

## **Warning!** UNNEEDED ARTHRITIS TESTS CAN BE PAIN IN YOUR WALLET

### 5 procedures patients should ALWAYS question

**P**ATIENTS beware! Taking unnecessary tests for arthritis and rheumatic diseases can lead to unneeded and costly treatments that don't help at all.

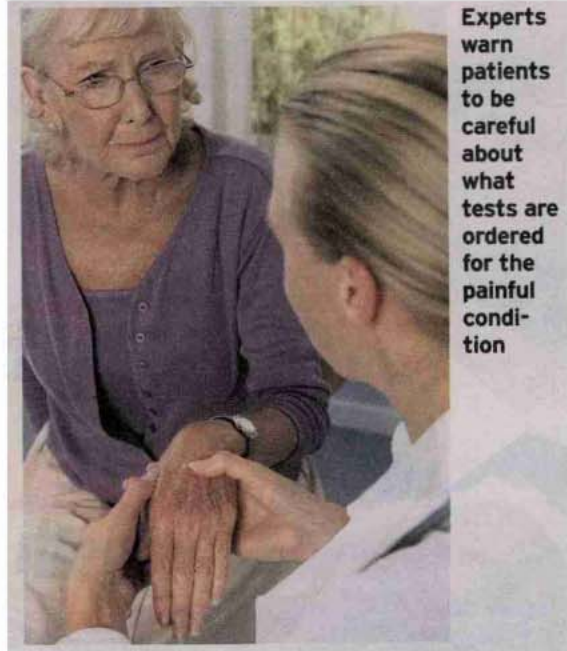
Dr. Jacob Teitelbaum gives GLOBE readers a few simple questions they need to ask their physicians before going ahead with tests.

"Ask what is the risk of waiting six to eight weeks - since most problems go away on their own," suggests Teitelbaum, author of *Real Cause, Real Cure*.

"What are the health risks and costs associated with the test? Since many tests are done to protect the doctor, ask, 'How big is the risk of not doing the test?' Finally, ask your doctor, 'If you were in my shoes, would YOU have the test?'"

As for the unneeded tests, The American College of Rheumatology has listed five often-prescribed procedures or treatments patients should strongly question. They include:

- Tests for Lyme disease as a cause of musculoskeletal problems without an exposure history and appropriate exam findings. False-positive tests can lead to unnecessary treatment. Patients who have not been exposed to ticks and show no symptoms other than widespread aches and pains should not be tested.
- An MRI of the peripheral joints to routinely monitor inflammatory arthritis. Standard X-ray and activity assessments are more cost-effective.
- Taking biologic drugs for rheumatoid arthritis before a trial of methotrexate or other conventional non-biologic drugs, which many patients respond to. Dr. Teitelbaum notes, "Many natural remedies and even the common antibiotic Minocycline can be more effective than methotrexate which is a chemotherapy agent. These treat-



Experts warn patients to be careful about what tests are ordered for the painful condition

ments are dirt cheap as well as safe and effective - unlike biologic agents which cost tens of thousands of dollars a year and can have serious side effects."

● Routinely repeating Dual-energy X-ray absorptiometry (DEXA) scans more than once every two years. This screening is done for osteoporosis.

● Taking the blood test known as antinuclear antibody (ANA) sub-serologies without a previous positive ANA result and a clinical suspicion of immune disease. ANA tests are used to help screen for autoimmune disorders such as lupus and juvenile arthritis. A positive ANA test is usually followed by another panel of tests to confirm the diagnosis. But if the ANA is negative, there is no reason to continue testing for antibodies.

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