

Choosing Wisely: Five Things Physicians and Patients Should Question

- 1 Don't insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings.** Strong evidence exists that artificial nutrition does not prolong life or improve quality of life in patients with advanced dementia.
- 2 Don't use sliding scale insulin (SSI) for long-term diabetes management for individuals residing in the nursing home.** SSI is a reactive way of treating hyperglycemia after it has occurred rather than preventing it. Good evidence exists that SSI is neither effective in meeting the body's insulin needs nor is it efficient in the long-term care (LTC) setting.
- 3 Don't obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.** Chronic asymptomatic bacteriuria is frequent in the LTC setting, with prevalence as high as 50%. A positive urine culture in the absence of localized urinary tract infection (UTI) symptoms (i.e., dysuria, frequency, urgency) is of limited value in identifying whether a patient's symptoms are caused by a UTI.
- 4 Don't prescribe antipsychotic medications for behavioural and psychological symptoms of dementia (BPSD) in individuals with dementia without an assessment for an underlying cause of the behaviour.** Careful differentiation of cause of the symptoms (physical or neurological versus psychiatric, psychological) may help better define appropriate treatment options. The therapeutic goal of the use of antipsychotic medications is to treat patients who present an imminent threat of harm to self or others, or are in extreme distress—not to treat nonspecific agitation or other forms of lesser distress. Treatment of BPSD in association with the likelihood of imminent harm to self or others includes assessing for and identifying and treating underlying causes (including pain; constipation; and environmental factors such as noise, being too cold or warm, etc.), ensuring safety, reducing distress and supporting the patient's functioning. If treatment of other potential causes of the BPSD is unsuccessful, antipsychotic medications can be considered, taking into account their significant risks compared to potential benefits. When an antipsychotic is used for BPSD, it is advisable to obtain informed consent.
- 5 Don't routinely prescribe lipid-lowering medications in individuals with a limited life expectancy.** There is no evidence that hypercholesterolemia, or low HDL-C, is an important risk factor for all-cause mortality, coronary heart disease mortality, hospitalization for myocardial infarction or unstable angina in persons older than 70 years.

Adapted with permission from "Choosing Wisely," an initiative of the ABIM Foundation.