

Overuse of Stents: High Costs and Poor Outcomes

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There are many problems with today's medical system, and one of them is cost. Trillions of dollars are spent on healthcare annually in the U.S. and we have some of the worst health outcomes in the western world. Some people think the answer is more government control over medicine, but this has proven to be disastrous in most places. In fact, socialized medicine, an entrenched benefit in Canada for a very long time, has resulted in a system so overburdened that the government is now encouraging the development and utilization of private and independent healthcare practices.¹

Here's just one example of why our healthcare bills are so high, outcomes are so disappointing, and the system is so overburdened in the U.S. According to a new report, every seven minutes, a Medicare patient gets a coronary stent he does not need. More than 20% of stents received by Medicare patients from 2019 through 2022 were not necessary, and the cost to the government was approximately \$2.4 billion. The researchers reported that over 229,000 procedures "met the criteria for overuse of stents."²

Stents are used to open arteries and restore blood flow, and they are warranted for people who are having a heart attack. But rarely do they benefit people who have stable coronary artery disease and chest pain. A study in 2007 concluded that the use of stents, medication, and lifestyle changes was no better than just medication and lifestyle changes alone for reducing deaths, heart attacks, or hospitalizations.³ This study was not an outlier. Subsequent studies showed the same result, but this has not influenced practices in hospitals and medical centers. Doctors continue to routinely place stents in people with stable coronary artery disease who did not qualify for the procedure.

Of course, doctors who promote the use of stents defend their practices. Dr. Wayne Batchelor, chair of the American College of Cardiology's interventional council disagrees with the report, stating that many patients who take medications suffer from chest pain and stents can relieve this pain.⁴ But this is not entirely true. The COURAGE study compared outcomes for patients randomized to receive stents or drug treatment only. At 6, 12, and 18 months the patients receiving stents reported more pain reduction but by three years, there was no difference between the groups.⁵ Some people might argue that two years of pain relief might make stents worthwhile, but patients are rarely told about the potential side effects which include tears in the arteries, infection, bleeding, and blood clots that can cause stroke, heart attack, and kidney damage.⁶

Additionally, stents sometimes must be replaced because they do not cure the disease that leads to narrowed arteries. Restenosis occurs when the artery with the stent weakens or narrows again. This results from additional plaque formation or scar tissue

developing around the stent. The additional plaque, in most cases, results from the continued consumption of high-fat, high-cholesterol diets rich in animal foods that led to the need for the stent in the first place.

The better option is diet change. Long-term adherence to a whole foods plant-based diet has been shown to result in atherosclerotic regression, reduction in angina, and reduced risk of cardiac events, even in people who have been diagnosed with severe coronary artery disease.^{7 8} This approach is not only the best choice in terms of outcomes for patients, but also the best choice from an economic standpoint. Healthcare costs are reduced, and so are grocery bills when people start eating more of the right foods.

A new and independent healthcare system will require a disciplined approach for both practitioners AND consumers. Consumers must advocate for themselves, take responsibility for their health, and stop asking for expensive interventions that are ineffective. And doctors in a new system must stop recommending expensive interventions that do not work.

¹ Anne Mehler Paperny, Esmail Shakil. Canada's Ontario to expand use of private healthcare providers. *Reuters* Jan 16 2023

² Avoiding Overuse: Coronary Stents. How professional inertia harms patients and wastes billions of dollars. Lown Institute Hospitals Index. <https://lownhospitalsindex.org/avoiding-coronary-stent-overuse/>

³ Boden WE, O'Rourke RA, Teo KK et al. "Optimal Medical therapy with or without PCI for Stable Coronary Disease." *NEJM* 2007 Apr;356:1503-1516

⁴ Ken Alltucker. Once every seven minutes, a Medicare patient gets a coronary stent that don't need, report says. *USA Today* Oct 31 2023

⁵ "Optimal Medical therapy with or without PCI for Stable Coronary Disease." *NEJM* 2007 Apr;356:1503-1516

⁶ Avoiding Overuse: Coronary Stents. How professional inertia harms patients and wastes billions of dollars. Lown Institute Hospitals Index. <https://lownhospitalsindex.org/avoiding-coronary-stent-overuse/>

⁷ Ornish D, Scherwitz LW, Billings JH et al. "Intensive lifestyle changes for reversal of coronary heart disease." *JAMA* 1998 Dec;280(23):2001-2007

⁸ Esselstyn CB, Ellis SG, Mendendorp SV, Crowe TD. "A strategy to arrest and reverse coronary artery disease: a 5-year longitudinal study of a single physicians' practice." *J Fam Practice* 1995 Dec;41(6):560-568