

ConsumerReports[®]Health

**Choosing
Wisely[®]**



An initiative of the ABIM Foundation

When to say 'Whoa!' to doctors

A guide to common tests and treatments you probably don't need

- EKGs and exercise stress tests
- Imaging tests for headaches
- Treating sinusitis
- Imaging tests for lower-back pain
- Bone-density tests
- Pap tests
- Treating heartburn and GERD





Dear Consumer,



For over 75 years Consumer Reports has evaluated everything from toasters, cars, and washing machines to fast-food restaurants, wine, and exercise machines. We have repeatedly found significant variation in performance, price and, as a result, value to consumers. We have identified many high-quality products and services, but also many that were unsafe, poorly performing, or overpriced.

Since 2008 we have increased our focus on health care—including health-insurance plans, hospitals, physicians, and medical tests and treatments—and found similar variation in performance, cost, and safety. We often can't evaluate those products and services in our labs. Instead, we turn to scientific studies, independent experts, and government agencies and research institutions that are free of industry influence.

We are now involved in a campaign that is working with professional doctor groups, such as those who represent family practice-doctors, internists, cardiologists, and radiologists, to identify medical tests and treatments that are often overused. This campaign, called Choosing Wisely, is organized by the ABIM Foundation. In this campaign, the doctors themselves are coming up with lists of tests or procedures, such as prescribing antibiotics for sinusitis or ordering EKGs in people without symptoms of heart disease, that are often done but often not needed and sometimes even risky.

Consumer Reports is working with these groups to produce reports for consumers explaining when the tests and treatments are necessary—and when they aren't. We are also helping to produce low-literacy and Spanish translations of these reports and, in some cases, videos. Our hope is that these materials will help you and your physician talk about care that you may not need and make sure you end up with the right amount of care: Not too much, not too little.

Your employer is distributing these materials to you as they appear in Consumer Reports publications. All of the materials are also available for free at ConsumerHealthChoices.org.

Sincerely,

A handwritten signature in black ink that reads "John Santa".

John Santa, M.D.
Director,

Consumer Reports Health Ratings Center

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When to say 'Whoa!' to your doctor

Common tests and treatments you probably don't need

DOCTORS OFTEN ORDER TESTS and recommend drugs or procedures when they shouldn't—sometimes even when they know they shouldn't. In fact, nearly half of primary-care physicians say their own patients get too much medical care, according to a survey published in 2011 by researchers at Dartmouth College. And the Congressional Budget Office says that up to 30 percent of the health care in the U.S. is unnecessary.

All that unneeded care can be hazardous to your health—and your wallet. For example, X-rays and CT scans expose you to potentially cancer-causing radiation, and can lead to follow-up tests and treatment with additional risks. And the costs can be substantial. A 2011 study found that the price tag for 12 commonly overused tests, such as annual electrocardiograms (EKGs) for heart disease and imaging tests for lower-back pain, was about \$6.8 billion.

The problem has become so serious that such groups as the American College of Physicians, the National Physicians Alliance, and a coalition of medical societies in a project called Choosing Wisely have compiled lists of tests and treatment doctors themselves say are done too often. Below are our top five examples culled from those lists. (For more information, go to ConsumerReports.org/cro/ChoosingWisely.)

1 EKGs and exercise stress tests for heart disease

The problem: For many people, an EKG—which records the heart's electrical activity through electrodes attached to the chest—is a standard part of a routine exam. Some also regularly get an exercise stress test, which is an EKG done as they walk on a treadmill. Both are key if you have symptoms of heart disease or are at high risk of it. But for other people, the tests are not as accurate and can lead to unnecessary follow-up and treatment.

The risks: Those follow-up tests can include CT angiograms, which expose you to a radiation dose equal to 600 to 800 chest X-rays, and coronary angiography, which exposes you to further radiation. Inappropriate testing can also lead to overtreatment with drugs or even surgery.

The costs: An EKG typically costs about \$50 and an exercise stress test about \$200

to \$300, according to the HealthCareBlueBook.com. Subsequent interventions that are prompted by unneeded tests can add thousands to the tab.

When to consider the tests: An EKG and exercise stress test should often be ordered if you have chest pain, an irregular heartbeat, or other symptoms of heart disease. They can also make sense for people with diabetes or other coronary risk factors who are just starting to exercise.

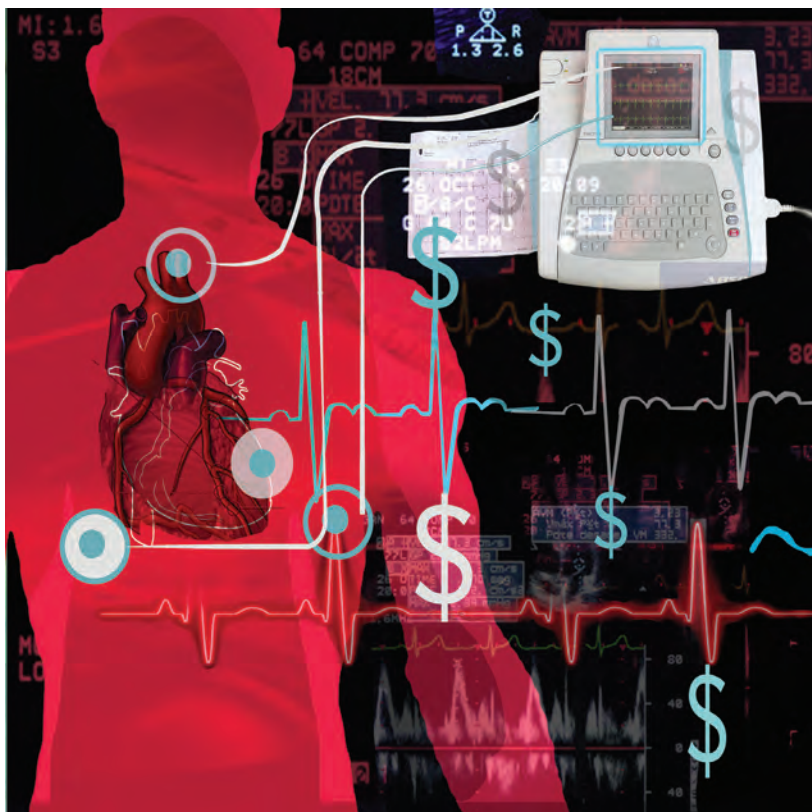
2 Imaging tests for lower-back pain

The problem: Getting an X-ray, CT scan, or MRI can seem like a good idea. But back pain usually subsides in about a month, with or without testing. Back-pain sufferers in a 2010 study who had an MRI within the first month didn't recover any faster than those who didn't have the test—but were eight times as likely to have surgery, and had a five-fold increase in medical costs.

The risks: One study projected 1,200 new cancer cases based on the 2.2 million CT scans done for lower-back pain in the U.S. in 2007. CT scans and X-rays of the lower back are especially worrisome for men and women of childbearing age, because they can expose testicles and ovaries to substantial radiation. Finally, the tests often reveal abnormalities that are unrelated to the pain but can prompt needless worry and lead to unnecessary follow-up tests and treatment, sometimes including even surgery.

The costs: An X-ray of the lower back typically ranges from about \$200 to \$285, an MRI from \$875 to \$1,225, and a CT scan from \$1,080 to \$1,520. Imaging accounts for a big chunk of the billions Americans spend for lower-back pain each year.

When to consider the tests: They often make sense if you have nerve damage, or signs of a serious underlying condition. Red flags can include a history of cancer, unexplained weight loss,



recent infection, loss of bowel control, urinary retention, or loss of leg strength.

3 CT scans and MRIs for headaches

The problem: Many people want a CT scan or MRI to see if their headache is caused by a brain tumor or other serious illness. And doctors often comply to provide reassurance and to avoid lawsuits. But all that's usually needed is a careful medical history and neurological exam. Adding a CT scan or MRI rarely helps.

The risks: Brain scans can reveal things that appear worrisome but aren't. For example, doctors might mistake a twist in a blood vessel for an aneurysm. Those findings can trigger follow-up tests, and prompt referrals to specialists for expensive consultations. And CT scans of the head can deliver a radiation dose that's the equivalent of 15 to 300 chest X-rays.

The costs: A standard brain CT scan costs about \$340, and a brain MRI about \$660. Referrals to a specialist or subsequent treatment is extra, of course.

When to consider the tests: They're often warranted if you have an abnormal result on a neurological exam, or if your doctor can't diagnose the problem based on your symptoms and medical exam. See a doctor if you have head pain that is sudden or explosive; different from headaches you've had in the past; brought on by exertion; or accompanied by fever, a seizure, vomiting, loss of coordination, or a change in vision, speech, or alertness.

4 Bone-density scans for low-risk women

The problem: Many women are routinely screened for weak bones with an imaging test called a DEXA scan. If it detects outright osteoporosis, the results can help you and your doctor decide how to treat the problem. But many people learn

Ask these questions

❑ **Do I really need this test or procedure?** The answer should be direct and simple. Tests should help you and your doctor decide how to treat your problem, and procedures should help you live a longer, healthier life.

❑ **What are the downsides?** Discuss the risks as well as the chance of inaccurate results or findings that will never cause symptoms but may require further testing. Weigh the potential complications against possible benefits and the symptoms of the condition itself.

❑ **Are there simpler, safer options?** Sometimes lifestyle changes will provide all the relief you need.

❑ **What happens if I do nothing?** Ask if your condition might worsen—or get better—if you don't have the test or procedure now.

❑ **How much does it cost?** Ask whether there are less expensive alternatives, or generic versions of brand-name drugs.

they have only mild bone loss, a condition known as osteopenia, and for them the risk of fracture is often quite low.

The risks: A diagnosis of osteopenia often leads to treatment with such drugs as alendronate (Fosamax) and ibandronate (Boniva), which pose numerous risks. 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. But there is little evidence that people with osteopenia benefit from the drugs.

The costs: A DEXA scan costs about \$132. The price for a month's supply of generic alendronate is \$38 to \$70, and \$125 to \$148 for Fosamax, the brand-name version. People often take the drugs for years.

When to consider the test: Women should have the scan at age 65 and men at age 70. Younger women and men ages 50 to 69 should consider the test if they have risk factors such as a fracture from minor trauma, rheumatoid arthritis, low body weight, a parent who had a hip fracture, or if they have used corticosteroid drugs for a long time, or they drink excessively or smoke. Whether follow-up tests are needed depends on the results of the initial scan.

5 Antibiotics for sinusitis

The problem: People with sinusitis—congestion combined with nasal discharge and facial pain—are often prescribed antibiotics. In fact, 15 to 21 percent of all antibiotic prescriptions for adults are to treat sinusitis. But most people don't need the drugs. That's because the problem almost always stems from a viral infection, not a bacterial one—and antibiotics don't work against viruses.

The risks: About one in four people who take antibiotics report side effects, such as a rash, dizziness, and stomach problems. In rare cases, the drugs can cause anaphylactic shock. Overuse of antibiotics also encourages the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the usefulness of antibiotics for everyone.

The costs: Not all antibiotics are expensive, but since doctors write so many prescriptions for them, the total cost to the health-care system is substantial—at least \$31 million a year.

When to consider antibiotics: Usually only if symptoms last longer than a week to 10 days or they are accompanied by a high fever or other possible signs of a bacterial infection.

Why do doctors provide unnecessary care?

One reason is that patients, motivated perhaps by an ingrained belief that more care is always better care—not to mention ads from drug companies—ask for it. And all too often doctors comply, in part because it's faster and easier than explaining why a test or drug might not be a good idea.

Of course, doctors have other motivations, too, including financial ones. For example, research suggests that those who invest in

imaging equipment order more CT scans and MRI tests than doctors who haven't made the investment. Some doctors say they practice aggressively to protect themselves from lawsuits. More than 80 percent of primary-care doctors in our 2010 survey said the need to practice defensive medicine interfered with their ability to provide optimal care.

A reason doctors are less likely to own up to: It's hard to kick bad habits. But researchers say

that doctors often embrace evidence that reinforces their practice style while ignoring evidence that conflicts with it. For example, results from a trial published in 2007 found that angioplasty—an invasive procedure—worked no better than drugs plus lifestyle changes for people with stable heart disease. But several years later a study found that most doctors still chose angioplasty without giving those simpler, less expensive steps a shot first.

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EKGs and exercise stress tests

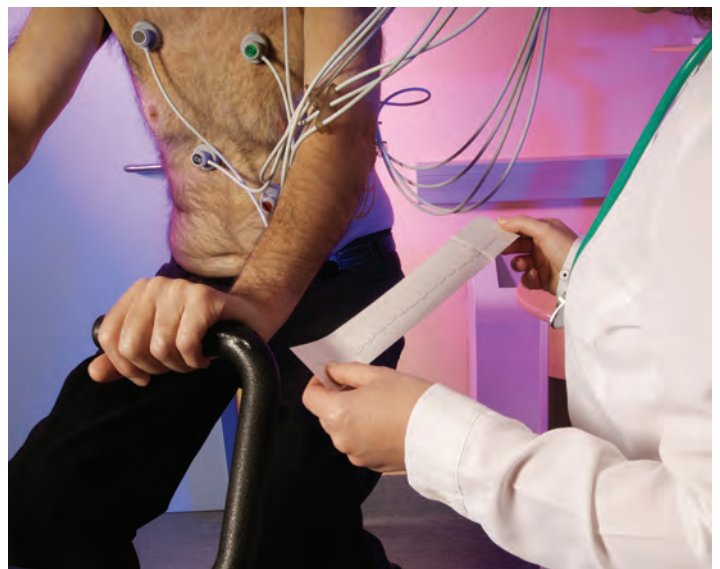
When you need them for heart disease—and when you don't

If you have chest pain or other symptoms of heart disease, an electrocardiogram (EKG) or exercise stress test can be lifesaving. The same is true if you have a history of heart disease or are at very high risk for it. But in other cases, you should think twice. Here's why.

The tests usually aren't necessary for people without symptoms.

With an EKG, electrodes attached to your chest record your heart's electrical activity. When an EKG is done as you walk or jog on a treadmill, it's called an exercise stress test. If you have symptoms of heart disease or are at high risk for it, both can help determine your chances of having a heart attack and help you and your doctor decide how to treat the problem.

But the tests are less accurate for lower-risk people and often have misleading results. Yet many people without symptoms of heart disease get the tests as part of their routine checkup. For example, in a 2010 Consumer Reports survey of nearly 1,200 people between the ages of 40 and 60 with no history of heart disease or heart-disease symptoms, 39 percent said they had undergone



an EKG during the previous five years and 12 percent said they had an exercise stress test.

They can pose risks.

EKGs and exercise stress tests won't harm you directly. But both can produce inaccurate results that trigger follow-up tests that can pose risks. Those include CT angiography, which can expose you to a radiation dose equal to 600 to 800 chest X-rays, and standard coronary angiography, an invasive procedure that exposes you

to further radiation. The risk posed by any one source is uncertain, but the effect of radiation is cumulative, so it's best to avoid exposure when you can. Inappropriate testing can also lead to overtreatment with drugs or even angioplasty, a procedure that can ease the symptoms of heart disease but for many people is no better than lifestyle changes and medication—and triggers heart attacks in 1 to 2 percent of patients.

They can be a waste of money.

An EKG typically costs about \$50 and an exercise stress test about \$200 to \$300, according to HealthcareBlueBook.com. But any money spent on unnecessary tests is money wasted. And subsequent interventions prompted by unneeded tests can add thousands to the tab.

So when are the tests warranted?

An EKG and exercise stress test are often necessary if you have chest pain, shortness of breath, an irregular heartbeat or palpitations, or other symptoms of heart disease. They can also make sense for people with diabetes or other risk factors who are just starting to exercise.

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Consumer Reports' Advice

How should you protect your heart?

People with or without symptoms of heart disease should take these steps:

- **Know your risk.** Factors such as your age, gender, cholesterol and blood-pressure levels, and whether you smoke or have diabetes can help determine which screening tests are right for you and whether treatment is necessary. (To use our calculator, go to ConsumerReports.org/heartrisk.)

- **Lower your risk.** Stop smoking; lose excess weight; engage in regular exercise, such as brisk walking; avoid food high in saturated fat, trans fats, and cholesterol; limit sodium; manage stress; and talk with your doctor about possibly taking low-dose aspirin.



Consider these tests:

- **Blood pressure.** Everyone should have a reading of the upper and lower numbers at least once a year by a doctor using a blood-pressure cuff.

- **Cholesterol.** Men 35 and older and women 45 and older who have heart risk factors should have a blood test at least every five years to measure LDL (bad) and HDL (good) cholesterol levels, as well as triglycerides, an artery-clogging fat.

- **Blood sugar.** People at risk for diabetes should have a blood test at least every three to five years to measure their blood glucose level.

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Imaging tests for headaches

When you need them—and when you don't

Many people who experience severe headaches want a CT scan or MRI to see if they're caused by a brain tumor or other serious problem. But most of the time neither test is necessary. Here's why.

The tests rarely help diagnose the problem.

Most people who seek medical help for headaches have migraines or tension-type headaches. Those can indeed be painful, and migraines sometimes come with disturbing symptoms, like visual changes. But all that's usually needed for doctors to diagnose those and other common headaches is a careful medical history and a neurological exam, which typically tests such things as your reflexes. Adding a CT scan or MRI rarely shows why a headache occurs or helps you manage its symptoms. And research shows that for people with a normal medical history and neurological exam, imaging tests are unlikely to reveal a more serious underlying problem.

They can pose risks.

One possible risk is that they will show something that appears to be worrisome but actually



isn't. For example, in some cases doctors might mistake a more prominent area of a person's brain for a tumor, or a twist in a blood vessel for a brain aneurysm. Those findings can cause anxiety, trigger follow-up tests, prompt referrals to specialists for expensive consultations, and even trigger unnecessary treatment. And CT scans of the head can deliver a radiation dose the equivalent of 25 to 300 chest X-rays, according to

a recent study. While the risk from any single exposure is uncertain, the harmful effects of radiation may be cumulative, so it's best to avoid it when you can.

They can add needless expense.

A standard brain CT scan should cost about \$340, according to HealthCareBlueBook.com. One with a contrast agent to make a clearer image is about \$840. A standard brain MRI costs about \$660; one with a contrast agent, about \$970. That doesn't include charges for subsequent treatment prompted by uncertain results.

When are the tests warranted for headache?

They might be considered if you get an abnormal result from a neurological exam or your doctor can't confidently diagnose your headache based on your symptoms and exam. And call your doctor if you have headaches that are:

- Sudden or explosive.
- Different from other headaches you've had in the past, especially if you're 50 or older.
- Brought on by exertion.
- Accompanied by fever, seizure, vomiting, a loss of coordination, or a change in vision, speech, or alertness.

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Consumer Reports' Advice

How to treat a headache

Most can be eased by taking these steps:

Avoid triggers. If you have migraines, wear tinted glasses in bright light, don't skip meals, and eliminate food that you suspect may cause them, such as aged cheese, alcohol, and meat containing nitrates. For tension headaches, avoid fatigue, poor posture, and jaw clenching. Quit smoking if you have either type of headache.

Manage stress. Try meditation, yoga, stretching, or relaxation techniques.

Get adequate sleep and exercise. Aim for 6 to 8 hours of slumber by setting a bedtime and wake-up time and avoiding television or using a computer before sleep. Regular physical activity, such as swimming, cycling, or brisk walking, can ease migraines and reduce stress.



Consider medication. Over-the-counter acetaminophen, ibuprofen (Advil and generic), or naproxen (Aleve and generic) can relieve tension headaches and mild migraines. So can pills that combine aspirin, acetaminophen, and caffeine (Excedrin Migraine and generic). But using them more than a once or twice a week can cause rebound headaches and other problems, so don't turn to them too often. For more severe migraines, triptans such as sumatriptan (Imitrex and generic) and rizatriptan (Maxalt) can help ease attacks. Beta-blockers such as propranolol (Inderal and generic) can prevent them.

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Treating sinusitis

Don't rush to antibiotics

Millions of people are prescribed antibiotics each year for sinusitis, a frequent complication of the common cold, hay fever, and other respiratory allergies. In fact, 15 to 21 percent of all antibiotic prescriptions for adults in outpatient care are for treating sinusitis. Unfortunately, most of those people probably don't need the drugs. Here's why.

The drugs usually don't help

Sinusitis can be uncomfortable. People with the condition usually have congestion combined with yellow, green, or gray nasal discharge plus pain or pressure around the eyes, cheeks, forehead, or teeth that worsens when they bend over. But sinus infections almost always stem from a viral infection, not a bacterial one—and antibiotics don't work against viruses. Even when bacteria are responsible, the infections usually clear up on their own in a week or so. And antibiotics don't help ease allergies, either.

They can pose risks

About one in four people who take antibiotics have side effects, including stomach prob-



lems, dizziness, or rashes. Those problems clear up soon after stopping the drugs, but in rare cases antibiotics can cause severe allergic reactions. Overuse of antibiotics also encourages the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the benefits of antibiotics for others.

They're usually a waste of money

Antibiotics often aren't very expensive, but any money spent on unnecessary drugs is money down the drain. And since patients often request prescriptions and doctors often comply, the total cost to the health-care system is substantial—at least \$31 million a year.

So when are antibiotics necessary?

They're usually required only when symptoms last longer than a week, start to improve but then worsen again, or are very severe. Worrisome symptoms that can warrant immediate antibiotic treatment include a fever over 101.5° F, extreme pain and tenderness over your sinuses, or signs of a skin infection, such as a hot, red rash that spreads quickly.

When you do need antibiotics, the best choice in many cases is generic amoxicillin, which typically costs about \$4 and is just as effective as more expensive brand-name antibiotics, such as Augmentin.

Note that some doctors recommend CT scans when they suspect sinusitis. But those tests are usually necessary only if you have frequent or chronic sinusitis or you're considering sinus surgery.

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Consumer Reports' Advice

How should you treat sinusitis?

Most people recover from sinusitis caused by colds in about a week, but several self-help steps may bring some relief sooner:

- **Rest.** That's especially important in the first few days when your body needs to channel its energy into fighting the virus. It also helps to elevate your head when lying down to ease postnasal drip.

- **Drink.** Warm fluids can help thin nasal secretions and loosen phlegm.

- **Boost humidity.** Warm, moist air from a bath, shower, or kettle can loosen phlegm and soothe the throat.

- **Gargle.** Use half a teaspoon of salt dissolved in a glass of warm water.

- **Rinse your nose.** Saltwater sprays or nasal irrigation kits might make you feel better.

- **Use over-the-counter remedies cautiously.** Nasal drops or sprays containing oxymetazoline (Afrin, Neosynephrine Nighttime, and generic) can cause rebound congestion if used for longer than three days. If stuffiness hasn't eased by then, ask your pharmacist for pseudoephedrine pills (Sudafed and generic), which are available without a prescription but kept "behind the counter." But check with your doctor first, since it can cause serious side effects. It's best to skip antihistamines since they don't ease cold symptoms very much and can cause intolerable side effects.



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Imaging tests for lower-back pain

When you need them—and when you don't

Back pain can be excruciating. So it seems that getting an X-ray, CT scan, or MRI to find the cause would be a good idea. But that's usually not the case, at least at first. Here's why.

They don't help you get better faster.

Most people with lower-back pain feel better in about a month whether they get an imaging test or not. In fact, those tests can lead to additional procedures that complicate recovery. For example, a study that looked at 1,800 people with back pain found that those who had imaging tests soon after reporting the problem fared no better and sometimes did worse than people who took simple steps like applying heat, staying active, and taking an OTC pain reliever. Another study found that back-pain sufferers who had an MRI in the first month were eight times more likely to have surgery, and had a five-fold increase in medical expenses—but didn't recover faster.

They can pose risks.

X-rays and CT scans expose you to radiation, which can increase cancer risk. One study projected 1,200 new cancers based on the 2.2 million CT scans of the lower back performed in



the U.S. in 2007. While back X-rays deliver less radiation, they're still 75 times stronger than a chest X-ray. That's especially worrisome to men and women of childbearing age, because X-rays and CT scans of the lower back can expose testicles and ovaries to radiation. And the tests often reveal spinal abnormalities that could be completely unrelated to the pain. For example, one study found that 90 percent of older people who reported no back pain still had spinal abnormalities that showed up on MRIs. Those findings can cause needless worry and lead to

unnecessary follow-up tests and procedures such as injections or sometimes even surgery.

They're often a waste of money.

An X-ray of the lower back ranges from about \$200 to \$290, an MRI from \$880 to \$1,230, and a CT scan from \$1,080 to \$1,520, according to HealthCareBlueBook.com. Imaging also accounts for a big chunk of the billions Americans spend on lower-back pain each year, not only for the tests themselves, but also the unnecessary interventions they trigger.

When do imaging tests make sense?

It can be a good idea to get an imaging test right away if you have signs of severe or worsening nerve damage, or a serious underlying problem such as cancer or a spinal infection. Red flags that can make such testing worthwhile include a history of cancer, unexplained weight loss, fever, recent infection, loss of bowel or bladder control, abnormal reflexes, or loss of muscle power or feeling in the legs. In other cases, you probably don't need an imaging test for at least several weeks after the onset of your back pain, and only after you've tried the self-care measures described at right.

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Consumer Reports Advice

How should you treat lower-back pain?

Most people get over back pain in a few weeks, and these simple steps might help.

- **Stay active.** Resting in bed for more than a day or so can cause stiffness, weakness, depression, and slow recovery.



- **Apply heat.** A heating pad, electric blanket, or warm bath or shower relaxes muscles.

- **Consider over-the-counter medicines.** Good options include painrelievers such as acetaminophen (Tylenol and generic) or anti-inflammatory drugs such as ibuprofen (Advil and generic) and naproxen (Aleve or generic).

- **Sleep comfortably.** Lying on your side with a pillow between your knees or on your back with a few beneath them might help.

- **Talk with your doctor.** If symptoms don't improve after a few days, consider seeing a doctor to make sure that the problem doesn't stem from a serious underlying health problem. If the pain is severe, ask about prescription painrelievers.

- **Consider alternatives.** If you don't feel better after four weeks or so, it might be worth talking with your doctor about other options, including physical therapy, chiropractic care, yoga, massage, acupuncture, cognitive-behavioral therapy, and progressive muscle relaxation. More invasive choices, such as surgery, should be considered only if those other treatments don't help.

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Bone-density tests

When you need them—and when you don't

It's worth getting a bone-density test if you're older or have other risk factors for weak bones, because without it the first sign of osteoporosis is usually a broken bone. But if you're not at higher risk, you should think twice about the test. Here's why.

The test usually isn't necessary in younger people without risk factors for weak bones.

Many women and some men are routinely screened for weak bones with an imaging test called a dual-energy X-ray absorptiometry (DEXA) scan. If it shows that you have outright osteoporosis, the results can help you and your doctor decide how to treat the problem, usually with drugs. But many people learn they have only mild bone loss, a condition known as osteopenia, and for them the risk of fracture is often quite low.

It can pose risks.

A DEXA scan isn't likely to harm you directly. But a diagnosis of osteopenia can lead to treatment with such drugs as alendronate (Fosamax and generic), ibandronate (Boniva and generic), and risendronate (Actonel, Atelvia, and gener-



ic), which pose numerous risks. 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.

It can be a waste of money.

A DEXA scan costs about \$132, according to HealthcareBlueBook.com. Though that isn't as expensive as some tests, any money spent on unnecessary tests is money wasted. In addition, a month's supply of generic alendronate costs \$38 to \$70. Fosamax, the brand-name version, costs \$125 to \$148. People often take the drugs for years and sometimes indefinitely.

So when is the test warranted?

Women should have their bone density measured at age 65 and men at age 70. Younger women and men ages 50 to 69 should also consider the test if they have risk factors such as a fracture from minor trauma, rheumatoid arthritis, low body weight, and a parent who had a hip fracture. Other risk factors include smoking, heavy drinking, long-term use of corticosteroid drugs, and being very low in vitamin D. Whether you need a follow-up bone-density test depends on the results of the initial scan.

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CONSUMER REPORTS' Advice

How can you keep your bones strong?

The following steps can help protect against fractures by building bone:

- **Do weight-bearing exercises.** Aim for at least 30 minutes a day of activities such as walking and weightlifting.

- **Get enough calcium and vitamin D.**

Aim for at least 1,200 milligrams of calcium a day, from green leafy vegetables, low-fat dairy products, canned sardines or salmon, and if necessary, supplements. Consider a vitamin D supplement if



you are a woman after menopause or get little sun exposure. Aim for 600 international units a day, or 800 IU if you are 70 or older.

- **Avoid smoking and excessive alcohol use.** Try a smoking-cessation program or nicotine-replacement product, and limit yourself to one drink a day for women, two for men.

- **Minimize bone-sapping medication.**

Talk with your doctor about alternatives to drugs such as corticosteroids, proton pump inhibitors used to treat heartburn, and certain newer antidepressants.

- **Reduce your risk of falling.** Eliminate small rugs and loose extension cords in your home, use brighter lights, and install grab bars and use rubber mats in the bathroom. Have your vision checked, wear nonslip shoes, and take classes that increase balance and strength, such as tai chi and yoga. Ask your doctor whether any drug you take could impair your balance.

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Pap tests

When you need them—and when you don't

It's important for women to get regular Pap tests, which check for abnormal cells in the cervix that might lead to cervical cancer. But many teenage girls and some women have the test when they don't need it. Here's why.

Pap tests usually don't help low-risk women.

Cervical cancer is rare in women younger than 21, even if they're sexually active. Plus, abnormal cells found in these younger women usually return to normal, making follow-up treatment unnecessary and possibly harmful. Similarly, cervical cancer rarely occurs in women older than 65 who have had regular Pap tests with normal results. Continued testing doesn't help them but can produce misleading results that lead to unnecessary treatments. And Pap tests aren't useful for women of any age who have had their cervix removed during a hysterectomy and have no history of cervical cancer or pre-cancer.

The tests can pose risks.

A Pap test can be uncomfortable and cause temporary bleeding. And when overused it's more likely to spot abnormalities that would go away



on their own. Yet those findings often cause anxiety and prompt repeat Paps tests and procedures. For example, abnormal results can sometimes trigger a test called colposcopy, in which doctors take tissue samples, that can cause bleeding, cramping, discharge, and infection.

The tests can be a waste of money.

A Pap test with a pelvic exam costs \$150 to \$250

or more, according to HealthcareBlueBook.com, and lab fees may be extra. If an abnormality is found, you might pay \$350 for a colposcopy plus lab charges for a biopsy.

When should I have a Pap test?

The advice differs depending on your age:

- Women ages 21 to 65, including those who still have a cervix after a hysterectomy, should get regular Pap tests. However, having the test once every three years works as well as having it annually, since cervical cancer generally takes 10 to 20 years to develop. In addition, getting the test every three years can cut the number of follow-up tests.
- Women ages 30 to 65 can go five years between Pap tests if they combine it with a test for the human papillomavirus (HPV), a sexually transmitted infection that can cause cervical cancer.
- Women older than 65 who have had several normal Pap tests can stop having the test.
- Any woman with risk factors for cervical cancer—including a history of the disease or precancerous changes, or a compromised immune system—should be tested as recommended by her doctor.

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Consumer Reports' Advice

How can you protect yourself against cervical cancer?

• **Get vaccinated against HPV.** Girls age 11 or 12 should consider the vaccine, which is given in three shots and protects against human papillomavirus, an infection linked to cervical cancer. So should females ages 13 to 26 if they weren't previously vaccinated. But women who get the shot still need regular Pap tests because the shots don't protect against all cancer-causing types of HPV. Boys could also consider the vaccine. That can help protect them from contracting HPV, and from transmitting it to future sexual partners.

• **Limit your sexual partners.** The fewer partners you have, the lower your risk of infection.

• **Use condoms.** They can reduce the risk of HPV, and men who use them are less likely to be infected. But the virus, which is transmitted through skin-to-skin contact, can still infect uncovered areas.

• **Use spermicidal gels.** They can also help protect against HPV.

• **Don't smoke.** Smoking cigarettes and breathing in second-hand smoke increase the risk of cervical cancer.

• **Make your Pap test as accurate as possible.** Schedule your appointment for at least five days after your menstrual period stops. Avoid sexual intercourse, douches, tampons, birth control foams or gels, vaginal creams, moisturizers or lubricants, or vaginal medicines for 48 hours before the test.



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Treating heartburn and GERD

Use Nexium, Prilosec, and related drugs carefully

If you have heartburn, or a feeling of burning pain in your upper abdomen or lower chest, you might be tempted to try a powerful drug such as Nexium, Prevacid, or Prilosec. Those drugs, called proton pump inhibitors (PPIs), can be good choices for severe or frequent heartburn. But in most cases PPIs aren't necessary. And when they are, consider using the lowest dose necessary for as short a time as possible. Here's why.

You might not need a PPI.

A PPI can help if you have heartburn more than twice a week for several weeks, or a condition called gastroesophageal reflux disease (GERD). But studies suggest that up to 70 percent of people taking a PPI were never diagnosed with GERD. Instead, they might have less serious heartburn, which can often be eased with dietary and other lifestyle changes and, if necessary, antacids like Rolaids and Tums or another class of medication, known as H2 blockers, such as Pepcid AC and Zantac.

The drugs can pose risks.

High doses of PPIs, and taking them for a year or longer, has been linked to an increased risk of



bone fractures. Long-term use might also deplete magnesium blood levels, which, in turn, can trigger muscle spasms, irregular heartbeats, and convulsions. Another complication of long-term use is an intestinal infection called Clostridium difficile that can lead to severe diarrhea, fever and, in rare cases, death. PPIs can also interact with other medications. For example, omeprazole (Prilosec) can reduce the blood-thinning effect of the drug

clopidogrel (Plavix), which can increase the risk of heart attack and even death. Esomeprazole (Nexium), and the H₂ blocker, cimetidine (Tagamet), might also interact with Plavix in that same way.

PPIs cost more.

A month's supply of a prescription strength PPI could cost you about \$100 to \$300 more than you would pay for antacids or an H₂ blocker. A low-dose, over-the-counter PPI such as Prilosec OTC or store-brand or generic version, costs less than the prescription options, but still runs about \$10 more a month than the other heartburn drugs.

When should you consider a PPI?

Talk with a doctor if you have heartburn at least twice a week for several weeks, if you often regurgitate food into your throat, or if your heartburn is not relieved by lifestyle changes and antacids or H₂ blockers. When a PPI is necessary, start with a low dose of omeprazole or Prilosec OTC (15 mg) or Prevacid 24HR (15 mg). If symptoms improve, consider taking a break after a few weeks. To reduce the risk of rebound heartburn, gradually lower your dose, try taking it every other day, or take an antacid.

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Consumer Reports' Advice

Ease heartburn without drugs

Many people with heartburn don't need drugs at all. They can get all the relief they need from dietary and lifestyle changes.

• Watch what (and how) you eat.

Monitor what you eat to figure out which foods and beverages trigger your heartburn. Then try to avoid them.

Common triggers include

alcohol, oranges and other citrus fruits, chocolate, coffee and other caffeinated beverages, fried foods, garlic and onions, spicy foods, peppermint, and



foods rich in tomatoes, such as marinara sauce, salsa, and pizza. It can also help to eat smaller meals and to avoid lying down for at least two hours after eating.

• Stop smoking and lose excess

weight. If you need another reason to kick the habit and shed some pounds, heartburn may be it. Smoking and being overweight are clearly linked to heartburn and gastroesophageal reflux disease (GERD).

• Loosen up. Avoid tight clothes or tight belts that press on your abdomen, because the extra pressure can worsen heartburn symptoms.

Get a good night's sleep. To help reduce nighttime flare-ups, try placing wooden blocks under your bedposts to raise the head of your bed about 6 to 8 inches.

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