



TOP-FIVE

RECOMMENDATIONS on low-value practices

Better care. **Better** decision-making. **Better** use of resources.

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) is the professional society for geriatricians and other medical practitioners with an interest in medical care of older people. The society acts to represent the needs of its members and the wider community in a bid to constantly review and improve the care of older people in Australia and New Zealand. Its major functions are around education, policy development and review, and political advocacy.

1

Do not use antipsychotics as the first choice to treat behavioural and psychological symptoms of dementia

2

Do not prescribe benzodiazepines or other sedative-hypnotics to older adults as first choice for insomnia, agitation or delirium

3

Do not use antimicrobials to treat bacteriuria in older adults where specific urinary tract symptoms are not present

4

Do not prescribe medication without conducting a drug regimen review

5

Do not use physical restraints to manage behavioural symptoms of hospitalized older adults with delirium except as a last resort



1

Do not use antipsychotics as the first choice to treat behavioural and psychological symptoms of dementia

People with dementia may exhibit aggression, resistance to care and other challenging or disruptive behaviours. In such instances, the modest effectiveness of atypical antipsychotics may be offset by the higher risks for adverse events and mortality. Non-pharmacological interventions can be an effective substitute for antipsychotic medications. Use of these drugs should therefore be limited to cases where non-pharmacologic measures have failed and patients pose an imminent threat to themselves or others.

2

Do not prescribe benzodiazepines or other sedative-hypnotics to older adults as first choice for insomnia, agitation or delirium

There is strong evidence that use of benzodiazepines is associated with various adverse effects in elderly people such as falls and fractures. Older patients, their caregivers and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium. Thus these drugs should be prescribed with caution, and their use monitored closely.

3

Do not use antimicrobials to treat bacteriuria in older adults where specific urinary tract symptoms are not present

Studies have found that asymptomatic bacteriuria frequently resolves without any treatment. Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and, in fact, often show increased adverse antimicrobial effects.



4

Do not prescribe medication without conducting a drug regimen review

Older patients disproportionately use more prescription and non-prescription drugs than other populations, increasing the risk for side effects and inappropriate prescribing. Thus evidence shows that polypharmacy is associated with adverse drug reactions and an increased risk of hospital admissions. Medication review with follow up is recommended for optimizing prescribed medication and improving quality of life in older adults with polypharmacy.





5

Do not use physical restraints to manage behavioural symptoms of hospitalised older adults with delirium except as a last resort

There is little evidence to support the effectiveness of physical restraints to manage people with delirium who exhibit behaviours that risk injury.

Physical restraints can lead to serious injury or death and may worsen agitation and delirium. Restraints should therefore be used as a last resort and should be discontinued at the earliest possible time, particularly given that effective non-pharmacological alternatives are available.

i

For the list of references supporting these recommendations and further information on the development process, see evolve.edu.au/published-lists/anzsgm
Version one published January 2016.

WHAT IS EVOLVE?

As part of a global movement, Evolve is a flagship initiative led by physicians, specialties and the Royal Australasian College of Physicians (RACP) to drive high-value, high-quality care in Australia and New Zealand.

Evolve aims to reduce low-value care by supporting physicians to:

- be leaders in changing clinical behaviour for better patient care
- make better decisions, and
- make better use of resources.

Evolve works with specialties to identify their 'Top-Five' clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm. Evolve 'Top-Five' recommendations on low-value practices

are developed through a rigorous, peer-reviewed process; led by clinical experts, informed by evidence and guided by consultation.

Evolve enables physicians to:

- safely and responsibly phase out low-value tests, treatments and procedures, where appropriate
- enhance the safety and quality of healthcare
- provide high-value care to patients based on evidence and expertise, and
- influence the best use of health resources, reducing wasted expenditure and the carbon footprint of the healthcare system.

Evolve is a founding member of Choosing Wisely Australia® and Choosing Wisely New Zealand, with all Evolve 'Top-Five' recommendations part of the Choosing Wisely campaign.

