Choosing Wisely®

An initiative of the ABIM Foundation

American Geriatrics Society

AGS Geriatrics Healthcare Professionals

Leading Change. Improving Care for Older Adults.

Five Things Physicians and Patients Should Question

1 Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.

Careful hand-feeding for patients with severe dementia is at least as good as tube-feeding for the outcomes of death, aspiration pneumonia, functional status and patient comfort. Food is the preferred nutrient. Tube-feeding is associated with agitation, increased use of physical and chemical restraints and worsening pressure ulcers.

2 Don't use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.

People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviors. In such instances, antipsychotic medicines are often prescribed, but they provide limited benefit and can cause serious harm, including stroke and premature death. Use of these drugs should be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others. Identifying and addressing causes of behavior change can make drug treatment unnecessary.

3 Avoid using medications to achieve hemoglobin A1c <7.5% in most adults age 65 and older; moderate control is generally better.

There is no evidence that using medications to achieve tight glycemic control in older adults with type 2 diabetes is beneficial. Among non-older adults, except for long-term reductions in myocardial infarction and mortality with metformin, using medications to achieve glycated hemoglobin levels less than 7% is associated with harms, including higher mortality rates. Tight control has been consistently shown to produce higher rates of hypoglycemia in older adults. Given the long timeframe to achieve theorized microvascular benefits of tight control, glycemic targets should reflect patient goals, health status, and life expectancy. Reasonable glycemic targets would be 7.0 – 7.5% in healthy older adults with long life expectancy, 7.5 – 8.0% in those with moderate comorbidity and a life expectancy < 10 years, and 8.0 – 9.0% in those with multiple morbidities and shorter life expectancy.

4 Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

Large scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics. Older patients, their caregivers and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium. Use of benzodiazepines should be reserved for alcohol withdrawal symptoms/delirium tremens or severe generalized anxiety disorder unresponsive to other therapies.

5 Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

Cohort studies have found no adverse outcomes for older men or women associated with asymptomatic bacteriuria. Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse antimicrobial effects. Consensus criteria has been developed to characterize the specific clinical symptoms that, when associated with bacteriuria, define urinary tract infection. Screening for and treatment of asymptomatic bacteriuria is recommended before urologic procedures for which mucosal bleeding is anticipated.

How This List Was Created

The American Geriatrics Society (AGS) established a work group chaired by the Vice Chair of Clinical Practice and Models of Care Committee (CPMC). Work group members were drawn from that committee, as well as the Ethics, Ethnogeriatrics and Quality and Performance Measurement (QPMC) committees. AGS members were invited to submit feedback and recommendations as to what they thought should be included in the list via an electronic survey. The workgroup first narrowed the list down to the top 10 potential tests or procedures. The workgroup then reviewed the evidence and sought expert advice to further refine the list to five recommendations, which were then reviewed and approved by the AGS Executive Committee and the Chairs/Vice Chairs of CPMC, Ethics and QPMC.

AGS' disclosure and conflict of interest policy can be found at www.americangeriatrics.org.

Sources

1

Finucane TE, Christmas C, Travis K. Tube feeding in patients with advanced dementia: A review of the evidence. JAMA. 1999;282(14):1365-1370.

Gabriel SE, Normand ST. Getting the methods right – The foundation of patient-centered outcomes research. N Engl J Med [Internet]. 2012 Aug 30;367(9):787-90.

Teno JM, Feng Z, Mitchell SL, Kuo S, Intrator O, Mor V. Do financial incentives of introducing case mix reimbursement increase feeding tube use in nursing home residents? J Am Geriatr Soc. [Internet]. 2008 May;56(5):887–890.

Teno JM, Mitchell SL, Kuo SK, Gozalo PL, Rhodes RL, Lima JC, Mor V. Decision-making and outcomes of feeding tube insertion: A five-state study. J Am Geriatr Soc.[Internet]. 2011 May;59(5):881–886.

Palecek EJ, Teno JM, Casarett DJ, Hanson LC, Rhodes RL, Mitchell SL. Comfort feeding only: A proposal to bring clarity to decision-making regarding difficulty with eating for persons with advanced dementia. J Am Geriatr Soc. [Internet]. 2010 Mar;58(3):580–584.

Hanson LC, Carey TS, Caprio AJ, Lee TJ, Ersek M, Garrett J, Jackman A, Gilliam R, Wessell K, Mitchell SL. Improving decision-making for feeding options in advanced dementia: A randomized, controlled trial. J Am Geriatr Soc. [Internet]. 2011 Nov;59(11):2009–2016.

2

The American Geriatrics Society 2012 Beers Criteria Update Expert Panel. American Geriatrics Society Updated Beers Criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2012 Apr;60(4):616-31.

National Institute for Health and Clinical Excellence and Social Care Institute for Excellence NICE-SCIE. National Collaborating Centre for Mental Health. Clinical guidelines #42: Dementia: Supporting people with dementia and their careers in health and social care [Internet]London. 2006 Nov: Amended 2011 Mar [cited 2012 Oct 16]. Available from: www.nice.org.uk/CG042

Maher A, Maglione M, Bagley S, Suttorp M, Hu JH, Ewing B, Wang Z, Timmer M, Sultzer D, Shekelle PG. Efficacy and comparative effectiveness of atypical antipsychotic medications for off-label uses in adults: A systematic review and meta-analysis. JAMA [Internet]. 2011 Sep 28;306(12):1359-69.

Schneider LS, Tariot PN, Dagerman KS, Davis SM, Hsiao JK, Ismail MS, Lebowitz BD, Lyketsos CG, Ryan JM, Stroup TS, Sultzer DL, Weintraub D, Lieberman JA; CATIE-AD Study Group. Effectiveness of atypical antipsychotic drugs in patients with Alzheimer's disease. N Engl J Med [Internet]. 2006 Oct 12;355(15):1525-38.

3

The Action to Control Cardiovascular Risk in Diabetes Study Group. Effects of intensive glucose lowering in Type 2 Diabetes. N Eng J Med [Internet]. 2008 Jun 12;258(24):2545–2559.

The Action to Control Cardiovascular Risk in Diabetes Study Group. Long-term effects of intensive glucose lowering on cardiovascular outcomes. N Eng J Med [Internet]. 2011Mar 3;364(9):818–828.

Duckworth W, Abraira C, Moritz T, Reda D, Emanuele N, Reaven P, Zeive FJ, Marks J, David SN, Hayward R, Warren SR, Goldman S, McCarren M, Vitek ME, Henderson WG, Huang GD. Glucose control and vascular complications in veterans with type 2 diabetes. N Eng J Med[Internet]. 2009. 360(2):129–139.

ADVANCE Collaborative Group. Intensive blood glucose control and vascular outcomes in patients with type 2 diabetes. N Engl J Med[Internet]. 2008 Jun 12;358:2560-72.

UK Prospective Diabetes Study (UKPDS) Group. Effect of intensive blood-glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34). Lancet [Internet]. 1998;352:854-65.

Montori VM, Fernández-Balsells M. Glycemic control in type 2 diabetes: Time for an evidence-based about-face? Ann Intern Med[Internet]. 2009 Jun 2;150(11):803-8. Erratum in: Ann Intern Med. 2009 Jul 21;151(2):144. PMID: 19380837

Finucane TE. "Tight Control" in geriatrics: The emperor wears a thong. J Am Geriatr Soc [Internet]. 2012 Aug 6;60:1571–1575.

Kirkman MS, Briscoe VJ, Clark N, Florez H, Haas LB, Halter JB, Huang ES, Korytkowski MT, Nunshi MN, Odegard PS, Pratley RE, Swift CS. Diabetes in older adults: A consensus report. J Am Geriatr Soc. 2012 Oct;60(12):2342-2356.

4

Finkle WD, Der JS, Greenland S, Adams JL, Ridgeway G, Blaschke T, Wang Z, Dell RM, VanRiper KB. Risk of fractures requiring hospitalization after an initial prescription of zolpidem, alprazolam, lorazepam or diazepam in older adults. J Am Geriatr Soc. [Internet]. 2011 Oct;59(10):1883–1890.

Allain H, Bentue-Ferrer D, Polard E, Akwa Y, Patat A. Postural instability and consequent falls and hip fractures associated with use of hypnotics in the elderly: a comparative review. Drugs Aging [Internet]. 2005;22(9):749–765.

The American Geriatrics Society 2012 Beers Criteria Update Expert Panel. American Geriatrics Society Updated Beers Criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2012 Apr;60(4):616-31.

5

Nordenstam GR, Brandberg CA, Odén AS, Svanborg Edén CM, Svanborg A. Bacteriuria and mortality in an elderly population. N Engl J Med. 1986 May 1;314(18):1152–1156.

Nicolle LE, Mayhew WJ, Bryan L. Prospective randomized comparison of therapy and no therapy for asymptomatic bacteriuria in institutionalized elderly women. Am J Med. 1987Jul;83(1):27–33.

Juthani-Mehta M. Asymptomatic bacteriuria and urinary tract infection in older adults. Clin Geriatr Med [Internet]. 2007 Aug;23(3):585–594.

Nicolle LE, Bradley S, Colgan R, Rice JC, Schaeffer A, Hooton TM; Infectious Diseases Society of America; American Society of Nephrology; American Geriatric Society. Infectious Diseases Society of America Guidelines for the diagnosis and treatment of asymptomatic bacteriuria in adults. Clin Infect Dis. [Internet]. 2005 Mar 1;40(5):643-65.

About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

About the American Geriatrics Society

The American Geriatrics Society (AGS) works to improve the health, independence and quality of life of all older people. Our geriatrics health professional members work together to provide interdisciplinary, patient- and family-centered team care to older adults. The society also works to bring the knowledge and expertise of geriatrics health professionals to the public via www.healthinaging.org.

To learn more about the AGS, please visit www.americangeriatrics.org.

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.