A shocking number of physicians are clueless about basic moves that could save your life

Is Your Doctor Out of Date?

Sharon Sakson was walking into her kitchen to make a sandwich one February afternoon when a sudden burst of what felt like indigestion made her change her mind. She went to bed, hoping the pain would pass quickly. Instead, Sakson, then 51, lay there for hours, listening to her six show dogs bark in the background as the crushing sensation in her chest became so intense, she could barely breathe. Finally, the agony subsided, but when it returned the following day, a friend insisted on calling an ambulance. At the hospital, doctors informed the Pennington, New Jersey, resident that she'd had a heart attack, one that had left the lower part of her heart damaged.

Five years later, "I feel like I have a sword over my head," she says. "Every time I get a pain, I'm afraid it's another attack and that this time I might not survive." What hurts even worse: She suspects her heart attack could have been avoided.

When Sakson was just 40, her blood pressure was high enough that her gynecologist suggested she see a specialist. It remained elevated at each subsequent annual visit to the new

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physician, yet that doctor prescribed only one low-dose medication for years, despite overwhelming evidence of the dangers of uncontrolled hypertension—and National Institutes of Health treatment guidelines, which urge doctors to increase the dosage or add a second drug until the numbers are normal.

We've heard a lot about evidence-based medicine lately—the notion that doctors should treat their patients with the drugs, surgeries, and other fixes that have been proved to work for their condition and not use remedies for which proof is lacking (or at least be up-front with patients if they do). This wouldn't seem to be a radical idea, but it's not how many doctors practice.

Too often, they're influenced by the pronouncements of other doctors in their field, self-serving presentations by drug and device companies pushing their products, and the experiences they've had with their own patients, says Richard A. Deyo, MD, a professor of evidence-based family medicine at Oregon Health and Science University. "Doctors routinely fool themselves by thinking, 'In my experience, this treatment works,' when rigorous studies in hundreds or thousands of patients may show it doesn't," he says.

How often does this occur? One *New England Journal of Medicine* study found that patients get only 55 percent of the care that's recommended for the leading causes of death and disability. Similar research in children showed they get just 47 percent—and a mere 41 percent of preventive steps that are proved to help. "It's incredibly frustrating when we know what the best treatments should be yet patients aren't prescribed them," Dr. Deyo says.

This isn't just a matter of missing out on the best care. It's a waste of precious health-care dollars. "If we don't focus on the evidence, we may spend a lot of money for things that are of marginal benefit or no benefit at all, without even knowing it," says Gordon Guyatt, MD, a professor of medicine at Canada's McMaster University, who coined the term *evidence-based medicine*.

Are your doctors basing your care on the strongest scientific research? We asked experts to point out some of the most worrisome ways doctors are falling short.

High blood pressure

The mistake your doc may be making: Sticking with lifestyle changes when you need drugs.

The evidence shows that it's safe to try to bring down mildly elevated blood pressure by eating better and exercising. But if your numbers are even moderately high, the advice is unequivocal: Your doctor must prescribe drugs because uncontrolled high blood pressure puts you at risk for a deadly heart attack or stroke.

Guidelines making this clear were crafted by a panel of leading scientists in 2003. But when 22 community doctors were asked by University of Texas researchers how they'd treat a hypothetical middle-aged man with the moderately high blood pressure of 145/92, nearly two thirds said they'd tell him to improve his lifestyle. Shockingly, only one of these practicing physicians was familiar with the recommended thresholds for prescribing drugs, says study author Joseph Ravenell, MD, now at New York University.

The right move: If your blood pressure is 140/90 or higher, you should almost certainly be on a prescription hypertension drug—and if one medication doesn't bring your readings into the normal range, you should be on more than one. Only people diagnosed with prehypertension (120 to 139 over 80 to 89) can get by with lifestyle changes alone. Those include exercising, losing weight if necessary, and eating a healthy, low-fat, low-salt diet.

Immunization

The mistake your doc may be making: Not keeping your kids (or you) up-to-date.

The schedule for children's vaccines is set by the Centers for Disease Control and Prevention (CDC), which reviews reams of research on what protects your child best. One key recommendation: Infants and toddlers should get multiple shots at most well-baby appointments to ensure they're adequately defended against common diseases such as measles and pneumonia. Yet one study found that an alarming 20 percent of all kids under two miss one or more of the vaccinations. Researchers aren't sure of all the reasons, but they think part of the explanation is that overwhelmed docs aren't properly counseling parents about the importance of multiple shots. Another problem: In 8 percent of cases, doctors give shots too early or too close together. "If a child gets a booster when the antibodies from an earlier shot are still circulating, it can be almost as if he didn't get the second one at all," says CDC epidemiologist Elizabeth T. Luman, PhD.

Physicians are even worse at making sure adults are on track. Only

about half of adults are up-to-date on the tetanus booster we're supposed to get once every decade, for instance. Far fewer get the shingles vaccine—only 6 percent of adults 60 and up (the recommended age group). Yet shingles can affect anyone who has ever had chicken pox and can be agonizing.

The right move: Kids under two should get multiple shots at nearly all their scheduled well-child visits. One way to reduce aches: Have the doctor give the more-painful pneumonia shot last. A recent study found this strategy lessens overall soreness.

During your own doctor visits, ask him to check your immunization history against the guidelines. All adults need a tetanus vaccine (which also protects against diphtheria and, in the newest version, whooping cough) once a decade. Other shots you may need—including flu, hepatitis, shingles, HPV, and pneumonia—depend on your age, gender, health history, and occupation.

Asthma

The mistake your doc may be making: Treating wheezes instead of preventing them.

Asthma is the most common chronic disease in childhood, affecting 9 percent of kids. But experts now know that the problem can be effectively controlled. Numerous studies have shown that daily use of inhaled corticosteroids like Advair and Flovent reduces airway inflammation and cuts the frequency and severity of attacks, says Kaiser Permanente asthma expert Michael Schatz, MD, a member of the panel that developed asthma guidelines for the National Institutes of Health. This crucial "control" medicine helps kids sleep better, miss less school, and make fewer scary trips to the ER. Yet a recent study by the Rand Corporation reveals that more than half of asthmatic kids don't use it. Some parents don't want or can't afford the drug—but others aren't advised that their child needs to keep up with the regimen even after symptoms subside. In many cases, "pediatricians don't prescribe it because they aren't aware of its value," Dr. Schatz admits.

MRIs of the back have skyrocketed, though experts say they can mislead.

The right move: If your child is over five and has asthma symptoms that strike more than three times a week or keep him or her up at night more than twice a month, your doctor should prescribe an inhaled corticosteroid. For more-severe cases, other daily meds may be needed too. Don't let the word *steroid* scare you; the inhaled version isn't habit-forming, and side effects are generally mild.

Low back pain

The mistake your doc may be making: Taking pictures of what's inside your back—and trying to fix what he finds.

MRI rates have skyrocketed—in 2004, doctors performed three times as many MRIs of the spine as they did in 1994. But that *isn't* because these pictures are proved to help. In fact, a large body of research, detailed in guidelines by the American Pain Society and the American College of Physicians, cautions against routinely using imaging to figure out the cause of back troubles.

"When you look inside, you see arthritis, degenerative disks, and such. But it turns out many people from midlife on have these things," says Roger Chou, MD, a coauthor of the guidelines. "And research shows that when you fix them, the pain usually doesn't go away."

MRIs aren't the only problem. Use of epidural steroid shots has quadrupled in the past ten years, though evidence shows they're only minimally effective. Spinal fusion surgery numbers have grown about threefold, yet research shows that approach, too, frequently does little good.

When a patient hobbles into the office, it's understandable that the doctor wants to do something, Dr. Chou says. But an unproven intervention can do considerable harm. "It's worth remembering that back pain has a history of treatments ultimately found to be detrimental, like surgically removing patients' tailbones," Dr. Chou says.

The right move: "Back pain can drive you crazy, but it typically improves with steps like taking acetaminophen, using a heating pad, and, if the problem is chronic, starting an exercise program to strengthen muscles," Dr. Deyo says. In general, an MRI isn't necessary unless you have symptoms like severe weakness in your foot or leg, a high fever, problems urinating, or a history of cancer, Dr. Chou advises. Be especially cautious about more aggressive fixes like surgery.

Heart attack

The mistake your doc may be making: Not giving emergency treatment fast enough, skipping important aftercare, or missing other critical steps.

For the nearly one million Americans who will have a heart attack this year, immediate treatment with aspirin, clot-busting drugs, angioplasty, or other proven steps could mean the difference between life and death. No wonder these kinds of moves are spelled out in treatment guidelines from the American College of Cardiology and the American Heart Association. Yet fewer than 50 percent of patients get clot-busting therapy within 30 minutes; about 25 percent

The bottom line on guidelines

When your doctor suggests a treatment, you should hear the word *evidence* in his or her explanation. But that doesn't mean physicians should slavishly follow every treatment guideline you might dig up online. These are good reasons your doc might take a different tack:

> **You're not average, so your treatment can't be either.** "Good doctors view guidelines like suits off the rack. You've got to tailor them so they fit," says Otis W. Brawley, MD, chief medical officer of the American Cancer Society. If guidelines recommend a cancer drug that can be toxic to the heart and you've got a history of ticker troubles, for example, your doc might prescribe a different drug. Plus, guidelines aren't generally written for patients with multiple ailments. If you have several chronic conditions, combined guidelines might leave you taking dozens of drugs daily, with potentially dangerous interactions.

> **Not all guidelines are based on solid research.** "Some guidelines seem to be thinly disguised efforts to push the agenda of the professional groups that created them," says pain expert Dr. Chou, who helped develop guidelines for back treatment. The best guidelines are created by a consortium of organizations, clearly state how evidence was evaluated, and give a letter grade to each recommendation, showing the amount of science that exists to support it.

> **There isn't enough evidence to know the best approach.** For some conditions, the research is too weak to give much help. For others, the evidence is strong for an initial treatment, but if that fails, there's no clear way forward. Still, says evidence-based medicine expert Dr. Guyatt, your doc should always make it clear when the benefits and risks of a treatment are uncertain so the two of you can take that into account.

leave the hospital without a referral to cardiac rehabilitation, which is known to be valuable. Other steps can be neglected, as well, if only because a doctor may be distracted by a page or another interruption. In the hectic atmosphere of a hospital, "when you rely only on a doctor's memory, critical therapies and timetables are easily overlooked," says Gregg C. Fonarow, MD, associate chief of cardiology at the University of California Los Angeles Medical Center.

So in 2000, the American Heart Association started a program called Get with the Guidelines (GWTG), for hospitals to use as a reminder system. "We view it like an airline pilot checklist. Even if the doctor gets distracted, things are less likely to fall through the cracks," explains Eric Peterson, MD, director of cardiovascular research at Duke Clinical Research Institute.

The right move: If you have serious heart disease, check whether your local hospital takes part in the GWTG program. A third of all hospitals do, some 1,450 in all. You can also search for the 600-plus "recognized hospitals" that best comply with the guidelines at americanheart.org/getwiththeguidelines.

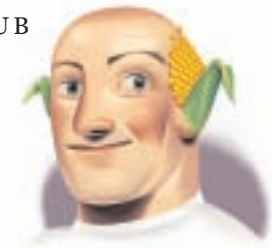
Diabetes

The mistake your doc may be making: Failing to test you for it.

About 24 million Americans have diabetes, yet a quarter of sufferers don't know it. That's a big problem because patients who control their blood sugar can prevent serious complications like leg amputations and heart and kidney disease. Experts say that doctors should keep an eye out for people with high odds of the disease—namely those who are overweight and have other diabetes risk factors. "Yet if a person with these criteria goes in for a specific problem, like a sprained knee, rather than an annual physical, the doctor may not look at the bigger picture and say, 'You should have a diabetes test,'" says endocrinologist Richard Bergenstal, MD, president-elect of medicine and science at the American Diabetes Association.

The right move: If you have a body mass index of or over 25 (the threshold for being considered overweight), plus a second diabetes risk factor such as high blood pressure or high cholesterol, you should be screened for the disease. If the test results show that you're free of diabetes and prediabetes, you should be tested again within three years.

THE CLEAN PATE CLUB



I think a real cool look is when guys with cornrows start to go bald, 'cause then their cornrows start to turn into crop circles. Comic *Nick Vatterot*

What hair color do they put on the driver's licenses of bald men? *Steven Wright*

THE APPELLATION TRAIL

The Victorville, California, bomb squad was called to a pulled-over truck after the officer making the traffic stop noticed a large device labeled "bomb" in the vehicle. Cops arrested the driver, David S. Bangs.

Source: (Victorville) *Daily Press*

A Houston man was arrested after authorities claimed he practiced law without a license. His name: Perry Mason. Source: youngtexaslawyer.com

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