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Your Guide To Preventive Healthcare

By Irina

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Your Guide To Preventive Healthcare

Medical experts all agree that good health depends on improved access to and increased use of preventive services. With health insurance premiums being what they are and skyrocketing even further year after year, the first part (affordable access to quality healthcare) can serve as a worthy subject for a whole book. Notwithstanding the significance of the problem, it is beyond the scope of this article. More information on getting affordable access to quality healthcare is available from <http://www.megaone.com/hbb/savemoney/affordable.html>

If you already have access to preventive services, you are responsible, in large part, for managing your own care. Your primary-care practitioner is your partner, but numerous decisions of paramount importance are up to you. The following should help to decide if you need any of the

tests listed below. You should, if possible, have a copy of your test results and records.

These are the major screening tests (that is, routine tests for people without symptoms) and adult immunizations. The advice is based largely on the recommendations of the U.S. Preventive Services Task Force. Most HMOs and Medicare cover these services; fewer traditional insurers pay for them. Infants, children, and pregnant women need other kinds of preventive care not described here.

– Blood pressure measurement (to detect hypertension)

Who needs: All adults.

How often: Once every 2 years for those with normal blood pressure.

Comments: More frequent monitoring for those with readings of 130/85 or higher.

– Cholesterol measurement

Who needs: All adults.

How often: Once every 5 years. More often if total or LDL ("bad") cholesterol is high, HDL ("good") is low, and/or you have risk factors.

Comments: Those at high risk for heart disease need medical advice about life–style changes and possibly drug therapy.

– Diabetes screening (fasting blood glucose test)

Who needs: Everyone 45 and older; earlier for those at high risk.

How often: Every 3 years.

Comments: Blacks, Hispanics, Asians, Native Americans, obese people, and those with a strong family history need more frequent screening, starting at age 30.

– Dental checkup

Who needs: All adults.

How often: Every 6 months, or on professional advice.

Comments: Should include cleaning and exam for oral cancer.

– Tetanus/diphtheria booster

Who needs: All adults.

How often: Every 10 years.

Comments: People over 50 are least likely to be adequately immunized.

– Hepatitis B vaccine

Who needs: All young adults, as well as adults at high risk.

How often: On professional advice.

Comments: All newborns should be vaccinated.

– Chickenpox vaccine

Who needs: Anyone who has never had chickenpox.

How often: Once. But above age 13 it requires two shots.

Comments: Not recommended for pregnant women or those with compromised immunity.

– Pap smear (for early detection of cervical cancer)

Who needs: All women with a cervix, starting at age 18, or earlier if sexually active.

How often: If 3 annual tests are normal, then once every 3

years. More often if you smoke, have multiple sex partners or other risk factors.

Comments: Some experts advise that women who have never had an abnormal result can stop being screened after age 65.

– Breast cancer screening (mammography)

Who needs: All women 50 and over; those 40–49 should discuss risk factors with a doctor.

How often: Annually. Medicare reimburses for it.

Comments: Clinical breast exams are also important—consult your doctor.

– Colorectal cancer screening (fecal occult blood test, sigmoidoscopy, colonoscopy)

Who needs: Everyone 50 and over; earlier for those at high risk.

How often: Occult blood test annually; sigmoidoscopy every 5 years or colonoscopy every 10 years.

Comments: Digital rectal exam and X-ray with barium enema may also be done. Medicare now pays for colonoscopy.

– Prostate cancer screening (prostate specific antigen, or PSA, test; and digital rectal exam, or DRE)

Who needs: Blacks and men with family history, DRE and PSA starting at age 40. For others, DRE, and possibly PSA, starting at 50.

How often: DRE annually; PSA on professional advice.

Comments: Usefulness of PSA screening for all men remains

controversial.

– Thyroid disease screening

Who needs: Women 50 and over; those with high cholesterol or family history of thyroid disease.

How often: On professional advice.

Comments: Routine screening remains controversial. Talk to your doctor about risk factors.

– Chlamydia screening

Who needs: Women 25 and younger, if sexually active.

How often: Annually, or more often.

Comments: Men and women of any age who are at risk for STDs (chlamydia, gonorrhea, syphilis, and HIV) should be tested.

– Glaucoma screening

Who needs: People at high risk: those over 65, very nearsighted, or diabetic; blacks over 40; those with sleep apnea or family history of glaucoma.

How often: On professional advice of eye specialist.

Comments: Many eye specialists advise screening all adults

every 3–5 years, starting at age 39.

– Influenza vaccine

Who needs: Everyone 50 and over, people with lung or heart disease or cancer, and others at high risk.

How often: Annually, in autumn.

Comments: Even healthy younger adults can benefit and should consider getting the shot.

– Pneumococcal vaccine

Who needs: Everyone 65 and over, and others at high risk for complications.

How often: At least once.

Comments: Effective against most strains of pneumococcal pneumonia; lasts at least 5–10 years.

– Rubella vaccine

Who needs: All women of childbearing age.

How often: Once.

Comments: Avoid during pregnancy.

There are other important preventive measures not listed above—the kind of commonsense steps that could save

millions of medical dollars and prevent injury, illness, disability, and premature death. Here's a checklist:

- Don't smoke, and avoid secondhand smoke.
- Maintain a healthy weight.
- Get regular exercise. Brisk walking for just half an hour every day can be a big factor in weight control and in staying healthy.
- Choose a diet low in animal fat and sodium, and rich in fruits, vegetables, whole grains, and low-fat or nonfat dairy products. Eat at least two servings of fish a week.
- Keep alcohol consumption moderate: no more than one drink daily for a woman, two drinks for a man. If you are a heavy drinker, seek counseling, and cut back or quit.
- Do self-exams of your breasts or testes, as well as skin.
- Fasten seat belts, see that kids ride in proper restraints, and obey the law. Drive sober and defensively.
- Brush and floss to prevent dental disease.

Someday there may be one magic test that will accurately detect anything and everything. Until then, this guide may be useful in making the right healthcare decision for yourself and your family.

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About the Author:

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Who won't agree that prevention is the most economical form of healthcare? Yet, a recent government study showed that 55% of all Americans do not receive preventive services such as:

- immunizations,
- screening tests, and
- education about healthy habits and injury prevention.

It used to be simple: everyone needed a standardized "complete physical" exam once a year. But in the 1980s, an independent committee of physicians called the U.S. Preventive Services Task Force concluded that over the long run, it doesn't pay off in terms of better health and longer life.

The good old head-to-toe physical became unnecessary for healthy people, since it yields too few benefits for its cost. Some routine tests, such as chest X-rays, electrocardiograms (EKGs), urine tests, and complete blood counts are now reserved only for people with symptoms or risk factors.

No wonder that both doctors and patients are confused by contradictory recommendations. What should a medical checkup consist of? Does everybody need an annual physical?

Should all men get a PSA test? At what age should a woman start having mammograms?

Experts will continue to argue, but each of us has to make his/her own choice. With insurance premiums constantly

rising, simply getting an access to preventive services is a serious financial challenge, but there are some alternatives that give us hope.

The most promising is the idea of so-called patient advocacy via health care savings programs. The availability and popularity of these programs is picking up year after year, as more and more people, unable to get or afford health insurance, are discovering them for the first time. These programs negotiate prices with health care providers on behalf of their members. Since they represent large groups, the resulting discounts are usually the same that the hospitals and physicians give to big insurance companies.

Unlike traditional insurance model, the patient advocacy actually encourages people to seek medical help as soon as the need arises thus preventing "little aches" from developing into life-threatening illnesses and financial disasters. Monthly membership fee is affordable and no one can be turned down because of a pre-existing condition.

Many of such programs also allow their members to contribute money to medical savings accounts. Federal law makes this an attractive option, because medical savings accounts are tax deductible or not taxable at all, as long as the funds are used to pay for healthcare.

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