# Panel: Family History Needs to Be Maximized

BY HEIDI SPLETE

BETHESDA, MD. — Family history continues to be an important tool for clinicians, but more research is needed before it can be declared an evidence-based strategy that improves outcomes for patients, according to a statement released after a conference on Family History and Improving Health sponsored by the National Institutes of Health.

"There's still a lot we don't know about how to collect and use family history effectively," Dr. Alfred Berg of the University of Washington, Seattle, said at the start of the conference.

"The panel recognized that family history has an important role," he added during a telebriefing after the conference. But it is unclear how this information can best be gathered and used to predict disease outcomes in primary care, he said.

The statement was compiled by an expert panel based on a review of the best available evidence on the role of family history in the diagnosis of common diseases seen by primary care clinicians. Dr. Berg served as chairperson of the panel.

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Panelists heard from researchers who presented data on the usefulness of family history for risk assessment in clinical care settings, as well as in specific populations such as children and pregnant women.

In the statement, the panel acknowledged that "Family history was a core element of clinical care long before the evidence-based medicine paradigm was even proposed." Consequently, the evidence to support the usefulness of family history for identifying common diseases is weak in several key areas, including defining the key elements of family history, linking results to clinical conditions, and evaluating potential benefits and harms.

Health care professionals in the United States have always asked patients about family history information, said Dr. Berg. The increase in the availability of genomic information and the shift toward electronic medical records provide interesting possibilities for ways to use family history more effectively to improve health outcomes, he added.

The statement includes a list of research questions that fall into three categories: structure or characteristics of a family history; the process of acquiring a family history; and outcomes of the acquisition, interpretation, and application of family history information.

One research question asks, "What are optimal ways to use family history in a primary care setting to identify individuals who can benefit from enhanced surveillance or referral to genetics services?"

The report is not designed to inform clinical practice, said Dr. Berg. But one of the goals of the conference is that the research agenda will generate the kind of information that eventually allows physicians to do a better job of collecting family history information, he said.

A State-of-the-Science statement is not an official policy or position statement of the National Institutes of Health or the federal government. The panel members had no relevant financial conflicts to disclose. The statement is available online at www.consensus.nih.gov. ■

## Helping Patients Ask Questions

A new Web site designed to encourage consumers to ask appropriate questions of their doctor or other clinicians has been launched by the Agency for Healthcare Research and Quality, with the Advertising Council and actress Fran Drescher. The site features tips for patients and has a Question Builder tool that allows patients to create a list of questions they can take with them to medical appointments. Visit the Web site at www.ahrq.gov/questionsaretheanswer. ■