



Article 31*

The Non-Medicated Life: Helping to Pay for Universal Coverage, Part 1

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Editor's Note: This is the 31st in a series on optimal diet and lifestyle to help prevent and treat heart disease. Any planned change in diet, exercise or treatment should be discussed with and approved by your personal physician before implementation. The help of a registered dietitian in the implementation of dietary changes is strongly recommended.

Medicines are a mainstay of American life and the healthcare system because they are perceived to work by the individual taking them and because their benefit may be shown by the objective assessment of scientific study. Clinical research trials have shown that some of the medicines of Western science may reduce the risk of heart attacks, strokes and cardiovascular death.

In the first 30 installments of The Non-Medicated Life, informed diet and lifestyle have been shown to achieve naturally for the majority of individuals most of benefits of medications. What has not been adequately emphasized is that such an approach can significantly reduce the cost of care by decreasing or eliminating un-needed medications. At the same time, pursuing the non-medicated life may reduce the actual burden of disease which would allow more people to be covered for the same cost. This suggests a new way to achieve true revenue neutral universal coverage.

Unfortunately, such a common sense approach has not been addressed by those in Washington. Perhaps this is because the focus is on "covering" everyone rather than trying to actually improve health. If disease is reduced and the overall health of Americans improves, it follows that that fewer health care dollars would be spent on those currently covered and more dollars would be available to cover those not currently covered. I am suggesting that embracing the non-medicated life can improve the health of the community as well as the individual, reduce our reliance on unnecessary medications, and help rein in healthcare costs.

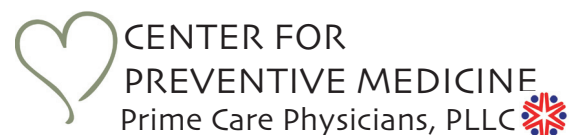
While I am a proponent of minimizing medication use and eliminating its use when it is possible to substitute a diet and lifestyle approach, I still believe in the

benefits of medication. Medications may be needed to return an acutely ill, otherwise healthy person to their baseline. The premiere example is an infection treated with an antibiotic. For example, a healthy individual develops pneumonia, get treated with an antibiotic and is cured. Unfortunately, the majority of medications currently used, which account for most of the increase in healthcare costs, are for chronic conditions which medications help control, but do not cure. Cholesterol, blood pressure, and diabetes medications fall into this category. Sometimes these chronic medications are needed to maintain health in individuals who have no other choice for maintaining health. But, more often than not, these chronic medications are used in individuals to support health because of poor health habits and unhealthy lifestyle choices. An individual with pre-diabetes provides a good example.

Pre-diabetes, or metabolic syndrome, is unfortunately, an all too common affliction in America. It includes a mild elevation of blood sugar not high enough to qualify as diabetes (see the Non-Medicated Life, April 2004), as well as abnormalities in cholesterol, blood pressure, and body weight. Unaddressed, metabolic syndrome leads to diabetes.

Currently, there are 20 million individuals with diabetes and there are close to 40 million individuals with metabolic syndrome. Without question, most folks with metabolic syndrome have a genetic predisposition for the condition. However, genetic predisposition alone is generally not enough. One also needs to be overweight or obese to cause development of the condition.

In the United States, there has been an over 35% increase in adult onset diabetes in the last 10 years fueled



primarily by obesity. Data from the diabetes prevention program suggests that those with metabolic syndrome convert to diabetes at a rate of 11% per year. Within 10 years the United States will have 60 million persons with diabetes, less the ones who die. While metabolic syndrome can be treated effectively with medication, it also can be treated very effectively and much less expensively with a non-medicated approach. Indeed, the diabetes prevention program has shown a weight loss of 20 pounds in an obese person with metabolic syndrome can decrease progression to diabetes by 67%. By averting diabetes those 20 pounds of weight loss may have a huge impact on the cost of care.

For example, an individual with metabolic syndrome may use no medication or perhaps one medication. Once diabetes develops the same individual by national guideline recommendation should use a minimum of five and may require as many as nine or more medications to control their condition and prevent progression of the disease process. Moreover, once diabetes develops the individual's risk for a heart attack rises dramatically. An individual with diabetes but no history of heart disease can nevertheless be shown to have the same risk for a heart attack as an individual who already has heart disease. The newly diagnosed person with diabetes becomes for all intents and purposes the equivalent of those with established heart disease for health outcome and cost. They join the highest risk group in the population for heart attack and stroke as well as the use of high tech, high cost procedures such as coronary bypass surgery, coronary angioplasty and coronary stents.

In the current healthcare system it is easier to take pills than to lose weight. Pills are subsidized; weight loss and weight maintenance is not. The old adage says you can bring a horse to water but you can't make him drink. Pundits suggest that Americans won't lose weight even if it's for their own good health. I would respectfully suggest that horses drink when they are thirsty and that self-interest and self-preservation are the drivers. As long as Washington supports bad health choices by only providing pills to help correct the consequences of those choices, why would we expect people to do things differently?

One can argue that some individuals will take no responsibility for unhealthy lifestyle choices and behaviors under any circumstances. Responsibility is to oneself and to others. One role of government is to codify and help ensure the responsibility of the individual to others in a society. If by behaviors of

their own choosing individuals bring negative health consequences on themselves it is unfortunate. If by those same behaviors such individuals drive up the health insurance premiums of their neighbors, it ceases to be an issue of free choice solely for the individual to decide and becomes an issue for which any fair society must provide an equitable solution. But if the only proffered solution is to take more pills which are subsidized by their neighbor, how does this achieve an equitable solution? If the only solution is to take more pills which control the disease but do not cure the disease, how is the society made healthier? Health care cost inflation is a result of the population getting sicker and this in turn is a direct result of unhealthy lifestyle choices and behaviors by an increasing number of people. If Washington offers pills and procedures as the only subsidized healthcare benefits, and no other options, costs will continue to rise- at an ever accelerating rate.

But what would happen if Washington supports healthy lifestyle choices and behaviors? To continue with the example of diabetes, the cost of medication in those who did not develop the disease would be saved. The saving could be spent on the currently uninsured. In those with diabetes, smaller doses of medications and fewer medications would be needed and the savings could be spent on the currently uninsured. Moreover, if diabetes were averted in some, the huge cost of caring for unnecessary heart attacks and strokes would be averted and the health care dollars saved could be spent on covering the currently uninsured. Using the example of preventing diabetes, hundreds of billions of dollars over the next 10 years could be saved. But this only hints at the cost savings which could be achieved by the impact of healthy diet and lifestyle choices on conditions such as heart attacks, strokes, high blood pressure, high cholesterol, sleep apnea, and some cancers. Indeed, not to look to the health savings which could be brought about through better health choices and an improved diet and lifestyle is in my opinion a foolish oversight. That oversight could help ensure that if universal coverage is enacted it may supply truly minimal benefits or it will add hugely to the deficit and ultimately will not be financially sustainable.

For my suggestions on how Washington could provide options which support healthy lifestyle choices and behaviors, reduce healthcare costs, reduce the burden of disease for all of us and help pay for universal coverage, see Part 2.