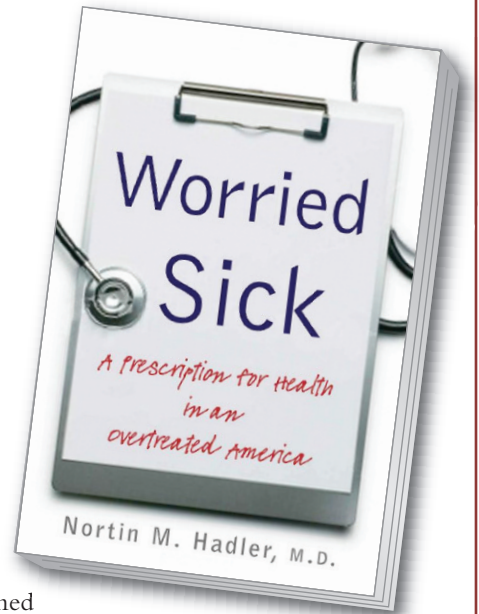


Worried Sick A Prescription for Health in an Overtreated America

By Nortin M. Hadler, M.D.
University of North Carolina Press (2008)

REVIEWED BY ROBERT EHRLICH



“*Worried Sick*” is another in a series of books attacking how medicine is practiced in America. The premise is that we are being over treated on a vast scale. In fact, Dr. Hadler argues, we are bombarded by medical procedures and drugs that are at best marginally effective. His thesis is that the medical community and drug companies are responsible for a grand delusion. That is, we are being wrongly convinced every disease can be treated effectively, resulting in a better and longer life.

Why is this a delusion? Dr. Hadler meticulously cites data that says many if not most of these treatments do not prolong

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life or make us feel better. The approach Hadler uses is to look at procedures and drugs in the context of absolute versus relative risk. Most drug or surgeries are marketed in relative risk/benefit terms. For example, if 1,000 people take a drug versus 1,000 taking placebo, and two in the treated group versus one in the placebo group are cured, the relative gain is 100 percent. The absolute benefit, however, is tiny.

In disease category after category, Dr. Hadler demonstrates this relative versus absolute risk delusion. For cholesterol it is argued by doctors and drug companies that high cholesterol needs to be treated. Hadler says it is not a major problem to have high cholesterol based on likelihood of getting a heart attack. The data would say, that treating people who are otherwise healthy, does not prevent heart attacks in a meaningful way. Hadler uses the famous WESCOPS study on primary heart attack prevention from statin use. He says that 1.7 percent of the study participants died of a heart attack in the placebo group versus 1.2

percent in the treated group. The drug company claimed 37 percent risk reduction (relative) while Hadler says the real difference is only .5 percent. That is, you need to treat 200 people with a statin for years to prevent one heart attack. Hadler asks if that is worth the cost of the pills, blood tests, and side effects.

This process Hadler replicates for blood pressure, osteoporosis, depression and other disease states. He warns readers to always be educated on the absolute benefit of taking a drug or undergoing a medical test/surgery. As a member of the drug industry, I am skeptical of Hadler’s interpretations. He definitely has a bias against the prevailing wisdom of his colleagues. On the other hand, as a patient and user of drugs, I now will look at treatment differently. With health costs rising rapidly, it does make sense to challenge the assumption that we need to treat everything that can be treated. If life is not prolonged does it really matter whether cholesterol is over 200 or blood pressure is 145/95?

I am not qualified to say whether Hadler is right. For readers of *DTC Perspectives*, it is just enough to recognize that Hadler may be on to something in his research. Hadler will definitely have the ear of cost-conscious governments looking for ways to reduce health cost.

Hadler’s book is dense and not easy reading because of numerous data references. It is, however, highly thought-provoking, and one of the better critical treatments of our health care approach. I will continue taking my statins despite Hadler’s arguments against them, but he did make me re-evaluate this lifelong commitment.

Robert Ehrlich, chairman and chief executive of DTC Perspectives Inc., regularly reviews books about the pharmaceutical industry, marketing and advertising for DTC Perspectives magazine. He can be reached by e-mail at Bob@DTCPerspectives.com.