

FAMILY TIMES

Charting Patterns Is Important First Step

By Gabriella Boston

The Washington Times

January 23, 2005

Knowing the importance of creating a family health tree is one thing. Actually creating one is another.

Ninety-six percent of Americans say creating a family health tree is important, but only about one in three has tried to do it, according to the U.S. Department of Health and Human Services.

To help people get started, HHS offers an Internet-based tool (www.hhs.gov/familyhistory/) that allows people to chart diseases that run in the family. Other groups that offer charts on their Web sites include the American Society for Human Genetics (www.ashg.org/) and MayoClinic.com (www.mayoclinic.com; type "family history" into the site's search engine).

"I think the HHS one is a very good place to start for the general public," says Allison Mitchell, director of the Cancer Genetic Counseling and Screening Program at Inova Fairfax Hospital Cancer Center.

"Of course, I give patients a form to fill out about family history, as do many doctors," she says.

The most important family members for whom to have a complete family history of diseases are the so-called first-degree relatives, Ms. Mitchell says. First-degree relatives are parents, siblings and children.

Dr. Azita Moalemi, a cardiologist at Inova Mount Vernon Hospital, says many people don't know what counts as family history.

"For example, if you have a sister who had an angioplasty - but never had a heart attack - at the age of 45, that counts as heart disease and as a strong family history for heart disease," Dr. Moalemi says.

It is important to pay attention to the relative's age at the onset of a particular disease, she says. When it comes to coronary artery disease, for example, onset for males at age of 55 or younger and females at 65 or younger is considered a strong family history.

Also, when asked about heart disease, some patients don't know that adult-onset diabetes is a risk factor for heart disease and might omit mentioning to a doctor that a sibling or parent has diabetes, she says.

She recommends that patients ask their primary care doctors for help in defining what constitutes risk and family history.

While the first-degree relatives are the most important, Ms. Mitchell encourages people to try to go beyond them and get information about grandparents, aunts, uncles, nieces and nephews as well.

"The more people you talk to, the more you're likely to find out and the more complete your family history will be," she says.

Some relatives, however, might not be very open about diseases. Women of earlier generations might have said just that they suffered from a "female problem." The female problem could have been breast or ovarian cancer, both of which can be highly hereditary, Ms. Mitchell says.

"If the grandmother or great-grandmother doesn't want to talk - or is dead - if you ask around, someone else in the family might know what the grandmother or great-grandmother suffered or died from," she says.

Even a partial family health history can be very helpful for doctors, says Dr. Philip Reilly, author of "Is It in Your Genes: The Influence of Genes on Common Disorders and Diseases That Affect You and Your Family."

"It's one of the most important tools in promoting health and wellness," Dr. Reilly says.