert your health professional that imaging may be worthwhile include a history of cancer, unexplained weight loss, recent infection, loss of bowel or bladder control, abnormal reflexes, or loss of muscle power or feeling in the legs.

CT SCANS AND MRIs FOR HEADACHES

The problem

Many people who have headaches want a CT scan or MRI to find out if their headaches are caused by a brain tumour or other serious illness and health professionals often comply to provide reassurance. But all that's usually needed is a careful medical history and neurological exam. Adding a CT scan or MRI rarely helps.

The risks

A CT scan of the head uses a low radiation dose. This may slightly increase the risk of harmful effects such as cancer. Risks from radiation exposure may add up, so it is best to avoid unnecessary radiation. The results of your CT scan or an MRI may also be unclear. This can lead to more tests and even treatment that you do not need.



When to consider the tests

They are often warranted if you have an abnormal result on a neurological exam, or if your health professional can't diagnose the problem based on your symptoms and medical exam. See a health professional if you have head pain that is sudden or explosive; different from headaches you've had in the past; brought on by exertion; or accompanied by fever, a seizure, vomiting, loss of coordination, or a change in vision, speech or alertness.

BONE-DENSITY (DEXA) SCANS

The problem

Many people are routinely screened for weak bones with an imaging test called a DEXA scan. If it detects osteoporosis, the results can help patients and their health professional decide how to treat the problem. But many people learn they have only mild bone loss, a condition known as osteopenia, and for them the risk of fracture is often quite low.

The risks

A bone-density test gives out a small amount of radiation, but radiation exposure can add up. A diagnosis of osteopenia often leads to treatment with such drugs as alendronate (Fosamax), which poses risks. But there is little evidence that people with osteopenia benefit from these drugs.

When to consider the tests

Health professionals decide on who to refer for a DEXA scan based on risk factors such as age, a fracture from minor trauma, low body weight, and long-term use of corticosteroid drugs. Whether follow-up tests are needed depends on the results of the initial scan.

ASK THESE QUESTIONS:

Do I really need to have this test, treatment or procedure?

The answer should be direct and simple. Tests should help you and your health professional decide how to treat your problem, and treatments and procedures should help you live a longer, healthier life.

What are the risks (of having or not having it)?

Discuss the risks as well as the chance of inaccurate results or findings that will never cause symptoms, but may require further testing. Weigh the potential complications against possible benefits and the symptoms of the condition itself.

Are there simpler, safer options?

Sometimes lifestyle changes will provide all the relief you need.

What happens if I do nothing?

Ask your health professional if your condition might worsen—or get better—if you don't have the test or treatment now.

There may be tests, treatments and procedures you think you need, but you don't. Let's think again. Engage in a conversation with your health professional today.

Adapted from Choosing Wisely Canada (2014), Common tests, treatments and procedures you may think you need. Let's think again.

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