

“Choose Wisely” Project

The American Board of Internal Medicine has started a project called “Choose Wisely” to encourage patients and physicians to follow evidenced-based guidelines in managing health problems to avoid unnecessary medication, tests and procedures.

Each of nine societies compiled a list of “Five Things Physicians and Patients Should Question”, **focusing on unnecessary tests, drug therapies and procedures that they viewed as often ordered without considering the risks and costs relative to the benefits.** Below are the societies joining this effort and the some of their top items that should be questioned.

American College of Radiology (ACR)

- Imaging studies for uncomplicated headache. In patients without specific risk factors for structural disease, testing was unlikely to alter management or increased the chances of treatment success.
- Imaging for suspected pulmonary embolism unless there is moderate to high probability. D-dimer testing should be performed first.
- CT scans for suspected appendicitis in children- ultrasound should be considered first, which is nearly as accurate and reduces radiation exposure.
- Follow-up imaging for adnexal cysts- small, simple cysts are common and rarely of clinical significance. Imaging is warranted only for cysts larger than 1 cm in postmenopausal women or 5 cm in women of reproductive age.

American College of Physicians (ACP)

- Routine screening of low risk healthy appearing people with stress tests. In patients without symptoms and at low risk of coronary artery disease, screening for coronary artery disease does not improve outcomes.
- Head CT or MRI after simple fainting- unless neurological exams show abnormalities, there is little likelihood that imaging will reveal a cause.
- Imaging studies for venous thrombotic events (VTE) as the initial test- high sensitivity D-dimer blood testing

excludes VTE and is the preferred initial test unless there is a high probability of VTE.

American Academy of Allergy, Asthma and Immunology (AAAAI)

- IgG testing and indiscriminate IgE tests for diagnosing allergies.
- Sinus CT scans and antibiotics for uncomplicated sinusitis. The condition is almost always caused by viruses and usually resolves without treatment.
- Routine diagnostic testing for hives- definite causes are rarely identified and extensive testing is unproven to improve outcomes or to be cost-effective.

American Academy of Family Physicians (AAFP)

- Imaging for low back pain during the first six weeks in absence of “red flags” indicating neurological involvement.
- Antibiotics for acute mild to moderate sinusitis.
- DEXA bone scans for osteoporosis- the minimum ages for which bone density measurements are proven useful are 65 for women and 70 in men unless risk factors are present.
- Annual EKG or other cardiac screenings- false positives are common enough that the risks outweigh the benefits in patients at low risk for cardiovascular disease.
- Pap smears- cervical abnormalities in women younger than 21 are usually transient and no benefit from screening can be expected in women who have had hysterectomies for noncancerous diseases.

American College of Cardiology (ACC)

- Nuclear stress tests or other advanced noninvasive imaging in asymptomatic patients or those at low risk of disease.
- Stress cardiac imaging and other advanced imaging during preoperative assessment of low-risk, noncardiac surgery- testing seldom changes management or improves outcomes.
- Echocardiography for routine follow-up in patient with low risk heart valve disease- this type of imaging is

helpful only when indicated by a change in signs or symptoms.

- Stenting of non-culprit lesions during angiograms for uncomplicated, hemodynamically stable ST-segment elevation myocardial infarction- in such patients, the procedure increased risk of complications and early death with little proven benefit.

American Gastroenterological Association (AGA)

- Long-term acid suppression for gastroesophageal reflux disease without attempting dosage reductions.
- Repeat colorectal cancer screening after negative colonoscopy- in patients without high-risk factors, 10 years is recommended.
- Repeat colorectal cancer screening after minor positive findings from colonoscopy- five years is the recommended interval after removal of one or two small polyps without high grade dysplasia.
- Repeat endoscopy after diagnosis of Barrett's esophagus from reflux disease- when a second endoscopy has confirmed absence of dysplasia, subsequent screening should not be performed for at least 3 years.
- Repeated CT scans in patients with abdominal pain, unless clinical findings or symptoms have changed.

American Society of Clinical Oncology (ASCO)

- Cancer-directed therapies for solid tumor cancers in very ill patients with a poor prognosis.
- PET, CT and nuclear bone scans in staging for early prostate or breast cancer- these are only helpful in patients at high risk for metastasis.
- Routine biomarker testing and advanced imaging in asymptomatic breast cancer survivors.

American Society of Nephrology (ASN)

- Routine cancer screening in patient on chronic dialysis with limited life expectancies and without specific symptoms suggestive of cancer.
- Erythropoiesis stimulating agents in chronic kidney disease patients- these should be given to patients with clinical symptoms of anemia or those who have a hemoglobin less than 10.
- Nonsteroidal antiinflammatory drugs (NSAIDs) in patients with chronic kidney disease, heart failure, high blood pressure or diabetes- other pain relievers such as Tylenol or short term, low potency narcotics are safer and more effective.
- Initiating routine chronic dialysis- this should be an informed, careful decision. Chronic dialysis may not improve outcomes in older patients with other severe medical problems.

American Society of Nuclear Cardiology (ASNC)

- Nuclear stress testing and cardiac angiography in asymptomatic or low-risk patients.
- Cardiac imaging of any kind- only patients with risk factors are likely to benefit.

You may be asking yourself, "why is this information important to me?" The most obvious reason, is purely educational, but secondly, this information may be helpful when reviewing your medical cases, when you are wondering if tests or treatments should have been performed for your client's specific complaints.

For the complete list of overused tests and treatments, go to: <http://tinyurl.com/6lrn7hl> or perform an internet search for "Choose Wisely".

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