

HEALTH & WELL-BEING

NOW IS THE TIME

To put prevention into practice

Health & Well-being columnist Barbara Ravage takes a ride down the rail trail in Orleans. Barbara decided to gift herself with all the physical tests recommended by the time of a certain milestone birthday. Here she talks about which ones are a must, which you should monitor, and which you might be able to skip.



MERRILY LUNSFORD/CAPE COD TIMES

BY BARBARA RAVAGE

Earlier in my career as a medical writer, I had a minor role in an effort by the U.S. Public Health Service to get more primary care physicians to practice preventive medicine on the theory that it's better – medically and economically – to prevent illness than to treat it once it develops. In the years since “Put Prevention into Practice: Clinician’s Handbook of Preventive Services” was published, the cost of health care has skyrocketed. A contributing factor is the use of tests that rely on high-tech devices. In addition to being expen-

sive, many of the tests may not even be necessary for most people. Now more than ever, it makes sense to know which tests are worth doing.

I have always been conscientious about getting regular checkups, immunizations, mammograms, and keeping tabs on my “numbers” – my weight, my cholesterol, and my blood pressure. As I approach one of those benchmark birthdays, I decided to check whether things had changed in the 15 years since the project was launched. So I Googled the Preventive Services Task Force (USPSTF), which had put it together. That took me to the Agency for Healthcare

Research and Quality, the USPSTF’s current parent agency, where I found a downloadable version of the latest recommendations. I also found some surprises.

The USPSTF recommendations deal only with screening, not diagnostic tests. What’s the difference? Screening separates (screens out) people who definitely do not have a disease from those who might. Diagnostic tests (e.g., MRIs, biopsies) are done to find out what’s wrong, either because a person has symptoms (e.g., pain, a lump) or a positive result

PLEASE SEE **TIME**, PAGE 26

2008 DISTINGUISHED SERVICE TO PHILANTHROPY AWARDS

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Business/Organization Award

Presented to a business/organization that has demonstrated outstanding commitment through financial support and through encouragement and motivation of others to take leadership roles toward philanthropy and community involvement in response to local needs.

Time

CONTINUED FROM PAGE 24

from a screening test.

The first thing I looked up is probably last on anyone's list of "must do" activities: colonoscopy. The USPSTF strongly recommends that men and women 50 and older be screened for colorectal cancer, but not necessarily with colonoscopy. Other options include fecal occult blood testing, flexible sigmoidoscopy, colonoscopy, and double-contrast barium enema. "Each option has advantages and disadvantages that may vary for individual patients and practice settings," USPSTF says. So, the bottom line is, you gotta do it. How it's done is a matter to talk about with your doctor.

I'll never forget my first colonoscopy. Or, I should say, I'll never forget what I forgot. At the time, I lived in New York City, where there seemed to be no rule, as there is out here, that you can't take yourself home. After emerging from my semiconscious state, I was ushered into the doctor's office. He told me what he had found and when I should come back for another one. Then I went home. I cannot say how I got there, because the first thing I

remembered was walking into my apartment. Did I take a taxi? If so, did I tip the driver? If I took the bus, how did I cross Broadway without getting hit by a car? And what on earth did the doctor say? Sheepishly, I called him and explained that I remembered nothing of our conversation. He laughed and said I was far from the only patient who needed a review.

Despite the, um, inconvenience of the preparation and the sedation, I'm a big advocate of this test. Deaths from this common cancer have decreased dramatically in the past 20 years, mostly due to early detection and treatment. My stepfather is a colon cancer survivor. There's nothing like having someone close to you as a motivator.

There's a screening test you've probably been having all your life.

When they wrap that band around your upper arm and pump a rubber bulb until it feels like a close encounter with a boa constrictor, they're taking your blood pressure. Sometimes they toss a couple of numbers at you. But what do those numbers mean?

The first, higher number measures pressure when your heart contracts, the second when it relaxes. Normal is 120/80 (120 over 80) or lower. Anything 140/90 or higher is considered high blood pressure, or hypertension.

The other heart-related screening is for cholesterol, or blood lipids. The USPSTF strongly recommends it for men 35 years of age and up and for women starting at age 45. This test measures LDL ("bad cholesterol"), HDL ("good cholesterol"), and total cholesterol. For most people, the goal is total cholesterol less than 200;

LDL less than 130; HDL 60 or higher. The target numbers may differ for people with certain other health problems or risk factors. Usually, you'll be told not to eat or drink anything besides water for 12 hours before a test tube full of your blood is taken. I try to get to the lab as soon as it opens so I can go home for a cup of coffee and

breakfast before starting my day.

Sometimes doctors also test fasting blood sugar levels to screen for type II diabetes. The USPSTF says there's no evidence to support it for people without symptoms of diabetes unless their blood pressure is 135/80 or higher. What's the connection between high blood pressure and type II diabetes? Each contributes to serious heart problems, including heart attack and stroke. Having both makes matters worse, so the USPSTF says, "lowering blood pressure below conventional target values reduces the incidence of cardiovascular events and cardiovascular mortality."

I was surprised to learn that the USPSTF does not recommend all those other blood chemistry tests I've

CONTINUED ON PAGE 27

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CONTINUED FROM PAGE 26

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Three screening tests are for women only. The first is the Pap smear for cancer of the cervix. The USPSTF says women who have had their cervixes surgically removed do not need Pap tests, but it's vague about how often other women should have them and at what age to stop. "Discontinuation of cervical cancer screening in older women is appropriate, provided women have had adequate recent screening with normal Pap results." What "adequate" means often depends on your health insurance; it could range from annually to every three years. "The optimal age to discontinue screening is not clear," USPSTF says, but most experts say between the ages of 65 and 70. Discuss it with your doctor.

Then there's the mammogram. Even though the USPSTF recommends every one to two years beginning at age 40, many women just say no. The joke about training for a mammogram sums up the reason why: Open your refrigerator and insert one breast between the door and the main box. Hold your breath while one of your strongest friends slams the door and leans on it, hard. But here's the counter argument: Close to 200,000 new cases of breast cancer are diagnosed and more than 40,000 die from the disease each year. A mammogram takes 15 minutes max. It's always seemed like a no-brainer to me.

Screening for osteoporosis is painless, and though it takes longer than a mammogram, you get to lie down. The USPSTF recommendations are all over the place, depending on weight, race, and a handful of other factors. In a nutshell, women 65 and older should get routine bone scans. Screening should begin earlier for women at risk. So that's another one to discuss with your doctor.

What about men? Surprisingly, screening for prostate cancer does not get the nod from the USPSTF. "The evidence is insufficient to recommend for or against routine screening ... using prostate specific antigen (PSA) testing or digital rectal examination (DRE)." That does not mean prostate cancer is not a health concern. Nearly 200,000 men are diagnosed with it and 29,000 die from it each year in the U.S. It does mean there isn't a really reliable screening test for it. Men should talk with their doctors.

One screening test applies only

Quickhits

Ace the tests

Screening tests may be done once or, more commonly, at certain intervals, depending on the result of the first test, age, and/or risk factors. For the full U.S. Preventive Services Task Force recommendations, visit: www.ahrq.gov/clinic/uspstfix.htm

For more about the diseases and conditions being screened for, go to: www.nlm.nih.gov/medlineplus/healthtopics.html

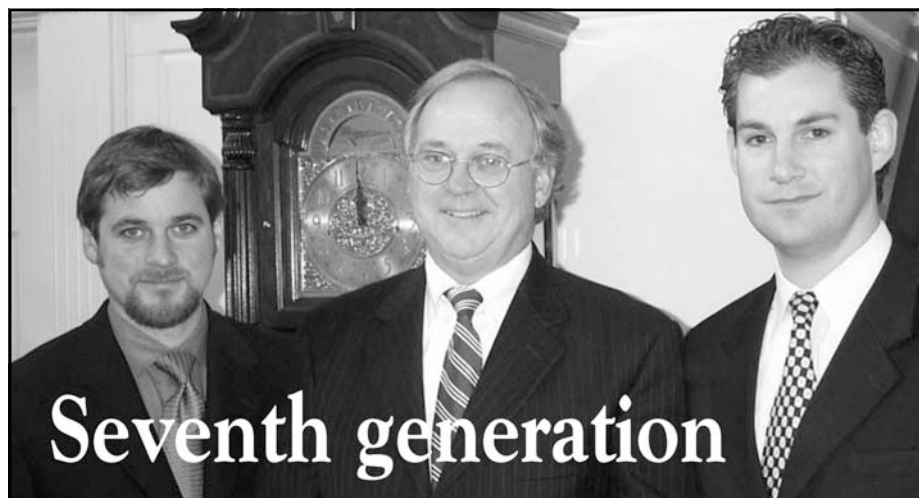
To find out what immunizations you should have, check out: www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm

to men, sort of. The USPSTF recommends ultrasound screening for abdominal aortic aneurysm, the condition that caused actor John Ritter's death, in men aged 65 to 75 who have ever smoked.

The USPSTF also makes recommendations about immunizations and a lot of things doctors should talk about with their patients, from overweight to depression. Chances are yours will bring them up, but first, you need to get to a doctor's office, which means scheduling regular checkups. That's the way to put prevention into practice.

About the author

Barbara Ravage moved to Cape Cod from her native New York City in 2000, after the youngest of her children went off to college. She considers heavy doses of ocean air and Cape light the best cure for empty nest syndrome. A graduate of Barnard College, she is the author of nine books, including a biography of Rachel Carson for middle-school students and "Burn Unit: Saving Lives After the Flames," which explores the history and science of burn treatment. She balances her writing life with yoga, karate, and pottery. After years of making do with two summer weeks on the Cape, her favorite part about living here is that she's already home.



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