

The cost of medicalizing human conditions

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Menopause. Normal pregnancy. Infertility. ADHD. Erectile dysfunction. Over the last several decades, these conditions have come to be defined and treated as medical problems. They've been "medicalized." In the first study of its kind in the current issue of *Social Science and Medicine*, Brandeis researchers used national data to estimate the costs of these and a handful of other common conditions on escalating U.S. healthcare spending.

The researchers, led by Brandeis sociologist Peter Conrad, evaluated 12 conditions that had been defined as medicalized by physician organizations, and for which there were current medical spending data. The other conditions considered in the study were anxiety and behavioral disorders; [body image](#); male pattern baldness; normal sadness; obesity; [sleep disorders](#), and substance-related disorders.

The robust trend toward ever-greater medicalization of human conditions is undeniable, with an increasing number of medical diagnoses and treatments for behavioral problems and normal life events. Conrad and his colleagues analyzed medical spending on these disorders—payments to hospitals, pharmacies, physicians and other health care providers—and discovered that they accounted for \$77.1 billion in medical spending in 2005—3.9 percent of total domestic health care expenditures.

"We spend more on these medicalized conditions than on cancer, [heart disease](#), or public health," said Conrad. "While medicalization is unlikely to be a key driver of skyrocketing health care costs, \$77 billion

represents a substantial dollar sum."

Although the study did not evaluate whether medicalization is good or bad for health and society, it demonstrates the need for understanding the societal and economic impact of growing medicalization. Conrad explained that some researchers attributed medicalization to the growth of medicine's professional jurisdiction, increased consumer demands for medical solutions, and the [pharmaceutical industry](#) expanding markets for drugs.

"By estimating the amount spent on medicalized human problems, we've raised the obvious question as to whether this spending is 'appropriate,'" said Conrad. "The next question is whether we can more directly evaluate the appropriateness of these medical interventions and consider policies that curb the growth or even shrink the amount of spending on some medicalized conditions."

Provided by Brandeis University

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