

In This Issue

[The Shingles Vaccine: Get It Now](#)

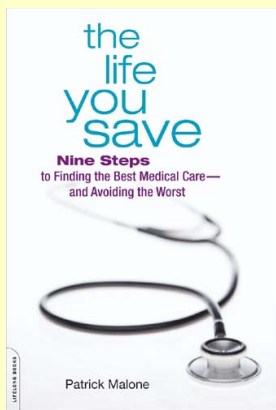
[A Simple Checklist of Preventive Treatments that Work](#)

[Not on the List: Fancy, Expensive Money Wasters](#)

Quick Links

[Our firm's website](#)

[Read an excerpt](#) from Patrick Malone's book: ***The Life You Save: Nine Steps to Finding the Best Medical Care -- and Avoiding the Worst***



Learn More

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Preventive Care: What Works? What Do I Need to Stay Healthy? (One of a series: Becoming a Smarter Consumer of Health Care in 2010)

Dear Patrick,

Here's another in our occasional series of newsletters on getting better medical care for yourself and your family.

Today, preventive care. We all think it's important -- at least we talk the talk -- but do we walk the walk? Do we know what works? What's a waste of time and money? Do we follow through and get the good stuff?

The good news is that there's a fairly simple and short list of preventive medical tests and treatments that everyone should put on their to-do checklist.

And more good news: new regulations under the health care reform law REQUIRE insurance companies writing new insurance policies to pay for preventive care that's on the list of proven treatments and tests.

The bad news is that busy Americans tend to put things off. And that's a sure way to NOT get the benefit of good preventive care.

The studies show on average, we get about HALF the preventive care that's been proven to work. So we're falling short.

And for the first preventive item we're discussing -- the shingles vaccine -- far fewer than half of Americans have taken advantage of this simple shot that can prevent much misery later.

So as we slouch toward the dog days of August, heading up to the start of the new school year -- which always felt to me a lot more like the "new year" than the real new year on January 1 -- take a look at the articles here.

Past issues of this newsletter:

Our first newsletter focused on the problem of conflicts of interest in medicine -- what you need to know in general, and how to find out if your doctor has a conflict that might affect the quality of your care. [Click here](#) to see that newsletter again.

Newsletter No. 2 expanded the discussion into the related topic of why experience counts -- especially when choosing a surgeon. We focused on the story of minimally invasive prostate surgery with the device called the da Vinci robot. We explained how the lessons apply to any kind of surgery or medical procedure. To see newsletter No. 2 again, [click here](#).

Newsletter No. 3 talked about why "more is not always better" in modern medicine. We focused on cancer screening, especially for breast and prostate cancer, and why you can feel not so guilty if you're a little less aggressive about getting the test. (But if you have any symptoms, you shouldn't wait!) [Click here](#) to read it again.



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Read our [Patient Safety Blog](#), which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



Newsletter No. 4 talked about choosing a hospital, and why the best known rating systems such as U.S. News & World Report may not be all they're cracked up to be. I give some tips about other ways to make sure your hospital is up to par. Click [here](#) to read it again.

Newsletter No. 5 talked numbers -- how it's important for all consumers of health care who want to make informed choices to learn a little bit about how statistics are used -- and misused -- in health care. I introduced readers how to read medical statistics in a straightforward way. To read it again, [click here](#).

Newsletter No. 6: Back pain and heart disease: how less can be more. The simpler approaches can work just as well as or better than more complex kinds of surgery. [Here's the link](#) to see it again.

As before: Feel free to "unsubscribe" on the button at the bottom of this email. But if you find it helpful, pass it along to people you care about.

The Shingles Vaccine: A Small Hassle Now to Prevent Much Misery Later

If you had chicken pox as a kid, you have a one-in-three chance of developing shingles in your old age, and that can spell months or even years of searing pain. There's an effective vaccine to protect against shingles, but it's seldom used, and therein lies a story of the inadvertent clash between patient safety and insurance reimbursement practices.

Shingles is a re-eruption of the old chicken pox virus (known as herpes zoster) that sits dormant in the body of anyone who had childhood chicken pox. Shingles hits about one million Americans each year, and it's very hard to treat. It can go anywhere in the body, and victims often say the pain is worse than bearing a child -- and it lingers much longer too.

A new vaccine, approved by the FDA in 2006, can cut the risk of shingles by more than half, with just a single shot in the arm. The vaccine is now recommended by the Centers for Disease Control for anyone over age 60.

But only around one in twenty people are getting the shingles vaccine, according to a survey of primary care doctors by researchers at the University of Colorado, published in the *Annals of Internal Medicine*.

The culprit is money. The vaccine costs \$160 to \$195 per dose, and both private insurers and Medicare require patients to pay up front and get reimbursed later. Many doctors' offices, which lose money when even one in ten patients doesn't pay their vaccination fee, have stopped stocking the vaccine, and it's not much easier to get by taking a prescription to a pharmacy, according to the article.

Elderly people are particularly vulnerable to shingles because they often have a less robust immune system to fight off the virus. And if you've known anyone who has had an episode of it, the cost of the vaccine seems cheap compared to the suffering that could be avoided.

So if you're over 60, or you know anyone else who is, do them and you a favor and get this misery-preventing shot soon.

What Every Adult American Needs: A Simple List of Preventive Medical Care that Works

Cancer prevention:

- Colonoscopy at age 50, and again in 10 years if OK, sooner if not. Stop colonoscopy screening at either age 70 or 75.
- Mammogram for women every two years, starting at age 50, sooner if family history of breast cancer.
- Pap smear every three years for sexually active women, more often if any history of abnormal Pap smears, and more testing depending on the Pap history.

- One-time ultrasound of lungs in men between age 65 and 75 who smoked at any time in their lives.

Heart disease prevention:

- Blood pressure check every year.
- Blood cholesterol checks every year starting at age 35 in men, age 45 in women.
- Daily baby aspirin for men at age 45, women at age 55, unless you have a very sensitive stomach prone to bleeding.
- Diabetes screening for any person with sustained blood pressure over 135/80.

Vaccines:

- Shingles vaccine once after age 60 if you had chicken pox as a child.
- Annual influenza vaccine after age 65, or younger if any chronic diseases.
- Rubella vaccine for any non-immune woman six weeks after childbirth.

Other prevention screening tests and counseling:

Your doctor should ask you about the following issues and give counseling and further testing and treatment if appropriate. If they don't ask, they're not doing a thorough job.

- Problem drinking. Doctors should ask. If you feel defensive about this, that may indicate a problem right there.
- Smoking: Screening questions and counseling. Tobacco smoking remains the Number One cause of preventable disease in the United States and the world.
- Hearing problems after age 65.
- Depression.
- Obesity.
- Osteoporosis check in any woman over 65.

That's it. Not too daunting a list, is it?

Note that a lot of stuff is absent from this list because it hasn't been proven to really help in mass screening of healthy people, unless you have some specific symptoms. A good example is the PSA test for prostate cancer.

Most of the items on this list are taken from a consensus document published by the [Rand Corporation](#), which has been studying the quality of health care for many years. Another important source is the [U.S. Preventive Services Task Force](#). Also for vaccines, the authoritative source is the [U.S. Centers for Disease Control](#). The links referenced here will take you to the source documents.

Not on the List: The Executive Physical or Expensive Scans

Do you need a complete annual physical exam if you're feeling healthy? Not really. And do you need one of those "executive physicals," with expensive scans and batteries of exotic tests? Definitely not.

President Obama had an executive physical in March 2010 that included some of the fancy stuff: a scan of the arteries feeding his heart, and another scan of his colon (also known as a "virtual colonoscopy"). The problem with this stuff, besides the expense (and who's counting pennies for the leader of the free world?), is that it subjects patients to potentially dangerous amounts of radiation, and the upside is very thin. The scan artists very seldom find any problem worth acting on with one of these executive scans, and even if they do, patients need to get the old-fashioned tests before action is taken.

So what's the point unless you have money to burn?

CNN had a good article on whether you should have a presidential type physical. Click [here](#) to read it.

To your continued health!

Sincerely,



Patrick Malone

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