Assessment of health examination outcome of health checkup clients at the Preventive Medicine Clinic, King Chulalongkorn Memorial Hospital

Vitool Lohsoonthorn*

Lohsoonthorn V. Assessment of health examination outcome of health checkup clients at the Preventive Medicine Clinic, King Chulalongkorn Memorial Hospital. Chula Med J 2001 Feb; 45(2): 107 - 20

Objective: To assess health examination outcome of health checkup clients at the

Preventive Medicine Clinic.

Design

: Descriptive study.

Methods

This study was conducted between August and December 1999 by measuring height, weight and blood pressure, recording physical and laboratory outcome and interviewing health checkup clients' characteristics. Data were analyzed for percentage of abnormal findings and tested for association by Chi-square or t-test.

Results

The results showed that of 900 health checkup clients, 235 were male(26.1 %) and 665 female (73.9%); 95% were Buddhist; 24.7% had a bachelor degree education, 19.4% ran private business, and 50.9% had a family income of 10,000 bahts per month or lower. Almost 64.1 % had never undergone a health checkup. The physical and laboratory results showed that 7.5% were obese, 18.1% were hypertensive, 6.6% had diabetic mellitus (with a sharp increase in the age group 40 - 49 years), 48.0 % had high blood cholesterol, and 13.2 % and 31.3 % were anemic in males and females respectively. The association between BMI and sex was statistically significant (p = 0.016).

^{*} Department of Preventive and Social Medicine, Faculty of Medicine, Chulalongkorn University

Conclusion : Obesity, hypertension, hyperlipidemia and anemia were major health problems in health checkup clients. For further study, these health checkup clients should be followed up for health surveillance.

Key words: Health examination, Assessment, Preventive Medicine Clinic.

Reprint request: Lohsoonthorn V. Department of Preventive and Social Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok 10330, Thailand.

Received for publication. November 10, 2000.

วิทูรย์ โล่ห์สุนทร. การประเมินผลการตรวจสุขภาพของผู้มารับการตรวจสุขภาพที่คลินิก เวชศาสตร์ป้องกัน โรงพยาบาลจุฬาลงกรณ์. จุฬาลงกรณ์เวชสาร 2544 ก.พ; 45(2): 107 - 20

วัตถุประสงค์

: เพื่อประเมินผลการตรวจสุขภาพของผู้มารับการตรวจสุขภาพที่คลินิกเวชศาสตร์

ป้องกัน

รูปแบบการวิจัย : การศึกษาเชิงพรรณนา

วิธีการศึกษา

: การศึกษานี้ได้ดำเนินการตั้งแต่เดือนสิงหาคมถึงธันวาคม 2542 โดยการวัดส่วน

สูง ซึ่งน้ำหนัก วัดความดันโลหิต บันทึกผลการตรวจร่างกายและการตรวจทาง ห้องปฏิบัติการ สัมภาษณ์ข้อมูลทั่วไปของผู้มารับการตรวจสุขภาพวิเคราะห์ข้อมูล หาร้อยละของความผิดปกติและทดสอบหาความสัมพันธ์ระหว่างตัวแปรโดยการ

ทดสอบไคสแคว์หรือการทดสอบที่ตามความเหมาะสม

ผลการศึกษา

: ผลการศึกษาพบว่าผู้มารับการตรวจสุขภาพ 900 ราย เป็นเพศชาย 235 คน (ร้อยละ 26.1) เพศหญิง 665 คน (ร้อยละ 71.9) นับถือศาสนาพุทธ ร้อยละ 95.0 จบการศึกษาระดับปริญญาตรีและสูงกว่าร้อยละ 24.7 มีอาชีพประกอบธุรกิจ ส่วนตัวมากที่สุดร้อยละ 19.4 รายได้ของครอบครัวต่อเดือน 10,000 บาทหรือ น้อยกว่า ร้อยละ 50.9 ไม่เคยตรวจสุขภาพร้อยละ 63.5 ผลการตรวจสุขภาพพบ มีดัชนีมวลกายอยู่ในเกณฑ์อ้วนร้อยละ 7.5 ความดันโลหิตสูง ร้อยละ18.1 ตรวจ เลือดพบเป็นโรคเบาหวานร้อยละ 6.6 โดยเริ่มพบมากในกลุ่มอายุ 40 - 49 ปีขึ้นไป มีใขมันคลอเลสเตอรอลอยู่ในเกณฑ์สูง ร้อยละ 48.0 มีภาวะโลหิตจางในเพศชาย ร้อยละ 13.2 เพศหญิงร้อยละ 31.3 พบมีความสัมพันธ์ทางสถิติในเชิงบวกระหว่าง

ตัวแปรดัชนีมวลกายและอาหารที่มีใขมันสูง

สรุป

: ความอ้วน ความดันโลหิตสูง ไขมันในเลือดสูง และ ภาวะโลหิตจางเป็นปัญหา สุขภาพอนามัยที่สำคัญของผู้มารับการตรวจสุขภาพ ในการศึกษาต่อไป ควรจะ ได้มีการติดตามเฝ้าระวังภาวะสุขภาพอนามัยของประชากรกลุ่มนี้

Health examination is a procedure of examination by a physician customarily including past and present medical history, a complete physical examination, and selected laboratory or special tests. The health examination may be performed annually or at other regular times (Periodic health examination). The periodic health examination is an early detection procedure in asymptomatic, supposedly well persons with the objective of establishing a medical database aimed at detecting disease in its early asymptomatic state. It is also undertaken to determine the risks of subsequent disease development. (16)

What should be included in the annual or periodic health examination? Some hospitals require several days to complete a routine examination, whereas some hospitals require a few hours to complete an annual checkup. The costs of the annual or periodic health examination vary according to the number and type of the tests. The significance of some of the deviations from the normal physical or laboratory examination yields tangible benefits that outweigh its costs.

Interest in annual or periodic health examination programs is increasing. The annual and periodic health examination program have been performed by Preventive Medicine Clinic, King Chulalongkorn Memorial Hospital for many years. There still has not been an assessment of a health checkup outcome or establishment of health checkup database. To develop a productive and successful health examination program, there should be a higher level of sensible health practice and research.

The purpose of this study was to assess the health examination outcome of health checkup clients at the Preventive Medicine Clinic.

Materials and Methods

The research design in this study was descriptive. The study population was health checkup clients at the Preventive Medicine Clinic on their first visit, age 15 years and over during August to December 1999. Total sampling was done for 900 clients. All health checkup clients were measured for height, body weight and blood pressure. The physical and laboratory examination outcomes were recorded. The health checkup clients were interviewed for general characteristics: age, sex, marital status, education, occupation etc. Data were analyzed by SPSS for Windows for percentage of abnormal findings and tests for association by Chi-square or t-tests. The body mass index was calculated by body weight per body surface area.

BMI = Weight/height² (Kg/m²)

The body mass index was classified by WHO criterion:⁽⁷⁾

1. Underweight	BMI less than 20.00
2. Normal	BMI 20.00-24.99
3. Overweight	BMI 25.00-29.99
4 Obesity	BMI 30.00 and over

The blood pressure was classified according to The Fifth Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC V):^(8,9)

	Systolic BP	Diastolic BP
	mm Hg	mm Hg
1. Normal	< 140	< 90
2. Mild hypertension	140 - 159	90 - 99
3. Moderate hypertension	160 - 179	100 - 109
4. Severe hypertension	180 - 209	110 - 119
5. Very severe	210 and over	120 and over
hypertension		

Results

The results showed that of 900 health checkup clients were 235 male (26.1 %) and 665 female (73.9 %) as shown in Table 1. The general characteristics of health checkup clients are shown in Table 2. 61.8 % were married, 95.0 % were Buddhist; 19.4 % ran private business. A family income of 10,000 baths per month or lower was recorded in 50.9 %. The percentage of clients who had never been for a previous health checkup was 63.5 %. The rate of obesity in females (8.7 %) was higher than in males (3.8 %) but the overweight (BMI 25 -25.99) in males was higher than in females (Table 3). The rate of hypertension increased with age. The incidence mild and moderate hypertension was 17.0 %. The incidence of abnormal fasting blood sugar level (FBS) 126 mg/dl and over was 6.6 %. The incidence of abnormal FBS increased in the age group 40 - 49 years and over as shown in table 5. Abnormal BUN>20 and Cr>2 mg/dl

were found in only 5 persons (0.6 %). This suggested some renal pathology (Table 6). The abnormal uric acid level (>7.0 mg %) was more common in males (21.3%) than in females (3.3%) as shown in Table 7. The distribution of SGPT level by age is shown in Table 8. There was no definite variation with age. The incidence of a one-fold abnormal level (39 - 76) was 12.5 % and of a two-fold abnormal level (>76) was 3.1%. Abnormal serum cholesterol (221-299 mg/dl) was found in 42.2 %, while the abnormal serum cholesterol 300 mg/dl and over was found in 5.8 % (Table 9). The rate of abnormal triglyceride levels (156-299 mg/dl) was 17.5 % while the higher abnormal level (300 mg/dl and over) was found in 3.6 % (Table 10). The rate of HDL-Cholesterol ≥ 50 mg/dl was higher in females (69.0 %) than in males (38.1 %). (Table 11). The anemia in females (Hb <12 g/dl) 31.3 % was higher than in males (13.2 %) and this difference was statistically significant, p < 0.001 (Table 12).

Table 1. Number and percent of health checkup clients by age and sex.

Age group		//ale	Fen	nale	То	tal
	Number	Percent	Number	Percent	Number	Percerii
< 20 Yr.	4	0.4 %	9	1.0 %	13	1.4 %
20 – 29 Yr.	40	4.4	96	10.7 %	136	15.1 %
30 – 39 Yr.	64	7.1 %	156	17.3 %	220	24.4 %
40 – 49 Yr.	54	6.0 %	199	22.1 %	253	28.1 %
50 – 59 Yr.	30	3.3 %	132	14.7 %	162	18.0 %
60 – 69 Yr.	33	3.7 %	62	6.9 %	95	10.6 %
≥ 70 Yr.	10	1.1 %	11	1.2 %	21	2.3 %
Total	235	26.1 %	665	73.9 %	900	100.0 %

Table 2. General characteristics of health checkup clients at Preventive Medicine Clinic.

General characteristics	Number	Percent
1. Marital status (n = 900)		
Single	236	26.2
Married	556	61.8
Widowed	64	7.1
Other	44	4.9
2. Religion (n = 900)		
Buddhist	855	95.0
Other	5	5.0
3. Education (n = 898)		
Lower than grade 4	69	7.7
Primary education (Grade 4)	332	37.0
Secondary education	160	17.8
Pre-university	115	12.8
Bachelor degree and higher	222	24.7
4. Occupation (n = 898)		
Housewives	246	27.4
Private business	174	19.4
Private servant	156	17.4
Government officials	99	11.0
5. Family income per month (n = 794)		
10,000 baht and lower	404	50.9
10,001 - 20,000 baht	177	22.3
20,001 - 30,000 baht	88	11.1
30,001 and higher	125	15.8
6. Previous health examination (n = 899)		
Have never been checkup	571	63.5

Table 3. Number and percent of health checkup clients 'body mass index by sex.

Sex		Body Mass Index						
	Underweigh	Normal	Overweight	Obesity	£"			
Male	40	116	70	9	235			
	17.0 %	49.4 %	29.8 %	3.8 %	100.0 %			
Female	138	315	152	58	663			
	20.8 %	47.5 %	22.9 %	8.7 %	100.0 %			
Total	178	431	222	67	898			
	19.8 %	48.0 %	24.7 %	7.5 %	100.0 %			

Chi-square test = 10.31 (p = 0.016)

Table 4. Number and percent of health checkup clients 'blood pressure by age.

		Levels of blood pressure						
	Normal	Mild	Moderate	Severe				
Age	(SBP<140 and	Hypertension	hypertension	hypertension	Total			
	DBP<90)	(SBP 140-159 or	(SBP 160-179 or	(SBP 180-209 or				
		DBP 90-99)	DBP 100-109)	DBP 110-119)				
< 20 Yr.	11	1	1	0	13			
	84.6 %	7.7 %	7.7 %	0.0 %	100.0 %			
20 - 9 Yr.	129	6	0	0	135			
	95.6 %	4.4 %	0.0 %	0.0 %	100.0 %			
30 - 39 Yr.	198	18	3	1	220			
	90.0 %	8.2 %	1.4 %	.5 %	100.0 %			
40 - 49 Yr.	222	24	5	1	252			
	88.1 %	9.5 %	2.0 %	.4 %	100.0 %			
50 - 59 Yr.	110	38	13	1	162			
	67.9 %	23.5 %	8.0 %	.6 %	100.0 %			
60 - 69 Yr.	53	30	10	2	95			
	55.8 %	31.6 %	10.5 %	2.1 %	100.0 %			
≥ 70 Yr.	12	7	2	0	21			
	57.1 %	33.3 %	9.5 %	0.0 %	100.0 %			
Total	735	124	34	5	898			
	81.8 %	13.8 %	3.8 %	.6 %	100.0 %			

Table 5. Number and percent of health checkup clients 'fasting blood sugar (FBS) by age.

Age	Fasting bloc		Total	
	Normal (< 110)	IFG* (110-125)	≥ 126	
< 20 Yr.	11	1	0	. 12
	91.7 %	8.3 %	0.0 %	100.0%
20 - 29 Yr.	131	3	1	135
	97.0 %	2.2 %	.7 %	100.0 %
30 - 39 Yr.	206	10	3	219
	94.1 %	4.6 %	1.4 %	100.0 %
40 - 49 Yr.	220	16	17	253
	87.0 %	6.3 %	6.7 %	100.0 %

Table 5. Continuous.

Age	Fasting bloc	od sugar (FBS) mg/dl		Total
	Normal (< 110)	IFG* (110-125)	≥ 126	
50 - 59 Yr.	123	14	25	162
	75.9 %	8.6 %	15.4 %	100.0 %
60 - 69 Yr.	58	23	13	94
	61.7 %	24.5 %	13.8 %	100.0 %
≥ 70 Yr.	16	5	0	21
	76.2 %	23.8 %	0.0 %	100.0 %
Total	765	72	59	896
	85.4 %	8.0 %	6.6 %	100.0 %

^{*} IFG = Impaired Fasting Glucose

Findings	n	Mean	Median	S.D.	Minimum	Maximum	P 25	P 75
FBS	896	103.83	96.00	39.04	62	661	90.00	103.00

Table 6. Number and percent of health checkup clients' blood urea nitrogen (BUN) and Creatinine (Cr) by age.

	Levels of Blood Urea Nitrogen (BUN) และระดับ Creatinine (Cr)							
Age	BUN < 20	BUN > 20	BUN < 20	BUN > 20	Total			
	and Cr < 2	and Cr < 2	and Cr > 2	and Cr > 2				
< 20 Yr.	12	0	0	0	12			
	100.0 %	0.0 %	0.0 %	0.0 %	100.0 %			
20 - 29 Yr.	132	0	0	0	132			
	100.0 %	0.0 %	0.0 %	0.0 %	100.0 %			
30 - 39 Yr.	215	3	0	0	218			
	98.6 %	1.4 %	0.0 %	0.0 %	100.0 %			
40 - 49 Yr.	250	1	0	2	253			
	98.8 %	.4 %	0.0 %	.8 %	100.0 %			
50 - 59 Yr.	157	5	0	0	162			
	96.9 %	3.1 %	0.0 %	0.0 %	100.0 %			
60 - 69 Yr.	87	4	1	2	94			
	92.6 %	4.3 %	1.1 %	2.1 %	100.0 %			
≥ 70 Yr.	19	1	0	1	21			
	90.5 %	4.8 %	0.0 %	4.8 %	100.0 %			
Total	872	14	1	5	892			
	97.8 %	1.6 %	.1 %	.6 %	100.0 %			

Table 7. Number and percent of health checkup clients 'uric acid by age and sex.

				Level	s of Uric acid	(mg/dl)				
Age			Mal	е		Female			Total	
		> 7.0 :	mg/dl	Total	> 7.0	mg/dl	Total	> 7.0 mg/dl	Total	
< 20 Yr.	•	2		3	1		9	3	12	
		66.	7 %		11	1.1 %		25.0 %		
20 - 29 Yr.		4		39	C)	91	4	130	
		10.3	3 %		C	0.0 %		3.1 %		
30 - 39 Yr.		9		63	3	}	154	12	217	
		14.3	3 %		1	.9 %		5.5 %		
40 - 49 Yr.		16		54	5	j	198	21	252	
		29.6	6 %		2	2.5%		8.3 %		
50 - 59 Yr.		5		29	8	}	132	13	161	
		17.2	2 %		6	5.1 %		8.1 %		
60 - 69 Yr.		10		32	4	l	62	14	94	
		31.3	3 %		6	5.5 %		14.9 %		
≥ 70 Yr.		3		10	1		11	4	21	
		30.0) %		9	.1 %		19.0 %		
Total		49		230	22	2	657	71	887	
		21.3	3 %		. 3	.3 %		8.0 %		
Findings	n	Mean	Median	S.D.	Minimum	Maximum	P 25	P ₇₅		
Uric acid	887	4.865	4.600	1.489	1.8	10.8	3.800	5.700		

Table 8. Number and percent of health checkup clients 'SGPT (ALT) by age.

Age		Total		
	0-38	39-76	> 76	
< 20 Yr.	11	2	0	13
	84.6 %	15.4 %	0.0 %	100.0 %
20 - 9 Yr.	118	11	4	133
	88.7 %	8.3 %	3.0 %	100.0 %
30 - 39 Yr.	184	28	7	219
	84.0 %	12.8 %	3.2 %	100.0 %
40 - 49 Yr.	210	29	10	249
	84.3 %	11.6 %	4.0 %	100.0 %

Table 8. Continuous.

Age				Total						
		0-38			39-76		> 7	6		
50 - 59 Yr.		134			25		3		162	
		82.	7 %		15.4 %		1.9	%	100.0 %	
60 - 69 Yr.		80			13				94	
		85.	1 %		13.8 %		1.1	%	100.0 %	
≥ 70 Yr.		15			3		3		21	
		71.	4 %		14.3 %		14.3	%	100.0 %	
Total		752			111		28		891	
		84	.4%		12.5%		3.1	%	100.0%	
Findings	n	Mean	Median	S.D.	Minimum	Maximum	P 25	P 75		
SGPT	891	26.47	20.00	28.44	2	413	13.00	30.00		

Table 9. Number and percent of health checkup clients 'cholesterol by age.

Age	Levels of	f Cholesterol (mg/dl)		Total	
	Normal (≤ 220)	221-299	> 300		
< 20 Yr.	9	3	0	12	
	75.0 %	25.0 %	0.0 %	100.0 %	
20 - 29 Yr.	98	35	1	134	
	73.1 %	26.1 %	.7 %	100.0 %	
30 - 39 Yr.	134	76	8	218	
	61.5 %	34.9 %	3.7 %	100.0 %	
40 - 49 Yr.	127	117	8	252	
	50.4 %	46.4 %	3.2 %	100.0 %	
50 - 59 Yr.	52	89	21	162	
	32.1 %	54.9 %	13.0 %	100.0 %	
60 - 69 Yr.	36	45	13	94	
	38.3 %	47.9 %	13.8 %	100.0 %	
≥ 70 Yr.	8	12	1	21	
	38.1 %	57.1 %	4.8 %	100.0 %	
Total	464	377	52	893	
	52.0 %	42.2 %	5.8 %	100.0 %	

Findings	n	Mean	Median	S.D.	Minimum	Maximum	P 25	P 75
Cholesterol	893	222.60	218.00	46.16	83	483	191.00	250.00

Table 10. Number and percent of health checkup clients' triglyceride by age.

Age				Total					
		Norm	nal (≤ 155))	156-299		> 300	0	
< 20 Yr.		1.	2		0		0		12
		10	00.0 %		0.0 %		0.0	%	100.0 %
20 - 29 Yr.		1:	28		6		0		134
		9	5.5 %		4.5 %		0.0	%	100.0 %
30 - 39 Yr.		19	90		24		3		217
		8	7.6 %		11.1 %		1.4	%	100.0 %
40 - 49 Yr.		205			39		8		252
		8	1.3 %		15.5 %		3.2	%	100.0 %
50 - 59 Yr.		10	01		50		11		162
		62	2.3 %		30.9 %		6.8	%	100.0 %
60 - 69 Yr.		57			28		9		94
		60	0.6 %		29.8 %		9.6	%	100.0 %
≥ 70 Yr.		1	1		9		1		21
		52	2.4 %		42.9 %		4.8	%	100.0 %
Total		70	04		156		32		892
		78	3.9 %		17.5 %		3.6	%	100.0 %
Findings	n	Mean	Median	S.D.	Minimum	Maximum	P 25	P 75	
Triglyceride	892	117.90	94.00	81.66	27	940	68.25	141.00	

Table 11. Number and percent of health checkup clients 'HDL-Cholesterol by age and sex.

Age		Level	Total			
		< 35 mg/dl	35-49 mg/dl	≥ 50 mg/dl		
< 20 Yr.	Male	1 (33.3 %)	2 (66.7 %)	0 (0.0 %)	3 (100.0 %)	
	Female	1 (11.1 %)	1 (11.1 %)	7 (77.8 %)	9 (100.0 %)	
20 - 29 Yr.	Male	1 (2.6 %)	12 (30.8 %)	26 (66.7 %)	39 (100.0 %)	
	Female	1 (1.1 %)	29 (31.2 %)	63 (67.7 %)	93 (100.0 %)	
30 - 39 Yr.	Male	8 (12.5 %)	34 (53.1 %)	22 (34.4 %)	64 (100.0 %)	
	Female	5 (3.2 %)	32 (20.8 %)	117 (76.0 %)	154 (100.0 %)	
40 - 49 Yr.	Male	6 (11.3 %)	30 (56.6 %)	17 (32.1 %)	53 (100.0 %)	
	Female	7 (3.5 %)	52 (26.3 %)	139 (70.2 %)	198 (100.0 %)	
50 - 59 Yr.	Male	2 (6.7 %)	19 (63.3 %)	9 (30.0 %)	30 (100.0 %)	
	Female	7 (5.3 %)	40 (30.3 %)	85 (64.4 %)	132 (100.0 %)	

Table 11. Continuous.

Age				Le	Total				
			<	35 mg/dl	35-49	mg/dl	≥ 50 ו	mg/dl	·
60 - 69 Yr.	Male		4 (12.5 %)		16 (50.0 %)		12 (37.5 %)		32 (100.0 %)
		Female	3	(4.8 %)	20 (3	2.3 %)	39 (6	2.9 %)	62 (100.0 %)
≥ 70 Yr.		Male	1	(10.0 %)	7 (7	0.0 %)	2 (20	0.0 %)	10 (100.0 %)
		Female	0	(0.0 %)	6 (5	4.5 %)	5 (4	5.5 %)	11 (100.0 %)
Total		Male	23	(10.0 %)	120 (5	1.9 %)	88 (3	8.1 %)	231 (100.0 %)
		Female	24	(3.6 %)	180 (2	7.3 %)	455 (6	9.0 %)	659 (100.0 %)
Findings	n	Mean	Median	S.D.	Minimum	Maximum	P 25	P 75	
HDL-C	890	54.38	53.00	13.69	8	117	44.00	63.00	

Table 12. Number and percent of health checkup clients 'Hemoglobin (Hb) by age. and sex.

		Levels of hemoglobin	
	Abnormal	Normal *	รวม
Male	1 (25.0 %)	3 (75.0 %)	4 (100.0 %)
Female	5 (55.6 %)	4 (44.4 %)	9 (100.0 %)
Male	5 (12.5 %)	35 (87.5 %)	40 (100.0 %)
Female	30 (31.6 %)	65 (68.4 %)	95 (100.0%)
Male	6 (9.4 %)	58(90.6 %)	64 (100.0 %)
Female	46 (30.1 %)	107 (69.9 %)	153 (100.0 %)
Male	6 (11.3 %)	47 (88.7%)	53 (100.0%)
Female	66 (33.8 %)	129 (66.2%)	195 (100.0%)
Male	2 (6.7 %)	28 (93.3 %)	30 (100.0 %)
Female	39 (29.8 %)	92 (70.2 %)	131 (100.0 %)
Male	5 (15.2 %)	28 (84.8 %)	33 (100.0 %)
Female	18 (29.0%)	44 (71.0 %)	62 (100.0%)
Male	6 (60.0 %)	4 (40.0 %)	10 (100.0 %)
Female	1 (11.1 %)	8 (88.9 %)	9 (100.0 %)
Male	31 (13.2 %)	203 (86.8 %)	234 (100.0 %)
Female	205 (31.3 %)	449 (68.7 %)	654 (100.0 %)
	Female Male	Male 1 (25.0 %) Female 5 (55.6 %) Male 5 (12.5 %) Female 30 (31.6 %) Male 6 (9.4 %) Female 46 (30.1 %) Male 6 (11.3 %) Female 66 (33.8 %) Male 2 (6.7 %) Female 39 (29.8 %) Male 5 (15.2 %) Female 18 (29.0%) Male 6 (60.0 %) Female 1 (11.1 %) Male 31 (13.2 %)	Abnormal Normal * Male 1 (25.0 %) 3 (75.0 %) Female 5 (55.6 %) 4 (44.4 %) Male 5 (12.5 %) 35 (87.5 %) Female 30 (31.6 %) 65 (68.4 %) Male 6 (9.4 %) 58(90.6 %) Female 46 (30.1 %) 107 (69.9 %) Male 6 (11.3 %) 47 (88.7%) Female 66 (33.8 %) 129 (66.2%) Male 2 (6.7 %) 28 (93.3 %) Female 39 (29.8 %) 92 (70.2 %) Male 5 (15.2 %) 28 (84.8 %) Female 18 (29.0%) 44 (71.0 %) Male 6 (60.0 %) 4 (40.0 %) Female 1 (11.1 %) 8 (88.9 %) Male 31 (13.2 %) 203 (86.8 %)

^{*} Normal hemoglobin level Female = 12 -16 g/dl, Male = 13-18 g/dl

Discussion

The percentage of health checkup clients who had never undergone a previous health checkup was relatively high (63.5 %). Patients in the age group 40 years and over should have had at least one health checkup. Those in the age group 60 years and over may require a health checkup annually. The First edition of the US Preventive Service Task Force Guide recommends that patients aged 19 to 64 years have a periodic health examination every 1 to 3 years and those older than 64 years have a periodic health examination every year. (10) The factors influencing optimal frequency of health examination include patient or client's age, occupation and hazardous environmental exposure, past medical history and personal health behavior. (11-13) The rate of obesity in this study was 7.5 % which was higher than the First National Health Examination Survey (4.0%). (14) In both studies obesity in females was more common than in males. The rate of systolic hypertension was 14.7 % and of diastolic hypertension was 7.9 %. Either systolic or diastolic hypertension was found in 18.1 %. This figure was slightly lower than that reported in the Hypertension Survey at Distric Kogesamrong, Lopburi (19.7 %). (15) Both used the same definition of hypertension. Fasting blood sugar 126 mg/dl and over in two consecutive examinations indicates diabetes mellitus. The incidence of abnormal FBS at this level was 6.6 % in a single examination. The number of patients with abnormal BUN >20 and Cr >2 was quite small (0.6 %). A high BUN level is related to a high protein diet and dehydration. A high Cr level indicates abnormal renal function. It is economically efficient to

examine Cr alone instead of both BUN and Cr. The incidence of abnormal uric acid in age group less than 20 years was high (25.0 %). This may be due to the eating-out behavior of the teenagers. The incidence of abnormal SGPT (>76) was 3.1 %. Values higher than three times normal indicate hepatocellular damage. The rate of abnormal serum cholesterol (221-299 mg/dl) in this study was 42.2 % while in the Second National Health Examination Survey was only 34.4 %. (16)

Conclusion

The assessment of health examination outcome of 900 health checkup clients at the Preventive Medicine Clinic, King Chulalongkorn Memorial Hospital was conducted between August and December 1999 by recording physical and laboratory outcome and interviewing health checkup clients characteristics, Sixty-three point five percents had never undergone for health checkup. Obesity, hypertension, hyperlipidemia and anemia were major health problems of health checkup clients.

Acknowledgements

This study was supported by the Rachadapiseksompoj Faculty of Medicine Fund. The author would like to thank Prof. DR. Tassanee Nuchprayoon, Assoc. Prof. DR. Voravit Tattakorn Assoc. Prof. DR. Pornchai Sithisarankul for their kind advice in this study, and also thank the nurses at Preventive Medicine Clinic, Chulalongkorn Hospital for their assistance with data collection.

References

- Han PK. Historical changes in the objectives of the periodic health examination. Ann Intern Med
 1997 Nov 15; 127(10): 910 - 7
- Councils on Scientific Affairs. Medical evaluations of healthy persons. JAMA 1983 Mar 25; 249 (12): 1626 - 33
- Siegel GS. An American dilemma-the periodic health examination. Arch Environ Health 1966 Sep; 13(3): 292 - 5
- World Health Organization. Mass health examinations. Public Health Paper No.45. Geneva:
 World Health Organization, 1971.
- 5. The periodic health examination revisited. Ann Intern Med 1975 Aug; 83(2): 271 - 3
- Fletcher SW, Spitzer WO. Approach of the Canadian
 Task Force to the Periodic Health Examination.

 Ann Intern Med 1980 Feb; 92 (2 pt 1): 253 4
- WHO Expert Committee. Physical status: the use and interpretation of anthropology. World Health Organ Tech Rep Ser 1995; 854: 312-452
- WHO Expert Committee. Hypertension control. World
 Health Organ Tech Rep Ser 1996; 862: 1 83
- The fifth report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure (JNC V). Arch Intern Med 1993 Jan 25; 153(2): 154 - 83

- 10. Sox CH, Dietrich AJ, Tosteson TD, Winchell CW, Labaree CE. Periodic health examinations and the provision of cancer prevention services. Arch Fam Med 1997 May - Jun; 6(3): 223-30
- 11. Medical Practice Committee, American College of Physicians. Periodic health examination: a guide for designing individualized preventive health care in the asymptomatic patients. Ann Intern Med 1981 Dec; 95(6): 729 32
- 12. American Cancer Society. ACS report on the cancer-related checkup. CA Cancer J Clin 1980 Jul Aug; 30(4): 193 240
- 13. Delbanco TL, Taylor WC. The periodic health examination, 1980. Ann Intern Med 1980 Feb; 92(2 pt 1): 251 2
- 14. Chuprapawan J. The First National Health Interview and Examination Survey 1991-1992. Bangkok: Design, 1996.
- 15. Archananuparp S, Chumtong N, Satitniramai S, Siratapaungsa P. Evaluative and developmental research on quality of health care for hypertensive patients. Bangkok: Health Research Institute, 1999.
- 16. Thailand Health Research Institute: The second national health examination survey 1996 1997.
 Nontaburi; Ministry of Public Health, 1998.