

Medical Testing: What's Hype and What's A MUST

A skeptic's guide to getting only the tests you need when you need them, *and* understanding what your results really mean.

We are a nation that loves, or at least accepts our docs recommendation for, medical tests, prescriptions, and procedures; and we pay for it.

A list of prices for drugs, scans, and procedures compiled by the International Federation of Health Plans, a global network of health insurers, found that **the United States came out to be the most costly in all 21 categories — and often by a huge margin.**¹

Screening is designed to determine the likelihood of disease, genetic anomalies, hormonal imbalances, vitamin deficiencies and so on.

Doctors, hospitals and the big health organizations (who stand to **benefit** financially) like the AMA, AHA and ADA, all promote routine screening as the key to prevention. But are they?

If the goal is *prevention*, **does all of this screening result in a reduction of mortality?** Many reports have concluded “No.”

¹ <https://healthcostinstitute.org/in-the-news/international-comparisons-of-health-care-prices-2017-ifhp-survey>

Over-testing can lead to over-treating, or treatment for something that would never have become an issue.

**BOTTOM LINE:
SCREENING ALONE
PREVENTS NOTHING.**

What does prevent or limit health problems as we age is knowledge; knowing what numbers to monitor, movement, healthy food choices, self-esteem, love, and connection.

Western medicine is better suited to *disease care* than *health care*. And that has paved the way for misinformation — from both western and alternative medicine — and **unnecessary risks, side effects, and expenses.**

Sometimes, tests are going in search of a problem that needs a drug or procedure to fix.

Okay, but don't we need to know our numbers? Shouldn't we know as much about our bodies as possible? Shouldn't we get screened for everything if insurance will pay for it?

Not necessarily.

Just because we can identify a potential problem — like genetic markers for breast cancer — does not mean we can prevent it, nor does it mean that the person will ever fall prey to it.

The next section covers the **tests and procedures that I recommend for women over 50**, as well as the latest scientific evidence of why, or why not, consider them.

Warning: I do not align with the conventional wisdom and do not in any way suggest you do as I do, unless you have done your own research and or have a medical practitioner who will support you in managing your health your way. I have a team of great docs but have had to train them to see me as an educated patient/consumer who pretty much questions everything.

ROUTINE HEALTH AND PREVENTIVE CARE TESTING

Is an annual physical necessary? No, if you are an otherwise healthy adult with no risk factors for disease or any major, out of the ordinary complaints.

A comprehensive physical, including a full blood panel, checking heart and lungs, answering a health questionnaire that registers symptoms or changes since the last time you saw a doctor is a good **baseline** to get in your 40s. Every couple of years after that, if you remain in good health, is fine.

If you are overweight, or are otherwise at risk of diabetes and heart disease, then routine screening annually for these things is suggested.

BLOOD TESTS

When you think blood test you likely think of a needle in the arm, but this isn't the only way blood is drawn and it might not be the best way for some.

Blood Spot Testing is a blood test you can do at home. No driving to a lab and fasting for hours while you wait for your appointment.

ZRT Labs describes them this way, *“Dried blood spot is a form of collection where patients place blood drops on a filter card after a finger prick with a lancet. Once dry, blood spot cards are extremely stable for shipment and storage, and the dried blood format offers excellent correlation with serum tests.”*



What's the difference between finger-stick dried blood spot and venipuncture (Blood drawn from veins using a syringe) **blood serum?**

First, one is "whole" blood drawn from the end of the finger. This is mostly capillary blood, as opposed to blood drawn from the arm, which is venous blood. The former contains nutrients, hormones and oxygen to feed the tissues. The latter is partially spent of these life-giving components and is returning to the heart, lungs and gastrointestinal tract to pick up another load.

Second, **dried blood spots are comprised of whole blood complete with blood cells, whereas serum is the watery component that remains after lab technicians separate blood cells from venipuncture blood.** Therefore, any hormones bound to any removed blood cells during the separation process are lost.

If you Google “blood spot testing labs” you’ll get back a number of reputable companies. My go-to lab for hormone testing is [ZRT](#). (Not an affiliate link.)

By the way, no prescription needed, no co-pay, though you will pay, out of pocket, for the test itself.

Blood Lipids'

The most common blood test for anyone over 35 is **blood lipids**, (aka cholesterol testing), and must be done fasting. I'm all for this test if it is part of a **cardiovascular risk profile**. Cholesterol alone is not enough for a complete health picture.

The VAP, (vertical auto profile) is more detailed and will sort your LDL and HDL cholesterol into particle types. This is the information that matters — not just total cholesterol Particle types include small-dangerous--and larger--not so dangerous particles and includes markers for inflammation, like C- reactive protein and homocysteine.

Some docs will add a **CBC** (Comprehensive Blood Count profile) which tests for abnormalities in the white and red blood cells. According to the Mayo Clinic website, “A CBC test is used to evaluate your overall health and detect a wide range of disorders, including anemia, infection and leukemia.

A1-c and insulin

No matter your weight **or how healthy you might think you are**, I recommend having your **A1-c** and **insulin** level checked annually.

A1C is a blood test for type 2 diabetes and prediabetes. It measures your average blood glucose, or blood sugar, level over the past 3 months.

- A normal A1C level is below 5.7 percent
- Prediabetes is between 5.7 to 6.4 percent.
- Type 2 diabetes is above 6.5 percent



A1-C is an especially important test for those who are overweight, have trouble losing weight, or if diabetes runs in the family.

Insulin

The hormone insulin plays a key role in keeping your blood sugar at the right level. Too little insulin leads to a certain type of diabetes. High levels of insulin can lead to hypoglycemia, or low blood sugar.

WebMD.com writes, As type 2 diabetes starts to develop, the body becomes less sensitive to **insulin** and the resulting **insulin** resistance leads to **inflammation**. A vicious cycle can result, with more **inflammation causing** more **insulin** resistance and vice versa.

Chronic Inflammation, is now considered one of the markers of, and contributors to many common lifestyle diseases. Test early for the markers of inflammation I mentioned above in the VAP blood profile.

A healthy aging panel is comprised of the cardio risk profile, CBC, thyroid testing including reverse T3, TPO and ATA. The latter indicate autoimmune problems.

For the complete scoop on **thyroid testing**, read on.

PAP SMEARS

Women ages 21 – 65 should have a **Pap smear and HPV test** every 3 years. Starting at age 35, you can wait 5 years between tests.

According to the Academy of Women's Health, *"All of the major medical organizations currently agree on recommendations that cervical cancer screening should begin at age 21, regardless of sexual history. Since cervical cancer is a slow growing cancer, research shows that in the case of a woman who has had normal Pap smears, there are no differences in outcomes whether she is screened every year or every three years. For women who have had a history of normal Pap smears, there is no need for testing after age 65. Furthermore, women under the age of 21 should not be screened for cervical cancer at all."*

If I still have a uterus and ovaries, should I not get tested regardless of age?

Journalist Paula Span writing in the New York Times answered that question:

"The American Cancer Society, the American College of Obstetricians and Gynecologists and the U.S. Preventive Services Task Force agree that after age 65, there's little additional benefit to routine annual screenings for low-risk women with a history of negative Pap smears and no history of cancer or precancerous lesions."

ELECTROCARDIOGRAM

Doctors routinely include an ECG/EKG, which studies the heart electrical activity when at rest, as part of an annual physical. And though they are non-invasive they are expensive, do not show asymptomatic blockages nor does it predict heart failure. It will show abnormal heart rhythms, (arrhythmias) and whether you've had a previous heart attack.

Who should have one?

If you are at risk of an enlarged heart due to high blood pressure or are having symptoms of a heart attack such as chest pain, shortness of breath, dizziness or fainting.

According to ScienceAlert.com, in an article published in August of 2018, *"Cardiac imaging for patients with chest pain was found to have tripled over the past decade, while doing nothing for low-risk patients. This risks leading to unnecessary hospital stays and interventions."*

COLONOSCOPY

In diseases like colon cancer, where early detection is critical and symptoms rarely tip us off, it might make sense to get a colonoscopy. I say *might* because **there are other non-invasive, less expensive tests and considered equally as effective** by the government's expert panel on preventive care.

“We’ve defaulted to by far the most expensive option, without much if any data to support it,” said Dr. H. Gilbert Welch, a professor of medicine at the Dartmouth Institute for Health Policy and Clinical Practice.

What are the alternatives?

FIT, (fecal immunochemical test), involves taking a stool sample at home, in the privacy of your own bathroom. There's no preparation and there are no dietary restrictions. FIT will detect hidden blood in the stool, a sign of colon cancer or large polyps that could become cancerous.

Cologuard is an FDA approved alternative. It tests **DNA and blood biomarkers**. It requires you to take a bit of stool and put it in the sterile packaging included in the test packets. It works because tumors and polyps in the colon “shed” cells that are detectable in human waste.

This was my choice when it was clearly time to do something. 13 years after my first and only colonoscopy my doctor offered this option. Insurance paid for it and had anything in the result concerned him, then I would have had to do the colonoscopy. Can you say wayyyy easier and less stressful?

Let's say you want a colonoscopy; *how often?* If your first screen at around age 50 shows no adenomas, (polyps that might turn into cancer vs benign ones), you are good for 10 years. Even if they find a few adenomas and remove them, you are likely good for 5 – 10 years **but check with your doctor**.

Colonoscopy is generally safe, but it can cause bleeding, tear the colon, or cause infection in pouches in the colon known as *diverticulitis*. Not to mention it's a drag doing the prep, requires sedation which requires you to have a driver to and from, and results in one day out of work or your normal routine.

If you have inflammatory bowel disease, a history of multiple, large, or high-risk adenomas, or a parent, sibling or child who had colorectal cancer or adenomas, talk to your doctor about how often.

MAMMOGRAM

Breast cancer is a disease where early detection can make a huge difference.

What is still hotly debated is how much testing, and how often to do mammography.

In 2009, the U.S. Preventive Services Task Force, (the agency responsible for testing guidelines) recommended that women in their 40's *should work with their trusted physician about how often to get routine mammograms for early detection of breast cancer between 40 and 49.*



Women of average risk, ages 50 to 74 should get the test every one-to-two years. Note the organizations like Susan B Komen still recommend every woman between the ages of 40 and 90 have yearly testing. Sounds like a money thing to me.

Radiation causes cancer; there is no debate about this fact. Would it not make sense to expose ourselves to as little as possible?

Introducing Tomosynthesis

Dr. Mercola weighs in saying, "Since the 3D mammogram requires multiple views in order to achieve three-dimensionality, it stands to reason your total radiation dose from 3D mammography can be considerably higher than a standard 2D mammogram. We know all levels of ionizing radiation can cause cancer but, astonishingly, radiologists still want you to have your traditional mammogram screening first, followed by a 3D tomosynthesis mammogram for those with dense breasts or an area of suspicion!"

Dr. Susan Love, author of Dr. Susan Love's Breast Book says "The procedures give women twice as much radiation as a standard mammogram. That's because women who get 3-D imaging still undergo traditional 2-D mammography, as well."

Thermography

You may also see this called “thermal imaging” is a non-invasive test that uses no radiation.

According to breastcancer.org, Thermography is based on two ideas:

1. because cancer cells are growing and multiplying very fast, blood flow and metabolism are higher in a cancer tumor.
2. As blood flows and metabolism increases, skin temperature goes up.

A study published in the American Journal of Radiology in January 2003 concluded that this technology could help prevent most unnecessary breast biopsies: *‘Infrared imaging (thermography) offers a safe noninvasive procedure that would be valuable **as an adjunct to mammography** in determining whether a lesion is benign or malignant.’*”

Feb. 25, 2019, the U.S. Food and Drug Administration (FDA) put out [a safety communication telling people that thermography is *not* a substitute for a mammogram.](#)

“There is no valid scientific data to demonstrate that thermography devices, when used on their own or with another diagnostic test, are an effective screening tool for any medical condition including the early detection of breast cancer or other diseases and health conditions,” the FDA said.

Who should get testing, and what kind? If breast cancer runs in your family then be diligent about getting mammograms and doing self-exams.

DEXA

Even the most conservative organization recommends a bone mineral density test, or DEXA, starting at age 65, but women are routinely told to start at 50. And I’m glad I went early. By 65 weak or osteoporotic bones will take longer to repair—if the person is willing to do the work of changing lifestyle habits. Sure, there are drugs (See below) but I’m convinced these should be an option of last resort or severe bone loss.



The test is harmless enough, but a diagnosis of *osteopenia*, (which simply indicates that bones are thinning, as is normal in someone who ages), can lead to **unnecessary treatment** with drugs like Actonel, Fosamax, Boniva and their generics.

These drugs have **a long record of the kind of side effects that make the cure worse than the disease.** Those include thigh fractures, throat or chest pain, difficulty swallowing, heartburn and more rarely, bone, eye, joint, and muscle pain; bone loss in the jaw; and possibly abnormal heart rhythm. In addition, **there is little evidence that people with osteopenia get much benefit from the drugs.**

Other types of osteoporosis drugs are linked to risks such as blood clots, heart attacks, strokes, and serious infections.

According to the Cleveland Clinic,

"Every woman at age 65 should have a bone density test. But if you have clinical risk factors for bone loss – so that would be low body weight, smoking, family history or a previous fracture – it really should be at menopause. Many women enter menopause with low bone mass already, and there's a subset of women that can lose up to 5 percent of their bone mass every year for six years."

Bottom line from the medical establishment:

Women should have bone density tested at 65, men at 70 — unless either has a history of smoking, heavy drinking, corticosteroid use, or have had a hip fracture. The rebellious health advocate here says start early and get to work if you have extreme bone loss. You can build it back.

I used to stick my head in the sand about having a follow up DEXA. Truth is, I didn't want to see the results. My maternal grandmother had severe osteoporosis, my mother died too young for her to develop it, but still I waited 14 years from my first one. Diagnosis: osteoporosis of the hip and osteopenia in a few other places. I exercise, eat well, and am generally healthy but that result scared me enough to get me back to weight bearing exercise and adding a few nutritionals.

Here's why. An article published in May of 2019 on CC.com by **Sharon Brennan-Olsen:**

One in three adults aged 50 and over dies [within 12 months](#) of suffering a hip fracture. Older adults have a five-to-eight times higher risk of dying [within the first three months](#) of a hip fracture compared to those without a hip fracture. This increased risk of death remains for [almost ten years](#).

Okay then, I'm on the program.

TESTING FOR VITAMIN D

Why test for D?

Vitamin D isn't really a vitamin, it's a pre-cursor hormone. This means it's responsible for enzymatic responses in the body going according to plan. It is derived from cholesterol, (one reason not to keep lowering this important molecule?) and every single cell in your body has a nucleus with the ability to interact with vitamin D. This includes muscles, heart muscle, lungs, brain, immune system—every part of us.

And speaking of strong bones, MDMag.com reports that “The main job of vitamin D is to keep the right amount of calcium and phosphorus in your blood. These are the 2 nutrients that work together to make your bones strong

The test you want to ask for is 25-hydroxy **vitamin D** blood test.

Many people are low and western medicine associations and docs tend to base their recommendations on decades old research. You might be told that 12 ngl – 20 ngl is sufficient. And it might be in healthy young people. We may be healthy but young is up for debate.

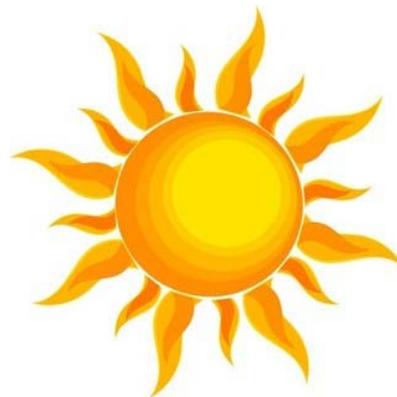
Over on the VitaminDSociety.org page, Perry Holman answers the question, “What are optimal D3 levels?” *“Well, an expert group of 48 of the world's leading vitamin D doctors, researchers and scientists have analyzed this question and came to a consensus to recommend that everyone, all ages, achieve a vitamin D blood level or 25(OH)D level of between 40-60 ng/ml USA.”*

Optimal levels for preventing disease and overall good health is between 50 -70 ngl. Preventing cancer and heart disease or recovering from cancer requires higher levels: 70 – 100 ng/ml.

Most people will be able to bring their levels up with 2000 - 5000 mgs per day + doing these simple things:

Get out in the sun. 10 mins per day in bright sunshine, no sunscreen, midday is when healthy UVB rays are strongest and you need the least amount of exposure to get the job done.

Meat, poultry, eggs and fatty fish are all high in D, and many foods have added D, but you'd have to eat an enormous amount of food to reach 2000 mgs. Look for D3, (*not D2*), and always buy gel caps because it's a fat-soluble nutrient.



THYROID TESTING

Earlier in this e-book, I mentioned thyroid testing as something to include in a general health panel — but **it is fraught with problems when done by a doc who is not a thyroid expert**. You'll want this information to help you get the right tests and have the right diagnosis.

Why get a thyroid panel

Millions of people; male, female, adults and children are suffering needlessly because **doctors are not trained to diagnose thyroid problems properly**. Anyone of any age should get tested if their symptoms align with typical hypo- or hyper- thyroid symptom profile. *Yes, even kids can suffer with an out of whack thyroid!*

The problem starts with the test most doctors who are not thyroid specialists rely on as the gold standard of thyroid measuring — **TSH levels**. Add to this that the range of what's considered healthy is different depending on how up-to-date a doc is on this stuff, and you have unhealthy, unhappy people everywhere who think, *"this must be what it feels like to be me. I guess."*

Here is an excerpt from an article I did on thyroid testing. It will give you the pieces of the puzzle in short.

- **Ultrasound** — Often used to rule out cancer, a thyroid ultrasound is safe; no radiation, no prep, and it can detect enlargement, inflammation, or cancer.
- The way to tell if you have Hashimoto's or Graves disease is to test for **thyroid antibodies**. These are ATA, thyroglobulin antibody and TPO, thyroid peroxidase antibody.
- In addition to the TSH, you should ask for **Free T4, Free T3, rT3. Reverse T3** is an important number. The more you have, the less T3 that can get into the cells.
- One measure of thyroid health that is downplayed in importance in the western medical world, but is seen as valuable with the thyroid docs, is the **Free T3 to rT3 ratio**. TSH is one part of the equation, but you can have the right amount of TSH and low T3 and you'll feel poorly.

There are some great books on this subject and thyroid health overall. I recommend Suzy Cohen's book, *Thyroid Healthy, Lose Weight, Look Beautiful and Live The Life You Imagine*, and anything by the Doctors Shames.

And I've got an entire chapter on Thyroid health and testing in my book, [Your Genes Do Not Determine the Size of Your Jeans](#).

Testing for Hemochromatosis

For post-menopausal women and those who have had a hysterectomy.

Hemochromatosis is an iron disorder in which the body simply stores too much iron. This action is genetic and the **excess iron, if left untreated, can damage joints, organs, and eventually be fatal.** Symptoms mimic many other health problems; in my case, Lyme's disease.

My doc at the time was a GP who studied Functional Medicine and was both a good researcher and listener; he was a sleuth in this case and ordered the genetic test I'd need to see if this was the problem he suspected.

The test revealed that I had two copies — one from mom, one from dad — of the C282Y mutation of the HFE gene. That was 15 years ago. Mostly I manage this by giving blood once every 6 weeks or so and have a Hematologist on my health team to keep an eye on things.

Primary hemochromatosis mainly affects Caucasians of Northern European descent. This disease is one of the most common genetic disorders in the United States.

Both men and women can inherit the gene defects for hemochromatosis; however, not all will develop the symptoms of hemochromatosis. Women lose blood — which contains iron — regularly during menstruation; therefore, women with the gene defects that cause hemochromatosis may not develop iron overload and related symptoms and complications until after menopause — or within a few years of a hysterectomy.

There are endless other tests you might want or be encouraged to have. Gene tests that reveal possible mutations in DNA that make you more susceptible to diseases or problems down the road like the BRCA test for those at high risk of breast or ovarian cancer for instance, are a personal choice.

Be an educated consumer when it comes to testing and procedures. Remember, money is only one cost of unnecessary testing and procedures. The rabbit hole of more testing or invasive procedures, false negatives and false positives, time away from work or your daily life, infection, medical mistakes.

When I first began speaking on the topic of health in 2012, I frequently cited a startling statistic, that the third leading cause of death in America is not heart disease, that's #1 and not cancer which is #2, it's medical errors. I was hoping that number had gone down. It has not.

A recent study from **Johns Hopkins claims more than 250,000 people in the U.S. die every year** from medical errors. Other reports **claim the numbers to be as high as 440,000.**

You have a say in what tests and procedures you are given.

Don't be pushed into tests you don't want but also, don't put your head in the sand by putting off a test when the results might help you prevent or reverse a life altering health problem.

If your aging is getting you down or you feel you need to make some changes in how you do your day to day, head over to my blog for more resources.



Gregory Anne, aka “Greg” believes there is no one way to be healthy, no one diet for everyone, and no way aging should ruin your life.

She wrote *Your Genes Do Not Determine The Size of Your Jeans*, to bust the myths that are keeping women fat, frustrated, fatigued, and not able to fully enjoy their second halves.

She was among the first female graduates of The Culinary Institute of America, one of the world's premier culinary colleges, in Hyde Park, New York. After 25+ years in the hospitality industry, a certificate in nutrition and the launch of a heart healthy restaurant in San Diego, she turned her focus to coaching.

Greg's mission is to deliver the truth to anyone who wants to live a long life in good health and to reverse the rates of heart disease and diabetes, which are devastating the lives of too many people, needlessly. She is proof that you can have a body you feel good in and still have your wine and foods you love.