



Less is more: The rise of overtreatment in the 21st Century



The country doctor of the early 20th Century had very few tools to address patients' complaints. Armed with a few simple medications and some basic surgical techniques, they often had to rely on reassurance and bedside manner to ease suffering.

The situation has changed. Backed with an impressive array of medical advances, the tendency is for doctors to treat aggressively. Patients' expectations have been stoked by glowing media accounts of impressive breakthroughs against an ever-expanding list of maladies. Direct-to-consumer advertising encourages the public to "ask your health professional" about this or that cutting-edge therapy.

Overtreatment has therefore become rife; only in recent years are we coming to re-evaluate highly-touted tests, medications and procedures.

In a recent survey of physicians, "Overtreatment in the U.S.", doctors admitted that 20.6% of overall medical care was unnecessary, including 22.0% of prescription medications, 24.9% of tests, and 11.1% of procedures. The main reasons cited were fear of malpractice (84.7%); patient request or pressure (59.0%); and difficulty accessing patient records (38.2%) Most of the physicians surveyed (70.8%) believed that doctors are more likely to perform unnecessary procedures when they profit from them.

Another recent study concluded that "5.5% of hospital admissions, 14% of hysterectomies and 10–20% of antibiotics prescribed for upper respiratory tract infections are unnecessary and could be avoided." (Source)

Lately, there have been some notable instances of overtreatment.

Cancer: Recent papers presented at the American Society of Clinical Oncology (ASCO) showed that aggressive treatment of certain cancers was unwarranted.

Breast cancer: Overtreatment for breast cancer was in the cross-hairs at this year's ASCO meeting. According to a Danish study, "One in three women with breast cancer detected by a mammogram is treated unnecessarily, because screening tests found tumors that are so slow-growing that they're essentially harmless." The study cast doubt on the value of widespread mammography screening, which might put some women in jeopardy of overzealous and useless surgery, chemo, or radiation.

Thyroid cancer: A few years ago, it was announced that Argentina's President Kirchner, was suffering from thyroid cancer. Her thyroid was removed, only to reveal that she was cancer-free. This scenario is replicated thousands of times each year in the U.S., so much so that there's been a call to action about over-aggressive

thyroid scanning and surgical removal.

Prostate cancer: Lately, similar concerns have been raised about the value of routine PSA screening in men with resultant overtreatment associated with long-term side effects offering little or no gains in survival. Even when cancer is found, many men are successfully treated with “active holistic surveillance,” which leverages the proven benefits of lifestyle changes vs. non-aggressive disease.

Atrial fibrillation: A procedure called catheter ablation is all the rage to provide a definitive “fix” for atrial fibrillation. Hospitals are investing big bucks—and reaping huge profits—with fancy electrophysiology suites staffed by eager young interventional cardiologists. But a recent study showed that long-term outcomes were similar whether patients got ablation or management with traditional medications.

Stents: A popular procedure introduced when I was pre-med student involves placing tiny metal coils within coronary arteries to keep them open. But studies now reveal that half of these stents—done on patients with mere narrowing who’ve not had a heart attack or unstable angina—are unnecessary. Nevertheless, the procedure continues to be performed inappropriately on hundreds of thousands of patients annually.

Diabetes: “How low can you go” seems to have been the watchword in diabetes management for decades. With new forms of insulin and a raft of oral and injectable diabetes meds at their disposal, the push to “normalize” blood sugar has been relentless. But new research has led doctors to reconsider tight control. Too much insulin makes patients fat and increases the risk for cardiovascular disease; additionally, the likelihood of dangerous episodes of hypoglycemia increases with over-medication.

Depression: Mood disorders are real, but the pharmaceutical industry has inordinately popularized anti-depressants as a solution. A 2013 study found that only 38.4 percent of adults with clinician-identified depression met the 12-month criteria for depression, despite the majority of participants being prescribed and using psychiatric medications. The situation was particularly dire for over-65 seniors who were prescribed anti-depressants: 6 of 7 were not clinically depressed. “Depression over-diagnosis and over-treatment is common in the U.S. and frankly the numbers are staggering,” said Ramin J. Mojtabai, PhD, author of the study and an associate professor with the Bloomberg School’s Department of Mental Health.

Respiratory infections: All too often, patients with viral infections not responsive to antibiotics are dosed inappropriately. According to a study of outpatients with a diagnosis of a respiratory tract infection, including bronchitis, pharyngitis, sinusitis, or nonspecific upper respiratory tract infection, 35.8% were treated appropriately, and 64.2% received therapy considered inappropriate.

You can probably think of many other instances of overtreatment—perhaps involving you or a loved one. Feel free to share your experiences by emailing us at radioprogram@aol.com and we’ll share some of them in a future newsletter article or podcast.

Bottom line: When confronting a new health concern, sometimes the best advice is: “Don’t just stand there, do NOTHING!” Or better yet, seek natural alternatives.