THE
Health Clinic

THE BASELINE · PREVENTIVE MEDICINE

Healthy *years*, not just more of them.

> *A short guide to modern preventive medicine — why it matters, how often you should do it, and what actually changes the outcome. Written for people who want to know early, not late.*

SOURCES
USPSTF · NHS · CDC · WHO

PAGES
Seven

READING TIME
Fourteen minutes

WHY

Most of what kills us *early* is what we could have seen coming.

> *Cardiovascular disease, cancer, diabetes, and chronic respiratory illness account for four out of five premature deaths in Europe. Almost all develop over years or decades — silent, measurable, and possible to influence long before symptoms appear.*

1.8M

Avoidable deaths per year in Europe from non-communicable diseases.

WHO EUROPE · 2025

80 %

Of premature NCD deaths come from four diseases — all with known, measurable risk factors.

WHO · 2024

99 %

Five-year survival for stage I breast cancer. Around 31 % at stage IV.

AMERICAN CANCER SOCIETY · 2025

The case for preventive medicine isn't philosophical. It's mathematical.

When a disease is detected early — while it's still localized, asymptomatic, or just a deviating marker — treatment is shorter, cheaper, and dramatically more effective. When the same disease is detected late, at the first clear symptom, the result is often the opposite.

For **colorectal cancer**, five-year survival is 91 % when localized — and roughly 13 % once it has spread. For **lung cancer**: 61 % at early detection, 7 % at late. For **ovarian cancer**: 94 % at stage I, around 32 % once distant.

The same logic applies to non-cancer disease. Prediabetes can be reversed. Established type 2 diabetes can be managed. Carotid artery stenosis can be caught before it causes a stroke. Atrial fibrillation can be caught before it causes a clot. Rising inflammation, declining kidney function, falling lung capacity — all measurable before the body itself knows.

Preventive medicine isn't about living forever. It's about extending the period of life when you're still well.

> WHO · WORLD HEALTH ORGANIZATION
>
> *"Detection, screening and early treatment are key components of the global response to noncommunicable diseases. When interventions are provided early, they can reduce the need for significantly more expensive treatment later on."*

THE HONEST ANSWER

What the research *actually* says about health checks.

> *There's a common argument against routine health checks — and it's worth understanding. Then comes the more important argument: what separates modern, structured prevention from what was studied.*

The skeptical view. One of the most cited reviews in the field — the Cochrane Review (Krogsbøll et al., 2019) — pooled 15 randomized trials covering **251,891 participants** and concluded: generic, unstructured health checks without clear follow-up did *not* reduce mortality, neither overall nor from cardiovascular disease or cancer.

That's an important finding. It's also misunderstood. **What was studied** was generic checkups — one-off events, without risk stratification, without structured follow-up. **What was not studied** was modern preventive programmes. When you look at those, the evidence picture is different.

23 %

Lower all-cause mortality among NHS Health Check participants over 9 years.

MCCRACKEN · BMC MEDICINE · 2024

19 %

Lower rate of dementia diagnosis in the same study.

UK BIOBANK · 48,602 PARTICIPANTS

44 %

Lower rate of liver cirrhosis diagnosis.

MATCHED COHORT STUDY · 2024

What this means. The difference between "no effect" and "23 % lower mortality" isn't whether prevention works. It's whether prevention is **structured, targeted, repeated, and tied to action**. A blood pressure reading nobody acts on is a number. A blood pressure reading that triggers a treatment plan is medicine.

CDC · 2024 · AND JAMA NETWORK OPEN · 2024

44.5 % of US adults have high blood pressure. Among those 18–39, only 27 % are aware of it. And of those diagnosed, 83.7 % have it uncontrolled. Prevention only works for those who measure.

GUIDELINES

What American and British *guidelines* actually recommend.

Two of the most established evidence-based frameworks for preventive medicine come from the U.S. Preventive Services Task Force (USPSTF) and the British NHS Health Check. They aren't identical — but where they agree is worth reading.

USA · USPSTF

Grade A & B

The USPSTF reviews thousands of studies and grades each preventive intervention from A (strongly recommended) to D (recommended against). Only Grade A and B are included in ACA coverage requirements.

Core adult recommendations: blood pressure (annually from 18), cholesterol (from 35 men / 45 women), HbA1c (35–70 if overweight), colorectal cancer screening (45–75), low-dose lung CT in those at risk, AAA ultrasound (men 65–75 with smoking history), mammography (every two years from 40), depression, alcohol misuse screening.

UNITED KINGDOM · NHS

Health Check 40–74

The NHS Health Check launched in 2009 as a national preventive medicine programme. Offered free to everyone aged 40–74 without established cardiovascular disease, every five years.

What's included: blood pressure, cholesterol, BMI, waist circumference, blood glucose marker, lifestyle assessment, and a 10-year cardiovascular risk score. NHS England estimates the programme prevents around 400 strokes and heart attacks per year and identifies 220,000 people who would benefit from statin therapy.

Both frameworks share three principles: **start at 40** (earlier with risk factors), **repeat regularly** (3–5 year intervals), and **act on the result** — a screening without a follow-up plan is worthless.

It's also worth noting what the guidelines don't say. Neither USPSTF nor NHS routinely recommends comprehensive "whole-body screening" at the population level. But **at the individual level** — when you have specific risk factors, family history, or a lifestyle that demands more — there are strong reasons to go beyond the standard.

> USPSTF · U.S. PREVENTIVE SERVICES TASK FORCE
>
> *"Grade A and B preventive services have shown high or moderate net benefit for patients. They are the services the Task Force most highly recommends implementing for preventive care."*

SCREENING CADENCE

What to measure, *and how often*, from 30 to 70.

Compiled from USPSTF (2024–2025), NHS Health Check, ACS, and European cardiology consensus. Always adjust for individual risk — this is the starting point, not the finish line.

Blood pressure	The single most important screening. Asymptomatic hypertension is common and doubles the risk of stroke and heart attack.	Annually from 18
Lipid profile	Cholesterol, LDL, HDL, triglycerides, ApoB. ApoB outperforms standard LDL for risk assessment per European ESC guidelines.	Every 5 yrs from 35
Lipoprotein(a)	Genetically determined cardiovascular risk marker. Measured once in a lifetime — the value does not change over time.	Once in adulthood
HbA1c & fasting glucose	USPSTF Grade B for those 35–70 with overweight or obesity. Catches prediabetes years before manifest disease.	Every 3 yrs from 35
Colorectal cancer screening	USPSTF Grade B from age 45 (lowered from 50 in 2021). Colonoscopy, FIT test or equivalent, interval depending on method.	From 45
Mammography (women)	USPSTF recommends every two years from 40 (2024 update). Earlier with family history or genetic predisposition.	Every 2 yrs from 40
Cervical cancer (women)	HPV test or cytology. Interval depends on method, generally every 3 to 5 years.	21–65
PSA (men)	Shared decision. Discuss with a clinician based on family history, ethnicity, and individual risk.	From 50 (45 if at risk)
Lung cancer CT (low-dose)	USPSTF Grade B for current/former smokers 50–80 with 20+ pack-years.	Annually if at risk
AAA ultrasound (men)	USPSTF Grade B one-time screening for abdominal aortic aneurysm in men 65–75 who have ever smoked.	Once 65–75
Skin examination	Recommended for those with high sun exposure history, multiple moles, or family history of melanoma.	Annually if at risk
Comprehensive screening	An integrated review of blood, body composition, heart, lungs, and lifestyle with a specialist physician. Captures patterns over time.	Every 1–2 yrs from 35

VACCINATIONS

The vaccines most adults *miss*.

Most adults are well vaccinated as children — and assume the work is done. It isn't. The CDC's adult immunization schedule (updated 2025) lists at least six vaccines that should be maintained or given in adulthood, several with dramatic effect on future disease burden.

Influenza	Recommended for everyone from 6 months and up. Reduces mortality in older adults and complication risk in adults with chronic illness.	Annually
Tdap / Td	Tetanus, diphtheria, pertussis. Booster every ten years. Tdap (with pertussis component) is given at least once in adulthood — particularly important for expectant parents.	Every 10 yrs
Shingles (RZV)	Two doses from age 50. Reduces shingles risk by over 90 % and prevents postherpetic neuralgia — one of the most disabling chronic pain conditions.	From 50
Pneumococcal	PCV20 or PCV15+PPSV23. Recommended from age 50 per the 2024 American update, and at any age with chronic disease.	From 50
HPV	Human papillomavirus. Recommended for everyone up to 26, and may be considered up to 45 with risk factors. Prevents cervical, anal, and oropharyngeal cancers.	Up to 45
RSV	Respiratory syncytial virus. Recommended from 75, and 60–74 with risk factors. Added to the CDC adult schedule in 2024–2025.	From 75
Hepatitis A & B	Recommended for all 19–59-year-olds not previously vaccinated. Hepatitis B vaccination provides lifelong protection against liver disease and liver cancer.	One-time series
MMR	Measles, mumps, rubella. Most born before 1957 are considered immune; those born later should ensure two doses. Verify before travel or if documentation is missing.	Two doses

> CDC · CENTERS FOR DISEASE CONTROL AND PREVENTION
>
> *"Vaccinations are not given only to children. Adults need vaccines based on age, health condition, lifestyle, occupation, and travel. Vaccination is one of the most effective ways to protect yourself from serious illness."*

HEALTH BASELINE

Everything we just covered — *in a single morning.*

> *Health Baseline is our entry-level preventive screening: 87+ blood biomarkers, body composition, ECG, lung function, and a full hour with a specialist physician to walk you through what actually matters for you.*

87+	60 min	7 days	12,000 SEK
BIOMARKERS	WITH YOUR PHYSICIAN	TO RESULTS	ALL IN ONE MORNING

Book Health Baseline →

Or read more at
thehealthclinicstockholm.com/baseline

SOURCES

U.S. Preventive Services Task Force, A & B Recommendations (2025). · NHS England, NHS Health Check programme (2024). · CDC Recommended Adult Immunization Schedule (2025). · Krogsbøll LT et al., General health checks in adults — Cochrane Review (2019). · McCracken C et al., NHS Health Check attendance is associated with reduced multiorgan disease risk: a matched cohort study in the UK Biobank — BMC Medicine (2024). · Richardson LC et al., Hypertension Control Cascade — JAMA Network Open (2024). · WHO Europe, Avoidable mortality, risk factors and policies for tackling NCDs (2025). · WHO Fact Sheet, Noncommunicable diseases (2024). · American Cancer Society, Cancer Treatment and Survivorship Statistics (2025). · Mayo Clinic, Cancer survival rates by stage. · European Society of Cardiology, Guidelines on Cardiovascular Disease Prevention.