

"Nortin Hadler challenges much conventional wisdom about aging with insight and verve. You may not embrace all of his views, but you will agree that his approach is often original and always thought provoking."

—JEROME GROOPMAN, M.D., author of *How Doctors Think*

Rethinking AGING

Growing Old and Living Well in
an Overtreated Society

Nortin M. Hadler, M.D.

Author of Worried Sick and Stabbed in the Back

Nortin M. Hadler

Rethinking Aging: Growing Old and Living Well in an Overtreated Society



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For those fortunate enough to reside in the developed world, death before achieving a ripe later years is a tragedy, not a fact of life. Just the rigorous demonstration of efficacy can be adequate reassurance of a treatment's value, he argues; In *Rethinking Maturing*, Nortin M. Hadler examines health-care choices wanted to aging Americans and argues that too often the options serve to profit the provider instead of benefit the recipient, leading to the medicalization of everyday ailments and blatant overtreatment. The challenges of ageing and dying, he eloquently assures us, could be faced with sophistication, confidence, and grace. if it can't be shown a particular treatment will benefit the patient, you need to proceed with caution. Although maturing and dying aren't diseases, older People in america are subject to the most egregious marketing in the name of "successful aging" and "long life," as though both are commodities. Over the past decades, Hadler has established himself as a respected voice among those who approach the menu of health-care choices with informed skepticism. In *Rethinking Aging*, Hadler offers a doctor's perspective on the medical literature in addition to his long clinical experience to help readers assess their health-care options and make educated medical choices in the last decades of existence. *Rethinking Maturing* forewarns and hands readers with evidence-structured insights that facilitate health-promoting decision making.



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Excellent This is the author's third book investigating medicine shortcomings. 51-52).The Last Well Person: How exactly to Stay Well Despite the Health-Care System They are all excellent. In table 3, page 67, he shows that based on an extensive study related to ladies in their fifties going through mammography every one to two years for ten years the likelihood of dying from breast cancers was hardly lower vs women not screened (O. Eugene and Lillian Youngs Lehman).and Hadler has comprehensive firsthand encounter as a health care provider, a med college professor, a clinician, and a medical investigator. Read it. Hence, Hadler feels we spend a lot of time worrying about our pounds.S. healthcare "medicalizes" normal circumstances by undertaking treatments and prescribing medicines that are costly, usually do not function well and have unwanted effects. He calls such malpractice a Type II error (doing something that can be unnecessary that could cause harm)..Medicalization becomes increasingly costly to the individual and taxpayers (and lucrative for the medical complex) as we age group. A large percentage of health care dollars are allocated to patients' this past year of life.I will be 87 next month and also have "looked at lifestyle from both sides now", and it'll never be through a haze of supplements with the label "Could cause dizziness, light-headedness, drowsiness. I am composing this to preface where I personally was when I read this book. Meanwhile, the initial two books viewed the overall medicalization phenomenon.Hadler, a lot more than in his additional two books, uncovers the relationship between socioeconomic status and health. Referring to a study of 10,000 British civil service individuals, he shares that the main determinant of lifespan was one's position on the socioeconomic gradient. The health care program insisted that she also required rehab and could have got the potential to live independently again. In Chapter 4 The Aged Worker he explores this matter further. Individuals happily used fare better health smart than others. Those health advantages carry into retirement.. In most cases the studies if viewed statistically aren't that convincing. Three research from Australia, Canada, and the united states.The Cholesterol Myths: Exposing the Fallacy That Saturated Fat and Cholesterol Cause CARDIOVASCULAR DISEASE), reveals that cholesterol and saturated fat risks of CVD are not on strong scientific footing.Hadler's primary beef is usually that U. He personally will not know how much he weights. If one wants to lose a bit of pounds, he recommends simply consuming less as he acknowledges we are conditioned to overeat in a supersizing society.When it comes to CVD treatments, he considers both preventive bypass surgery and angioplasty to be a travesty. confirm that health and lifespan outcomes aren't materially different for BMI ranging from 22 to 30. Hence, both cholesterol and saturated fats aren't bad for you. Antidepressants have unfavorable benefit-risk trade offs for the elderly. Hadler can be skeptical of the very most latest CVD risk element: C-reactive protein. The technology is not convincing.Cholesterol and diabetes prescription medications for the elderly are huge businesses. I thank Dr Hadler for thinking beyond your box and exposing something that needs revamping especially when looking after our aging people. He feels little way of living modifications are more effective without negative side effects.Hadler notes that authors of medical studies with financial ties to the supplier of the health product they check are many times more likely to write a positive review than additional investigators without related financial ties.Hadler indicates that treating what appears like high blood sugar, high cholesterol, high blood circulation pressure (Systolic 140) in otherwise healthy older patients isn't beneficial. Those markers increase with age. Meanwhile, Aricept present no advantage over a placebo in the likelihood of progression Alzheimer's and Dementia. Have shared and suggested this book to everyone I understand." That is medicalization.Regarding

cardiovascular disease (CVD), Hadler, just like Uffe Ravnskov (have a look at his excellent "The benefit/risk ratio of bypass procedure and angioplasty is certainly zero since we can't demonstrate any advantage. There is a small subset with a particular blockage that might be benefited by bypass surgery (about 2% of the patient with still left blockage)." Mercy! The initial two were: Taking into consideration the costs of such techniques, he states on page 54: "We are mortgaging our country to support a business that scorns scientific rigor. 139 he adds: "elective orthopedics is coauthoring the bleakest chapter in the history of Western medicine with the interventional cardiologists."Regarding screening for breasts malignancy with mammography, he indicates there are no advantages to undergo this check for women under 50 or higher 70. And, for women within this a long time the benefits are marginal.VERY WORRIED: A Prescription for Health in an Overtreated America (H.Dr. Four Stars Food for thought - in balancing what we wish as we age.. I believed they were causing some unwanted effects and I doubted they would help the standard of her life at the moment. Some existence of prostate cancer is normal in older men. He claims on page 75: "By age group sixty, every guy should assume he offers [some] prostate cancer.. Yet, the probability of fake positives requiring unneeded biopsies and additional invasive intervention was up to 20%. Reading it was like seeing the sunshine after quite a long time at night.. After her stroke she remaining a healthcare facility on 10 different medications. Cannot figure out how a senior should work on medical issues if we can not trust physicians Cuts though the crap. And, the most common procedure to take care of this cancer (removing the prostate) results in frequent persistent impotence and incontinence.Concerning cancer of the colon screening, he recommends individuals undertake a sigmoidoscopy just once, if at all, that examines the low intestine where cancer is most typical..2% per process). Sigmoidoscopy is a lot safer.When he progresses to osteoporosis and osteopia, he indicates our concentrate on bone mineral density (BMD) has small predictive power regarding probability of bone fractures." Our focus to boost BMD through prescription medications, calcium, and supplement D hasn't demonstrated convincing results. 130: "I see no [proof based] reason behind any well female to send for BMD at any age group. He states on pg. He feels we get plenty of calcium and vitamin D in our diet as both are put into dairy products.As we age into our seventies and beyond, most of us involve some latent cardiovascular and cancer problems.Hadler is skeptical of several orthopedic surgeries. On pg. That's irrational." He indicates that total knee replacement surgeries experienced dismal results. Hadler is actually a motivational speaker for old people if they would only listen! However, his assessment about hip replacement is much even more positive.Many prescription medications do not work that well. Not really me! Statin medicines have a poor trade off as they have little effect on reducing CVD events and could cause serious side effects including muscles impairment, kidney disease, and higher incidence of diabetes. The revised threshold for hypertension (140/90) are too low.When there is one book you should read, this is it. In one's ninth decade (80+), both quality of living and the quality of dying ought to be primarily health issues. The book is compiled by a doctor with many years of experience and huge understanding of medical studies. Instead, elderly often die by itself, anxious, without dignity while getting overtreated and overdugged in a medical center. Also, vitamin D that is not activated like the one we obtain from sun exposure will not do that much. Yet, Hadler says on pg. 175: "It creates no sense to cure the condition one will die with, in the ninth decade and little feeling to cure the disease that one will die from in the ninth 10 years if another is to take its place promptly. I did stop these medications without change in my mother's BP, nor offers she acquired the atrial fib they promised she

would obtain after stopping her medicine. My dad lived to 86 and didn't die of a stroke either. I was almost shocked to experience the exact opposite from the health care program. It warns of the current practice in America of over-treatment and over-medication of older people. Since she was a big believer inside our wonderful health care program she visited her doctors often before the stroke and implemented all their advice which included taking at least 7 pharmaceutical drug and many vitamin supplements. Of those who die from prostate cancers, most could have died about the same time from another thing (usually cardiovascular disease). Health adverse behaviors and cardiovascular risk account for just 25% of mortal hazard. After grabbing \$100,000 in medicare dollars for acute care and rehab providers there is no money left to really care for my mother. Enough time with any health care professional is very limited as they are forced to see a higher patient volume and in many systems are only allowed 10 minutes or much less with a patient and where charting can be included. This work falls to the family and is an severe hardship emotionally in addition to financially. This book is interesting since it focuses primarily on the medicalization of the ageing population. nearly all guys die with prostate tumor but hardly any from prostate malignancy. For those that simply want to stay your head in the sand and allow your doctors make decisions for you, you are going to be out a lot of money and your health end result will be worse. Unfortunately she requirements 24 hour care and her mind is no longer rational. My mom had angioplasty which are expensive of money. The other surprising information is the scientific data to aid several pharmaceutical remedies is simply not there yet the statistic are reported on so to help make the lay person believe the expensive medications are not only helpful but crucial to their ongoing health."The relationship between weight and lifespan is unforeseen. Most of the healthcare professionals that I have come across these past 6 months were very well meaning. You will not be disappointed and it will present you with great insights for maintaining the quality of life we all desire. Screening pertaining to prostate cancer can be an even more egregious medicalization." Rethinking Aging: AGEING and Living Well within an Overtreated Society My 89 year old mom had a stroke in April. A brilliant book and a must read for anybody at any age, specifically those over 50. Healthcare it seems must move beyond an authoritarian system where most of us should "obey doctors orders" and continue steadily to move towards an informed consent model where ones health care provider has the period to review treatment options with their sufferers including no treatment. non-e has been shown to produce a material clinical difference in reducing related diseases incidents and improving longevity. Man with a message This could be ULTIMATE GOAL for the elderly if indeed they would just stop thinking there exists a pill for everything and getting up every morning asking themselves, "Where do I harm today?) I possibly could never figure out why my uncle do just fine with medicines after his heart attack and he never really had angioplasty. Research on arthroscopic knee surgeries have demonstrated they don't work. Unfortunately, he makes too much sense, Evahbody wants to go to Heaven, but no one wants to die. And our prescription drug society will probably observe to it that we linger forever in a dismal rest home, or if we are "luckier" - the Senility Hilton. And, those expensive techniques are of no advantage to older people in terms of standard of living and lifespan.. Hadler works with his assertions by discussing numerous studies. Undergoing colonoscopy is associated with a non negligible threat of intestine perforation (about 0. Among my elderly friends is now in a tizzy about Osteopenia." He identifies five research who demonstrate no benefit for either of those procedures resulting in no fewer cardiovascular occasions or deaths (pg. Elderly take all that and then question why they fall and break a hip. But, their results are often much even worse

for older people that tend to be more vulnerable to their side effects and reap fewer of their benefits. A brilliant book and essential read for anybody at any . He phone calls this theme "sociable capital.. The book will be helpful to anyone entering their 60's and beyond so that each of us can make informed decisions about our health and how we will deal with the aging process. He says: "by this definition, a lot more than 90% of people who've a normal blood pressure at age 55 will establish hypertension because they age.In another of the last chapters, Hadler teaches us how exactly to live and die well.46% vs 0. Hadler is an amazing article writer and is clearly one of the preeminent thinkers of our time. If only there have been more Dr. Hadler's in our world. Unfortunately a few of them like her cardiologist were defensive and unfavorable when I asked to have some of her medicine stopped. I'm a doc. Thus, he is well equipped to judge what works and what will not in modern medication. Even when they do identify prostate cancer in the majority of instances it would not need lifespan implications. Go through it and assume control. IMO it was exactly the same outcome. Exceptional for people of most ages Excellent book. No matter your age, you can be overtreated. However it can be hard to place the suggestions into practice. The choice is to start thinking for yourself and look up the research to discover if there's a really benefit. And single people without children face special challenges in getting you to definitely be our advocate. Think and appearance up the studies to get yourself I think my father had the last true in America. My father got a stroke at 84 and the physician did not do each one of these interventions. Because of her advanced age group and increasing health issues I thought following the stroke she should receive palliative treatment till she passed away. My friend's dad is certainly 82 and got a stroke and the did all this carotid artery cleaning. What was the point? Nobody is also sure that helps in the long run. (the study to check that method are underway at this time."Dr. Very little healing can be carried out in this type of system other then writing a prescription. Ask your doc uncomfortable questions. The book looks at the over treating of the organic aging procedures and the reason why behind our health care system big push to take care of most health matters with medication. You have to be strong to resist doctors who'll threaten to refuse treatment if you deny techniques.. Why are the doctors worrying him about any of it? Just give him a good diet plus some exercise and prevent with the bone scans and all that. The medications don't help for that problem anyway. A whole lot of good information on over treating the organic conditions of aging At first it had been a little bit hard to get into the author's design, but well crafted and informative. A whole lot of good information on over treating the organic conditions of maturing, and what's actually causing these circumstances will surprise you... Ought to be Required Reading by Older Americans I first read this book from my regional library and found such good info in it that I purchased it for my own reference. This means loss of life in the home in a loving environment surrounded by relatives and specific nurses providing comforting palliative care. She was provided, with little discussion with her family members, the priciest testing and existence saving treatment obtainable. Everyone over 65 should read this book!53%). Health Issues Verbose and too general of any use." Digital rectal examination and PSA check are highly inaccurate, resulting in a most false positives.



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