

Disease Prevention or Health Promotion?

by Richard Fried, M.D.

The Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure came out with a sweeping new report (called the JNC 7) on the treatment and diagnosis of high blood pressure in America, published in the Journal of the American Medical Association (JAMA), on May 21, 2003.

Whereas hypertension has traditionally been defined as a blood pressure reading above 140/90, this reports documents the health risks of readings as low as 115/75, and proposes a new category of illness; anyone with a blood pressure of 120-139 over 80-89 is now considered to be pre-hypertensive. The report goes on to explain that although understanding of the risks of hypertension continues to grow, treatment rates have stagnated, and only 34% of hypertensive patients have successfully reached optimal control, despite a wealth of new drugs and non-pharmacologic recommendations. The authors, echoed by an editorial in the same issue of JAMA, enthusiastically outline the potential benefits of earlier and more aggressive blood pressure reduction in terms of longevity and quality of life.

As a family practitioner in private practice for over 20 years, I believe the findings of this report, although undoubtedly correct from a factual standpoint, are not likely to lead to better health, and may well create as many problems as they solve.

There exists a powerful medical-pharmaceutical complex in this country whose goal it is to redefine life as a continual disease. As a society, we have become ever more accepting of increasing diversity in realms such as religion, sexual orientation, racial attitudes and gender roles. And yet, ironically, the parameters of what is considered normal from a physical and mental health perspective are

shrinking at an alarming rate. Restless, dreamy or action-oriented children are, by the millions, being labeled as having ADHD. Women undergoing the normal physiologic process of menopause have, en bloc, been diagnosed as hormone-deficient. Clinical depression, or better yet, serotonin depletion, is the new explanation for periods of melancholia, stress, unexplained fatigue, or grief. Hardly anyone who has reached middle age can escape from having some sort of pre-cancerous condition, either in the skin, breast, bowel or prostate. And as the definition of normal or optimal levels of cholesterol has steadily decreased, from 300, to 240, 200, to 170 or even lower for certain groups of people, who among us can escape the tightening noose?

Now, lest anyone foolishly consider him or herself healthy, we can add tens of millions of pre-hypertensives to the rolls of those in need of salvation by our noble medical knights.

Although the JNC 7 correctly states the "adoption of healthy lifestyles by all individuals is critical for the prevention of high BP and an indispensable part of the management of those with hypertension," the medical profession has proven itself woefully unsuccessful in promoting weight restriction, regular exercise, a healthy diet or, in fact, any lifestyle changes at all other than taking medication and utilizing medical resources such as doctor visits, mammograms, CAT scans, etc. If we, as physicians, have been so unsuccessful in helping patients to achieve current blood pressure goals, is it reasonable to expect that extending the goals down to 120/80 is likely to result in more compliance? The only guaranteed outcome of the study is that doctor visits and procedures such as stress tests will increase, and more drugs will be sold. This is surely good news for the business of selling medical services and pharma-

ceuticals. And the general level of stress and fear, already so pervasive in our society, will increase, as millions of Americans will have another condition to worry about. Fortunately, we have drugs for that too.

At a deeper level, there is something terribly wrong with having to define everyone as being ill in order to make them healthier. The Greeks had a better understanding. Their god of healing, Aesklepios, had two daughters, Panacea and Hygeia. The former, as her name implies, was responsible for healing disease, but Hygeia, (his favorite), had the task of promoting health. And until we, as a medical profession and a society, can come beyond disease prevention to a true concept of health promotion, we shall remain mired in an ever-increasing spiral of more drugs, more medicalization of life, ever rising health care costs, and an elusive promise of better health.

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