

The ‘medicalization’ of aging:

what it is, how it harms,
and what to do about it

As an industry, we need to help overturn the spreading notion that aging is a disease, and put forth a positive, wellness model that supports people in living as fully as possible at any age, regardless of health conditions

by Marilyn Larkin, MA

This article is the first in a series on “re-branding” aging in the Journal on Active Aging®. Watch for articles throughout 2011 by authors tackling different aspects of this topic.

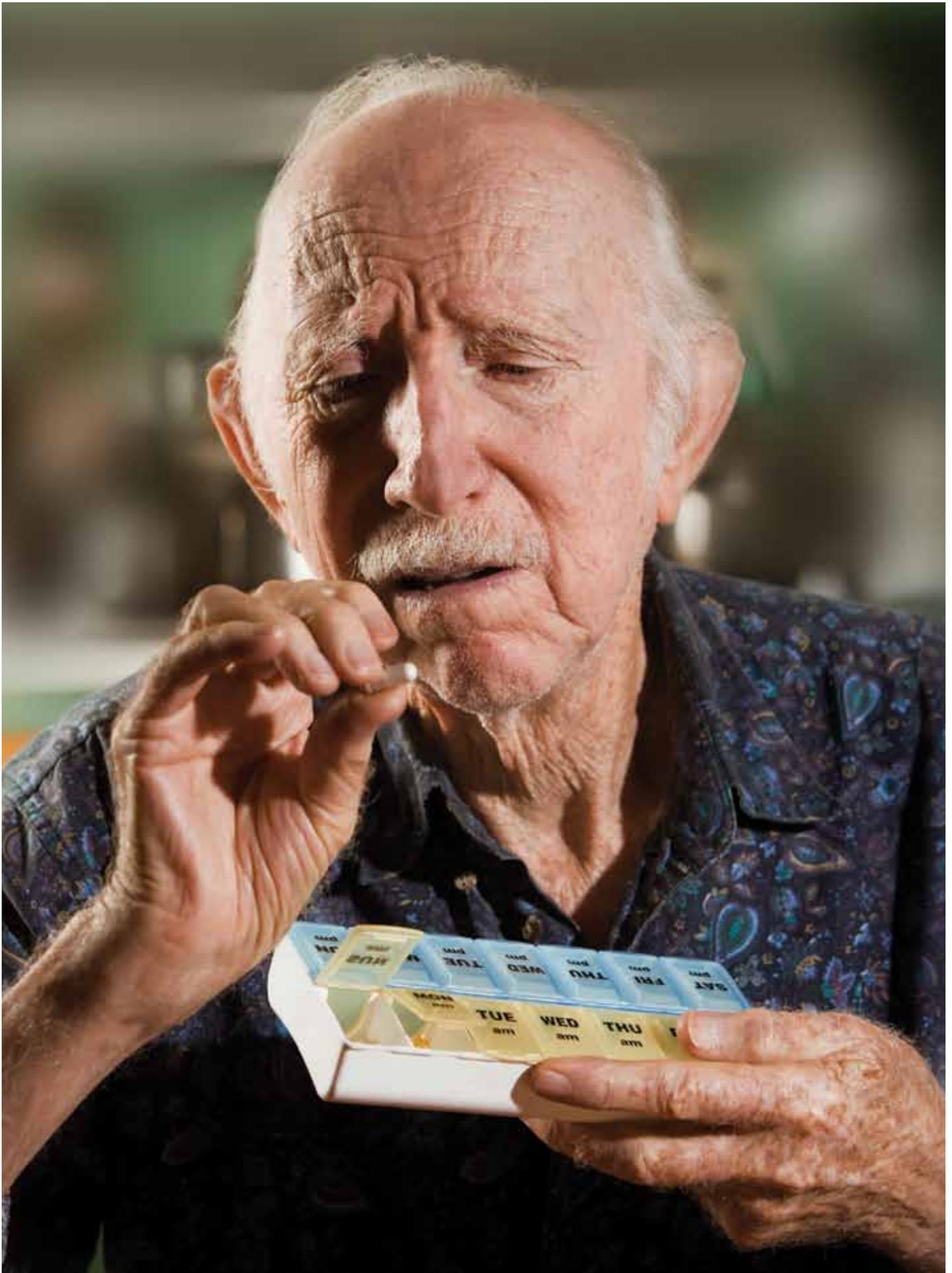
On November 17, 2010, the headline of a *Washington Post* health blog read: “Gwyneth dances great on ‘Glee,’ despite osteopenia.” The posting about actress Gwyneth Paltrow’s television appearance went on to explain that the 38-year-old star is “quite young for such a diagnosis” and imply that her dancing ability is somehow influenced by the condition, which normally affects older adults.¹

In response, Gary Schwitzer, publisher of HealthNewsReviews.org, a website dedicated to improving the accuracy of news stories about medical treatments, tests, products and procedures, wrote in his

own blog: “It [the *Washington Post* story] didn’t feel like sound health journalism to me ... There was not one word about many experts’ concerns about the disease-mongering of osteopenia—another pre-disease state that lowers the threshold for what we call disease, opening new markets for people to be treated with drugs or vitamins or whatever.”²

Schwitzer also linked to related comments. An article published in the *British Medical Journal* in 2008 noted that “we need to ask whether the coming wave of marketing targeting these women with pre-osteoporosis will result in the sound effective prevention of fractures or the unnecessary and wasteful treatment of millions more healthy women.”³

Continued on page 30



The ‘medicalization’ of aging: what it is, how it harms, and what to do about it

Continued from page 28

Another comment came from the blog *Hooked: Ethics, Medicine and Pharma*, by Howard Brody, MD, PhD, director of the Institute for Medical Humanities at the University of Texas Medical Branch, Galveston. “When the term (osteopenia) was formalized at a 1992 scientific meeting in Rome,” Brody posted in 2009, “it was seen simply as a name for the statistical condition of not-quite-osteoporosis, and not as a diagnosis, certainly not a disease that needed drug treatment.”⁴

Brody also alluded to a story that ran in December 2009 on NPR (National Public Radio) in the United States, entitled “How a bone disease grew to fit the description.” According to NPR’s Alix Spiegel, “This is the story of how pills for osteopenia ended up in [54-year-old Katie] Benghauser’s medicine cabinet, and in the medicine cabinets of millions of women like her all over the United States. But more broadly, it’s the story of how the definition of what constitutes a disease evolves, and the role that drug companies can play in that evolution.”⁵

The osteopenia story is but one example of how conditions associated with aging are becoming increasingly medicalized. According to sociologists Renée Beard and Carroll Estes,⁶ “[m]edicalization describes a process through which largely social issues may be redefined as medical problems, thus increasing the jurisdiction of medicine ... [It] has assisted in the transformation of health and other human needs into commodities for specific economic markets in ways that have promoted a gargantuan and highly profitable (but not necessarily most efficacious) trillion-dollar-medical-industrial complex ... [t]he desire for a ‘silver bullet’ to cure health problems reflects the tendency of doctors to medicate and of health care consumers to prefer to be medicated ... The result may be an over-medicated population.”

“Aspects of aging are being transformed into individual diseases,” affirms S. Jay

This focus on medicalization and anti-aging contributes to the idea that aging is something wrong ... to be feared ... and to be treated with pills and potions

Olshansky, PhD, professor in the School of Public Health, University of Illinois at Chicago. “Loss of bone mass, loss of testosterone, loss of growth hormone, loss of visual acuity, hearing loss—every single one of these is going to be called a disease, if it isn’t already,” Olshansky tells the *Journal on Active Aging*[®] (*JAA*). “Because we tend to think of diseases in terms of how we could cure them, if the consequences of aging—or aging itself—are positioned as diseases, people can sell products that purport to cure them. A classic example,” he says, “is growth hormone⁷ being sold to healthy adults for medically inappropriate uses at ‘anti-aging’ and ‘age management’ clinics.”

The medicalization of aging has important implications for the active-aging industry and its clients and customers, states Colin Milner, CEO of the International Council on Active Aging[®] (ICAA), which publishes *JAA*. “What’s missing in the picture are all the benefits of lifestyle changes. Recent research found that four healthy lifestyle factors—never smoking, maintaining a healthy weight, exercising regularly and following a healthy diet—together are associated with as much as an

80% reduction in the risk of developing the most common and deadly chronic diseases.⁸ These same behaviors can make a powerful impact on *how* we age,” Milner stresses. “We need to promote a wellness model and empower our constituents to embrace a more positive approach to aging—one that includes opportunities to live as fully as possible at any age and encourages a more balanced view of the ‘burdens’ seen in negative stereotypes.”

Many in the active-aging industry already recognize the impact of society’s negative views and expectations of aging on people’s experiences in later life, Milner continues. Last year, a strategy to counter aging stereotypes and challenge ageism was recommended as part of ICAA 2020, an initiative established with support from Morrison Senior Living to create a vision for the future of the industry. And in late 2010, a “Rebrand Aging” work group presented an action plan to ICAA, Milner says. The organization and its allies are now exploring how to move ahead with projects that promote a fuller, more realistic picture of aging.

What is ‘normal’ aging?

To understand the impact of medicalization, it is useful to define which age-associated changes in the body are considered “normal.” Surprisingly, that is easier said than done. “The debate about whether or not aging is a disease has been going on for many years, and there is quite a literature in the topic,” Olshansky observes. An example is a debate in the *Journal of Gerontology: Biological Sciences*⁹ between two luminaries in the field of gerontology—molecular biologist Robin Holliday, PhD, who investigates the cellular basis of aging, and microbiologist Leonard Hayflick, PhD, a past president of the Gerontological Society of America and a founding member of the council of the US National Institute on Aging.

Continued on page 32

The 'medicalization' of aging: what it is, how it harms, and what to do about it

Continued from page 30

Both concede that graying hair, wrinkled skin, and presbyopia (a condition in which the lens of the eye loses the ability to focus) are natural consequences of aging. But then they diverge. Simply put, Holliday contends that changes such as loss of muscle mass and bone mass are inexorably linked to pathology—that is, there is “considerable overlap” between the aging process and age-associated diseases.

Not so, according to Hayflick. He argues that the aging process confers only *vulnerability* to age-associated diseases. Hayflick writes that the “distinction between aging and age-associated diseases is based, not on a dictionary definition, but on several practical observations.” In his view, aging is a multifaceted, universal process. Among other factors, and “[u]nlike any disease,” age changes according

to Hayflick: “(a) occur in every animal that reaches a fixed size in adulthood, (b) cross virtually all species barriers, (c) occur in all members of a species only after the age of reproductive maturation, [and] (d) occur in all animals removed from the wild and protected by humans even when that species probably has not experienced aging for thousands or even millions of years”

It is beyond the scope of this article to explore all the facets and implications of this debate; however, one thing is clear: People are increasingly being urged to take medicine for conditions that heretofore were not labeled diseases. Examples, in addition to osteopenia, include overactive bladder, sarcopenia (low muscle mass), pre-hypertension, pre-diabetes, and “borderline-high risk” cholesterol.

How medicalization hurts

Fueling much of the medicalization approach is the anti-aging industry, made up mainly of large pharmaceutical companies, supplement manufacturers, and major beauty products companies. In 2002, Olshansky and more than 50 other researchers in the field of aging collaborated on a position paper decrying the industry. They wrote: “A large number of products are currently being sold by anti-aging entrepreneurs who claim that it is now possible to slow, stop, or reverse human aging. The business of what has become known as anti-aging medicine has grown in recent years in the United States and abroad into a multimillion-dollar industry. The products being sold have no scientifically demonstrated efficacy, in some cases they may be harmful, and

Continued on page 34

Resources

How a Bone Disease Grew to Fit the Prescription

Author: Alix Spiegel

Publisher: NPR (National Public Radio), December 21, 2009

* Available at <http://www.npr.org/templates/story/story.php?storyId=121609815&sc=emaf>

Multiple Medicines. *The Shopper's Guide to Prescription Drugs Series*, Number 4

Publisher: Consumers Union and Consumer Reports Best Buy Drugs, 2007

* Available at www.consumerreports.org/health/resources/pdf/best-buy-drugs/money-saving-guides/english/MultipleMedicines-FINAL.pdf

Debates: The Close Relationship Between Biological Aging and Age-Associated Pathologies in Humans
Author: Robin Holliday, PhD

Publisher: *Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, 59(6), B543–546, 2004

* Available at <http://biomedgerontology.oxfordjournals.org/content/59/6/B543.full>

Debates: The Not-So-Close Relationship Between Biological Aging and Age-Associated Pathologies in Humans

Author: Leonard Hayflick, PhD

Publisher: *Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, 59(6), B547–B550, 2004

* Available at <http://biomedgerontology.oxfordjournals.org/content/59/6/B547.full>

Debates: Response to Dr. Hayflick

Author: Robin Holliday, PhD

Publisher: *Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, 59(6), B551, 2004

* Available at <http://biomedgerontology.oxfordjournals.org/content/59/6/B551.full>

Position Statement on Human Aging

Authors: S. Jay Olshansky, PhD, Leonard Hayflick, PhD, and Bruce A. Carnes, PhD

Publisher: *Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, 57(8), B292–297, 2002

* Available at <http://biomedgerontology.oxfordjournals.org/content/57/8/B292.full>

Medicalization of Aging

Authors: Renée L. Beard, PhD, and Carroll L. Estes, PhD

Publisher: *MacMillan Encyclopedia of Aging*, MacMillan Press, 2002

* Available at <http://medicine.jrank.org/pages/1106/Medicalization-Aging.html>

The 'medicalization' of aging: what it is, how it harms, and what to do about it

Continued from page 32



Healthy lifestyle choices can have a big impact on how we age

those selling them often misrepresent the science upon which they are based. [We] have collaborated to inform the public of the distinction between the pseudoscientific anti-aging industry, and the genuine science of aging that has progressed rapidly in recent years.”¹⁰

Kevin O’Neil, MD, FACP, CMD, medical director of Brookdale Senior Living, a national provider headquartered in Brentwood, Tennessee, and medical advisor to the Brookdale-funded Institute for Optimal Aging, is “shocked that more physicians now are involved in the anti-aging industry than in the American Geriatrics Society. Beyond the profit motive, I’m concerned that much of what they do is not based on good science,” states O’Neil, who is also an ICAA Advisory Board Member. “We, as medical professionals and active-aging providers, have a fiduciary responsibility to the people we care for to base our practice on the best evidence—on what we know from research is beneficial and not going to cause harm. The pushing of vitamins and herbal supplements, colon cleansings and the like—most of it is just quackery.”

Potential downsides for older adults who buy into these products include:

Polypharmacy. Half of people ages 60 and over take three or more prescription

medicines on a regular basis. One in 10 takes seven or more drugs.¹¹ While in many cases these medicines are necessary, research has shown that the more drugs someone takes, the more likely that person is to experience dangerous side effects from drug interactions. Medicalizing aging means it’s probable that individuals will take more drugs, supplements and other products, many of which are of questionable value and increase the risks of polypharmacy.

Wasted money. The market for anti-aging products has grown exponentially, mostly in the United States and Europe. The most recent data suggests the global market for anti-aging products will reach US\$291.9 billion by 2015.¹² Yet the end result of the use of many such products—when they’re not overtly harmful—is “expensive urine,” Olshansky believes.

Self-blame. The problem with medicalization is “more insidious than just the profit motive,” according to Olshansky. “The tendency now is to blame people for the things that go wrong with them as they grow older, so the industry can guilt them into buying products. If you have sarcopenia, you haven’t exercised enough; if you get heart disease, it’s your fault because you’ve been eating the wrong foods—and by the way, we have a miracle food or supplement that can fix you. All

of this feeds into fear, insecurity and self-doubt,” he says.

Countering the trend

So how do we counter a multibillion-dollar industry and a mindset that reinforces stereotypes about aging? How do we encourage a more positive, realistic view of aging and reposition aging as a time of opportunity? Here are some ideas:

Adopt a wellness model if you haven’t done so already. “It’s much more cost effective to maintain and sustain health than it is to regain it once we’ve lost it,” says ICAA’s Milner. “Wellness programs for older adults are growing, and research is increasingly showing that whereas the medical, or sickness model, may have helped us live longer, the wellness model will keep us healthier longer.”

Encourage lifestyle changes. Physical inactivity and poor diet are among the leading causes of illness and death and play a role in the development of a wide range of chronic diseases, according to the US Preventive Services Task Force.¹³ A large body of research has shown that people with only moderately elevated blood pressure or cholesterol levels who start exercising, lose weight, and improve their diet may be able to reduce or even eliminate their need for drugs. And a recent study showed that a dietary pattern consistent with current guidelines—plenty of vegetables, fruit, whole grains, poultry, fish and low-fat dairy products—seems to be associated with “superior nutritional status, quality of life and survival in older adults.”¹⁴

Promote engagement and socialization. “Wellness embraces not just the physical dimension, but also the emotional, social, spiritual, intellectual and purposeful dimensions of wellness,” states Brookdale’s O’Neil. [Ed. The Optimum Life® initiative at Brookdale includes a “purposeful”

Continued on page 36

The 'medicalization' of aging: what it is, how it harms, and what to do about it

Continued from page 34

wellness dimension, which the organization defines as “providing a sense of value and focus.”] “Many people don’t realize that social engagement is a more potent predictor of longevity than one’s age or medical conditions,” O’Neil continues. “Being involved with something that gives us a sense of meaning and purpose can have a significant impact not only on longevity, but also health and quality of life.”

Tara Cortes, PhD, RN, FAAN, executive director of the Hartford Institute for Geriatric Nursing, New York University College of Nursing, observes: “I look at people who are 95 who sit in a chair all day and wait to die; and I look at people who are 95 and active, giving lectures, going out to dinner every night, vital people—and a big part of the difference is socialization. The more you do, the more you can get yourself to do,” Cortes says. “But it’s a mindset that ideally starts in your 50s and 60s. That way, by the time you’re 80 or 90 years old, you don’t sit there and say, ‘Everyone’s gone; there’s nothing I can do.’”

Educate. O’Neil cautions that many interventions that appear under the umbrella of “wellness” are not based on good evidence. “There’s a lot of garbage out there,” he stresses. “We have to be careful that what we advocate in the name of wellness is based on sound science.” One way we can help our constituents is to inform them about reliable information sources, particularly when searching for health information on the Internet. Those could include government and university sites, and the organizational sites they link to.

Avoid a cookbook approach. “Although I’m an advocate for wellness and preventive gerontology, I know that ‘one size does not fit all,’” O’Neil comments. “What I suggest to a vibrant, physically active and cognitively intact 82-year-old will be totally different from what I say to a 65-year-old with congestive heart failure, diabetes and chronic obstructive pulmo-

nary disease. And while it’s health status, not age, that determines the recommendations, the fact remains that most older adults have one or more chronic diseases and may need medication even while making lifestyle changes.”

“What’s not needed,” ICAA’s Milner adds, “and can be harmful, are supplements, elixirs and other interventions purported to reverse the aging process. And we most certainly do not need more so-called ‘diseases’ attributed to aging.” This focus on medicalization and anti-aging “contributes to the idea that aging is something wrong ... to be feared ... and to be treated with pills and potions,” Milner continues. “In fact, we’re all getting older from the day we’re born. That’s reality. Our goal is to support people in living as well and fully as possible, regardless of their age or individual challenges.”

Marilynn Larkin, MA, is an award-winning medical writer and editor, as well as an ACE-certified personal trainer and group fitness instructor. She is also ICAA’s Northeastern Regional Manager and a regular contributor to the Journal on Active Aging®.

References

1. Huget, J. L. (2010, November 17). Gwyneth dances great on “Glee,” despite osteopenia. The Checkup blog. *Washington Post*. Retrieved from http://voices.washingtonpost.com/checkup/2010/11/gwyneth_dances_great_on_glee_d.html.
2. Schwitzer, G. (2010, November 18). Why did the Washington Post have such a “Glee”-ful story of a rich actress with osteopenia dancing? Gary Schwitzer’s HealthNewsReview Blog. Retrieved from <http://www.healthnewsreview.org/blog/2010/11/why-did-the-washington-post-have-such-a-glee-ful-story-of-a-rich-actress-with-osteopenia-dancing.html>.
3. Alonso-Coello, P., et al. (2008). Drugs for pre-osteoporosis: prevention or disease mongering? *BMJ*, 336, 126. Retrieved from <http://www.bmj.com/content/336/7636/126.full>.
4. Brody, H. (2009, December 23). NPR: How Osteopenia Became a Treatable Disease. Hooked: Ethics, Medicine, and Pharma. Re-

trieved from <http://brodyhooked.blogspot.com/2009/12/npr-how-osteopenia-became-treatable.html>.

5. Spiegel, A. (2009, December 21). How a Bone Disease Grew to Fit the Prescription. NPR (National Public Radio). Retrieved from <http://www.npr.org/templates/story/story.php?storyId=121609815&sc=emaf>.
6. Beard, R. L., & Estes, C. L. (2002). Medicalization of Aging. *MacMillan Encyclopedia of Aging*. MacMillan Press. Retrieved from <http://medicine.jrank.org/pages/1106/Medicalization-Aging.html>.
7. Olshansky, J. S., & Perls, T. T. (2008). New Developments in the Illegal Provision of Growth Hormone for “Anti-Aging” and Bodybuilding. *Journal of the American Medical Association*, 299(23), 2792.
8. Ford, E. S., et al. (2009). Healthy Living Is the Best Revenge: Findings From the European Prospective Investigation Into Cancer and Nutrition—Potsdam Study. *Archives of Internal Medicine*, 169(15), 1355–1362.
9. Holliday, R., & Hayflick, L. (2004). *Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, 59(6), B551, B543–546 (Holliday) and B547–B550 (Hayflick).
10. Olshansky, J. S., Hayflick, L., & Carnes, B. A. (2002). Position Statement on Human Aging. *Journals of Gerontology, Series A: Biological Sciences and Medical Sciences*, 57(8), B292–B297.
11. Consumers Union and Consumer Reports Best Buy Drugs. (2007). Multiple Medicines. *The Shopper’s Guide to Prescription Drugs Series*, Number 4. Retrieved from <http://www.consumerreports.org/health/resources/pdf/best-buy-drugs/money-saving-guides/english/MultipleMedicines-FINAL.pdf>.
12. Global Industry Analysts, Inc. (2009, February 19). Press release: Global Anti-Aging Products Market to Reach \$291.9 Billion by 2015, According to New Report by Global Industry Analysts. Retrieved from http://www.worldhealth.net/news/global_anti-aging_products_market_to_real.
13. Lin, J. S., et al. (2010). Behavioral Counseling to Promote Physical Activity and a Healthful Diet to Prevent Cardiovascular Disease in Adults: A Systematic Review for the US Preventive Services Task Force. *Annals of Internal Medicine*, 153(11), 736–775. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf11/physactivity/physart.htm>.
14. Anderson, A. L., et al. (2011). Dietary Patterns and Survival of Older Adults. *Journal of the American Dietetic Association*, 111(1), 84–91.