

Ace reporter undergoes Bodycheck

By D. Moulton

In all facets of life Canadians are being bombarded with the information that they are not physically fit. "Participaction" booms from every media outlet; the comparison of Canadians to our Swedish counterparts is ever ready to serve as a reminder. Just how physically fit are you? What are the factors that lead to an unhealthy lifestyle? With a bodycheck you can help answer these questions for yourself.

Bodycheck is a modification of Dr. Lewis Robbins' concept of Health Risk Appraisal. In an experimental study undertaken by Dr. R. Shires and Helen Patriguin of the Family Medicine Center, H.R.A. has been revised so that it is now more humanly acceptable and known throughout the Maritimes. Bodycheck is basically concerned with physical illness resulting in death. Risks are based on mortality data from autopsy studies, and statistical tables are used to assess the causes of death for a particular age bracket and sex.

Every doctor in Halifax has been made aware of Bodycheck and is able to do a body check on any patient who asks for one. The personal risks that exist for each person are written on a standard form and then computed as to the results inherent in the risks. These results inform the patient as to what he can do to cut down on his

risks.

The "input" information that determines an individual's risks include lifestyle habits e.g. drinking, driving, smoking, personal history of patient and past diseases, physical status measurements, and association with a high risk group such as breast cancer. The "output" info includes three kinds of risks determined by the input info. There is the "actual risk" e.g. the risk of dying from lung cancer due to smoking. There are two "composite risks" - one provided for all factors of a particular disease and the other provided for all causes of death. The final computed risk is that of reduced risk - "modified risk" - how to better your chances by following risk reduction programs. This is the aim of Bodycheck to motivate people to better their health before it is too late. It is preventive medicine.

"You are responsible for your own health" according to Dr. Shires and Bodycheck is one method available to let you know how healthy you are. It lets you know what your odds are. Their goal is to help you improve the quality as well as quantity of life.

Once your doctor has the necessary information and the Center has this the results are forthcoming in about two weeks. Although based on statistical data that may often be

misleading Bodycheck still provides relevant data as to your health. The data may not be precise but it is approximate enough to let you know where you stand health-wise.

Bodycheck is most interested in those people between 20-49 as this is the time to stop and assess risk factors. For the future research hopes to discover the effectiveness of its campaign as well as look at emotional diseases.

Bodycheck requires little time on the part of the patient yet provides information that could be a determining factor in the direction one takes with regard to health.

BODYCHECK



Disadvantages: of Body Check

— It may cause undue anxiety if the individual becomes overly concerned with family history of heart disease, diabetes, breast cancer or suicide. The solution to this problem may lie in accentuating the positive health risks. e.g., At 9% below

average, weight/height mortality rate for heart attack is at its lowest.

- Health risk assessment is based on Canadian national mortality data for 1971 obtained from certificates, and therefore, of questionable validity. It does not take into account morbidity data and consequently may be subject to error.
- United States total population risk factors are used in the assessment of risk. Their risk factors include a wide variety of population groups. There is an urgent need to develop specific risk factors for the Canadian population.
- The statistics being crude population/group statistics, must be subject to broad interpretation and unless this concept is clearly understood, may be misinterpreted and lead to inappropriate risk reduction programs.
- Risks assigned are additive and no synergism of risks factors is incorporated in the total assessment.
- No absolute proof exists that the prospective medicine approach works, or that compliance with risk reduction programs will affect the outcome.

Daniel Rodier. Scholarship student. Dedicated to becoming a marine biologist.

Will he make it?

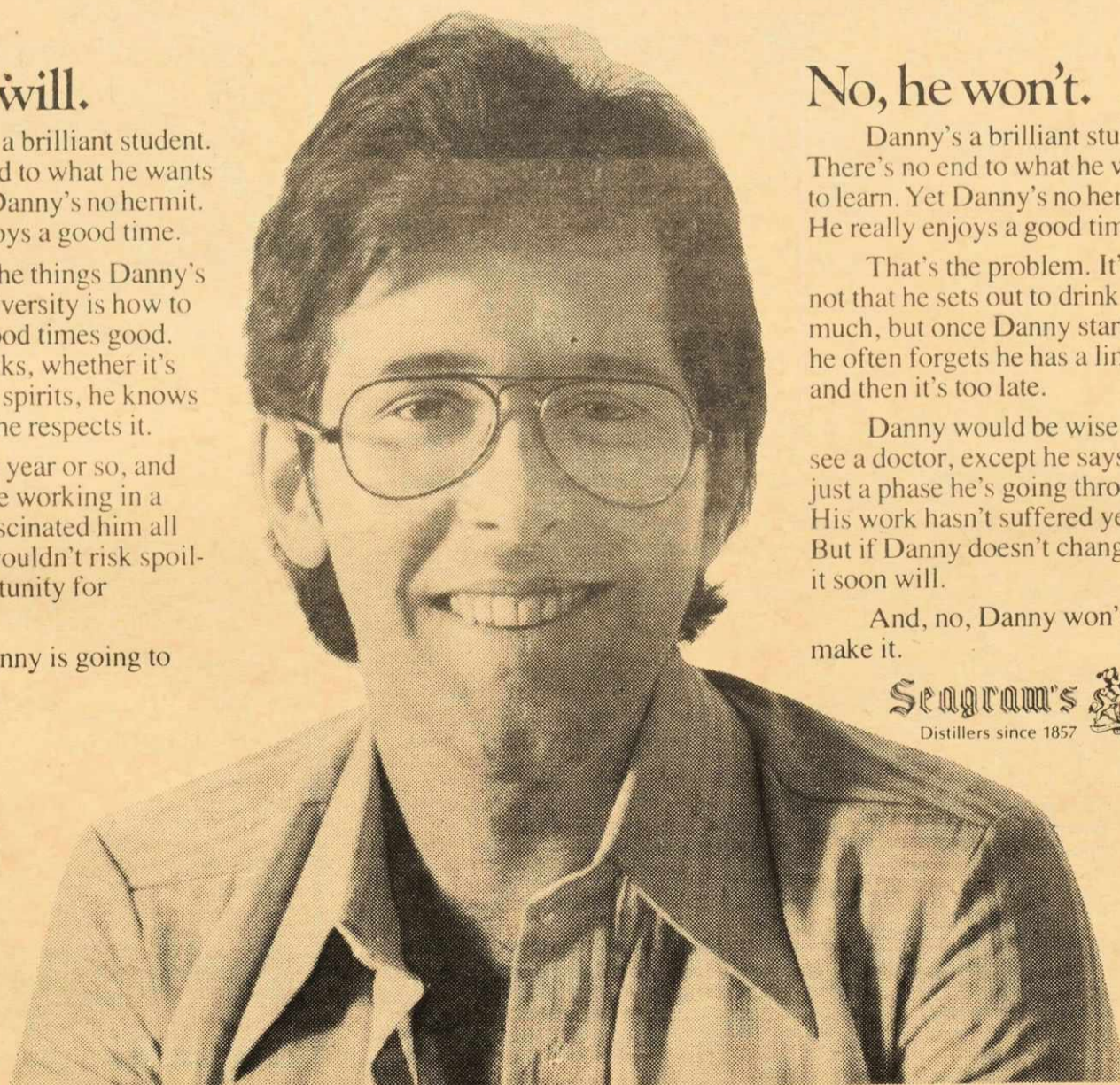
Yes, he will.

Danny's a brilliant student. There's no end to what he wants to learn. Yet Danny's no hermit. He really enjoys a good time.

One of the things Danny's learned at university is how to keep those good times good. When he drinks, whether it's beer, wine or spirits, he knows his limit and he respects it.

Another year or so, and Danny will be working in a field that's fascinated him all his life. He wouldn't risk spoiling the opportunity for anything.

Yes, Danny is going to make it.



No, he won't.

Danny's a brilliant student. There's no end to what he wants to learn. Yet Danny's no hermit. He really enjoys a good time.

That's the problem. It's not that he sets out to drink too much, but once Danny starts he often forgets he has a limit, and then it's too late.

Danny would be wise to see a doctor, except he says it's just a phase he's going through. His work hasn't suffered yet. But if Danny doesn't change, it soon will.

And, no, Danny won't make it.

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