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Family health history

A role in prevention

To harness its potential, a patient's family health history should be collected pre-emptively and proactively when the patient is well, rather than when symptoms of disease present. Unless general practitioners proactively seek and discuss family health history, opportunities for prevention may be lost.

Keywords: preventive medicine, genetics



It is well recognised that family health history (FHH) is an important tool for predicting risk, for early detection,¹ and for identifying at risk individuals for whom genetic testing may be warranted.² Family health history reflects genetic predisposition as well as environmental and lifestyle factors.² It provides clear direction for prevention strategies in some common conditions, such as type 2 diabetes.³

As part of the New South Wales Health 'Start the Conversation Campaign' (SCC), aimed at encouraging the community to collect their FHH information, general practitioners had expressed concern that promoting the collection of FHH would raise levels of patient anxiety.⁴ However, recent studies show that the vast majority of the community places great importance on knowing their FHH: 96.0% from a SCC evaluation and 96.4% from the 2007 New South Wales Population Health Survey (PHS).⁵⁻⁶ The PHS also found that 64.9% of those involved had discussed their FHH with their GP, and that 66.5% of adults did have a known member of their biological family that had been diagnosed with a potentially serious disease.⁵

Challenges for the GP

It is pleasing that a large proportion of the population, particularly women, discuss their

FHH with their GP. It is those who haven't, however, that present a challenge. In the PHS, of the 35.1% of adults who had not discussed their FHH with their GP, 56.5% had a potentially serious disease. The PHS found that men and women were equally represented in this group, but were more likely to be in an older age group (20.8% were aged 65–74 years; $p < 0.05$). Overall, older age groups also place less importance on FHH and are less interested in talking about FHH with their GP compared with their younger counterparts.⁵ While the concept of FHH may be unfamiliar to this older generation, they are often the gatekeepers of family information. Therefore they have an important role in sharing FHH, but may need encouragement in recognising its value.

There is, of course, potential for respondents to either not recall having a conversation with their GP about FHH, or not wanting to share this information with the interviewers. Putting these recall issues aside, in those who did not report having a FHH conversation with their GP but did report having a significant FHH, we must ask ourselves the following questions:

- Did these adults choose to not pass on information about their FHH to their GP?
- Did the GP not ask for that information?
- Did they not realise what the GP was asking?
- Was the condition one where FHH was not helpful?
- Is FHH only being discussed with GPs when symptoms of disease are present, rather than proactively?

The community itself has a responsibility to ensure the information it has is as accurate as possible. The SCC found that only 7% of the community had actively collected their FHH.⁴ General practitioners are in a good position to encourage their patients to recognise the potential benefit of discussing FHH with their family for

their own health, and their children's health, and to ensure this information is passed on. There are several tools, including FHH questionnaires to aid GPs in recording this information.⁷

For the community, a pocket-size tool, 'My Family Health Record', and information on the importance and collecting FHH, can be downloaded from www.genetics.edu.au/fhh.asp.

Summary

General practitioners and the community need to be proactively seeking and discussing FHH, to ensure that the potential of FHH information is realised and opportunities for prevention are not lost.

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Conflict of interest: none declared.

Acknowledgment

The authors would like to thank Ian Muchamore for establishing the original partnership with the NSW Health Survey Program and for guidance with question development.

References

1. Yoon PW, Scheuner MT, Khoury MJ. Research priorities for evaluating family history in the prevention of common chronic diseases. *Am J Prev Med* 2003;24:128-35.
2. Khoury MJ, Bowen S, Bradley LA, et al. A decade of public health genomics in the United States: Centres for Disease Control and Prevention 1997–2007. *Public Health Genomics* 2009;12:20–9.
3. Samocha-Bonet D, Campbell LV, Viardot A, et al. A family history of type 2 diabetes increases risk factors associated with overfeeding. *Diabetologia* 2010;53:1700–8.
4. Dunlop K, Barlow-Stewart K. 'Start the conversation': The New South Wales (Australia) Family Health History Campaign. *Public Health Genomics* 2010;13:301–9.
5. Centre for Epidemiology and Research. New South Wales Population Health Survey: 2007 Report on adult health (HOIST). Sydney: NSW Department of Health, 2007. Available at www.health.nsw.gov.au

6. Barr M, Baker D, Gorringe M, Fritsche L. NSW Population Health Survey: description of methods. Centre for Epidemiology and Research NSW Department of Health. Available at www.health.nsw.gov.au/resources/publichealth/surveys/health_survey_method.asp [Accessed 1 June 2010].
7. Reid GT, Walter FM, Brisbane JM, Emery JD. Family history questionnaires designed for clinical use: a systematic review. *Public Health Genomics* 2009;12:73–83.

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