

Medical researchers raise alarm on overdiagnosis

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Overdiagnosis wastes money and diverts resources that could be used treating real disease, experts say. Credit: <http://www.flickr.com/photos/tranchis>

One of the world's top medical journals has launched a campaign against overdiagnosis, where people are diagnosed with medical conditions they don't have and prescribed medicine they don't need.

The [British Medical Journal](#)'s (BMJ) campaign, [Too Much Medicine](#),

aims to draw attention to a growing body of evidence that many people are overdiagnosed and overtreated for conditions such as prostate and thyroid cancers, asthma, and [chronic kidney disease](#).

"Like the evidence based medicine and quality and safety movements of previous decades, combating excess is a contemporary manifestation of a much older desire to avoid doing harm when we try to help or heal," said BMJ editor, Dr Fiona Godlee.

"Making such efforts even more necessary are the growing concerns about escalating healthcare spending and the threats to health from [climate change](#). Winding back unnecessary tests and treatments, unhelpful labels and diagnoses won't only benefit those who directly avoid harm, it can also help us create a more [sustainable future](#)."

Overdiagnosis wastes billions every year and new research is urgently needed on how clinicians can scale back the numbers of medications being taken unnecessarily, said Ray Moynihan, a senior researcher from Bond University's Faculty of Health Sciences and Medicine.

"It's not anti-medicine or anti-doctor. Often it's dismissed as some kind of unintelligent assault on medicine but nothing could be further from the truth," said Mr Moynihan.

"The fact that the BMJ is launching a campaign on overdiagnosis is an extraordinary thing. Here's one of the world's most respected [medical journals](#) saying we have a problem. It's a dramatic wake up call, not just for the profession and the government but also the research community."

Bond University and the [BMJ](#) are co-hosting an international conference on the issue, called [Preventing Overdiagnosis](#), to be held in the US in September.

Mr Moynihan said further research was needed into the possibility that many of the normal aspects of ageing were a source of overdiagnosis.

"I think part of the problem here is that too many of the normal processes of ordinary life are being transformed into the symptoms of [medical conditions](#). I think this campaign is about bringing attention to that problem," he said.

Mr Moynihan said [previous studies](#) had found that up to a third of screening detected breast cancers may be overdiagnosed and the risk that a cancer detected by prostate specific antigen testing is overdiagnosed may be over 60%.

A [2008 Canadian study](#) found that 30% of people diagnosed with asthma in the research sample group did not actually have the condition.

"We put them through a diagnostic algorithm to determine if they truly had asthma, and we tapered their asthma medications off in a series of steps. We found 30% had been over-diagnosed. They did not have asthma when their asthma medications were stopped and when they were objectively tested," said lead author of the study, Dr Shawn Aaron, a senior scientist at the Ottawa Hospital Research Institute.

"Overdiagnosis is happening because physicians are diagnosing asthma based on symptoms, and not sending the patients for lung function testing prior to assigning patients a diagnosis of asthma, which is a chronic disease."

Overdiagnosis researcher Associate Professor Dee Mangin, Director of the General Practice Research Group at New Zealand's University of Otago, said the problem was rife.

"Over diagnosis and over treatment are the biggest problems facing

doctors and patients in the next decade as they try to make good decisions about health care. It creates illness in otherwise well patients as well as adding to the burden of those who and already ill," she said.

Among the drivers of the problem were an ageing population concerned with staying healthy for as long as possible and commercial imperatives of drug and diagnostic companies to provide profits for shareholders, she said.

"This drives aggressive marketing campaigns involving direct marketing as well as capture of the research evidence base in a way that overstates benefits and underestimates harmful effects," said Associate Professor Mangin.

A common fear among doctors of missing a diagnosis or failing to give a treatment that might help a patient has exacerbated the problem, she said.

"It results in harm from the investigations themselves, from treatments that carry significant harms and from the transformation of individuals perceptions of themselves as healthy into someone who now feels they are not. This can have profound effects of the way we see ourselves and the way we live our lives."

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