"A book for all readers entering the aging years, especially those who wish to avoid unnecessary and futile tests and procedures."

—Clifton K. Meador, M.D., JAPA

Rethinking AGING

Growing Old and Living Well in an Overtreated Society

Nortin M. Hadler, M.D.

Author of Woreled 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 luckily enough to reside in in the developed globe, death before achieving a ripe later years is a tragedy, not really a fact of life. Although maturing and dying aren't diseases, older People in america are at the mercy of the most egregious marketing in the name of "successful aging" and "long life," as if both are commodities. In Rethinking Maturing, Nortin M. In Rethinking Ageing, Hadler presents a doctor's perspective on the medical literature along with his long clinical knowledge to help readers assess their health-care options and make informed medical choices in the last decades of life. Rethinking Maturing forewarns and arms readers with evidence-centered insights that facilitate health-promoting decision producing. The challenges of maturing and dying, he eloquently assures us, can be faced with sophistication, selfconfidence, and grace. Just the rigorous demonstration of efficacy is definitely adequate reassurance of a treatment's value, he argues; if it cannot be shown a particular treatment will advantage the individual, you need to proceed with caution. Hadler examines health-care choices wanted to aging Americans and argues that too often the options serve to revenue the provider instead of benefit the recipient, leading to the medicalization of everyday ailments and blatant overtreatment. In the last decades, Hadler has generated himself as a leading voice among those that approach the menu of health-care choices with informed skepticism.



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Excellent This is the author's third book investigating medicine shortcomings. The first two were: Hadler could be a motivational speaker for old folks if they would only listen!and VERY WORRIED: A Prescription for Health within an Overtreated America (H. He feels little lifestyle modifications are far better without negative unwanted effects. This means loss of life in the home in a loving environment surrounded by relatives and specific nurses providing comforting palliative treatment. Hadler has considerable firsthand knowledge as a doctor, a med school professor, a clinician, and a medical investigator. Therefore, he is well equipped to evaluate what functions and what will not in modern medication. Hadler's main beef is that U.S. health care "medicalizes" normal circumstances by undertaking treatments and prescribing medicines that are costly, do not function well and have side effects. He phone calls such malpractice a sort Il error (doing something that can be unecessary that may cause harm). Hadler works with his assertions by discussing numerous research. Undergoing colonoscopy is connected with a non negligible risk of intestine perforation (about 0. A lot of healthcare dollars are spent on patients' last year of lifestyle. Everyone over 65 should read this book! This reserve is interesting as it makes a speciality of the medicalization of the maturing population. 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 report of 10,000 British civil service people, he shares that the main determinant of lifespan was one's position on the socioeconomic gradient. He claims on pg. In Chapter 4 The Aged Employee he explores this issue further. Individuals happily utilized fare better health smart than others. Those health benefits carry into pension. He calls this theme "sociable capital. A lot of good information on over treating the organic conditions of aging At first it had been a little bit hard to find yourself in the author's design, but well written and informative. Three research from Australia, Canada, and the US. The medications don't help for that problem anyway. Due to her advanced age and increasing health issues I thought following the stroke she should receive palliative treatment till she died."Regarding screening for breast cancers with mammography, he indicates there are no advantages to undergo this check for women under 50 or higher 70. If one really wants to lose a bit of fat, he recommends simply consuming less as he acknowledges we are conditioned to overeat in a supersizing society.. The Cholesterol Myths: Exposing the Fallacy That Saturated Fat and Cholesterol Cause Heart Disease), reveals that cholesterol and saturated fat risks of CVD are not on strong scientific footing. I am composing this to preface where I personally was when I examine this reserve. Statin drugs have a poor trade off because they have little influence on reducing CVD events and could cause serious unwanted effects including muscle mass impairment, kidney disease, and higher incidence of diabetes. Most of the healthcare professionals that I've run into these past 6 months were very well meaning. The science is not convincing. Cholesterol and diabetes prescription medications for older people are large businesses. Hadler indicates that treating what appears to be high blood sugar, high cholesterol, high blood circulation pressure (Systolic 140) in otherwise healthy older patients isn't beneficial. Eugene and Lillian Youngs Lehman). 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 create a positive review than various other investigators without related financial ties. non-e has been proven to make a material scientific difference in reducing related diseases incidents and improving longevity. Those markers increase with age group. The revised threshold for hypertension (140/90) are too low. He states: "by this definition, a lot more than 90% of people who have a normal blood pressure at age 55 will establish hypertension because they age. There is a tiny subset with a particular blockage that could be benefited by bypass medical

procedures (about 2% of the individual with left blockage). With regards to CVD treatments, he considers both preventive bypass surgery and angioplasty to be a travesty. "The benefit/risk ratio of bypass operation and angioplasty is definitely zero since we can't demonstrate any benefit." This is medicalization." He identifies five research who demonstrate no benefit for either of these procedures leading to no fewer cardiovascular events or deaths (pg. 51-52). Considering the costs of such methods, he states on web page 54: "We are mortgaging our country to aid a business that scorns scientific rigor." He signifies that total knee substitution surgeries experienced dismal results. He personally does not know how much he weights. It warns of the existing practice in the us of over-treatment and over-medication of older people. Reading it was like seeing the sunshine after quite a long time in the dark. 175: "It makes no sense to treatment the disease one will die with, in the ninth decade and little feeling to cure the condition that one will die from in the ninth decade if another is certainly to take its place promptly. The time with any healthcare professional is quite limited because they are forced to see a higher patient volume and in many systems are only allowed 10 minutes or less with an individual and where charting is also included. Yet, the likelihood of false positives requiring unneeded biopsies and additional invasive intervention was up to 20%. Screening pertaining to prostate cancer can be an a lot more egregious medicalization. IMO it had been a similar outcome. He claims on web page 75: "By age group sixty, every guy should assume he has [some] prostate malignancy.. He feels we get enough calcium and vitamin D in our diet as both are added to dairy products. almost all males die with prostate cancer but very few from prostate tumor..Regarding cardiovascular disease (CVD), Hadler, exactly like Uffe Ravnskov (check out his exceptional Of these who die from prostate cancers, most would have died a comparable time from something else (usually cardiovascular disease)." Digital rectal examination and PSA test are highly inaccurate, resulting in a majority of false positives. Even when they do detect prostate cancer in nearly all instances it would not need lifespan implications. And, the most typical procedure to take care of this malignancy (removing the prostate) outcomes in frequent chronic impotence and incontinence. You will not be disappointed and it will present you with great insights for maintaining the standard of life most of us desire. Medicalization becomes increasingly costly to the individual and taxpayers (and lucrative for the medical complex) as we age.2% per procedure). When there is one book you should read, this is it. When he moves on to osteoporosis and osteopia, he indicates our concentrate on bone mineral density (BMD) has small predictive power regarding possibility of bone fractures. Health adverse behaviors and cardiovascular risk take into account only 25% of mortal hazard. However, his assessment about hip alternative is a lot more positive." Our focus to boost BMD through prescription drugs, calcium, and vitamin D hasn't demonstrated convincing results.. On pg.Hadler is skeptical of several orthopedic surgeries. Also, vitamin D that is not activated like the one we get from sun exposure does not do that much. 139 he provides: "elective orthopedics is coauthoring the bleakest chapter in the history of Western medication with the interventional cardiologists. That's irrational. Research on arthroscopic knee surgeries possess demonstrated they don't work. 130: "I see no [evidence centered] reason for any well female to post for BMD at any age group. Many prescription drugs do not work that well.. Antidepressants possess unfavorable benefit-risk trade offs for older people. Meanwhile, Aricept present no advantage over a placebo in the likelihood of progression Alzheimer's and Dementia.In another of the last chapters, Hadler teaches us how to live and die well. In one's ninth decade (80+), both quality of living and the grade of dying ought to be primarily health concerns. All of them are excellent. Instead, elderly frequently die by itself, anxious, without

dignity while getting overtreated and overdrugged in a medical center. My dad lived to 86 and didn't die of a stroke either. However, Hadler says on pg.46% vs 0." Rethinking Aging: Growing Old and Living Well in an Overtreated Society My 89 year old mom had a stroke in April. Hence, Hadler feels we spend too much time fretting about our weight. I'm a doc. She was offered, with little discussion with her family members, the priciest testing and life saving treatment available.. After her stroke she left a healthcare facility on 10 different medicines. The health care program insisted that she also required rehab and could have got the potential to live independently again. After grabbing \$100,0000 in medicare dollars for acute care and rehab providers there is absolutely no money left to actually look after my mother. Regrettably she needs 24 hour care and her brain is no longer rational. This work falls to the family and is an severe hardship emotionally along with financially. Therefore, both cholesterol and saturated extra fat are not bad for you. In table 3, page 67, he implies that based on a thorough study related to women in their fifties going through mammography everyone to 2 yrs for ten years the probability of dying from breast tumor was hardly lower vs women not really screened (0. Unfortunately some of them like her cardiologist had been defensive and bad when I asked to involve some of her medication stopped.53%). Very little healing can be done in this sort of system other then writing a prescription. The other surprising information may be 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 costly medications are not only helpful but crucial to their ongoing wellness. Generally the studies if looked at statistically aren't that convincing. Hadler is also skeptical of the most latest CVD risk element: C-reactive protein. The book looks at the over dealing with of the natural aging processes and the reason why behind our health and wellness care program big push to take care of most health issues with medication. I believed they were causing some side effects and I doubted they would help the quality of her life at the moment. I did so stop these medications with no change in my mother's BP, nor provides she acquired the atrial fib they promised she'd obtain after stopping her medication. The book would be helpful to anyone getting into their 60's and beyond so that each of us can make informed decisions about our health and how we will deal with growing older. Health care it seems must move beyond an authoritarian program where we all should "obey doctors orders" and continue to move towards the best consent model where ones doctor has the period to review treatment plans with their sufferers including no treatment. One of my elderly friends is currently in a tizzy about Ostepenia. Man with a note This could be ULTIMATE GOAL for the elderly if indeed they would just stop thinking there is a pill for everything and getting up every morning thinking about, "Where do I harm today?" Dr. The Last Well Person: How to Stay Well Despite the Health-Care Program . And our prescription drug society is going to discover to it that we linger forever in a dismal rest house, or if we are "luckier" - the Senility Hilton.I am 87 next month and have "looked at existence from both sides now", and it will never end up being through a haze of supplements with the label "May cause dizziness, light-headedness, drowsiness... Sadly, he makes an excessive amount of sense, Evahbody wants to go to Heaven, but nobody really wants to die.." Mercy! Elderly consider all that and question why they fall and break a hip. Not really me! An excellent book and a must read for anybody at any .. But, their email address details are often much worse for the elderly that tend to be more susceptible to their unwanted effects and reap fewer of their benefits. A brilliant book and a must read for anyone at any age, specifically those over 50. Possess shared and suggested this book to everyone I know. Sigmoidoscopy is a lot safer. Dr. Hadler can be an amazing article writer and is clearly among the preeminent thinkers of our time. Read it. Hadler's in our world. Regarding

cancer of the colon screening, he recommends people undertake a sigmoidoscopy just once, if at all, that examines the lower intestine where malignancy is most typical. I was almost shocked to experience the precise opposite from medical care system. If only there were more Dr. Cuts though the crap. Go through it and take control. Question your doc uncomfortable questions. Superb for people of all ages Excellent book. Regardless of your age, you may be overtreated. However it can become hard to put the suggestions into practice. You have to be strong to resist doctors who will threaten to refuse care if you deny techniques. And solitary people without children encounter special issues in getting you to definitely be our advocate. Think and look up the studies meant for yourself I think my father had the last real in America. My mom had angioplasty which cost a lot of cash. As we age into our seventies and beyond, we all have some latent cardiovascular and cancers issues. My friend's father is 82 and got a stroke and the do all of this carotid artery cleaning. What was the idea? Nobody is even sure that helps over time. (the study to check that method are underway at this time. Four Stars Food for idea - in balancing what we wish as we age group. My dad experienced a stroke at 84 and the physician did not do each one of these interventions. Some existence of prostate tumor is normal in older men. For all those that just want to stick your head in the sand and allow your doctors make decisions for you, you are going to be out lots of money and your health result will be worse. The alternative is to start considering for yourself and look up the studies to find if there's a really benefit. I thank Dr Hadler for considering outside the box and exposing something that needs revamping particularly when caring for our aging population.. Just give him an excellent diet plus some exercise and prevent with the bone scans and all that. confirm that health and lifespan outcomes are not materially different for BMI ranging from 22 to 30."The partnership between weight and lifespan is unexpected. A whole lot of good info about over treating the natural conditions of aging, and what's actually causing these conditions will shock you. Since she was a big believer in our wonderful health care program she visited her doctors regularly prior to the stroke and adopted all their advice which included taking at least 7 pharmaceutical drug and many vitamins. Why will be the doctors worrying him about it? Should be Required Reading by Older Americans I first read this book from my local library and found such great info in it that I bought it for my own reference. The publication is compiled by a doctor with a long time of experience and vast knowledge of medical studies. And, for ladies within this age range the huge benefits are marginal. And, those expensive techniques are of no advantage to the elderly in terms of quality of life and lifespan.) I possibly could never figure out why my uncle did just fine with medications after his heart attack and he never really had angioplasty. Health Issues Verbose and too general of any make use of. Cannot work out how a senior should action on health issues if we cannot trust physicians



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