

Deaths Would Drop With More Preventive Services

May 4 2010, By Amy Sutton

“Prevention is the best medicine,” the saying goes. According to a new study, increasing the use of that medicine could prevent a significant number of adult deaths annually.

“We asked ourselves how many lives could we save if we simply did a better job of increasing the use of clinical preventive services,” said Thomas Farley, M.D., the study’s lead author. “The potential for prevention is big,” he said.

Farley, commissioner of the New York City Department of Health and Mental Hygiene, and colleagues created mathematical models to predict how increasing the use of preventive services would influence death rates. They examined nine recommended types of preventive services, which included screening and treatment for high blood pressure and cholesterol levels, use of aspirin in people at high risk for heart disease, smoking cessation programs, cancer screenings and immunizations.

The study appears in the June issue of the *American Journal of Preventive Medicine*.

As many as 50,000 to 100,000 deaths in people under age 80 could be prevented each year if all of these preventive services were offered to and used by patients, the models suggested.

Cardiovascular disease services have the most potential to prevent deaths, with even small increases in the use of preventive services

suggesting a significant effect. Increasing the use of treatment for high blood pressure by 10 percent would prevent 14,000 deaths. In addition, increasing the treatment for high cholesterol or use of aspirin by 10 percent might prevent an additional 8,000 deaths per year in people under 80, the authors reported.

The extent of the findings came as a surprise, Farley said. “To put it in context, the best estimate I could find was that lack of health insurance causes 20,000 deaths a year. Our model suggested that improving the quality of preventive care prevents many more deaths than that,” Farley said.

Both Farley and J. Sanford Schwartz, M.D., from the University of Pennsylvania School of Medicine and Wharton School in Philadelphia, cautioned that these findings are not precise, but rather estimates.

However, “the general conclusions are likely to be true,” said Schwartz, also a member of the U.S. Preventive Services Task Force. He has no affiliation with the study.

The message here is that there is “a lot of health benefit that is unrealized in America because we don’t do rather simple things that we can be doing to prevent disease or detect it at an early or treatable stage,” Schwartz said.

More information: Farley TA, et al. Deaths preventable in the U.S. by improvements in use of clinical preventive services. *Am J Prev Med* 38(6) 2010.

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