

Opinion

Creaky? Most of Our Patients Are

I had always thought that creakiness was a quality shared by stair treads in haunted houses, used-car doors, and bedsprings in guest bedrooms. Associated with this type of creakiness is a high-pitched squeak, crying—like the Tin Woodman of Oz—as if to ask for a drop of oil or WD-40. As my patients and I age together, I have become aware of a silent creakiness affecting muscles, bones, and joints that slows the tempo of life, at least when it comes to getting out of a chair, climbing stairs, or keeping up with the grandkids. Older people, particularly those with “rheumatism,” have used the term for years to describe themselves; but, oddly, the word “creaky” or “creakiness” has been absent from the medical literature. My first encounter with the word in a medical context was the title of chapter 9 in a 2008 book entitled *Worried Sick—A Prescription for Health in an Overtreated America*, by a college classmate of mine, Nortin Hadler.¹

The book proposes the idea that people are initially endowed with a sense of invincibility. The idea is validated by our experience with young people who are critically injured in a motorcycle crash but can't wait to get back on the bike to ride without a helmet. In contrast, an octogenarian after a hip fracture is likely to acquire a cane or walker. An individual's sense of invincibility is gradually eroded by adverse life experiences, not only of

diseases but also of psychosocial challenges. Yet retaining some measure of invincibility is a requisite for a feeling of wellness, the belief that nothing—or nothing more—will happen that the person cannot overcome.

This feeling of invincibility is fragile and easily shattered by a voice of authority, perhaps none more powerful than the physician's. When the patient feels little or no cause for alarm, but the physician says otherwise, the patient has become “medicalized.” Hadler knows the syndrome well, since his specialty is rheumatology, with a particular interest in back pain. Thank goodness we in ophthalmology do not have patients who need to remain sick in order to continue to receive disability payments. But we do have instances when medicalization occurs, to the detriment of the patient's sense of invincibility and to the affordability of the health care system.

In the past decade, I have noticed increasingly strident suggestions from some colleagues and the industry representatives who sponsor them that dry eyes or ocular surface disease or preservative toxicity are ubiquitous afflictions that would benefit from treatment. Never mind that the patient has mild or no symptoms and that special testing of some sort is required to prove the existence of a problem. I'm not surprised that corporate marketing experts are trying to expand the niche for their products; what amazes me is

how willing we, as a profession, seem to be to participate in medicalization.

Which brings me back to creakiness. The average patient in an adult ophthalmology practice can be assumed to be creaky in various ways. For example, they may like to keep their eyelids closed, and they may not be able to read as long as they used to. The healthiest patients deny, or at least downplay, this creakiness, as it threatens their precious sense of invincibility. As their physicians, we should honor their creaks and not medicalize them.

1 Hadler NM. Chapel Hill: University of North Carolina Press; 2008.



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