

Quaternary Prevention: Need of the Hour

ABSTRACT

Prevention is primarily categorized as Primordial, Primary, Secondary and Tertiary. Now the concept of “Quaternary Prevention” is also introduced. This editorial article discusses need of Quaternary prevention in current scenario of clinical practice.

Keywords: Prevention, levels, quaternary

It is always said “prevention is better than cure.” This principle is undisputed. Preventive measures can be applied at any stage along the natural history of the disease with the goal of preventing further progression of the condition. Levels of the prevention are mainly categorized as primordial, primary, secondary, and tertiary prevention. Over the years, the concept of prevention has undergone significant changes.

Primordial prevention consists of actions to minimize future hazards to health and hence inhibits the establishment of factors which are known to increase the risk of disease. It addresses broad health determinants rather than preventing personal exposure to risk factors, which is the goal of primary prevention. Primary prevention seeks to prevent the onset of specific diseases via risk reduction by altering behaviors or exposures that can lead to disease or by enhancing resistance to the effects of exposure to a disease agent. Secondary prevention includes procedures that detect and treat preclinical pathological changes and thereby control disease progression. Screening procedures are often the first step, leading to early interventions that are more cost effective than intervening once symptoms appear. Once the disease has developed and has been treated in its acute clinical phase, tertiary prevention seeks to soften the impact caused by the disease on the patient’s function, longevity, and quality-of-life. For reversible conditions, tertiary prevention will reduce the population prevalence, whereas for incurable conditions it may increase the prevalence if it prolongs survival. While where the condition is not reversible, tertiary prevention focuses on rehabilitation, assisting the patient to accommodate to his disability.^[1]

Quaternary prevention a “higher” level of prevention has also been suggested first by Jamouille and Ronald. Quaternary prevention is defined as “action taken to identify patient at risk of over-medicalization, to protect him from new medical invasion, and to suggest him interventions ethically acceptable.” The concept of quaternary prevention makes it easier to “identify patient at risk of over-medicalization.”^[2] Health activities not only generally produce benefits, but also

harm. That is to say, although medical intervention is mainly favorable, there is a dynamic balance that requires continuous assessment of the clinical situation as naturally only those health activities that achieve more benefit than harm at the end are justified.^[3] Quaternary prevention is also essential in the phenomenon called disease mongering, which could be translated as commercialization of disease. Encouraging this sort of prevention and halting the consequences of disease mongering requires the development of all the institutional potential for prevention, as well as all the personal willingness for restraint; it involves separating us from the unnecessary auspices of industry, being critical of our work, not being maleficent, respecting the principle of justice as managers of the limited public resources and making ourselves feel responsible for the social cost resulting from medical decisions.^[4]

To conclude, quaternary prevention has become an essential component of prevention concept and it should be applied as a prevention tool in current scenario in many disease conditions pertaining to classic “primum non nocere” meaning “first, do no harm.”

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