To test or not to test? When is genetic screening for diseases a smart move?

Hundreds of prescription genetic tests are now available for everything from depression to cancer to Alzheimer's disease. Such testing does hold promise, says David Flannery, M.D., medical director of the American College of Medical Genetics and Genomics. But he cautions that widespread genetic testing is still unwarranted. ....

## **Heart Disease**

For familial hypercholesterolemia, testing can make sense if you have a family history of high cholesterol and an LDL reading of more than 190 mg/dL confirmed on two occasions...[If] testing reveals cardiomyopathy, it's wise to have an electrocardiogram and echocardiogram every three to five years, depending on your age...[However,] nix testing if you have no family history of either [familial hypercholesterolemia or hypertrophic cardiomyopathy].

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## **Breast Cancer**

Testing might be useful if you have a personal or family history of breast or ovarian cancer, or a relative known to have a BRCA variant, or if you have an Ashkenazi Jewish heritage plus a close relative with breast or ovarian cancer...Say no if you don't have a strong family history of breast cancer.

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## Alzheimer's

One genetic test screens for an early-onset form of the disease, another for a gene, APOE, that increases the risk of developing it later in life...[But you should skip the test since] early-onset Alzheimer's accounts for less than 1 percent of dementia cases. And the test for the APOE gene isn't very accurate....

The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion, and analysis. Read full, original post: Some genetic tests are worthwhile, some are not