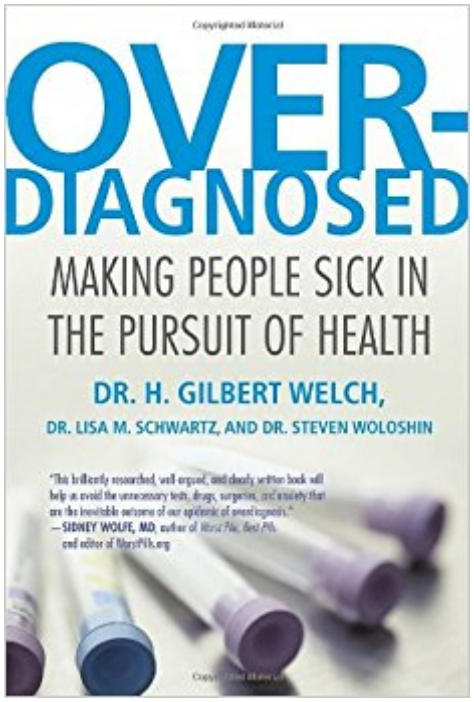
Overdiagnosed: Making People Sick In The Pursuit Of Health



Synopsis

A complex web of factors has created the phenomenon of overdiagnosis: the popular media promotes fear of disease and perpetuates the myth that early, aggressive treatment is always best; in an attempt to avoid lawsuits, doctors have begun to leave no test undone, no abnormality overlooked; and profits are being made from screenings, medical procedures, and pharmaceuticals. Revealing the social, medical, and economic ramifications of a health-care system that overdiagnoses and overtreats patients, Dr. H. Gilbert Welch makes a reasoned call for change that would save us pain, worry, and money.

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Starred Review Health policy expert WelchÃ¢â ¬â„¢s assertions about the benefits of some of modern medicineÃ¢â ¬â„¢s most popular diagnostic screening tools are unlikely to ingratiate him with many people. He claims that overdiagnosis Ã¢â ¬Å“is the biggest problem posed by modern medicine,Ã¢â ¬Â• and backs that assertion up with a barrage of facts, charts, and graphs. This is information, he says, that is downplayed or simply ignored by individuals and groups promoting the notion that earlier diagnosisÃ¢â ¬â •whether for prostate cancer or diabetesÃ¢â ¬â •translates to better health. Indeed, Welch says, just the converse is more often true. In an overwhelming number of circumstances, early diagnosis turns healthy, asymptomatic people into patients who require a variety of medical interventions with no benefit, even exposing them to unnecessary harm. Worse, overdiagnosis can render perfectly healthy people uninsurable. Furthermore, instead of lowering

health-care costs, all those scans, screenings, and tests actually raise costs by overtreating people who will never benefit from said treatment. His point is that both physicians and patients need to be skeptical and understand all the data (pro and con) surrounding prescreening for possible illness. Welch speaks his truth with a frankness and clarity scant found in todayÃ¢â ¬â„¢s hysteria over medical prescreening. --Donna Chavez --This text refers to the Hardcover edition.

Ã¢â ¬Å“Very insightful and engaging.Ã¢â ¬Â•Ã¢â ¬â •Dennis Rosen, The Boston GlobeÃ¢â ¬Å“One of the most important books about health care Ã Â in the last several years.Ã¢â ¬Â•Ã¢â ¬â •Cato InstituteÃ Â "One of the big strengths of this relatively small book is that if you are inclined to ponder medicine's larger questions, you get to tour them all. What is health, really?... In the finite endeavor that is life, when is it permissible to stop preventing things? And if the big questions just make you itchy, you can concentrate on the numbers instead: The authors explain most of the important statistical concepts behind evidence-based medicine in about as friendly a way as you are likely to find."Ã¢â ¬â •Abigail Zuger, MD, The New York Times"Overdiagnosed Ã¢â ¬â •albeit controversialÃ¢â ¬â •is a provocative, intellectually stimulating work. As such, all who are involved in health care, including physicians, allied health professionals, and all current or future patients, will be well served by reading and giving serious thought to the material presented."Ã¢â •â ¬ JAMAÃ¢â ¬Å“Everyone should read this book before going to the doctor! Welcome evidence that more testing and treatment is not always better.Ã¢â ¬Â•Ã¢â •â ¬ Susan Love, MD, author of Dr. Susan LoveÃ¢â ¬â„¢s Breast BookÃ Â Ã¢â ¬Å“This book makes a compelling case against excessive medical screening and diagnostic testing in asymptomatic people. Its important but underappreciated message is delivered in a highly readable style. I recommend it enthusiastically for everyone.Ã¢â ¬Â•Ã¢â •â ¬ Arnold S. Relman, MD, editor-in-chief emeritus, New England Journal of Medicine, and author of A Second Opinion: Rescuing AmericaÃ¢â ¬â„¢s Health Care Ã Â Ã¢â ¬Å“This stunning book will help you and your loved ones avoid the hazards of too much health care. Within just a few pages, youÃ¢â ¬â„¢ll be recommending it to family and friends, and, hopefully, your local physician. If every medical student read Overdiagnosed, there is little doubt that a safer, healthier world would be the result.Ã¢â ¬Â•Ã¢â •â ¬ Ray Moynihan, conjoint lecturer at the University of Newcastle, visiting editor of the British Medical Journal, and author of Selling SicknessÃ Â Ã¢â ¬Å“An Ã¢â ¬Ëœoverdiagnosis Ã¢â ¬â„¢ is a label no one wants: it is worrisome, it augurs Ã¢â ¬Ëœovertreatment,Ã¢â ¬â„¢ and it has no potential for personal benefit. This elegant book forewarns you. It also teaches you how and why to ask, Ã¢â ¬ËœDo I really need to know

this?Ã¢â ¬â„¢ before agreeing to any diagnostic or screening test. A close read is good for your health.Ã¢â ¬Â•Ã¢â •â ¬ Nortin M. Hadler, MD, professor of medicine and microbiology/immunology at University of North Carolina at Chapel Hill and author of Worried Sick and The Last Well PersonÃ Â Ã¢â ¬Å“WeÃ¢â ¬â„¢ve all been made to believe that it is always in peopleÃ¢â ¬â„¢s best interest to try to detect health problems as early as possible. Dr. Welch explains, with gripping examples and ample evidence, how those who have been overdiagnosed cannot benefit from treatment; they can only be harmed. I hope this book will trigger a paradigm shift in the medical establishmentÃ¢â ¬â„¢s thinking.Ã¢â ¬Â• Ã¢â ¬â •Sidney Wolfe, MD, author of Worst Pills, Best Pills and editor of WorstPills.org

OVERDIAGNOSED brings to light a concern that too few Americans have. We trust out doctors and trust their tests so much that we don't even blink an eye at their diagnoses. The result? More people are sicker and more people accept treatments that are at best insignificant and at worst harmful. The author concentrates on America's common ailments (cancer, diabetes, and high blood pressure), although the principles can be applied to anything. The author considers the number of people who benefit from their doctors' diagnoses and those who spend countless dollars testing for an ailment they never likely had.This book is insightful, although the writing is lackluster. It's very boring. The author uses charts to prove his point, making this more like a text book than pleasurable reading. This book is great for reference but not something you'd read for pleasure. I found the information helpful and kept this book for future reference.

Conventional wisdom is that more diagnosis, especially early diagnosis, means better medical care. Reality, says Dr. Gilbert Welch - author of "Overdiagnosed," is that more diagnosis leads to excessive treatment that can harm patients, make healthy people feel less so and even cause depression, and add to escalating health care costs. In fact, physician Welch believes overdiagnosis is the biggest problem for modern medicine, and relevant to almost all medical conditions. Welch devotes most of his book to documenting his concerns via examples of early diagnosis efforts for hypertension, prostate cancer, breast cancer, etc. that caused patient problems.Welch provides readers with four important and generalizable points. The first is that, while target guidelines are set by panels of experts, those experts bring with them biases and sometimes even monetary incentives from drug-makers, etc. Over the past decades many target levels have been changed (eg. blood pressure, cholesterol levels, PSA levels), dramatically increasing the number classified as having a particular condition. (Welch adds that prostate cancer can be found at any PSA level -

about 8% for those with a PSA level of 1 or less, over 30% for those with a level exceeding 4; most are benign.)The second is that treating those with eg. severe hypertension benefits those patients much more than treating those with very mild hypertension or 'prehypertension;' the result is treating those with lesser 'symptoms' can easily cause new problems that outweigh the value of the hypertension treatment.The third is that Welch believes it is usually more important to treat those with disease symptoms (eg. pain) than those without. For example, almost 70% of men 60-69 have prostate cancer, as well as about 10% of those aged 20-29 - a large number are better left untreated because their particular cases involve a very slow-growing form and the side-effects of treatment outweigh the benefits. Welch also reports that a study of over 1,000 symptom-free people that underwent total-body CT screens found 86% had at least one detected abnormality, with an average of 2.8. Many of these abnormalities later disappear (some cancers disappear), while others grow very slowly, if at all. Providing unneeded treatment subjects patients to unneeded pain, risk of adverse outcomes (including death), and unneeded expense.Examples: Welch cites the example of a mildly hypertensive older man that he treated; unfortunately, while shoveling snow the individual passed out from a combination of sweating and the diuretic prescribed for his high blood pressure. Welch discontinued the man's medication. Similarly, Dr. Welch treated a patient with mild diabetes - the result was she fainted from low blood sugar (the level fluctuates around a mean) while driving just after a meal and was severely injured in an accident. Dr. Welch discontinued her medication as well.Meanwhile, at the same time that a number of target guidelines have been tightened, the availability and capability of scanning and other detection devices to find abnormalities has also increased. For example, since the early 1990s, Welch tells us that the Medicare per capita use of head scans has doubled, the rates of abdominal scans have tripled, chest scans quintupled, brain MRI rates quadrupled, etc. New biopsy methods for detecting prostate cancer (eg. sampling from 18 points rather than 12 or fewer) also increase the number of benign 'false-positive' diagnoses, probably much more so than true positives.Why is there so much testing? Dr. Welch attributes it to well-meaning disease advocacy groups, testimonials (eg. ex-Senator Dole regarding his prostate cancer), quality-improvement efforts that include testing as one of their criteria, malpractice awards, hospital/specialist/drug company marketing (beware of these, says Welch), and honest disagreement over its value. He's also concerned about what lower-cost DNA testing will add to the overdiagnosis problem, contending that everyone's genes will reveal heightened susceptibility to some ailments and diseases, with little that can be done despite the knowledge. The author would probably also be concerned about new Medicare requirements to provide a battery of up to 45 medical tests ("The Wall Street Journal" - 1/18/2011). That article also reports that a "New England

Journal of Medicine" review of hundreds of preventive-care studies showed that fewer than 20% saved money.Bottom-Line: Dr. Welch raises an important topic for improving health care while reducing costs. His main recommendation, more data from clinical trials showing the outcomes of choosing one diagnosing standard/method over another, is important and appropriate.

Dr. Welch's book is important and a good read. He explains concepts clearly and thoroughly, and the topic is timely and important for Americans, both from a public health (and personal misery) standpoint, as well as a skyrocketing national medical costs standpoint.I have worked in the medical field off and on over the years, and even worked on a prostate cancer project, so I already knew a fair bit about the prostate cancer screening/treatment debate. I learned even more from Dr. Welch.One question that I have had for years, and that has never been answered to my satisfaction is:If a person is being treated for cancer, and they die from the treatment (on the operating table, from the drugs/radiation, etc.), do they count in the "deaths from cancer" statistic? I personally have known many more people who died from the treatment itself than who died from the cancer, and yet that particular topic does not get addressed. Are death rates from prostate cancer (for instance) holding steady because the treatments don't work, or because men are dying from unnecessary treatment and that offsets the successful treatments? (I did notice that the death rates for prostate cancer went *up* with an increase in detection in the figure on page 56.)Statistics are smoky, and it really helps to know more about the study design. Dr. Welch does a very good job of describing the various studies, and their flaws and strengths. I'm sure it is a huge hot potato to discuss death rates from treatment, but I would be very interested in seeing those numbers broken out.

Tired: Living With Invisible Chronic Illness The Pursuit of God/The Pursuit of Man Health Communication: From Theory to Practice (J-B Public Health/Health Services Text) - Key words: health communication, public health, health behavior, behavior change communications Toxic Free: How to Protect Your Health and Home from the Chemicals ThatAre Making You Sick It's Not All in Your Head: How Worrying about Your Health Could Be Making You Sick--and What You Can Do about It The Elimination Diet: Discover the Foods That Are Making You Sick and Tired--and Feel Better Fast Is Food Making You Sick?: The Strictly Low Histamine Diet Estrogeneration: How Estrogenics Are Making You Fat, Sick, and Infertile (Chagrin & Tonic Book 1) 12,000 Canaries Can't Be Wrong: What's Making Us Sick and What We Can Do About It Our Daily Poison: From Pesticides to Packaging, How Chemicals Have Contaminated the Food Chain and Are Making Us Sick Germs! A Coloring Book for Sick People 7 Worst Mistakes People Make with Celiac Disease and Gluten: (and stay sick forever) The Beginners Guide to Making Your Own Essential Oils: Complete Guide to Making Your Own Essential Oils from Scratch & To Improve Your Health and Well-Being ... Health, Healing, Weight Loss, Coconut Oil)