



e-quilibrium

- *“electronic briefs on behavior and health”*

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Your Numbers

Do you know your numbers? What was your last blood pressure reading? What was your last total cholesterol result? What is your Body Mass Index (BMI)? What was your last blood sugar level?

“Know Your Numbers” is a slogan used by many health-related organizations to encourage people to maintain awareness of certain health status information. There are several reasons for such advice. Perhaps most crucial is that if an individual has abnormal numbers, it is hoped that she/he will implement medical recommendations to improve health status, either through behavior change or medical treatment. Another reason to know your numbers is that accuracy is important when patients report medical history to providers, although these numbers may be repeatedly obtained. Furthermore, many public health initiatives are based on population data that are acquired via self-report, so that accuracy in reporting “numbers” is highly desirable.

If you “know” your numbers, how accurate is your recall? Suppose you had your total cholesterol tested today and were given the results both as a specific number as well as risk category (desirable, borderline-high risk, high risk). Furthermore, when given your results you were counseled about what cholesterol is, its role in heart disease, and what a person can do to try to lower cholesterol. Now imagine that you were to be questioned again 1, 3, or 6 months from today. Would you remember your number? Would you remember your risk category? Would your behavior have changed if you were in the high risk category?

Such a study with nearly 500 adults was reported in a 2006 article in Health Psychology. The percentages of adults remembering their number at the 1-, 3-, and 6-month follow-up intervals were 47.6%, 34.2%, and 31.3%, respectively. Although accuracy wasn't particularly good, fortunately these adults did accurately remember their risk category over these time periods: 89.9%, 89.4%, and 86.7%, respectively.

Of particular interest in this study, however, was that there was clearly a recall bias evident among participants in the errors that were made. In all risk categories, there was a tendency to make errors in the lower (healthier) direction, and this tendency was greatest in the high risk category. This pattern represents a self-enhancement bias in which participants' recall errors were in the direction of seeing themselves as healthier than their actual numbers would suggest. Such a pattern is consistent with other research that points to a broader pattern of self-serving biases in memory.

More important for health, however, is whether or not this recall bias affects adherence to health care recommendations. Fortunately, in the study just mentioned, participants in the high risk category were actually making more behavioral efforts to lower cholesterol than those in the lower risk categories... in spite of their recall bias for their number.

To be sure, consistently doing those things that are health-enhancing is more important than knowing one's numbers. Commitment to a healthy lifestyle is a considerable factor in continuing to add to a number that most of us readily know (but may not readily acknowledge): age!

Paul J. Hershberger, Ph.D.

... is a clinical health psychologist. He is Professor of Family Medicine and Director of Behavioral Science for the Family Medicine Residency Program, Wright State University Boonshoft School of Medicine. His clinical practice includes psychotherapy, consultation, and coaching.

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To contact Dr. Hershberger:

e-mail: paul.hershberger@wright.edu

phone: (937) 278-6251, ext 2021