

What doctors want patients to know about their family health history



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Does anyone in your family have breast cancer? What about heart disease or high blood pressure? How about drug and [alcohol use](#) or the state of your family's mental health? This information is part of your family health history, and it is a big predictor of your overall health risk.

Understanding and sharing one's [family health history](#) is a pivotal aspect of proactive health care management. By openly communicating and documenting family health history, patients can provide physicians with valuable insights into potential genetic susceptibilities and hereditary conditions. It also establishes a foundation for more [personalized and targeted medical care](#).

The AMA's What Doctors Want Patients to Know™ series provides physicians with a platform to share what they want patients to understand about today's health care headlines.

In this installment, Jason Ricks, MD, an internist in Boonton, New Jersey, at Atlantic Health System, took time to discuss what patients need to know about their family health history.

Atlantic Health System is a member of the [AMA Health System Program](#), which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

It's the whole picture of your health

Patients should be open and honest about their family health history “because it helps for the whole picture of your health about how best to treat you, especially for preventative measures going forward,” Dr. Ricks said. “If I know someone in your family had a condition such as [colon cancer](#), it would change the timing of screening for that condition versus if I didn’t know they had it.

For example, “I will do a colonoscopy at 45 instead of 40. And that might be five years of polyps growing there that we don’t know about,” he added.

Be honest and truthful

When it comes to family health history, “just be honest and truthful about it,” Dr. Ricks said. “Because if you’re not truthful, then it doesn’t help you at all. It will just hurt you.”

“And if it’s not important, it’s not important. But we’ll still put it down on the list,” he said, adding that patients should not be embarrassed to share their family health history with their doctor because “there’s nothing you can do about it. It’s history.

“We’ve got to move forward and prevent the same problems from happening to you,” Dr. Ricks added.

There’s a greater emphasis on history

Lately there has been a greater emphasis placed on family health history “because we know more about genetics,” Dr. Ricks said. “We know what mutations and genes lead to certain medical conditions.”

“We work with a genetic counselor who we refer to discuss genetic testing mutations with patients to decide the best screening or screening schedule,” he said, noting “there’s a lot of genetic testing to help identify people with these random mutations that predispose them to a higher risk of a certain health condition, so we do an extra screening here and there.”

For example, family history includes the genetic mutations of the [BRCA1 and BRCA2](#) genetic mutations for breast cancer. So, if your “mom has [breast cancer](#) and there’s

mutation there, we watch it closer and it impacts your screening intervals,” Dr. Ricks said.

Look at first- and second-degree relatives

“A family health history is going through your first- and second-degree relatives—including parents, grandparents, aunts, uncles, your siblings and your children—to see if they have any medical problems,” Dr. Ricks said. But don’t ignore the health history of your great grandparents or great aunts and uncles.

This means sharing if “they have a history of cancer or heart disease in the family because it affects when we start screenings for them and referrals to specialists versus someone without family history,” he said.

Share any health information

When it comes to family health history, “I always ask about cancer histories, [heart disease](#), stroke, diabetes, dementia. Those are my five big ones I ask for,” Dr. Ricks said. “And then things like mental illness, bipolar disorder, depression, [anxiety](#) are important there.

“If there’s a history of schizophrenia, smoking history, drug history, those are important things to note as well,” he added. “That’s not family history, but those conditions can run through the family as there is a strong genetic component.”

“But your family’s history of [high blood pressure](#) and [cholesterol](#) are important here too. I have high triglycerides in my family, so I am on medicine for it as nothing else worked,” Dr. Ricks said, noting “I take a med for it because there’s nothing that I can do for it—it’s family history.”

Then there is “[rheumatoid arthritis](#), which is an autoimmune disorder. That has a genetic basis to it,” he said. “If you have dementia from a brain injury versus dementia from Alzheimer’s, the brain injury is an acquired accident versus genetics with Alzheimer’s.”

It's the same with migraines. So, "what type of migraine is it? Is it a menstrual migraine or some other type of migraine because the same types of migraines run in the family too," Dr. Ricks said.

Ask questions to find answers

To gather health history, it ultimately comes down to having a conversation with your family members and asking questions.

"I go through with patients and if you want anything else added, let me know and we'll add it," Dr. Ricks said. "So, I review it each time with my patients, and they often add something new."

For example, "I saw a couple people and they added some stuff—the brother died of a new cancer. So, I add things to the family health history all the time and I review it each time I see a patient," he said.

Don't worry if you don't know

If you don't know your family's health history for whatever reason—you don't talk to them or you're adopted and don't know your birth parents—that is OK and "there's not much I can do," Dr. Ricks said. "If we don't know about it, we don't know about it."

"I have patients who were adopted, and I asked them, 'Do you know your birth parents at all?' They said no. Then not much I can do about it except follow standard screening schedules," he said.

Think about pregnancy too

"If there's a history of spontaneous abortions or miscarriages in the past, we'll go along the lines of and say if you've tried and you've had one as well, we need to see a high-risk reproductive team to make sure there's no hypercoagulable states, that there's nothing that's causing that," Dr. Ricks said. "I have several patients who have had that done and

they've had IVF successfully since then and on different blood thinners preventing blood clots.

"So, there are different things depending on the cause of the miscarriage," he added. "But they do happen, and I have people who have success after we treat that problem and do get prophylactic medicines during pregnancy. And they're monitored much more closely by the high-risk team."

Trust your doctor

It's the relationship that a patient has with their physician who takes that family health history information and makes it actionable, Dr. Ricks explained. "Patients send me emails on stuff that happens to their family, so I update their medical history for that. I put that in the family history.

"And you have to review the information with patients because things change and it is important to keep it up to date," he added, emphasizing that "having that relationship with your physician is important."