Australian & New Zealand Society for Geriatric Medicine

The Royal Australasian College of Physicians

TOP 5 Low-value practices and interventions

The **Australian and New Zealand Society for Geriatric Medicine** (ANZSGM) has reviewed the evidence and consulted with its expert members to develop the following recommendations to support best patient care and reduce the use of unnecessary or ineffective practices within a given clinical context.

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**

EVOLVE is a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions.

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EVOLVE is part of a worldwide movement to analyse medical practices and reduce unnecessary interventions. It is an initiative in partnership between the RACP and the Specialty Societies, Divisions, Faculties and Chapters.

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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 of side effects. Evidence shows that polypharmacy is associated with adverse drug reactions and an increased risk of hospital admissions. Medication review with regular, scheduled follow ups are recommended for 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.

How this list was developed….

Members of the Australian & New Zealand Society for Geriatric Medicine completed an online survey asking them to choose the 5 most relevant 'low value' practices from a list of 11. Respondents were also asked to nominate any additional practices which they regarded as overused, inappropriate or of limited effectiveness in the specialty of geriatric medicine. A total of 196 responses were received.

The list of items were then subject to consideration by the Federal Council. Specifically, members of Federal Council were asked to rate each of these 16 items in terms of their strength in meeting 7 criteria: Is there a reasonable evidence base upon which to drive change? Are older people likely to benefit from work we might do to change practice? Is the problem sizeable? Are there opportunities and a willingness within geriatric medicine to lead practice change? Are there opportunities to collaborate with other organisations with a shared interest in the area? Will this promote a positive profile for ANZSGM? Is this an area of potential conflict with other Societies?

Based on the ratings they assigned to these items the 'Top 5' list items were chosen and reformulated as recommendations for clinicians.

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The Australian and New Zealand Society for Geriatric Medicine – Top 5 recommendations

EVIDENCE SUPPORTING RECOMMENDATION 1

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EVIDENCE SUPPORTING RECOMMENDATION 2

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EVIDENCE SUPPORTING RECOMMENDATION 5

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DISCLAIMER: All reasonable care has been taken during the process of developing these recommendations. The health information content provided in this documents has been developed by the members of the Australia and New Zealand Society for Geriatric Medicine. The health information presented is based on current medical knowledge and practice as at the date of publication.

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