

Getting Clarity About What's Right for You

OLLI 2017

Kenneth Brummel-Smith, MD

Charlotte Edwards Maguire Professor of Geriatrics
Florida State University College of Medicine

SCIENTIFIC METHOD —

107 cancer papers retracted due to peer review fraud

New papers were found through investigations into previous fraud.

CATHLEEN O'GRADY - 4/21/2017, 2:00 PM

In a stunning display of peer review fraud, the journal *Tumor Biology* is retracting more than a hundred articles whose authors faked the peer review process. These authors gave the journal editors sham email addresses, which led to a third party who would submit a favorable review. How were the scammers found out? The editors became suspicious when many of the “peer reviewers” responded on time, a rarity in the academic world. This incident is yet another reason the peer review process needs to be more transparent.





Recap of Where We've Been

- ❑ Informed consent
- ❑ Understanding goals and targets
- ❑ Recognizing the difference between symptom treatment and prevention
- ❑ Knowing what is really recommended (and NOT recommended)
- ❑ Understanding how money influences medical care

Elements of Informed Consent

- The recommended treatment
 - Benefits and harms
- The alternative treatments
 - Benefits and harms of each
- The benefits and harms of no treatment

Drs. discuss harms and benefits only 9% of the time

They assess understanding only 2% of the time



Getting True Informed Consent

- ❑ Ask Dr. to use common words and terms.
- ❑ Summarize back what you heard.
- ❑ Request written materials, or even pictures or videos.
- ❑ Ask for best-case, worst-case, and most likely scenarios, along with the chance of each one occurring.
- ❑ Ask if you can talk to someone who has undergone the surgery or received the chemotherapy.
- ❑ Explore alternative treatment options, along with the advantages and disadvantages of each.

Getting True Informed Consent (3)

- **Ask if you can talk to someone who has undergone the surgery or received the chemotherapy.**
- **Explore alternative treatment options, along with the advantages and disadvantages of each.**
 - “If I saw 10 different experts in my condition, how many would recommend the same treatment you are recommending?”

Definitions

- Symptoms – abnormal sensations felt by the person NOW
 - Often a sign of disease
 - Immediate relief or reduction in symptoms usual goal
- Prevention – doing something to prevent a problem which *may* occur LATER
 - Often related to risk factors

Two Kinds of Treatments

- Treatment of symptoms
 - Pain, shortness of breath, skin itching, painful feet
 - What is the goal?
- Prevention of diseases or bad outcomes
 - Primary – prevent a disease from happening
 - Secondary – prevent a complication
 - Tertiary – prevent a progression or improve functioning

Non-drug Approaches to Pain

- Cognitive behavioral therapy
- Massage
- Heat
- Ice
- Acupuncture
- TENS units
- Topical creams
- PT/OT
- Chiropractic
- Distraction
- Laughter
- Prayer

Prevention Meds – Risks/Benefits

Medication	Benefit	# of people out of 100 who will have an event prevented	# out of 100 who will be harmed
Statins (5 yrs)	Reduced heart attack (MI), stroke	1- 4 if no risks 5-7 if risks	5-10 muscle aches 2 – liver prob 5/10,000 muscle damage
BP meds	Reduced MI, stroke	1-2 2-3 if BP>160	10 – low BP, falls
Metformin (5yrs)	Reduced MI, stroke	5 (1 meta-analysis says no benefit)	10 – stomach intolerance
Other glucose pills	Reduced MI, stroke	0	10 – hypoglycemia 10 – wt gain
Warfarin for a.fib for 1 yr	Reduced stroke	4	2-3 severe bleed

Prevention Meds – Risks/Benefits

Medication	Benefit	# of people out of 100 who will have an event prevented	# out of 100 who will be harmed
ACE/ B Blocker for heart failure for 3 yrs	HF, death	7	10 – low BP
Bisphosphonates for 2-3 yrs	Fractures	5 spine 1 hip	1-2 stomach symptoms 1-2/1000 osteonecrosis
PPI (Nexium) for 8 wks	Healing/decrease symptoms	50	2-5 due to side effects Increased risks?
SSRI for depression for 8 wks	Not depressed	0 – if mild to mod 7 – if severe	2-5 due to side effect Increase mortality?
Cholinesterase inhibitors 1 yr	Better day to day function	0	10 stomach side effects

Intensive Control of Risks

- 25,966 patients over 80 followed 2 years
- Mortality was lowest with:
 - BP 150/90 – 155/95
 - Total cholesterol – 174 - 190
 - A1C 7.0-7.5%
- Mortality was highest with:
 - BP < 130/70
 - Total cholesterol < 116
 - A1C < 6.0

Colon Screening

- Only fecal occult blood testing has been shown to reduce mortality
 - Colonoscopy has never been shown to reduce mortality in a randomized trial
- Risk of harms from colonoscopy rise with age
 - Perforation – 4/10,000, major bleed – 8/10,000
 - Sedation
 - Cost

ePrognosis: Cancer Screening



Useless or Questionable

- ❑ HRT – hormone replacement therapy
- ❑ Asymptomatic bacteriuria
- ❑ Antidepressants for mild depression
- ❑ Arthroscopic debridement of OA knee
- ❑ Coronary stents for stable coronary artery disease
- ❑ MRI in uncomplicated acute back pain
- ❑ Tonsillectomy
- ❑ Routine hernia repair in older men
- ❑ PSA testing

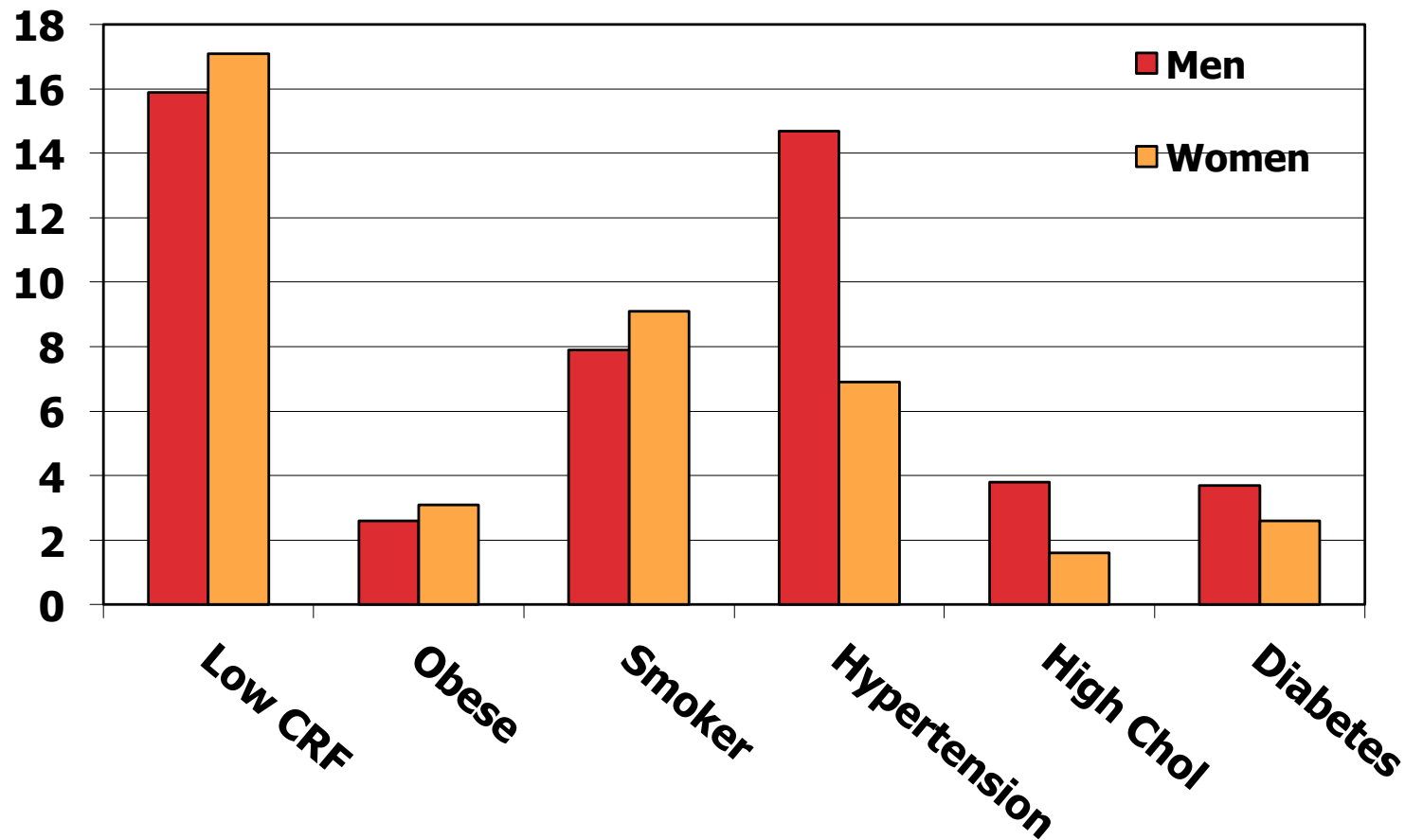
Lifestyle versus Medication

Intervention	Incidence (new cases)	Reduction
Lifestyle	4.8	58%
Metformin	7.8	31%
Placebo	11.0	(comparison)

Almost 3 year follow-up

Metformin side effects – stomach (10% - 53%), nervous system (1%-5%), weakness (10%)

Attributable Fractions for All-Cause Mortality



About

Lists

In Action

Resources

Videos

> Lists

Lists

The *Choosing Wisely* lists were created by national medical specialty societies and represent specific, evidence-based recommendations clinicians and patients should discuss. Each list provides information on when tests and procedures may be appropriate, as well as the methodology used in its creation.

In collaboration with the partner organizations, Consumer Reports has created resources for consumers and providers to engage in these important conversations about the overuse of medical tests and procedures that provide little benefit and in some cases harm.

Choosing Wisely recommendations should not be used to establish coverage decisions or exclusions. Rather, they are meant to spur conversation about what is appropriate and necessary treatment. As each patient situation is unique, providers and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.



[For Clinicians](#)

Specialty society lists of things clinicians and patients should question



[For Patients](#)

Patient-friendly resources from specialty societies and Consumer Reports

Pre-Operative Testing

American Academy of
Ophthalmology

Don't perform preoperative medical tests for eye surgery unless there are specific medical indications.

SGIM
STS

American College of
Cardiology

Don't perform routine electrocardiography (ECG) screening as part of pre-operative or pre-procedural evaluations for asymptomatic patients with low perioperative risk of death or myocardial infarction.

American College of
Surgeons

Avoid admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.

ACP
ACR

American Society of
Echocardiography

Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease.

LDL Cholesterol and Mortality in Older People

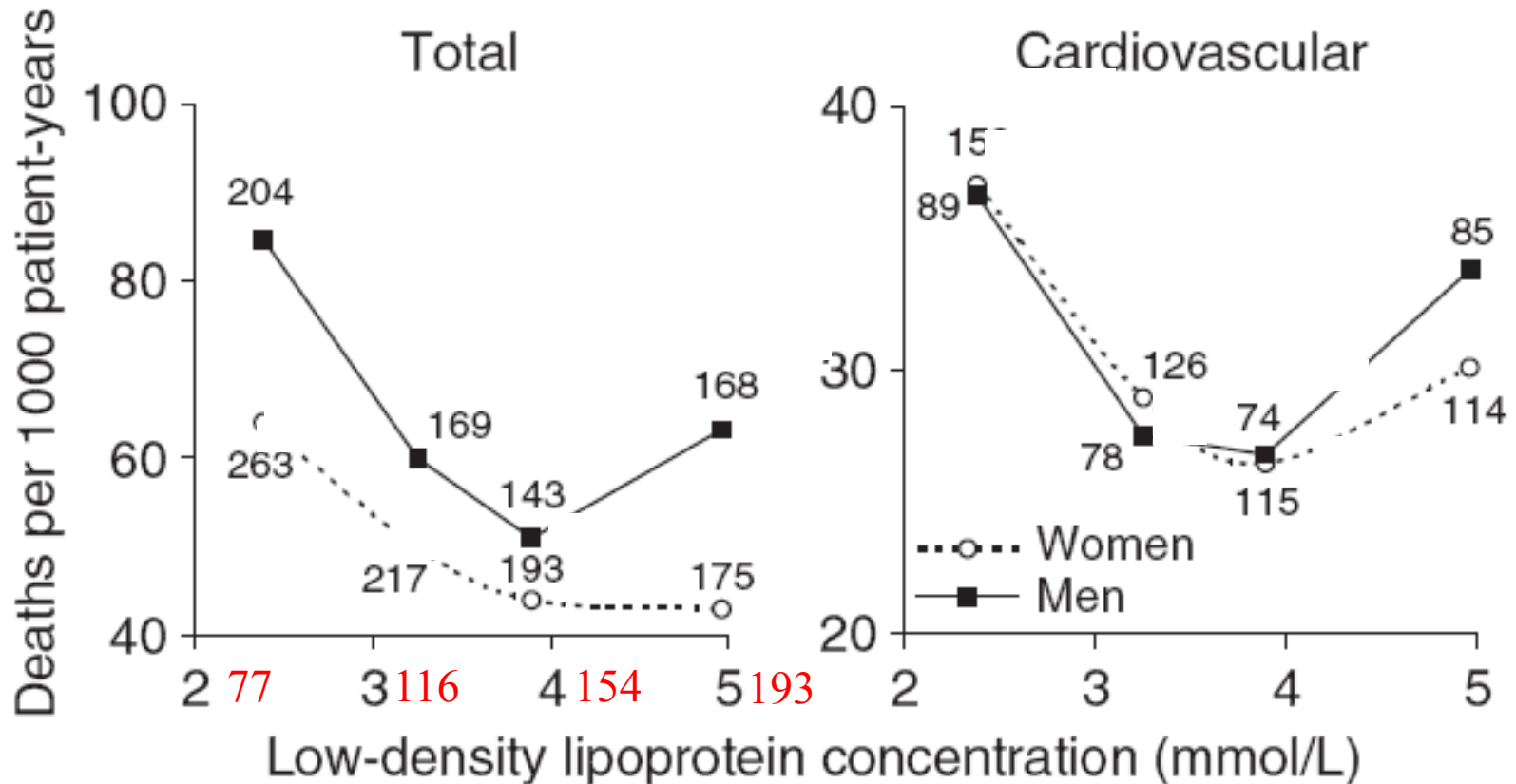


Figure 1. Sex-specific and age-adjusted rates of total and cardiovascular mortality by quartiles of serum low-density lipoprotein cholesterol at baseline. The number of deaths is given for each quartile. Conversion factor to conventional units is 38.6.



**Patients
lived longer
on ZOCOR**

30%
reduction in
total mortality

(p=0.0003)



8 Times to Question Your Dr's Decision

- ❑ Imaging for first-time low back pain
- ❑ Annual or biannual dental x-rays
- ❑ Annual PAP smear
- ❑ CT scan for headache
- ❑ FSH test to diagnose perimenopause
- ❑ Ultrasound to screen for ovarian cancer
- ❑ Yearly vitamin D test
- ❑ Annual CBC and cholesterol test

Choosing A Doctor

- Call the office for information
 - Gives a good idea of what they are like!
- Consider a get acquainted appointment
 - Ask for it specifically
 - Be prepared to pay
- Ask questions:
 - Do you have many older patients?
 - Do you work with family?
 - Can I call or email you?
 - Other special questions...

Preparing for Appointments

- Make a PRIORITIZED list of concerns
- Take information with you
 - Keep you own medical records –
 - Up-to-date list of medications
 - Visits to other doctors
 - Ask for copies of tests
- Take your glasses (and hearing aids)
- Consider bringing a family member or friend
(Need an interpreter???)

Giving Information

- Share any symptoms
 - When it started, what is it like, what makes it better or worse, does it affect your daily functioning?
- Review your medications
 - ALL OF THEM! (Those from other Drs, over-the-counter, alternative remedies)
- Be honest about symptoms and habits (smoking, drinking, exercise, sleep)

Control Your Prescriptions

- Keep a list of your drugs – show it every visit
- Use only one pharmacy
- Don't ask for, or accept, any drug that is advertised on TV or in magazines
- Ask how long the drug has been on the market
 - Don't take any drug until it's been out for at least 2 years
- Ask if there are other things besides taking a drug you can do
- Ask if you can stop any current drugs



Medications – Final Questions

- ❑ Are you sure there's nothing else I can do instead of taking this medicine?
- ❑ When can I stop it?
- ❑ What side effects can I expect?
- ❑ Will it interact with any of my other medicines?



Getting Information

□ Tests

- Why is it important?
- How will the result affect my treatment?
- What are the risks?
- What will it cost?
- Do I need to prepare?



Getting Information

- Diagnosis
 - What caused this?
 - Is it permanent?
 - How is it treated?
 - Anything I can do other than a medicine?
 - How will it affect my life?
 - How can I learn more about it?

www.medlineplus.gov



Keeping Information

- Take notes
 - Keep a health notebook
- Keep records
- If uncertain once you get home, call or email the doctor's office
- Sign up for a portal (if available)



Making Decisions Together

- Ask about options
- Discuss the benefits
- Discuss the risks/harms
- Think about your own values and goals
- Ask about prevention
- Ask about support groups and community services



Referral to a Specialist

- Ask that your records be sent before your visit
 - Have your own copies
- Ask whether any tests he or she orders have been done before.
 - If so, does it really need to be repeated?
- Ask same questions about treatment.
- Ask him or her to talk to your primary care doctor



Seeing a Surgeon

- How many have you done?
 - What are the success & complication rates?
- What problems can I expect?
 - How much pain or discomfort will I have?
- What kind of anesthesia?
 - Any risks in older people?
- How long will I be in the hospital?
- Will I need rehabilitation?



Going To The Emergency Room

- ❑ Take you insurance information
- ❑ List of medications
- ❑ List of medical problems (“Problem List”)
- ❑ Names and phone numbers of your doctors
- ❑ Names and phone numbers of family members (contacts)
- ❑ Advance directives (if applicable)

Helpful Decision Sites

- Heart risk calculator
 - <http://chd.bestsciencemedicine.com/calc2.html>
- The Number Needed to Treat
 - <http://www.thennt.com>
- Medstopper
 - <http://medstopper.com>
- Deciding on cancer screening
 - <http://eprognosis.ucsf.edu>



Resources

- www.medlineplus.gov
- www.healthinaging.org
- <http://e-patients.net/>
- <http://www.choosingwisely.org>
- www.Lowninstitute.org

Helpful Sites on Medications

- www.therapeuticseducation.org
- Therapeutics Initiative: Evidence Based Drug Therapy
 - www.ti.ubc.ca
- OHSU Drug Effectiveness Review Project
 - www.ohsu.edu/drugeffectiveness
- <http://worstpills.org>

Things to Consider

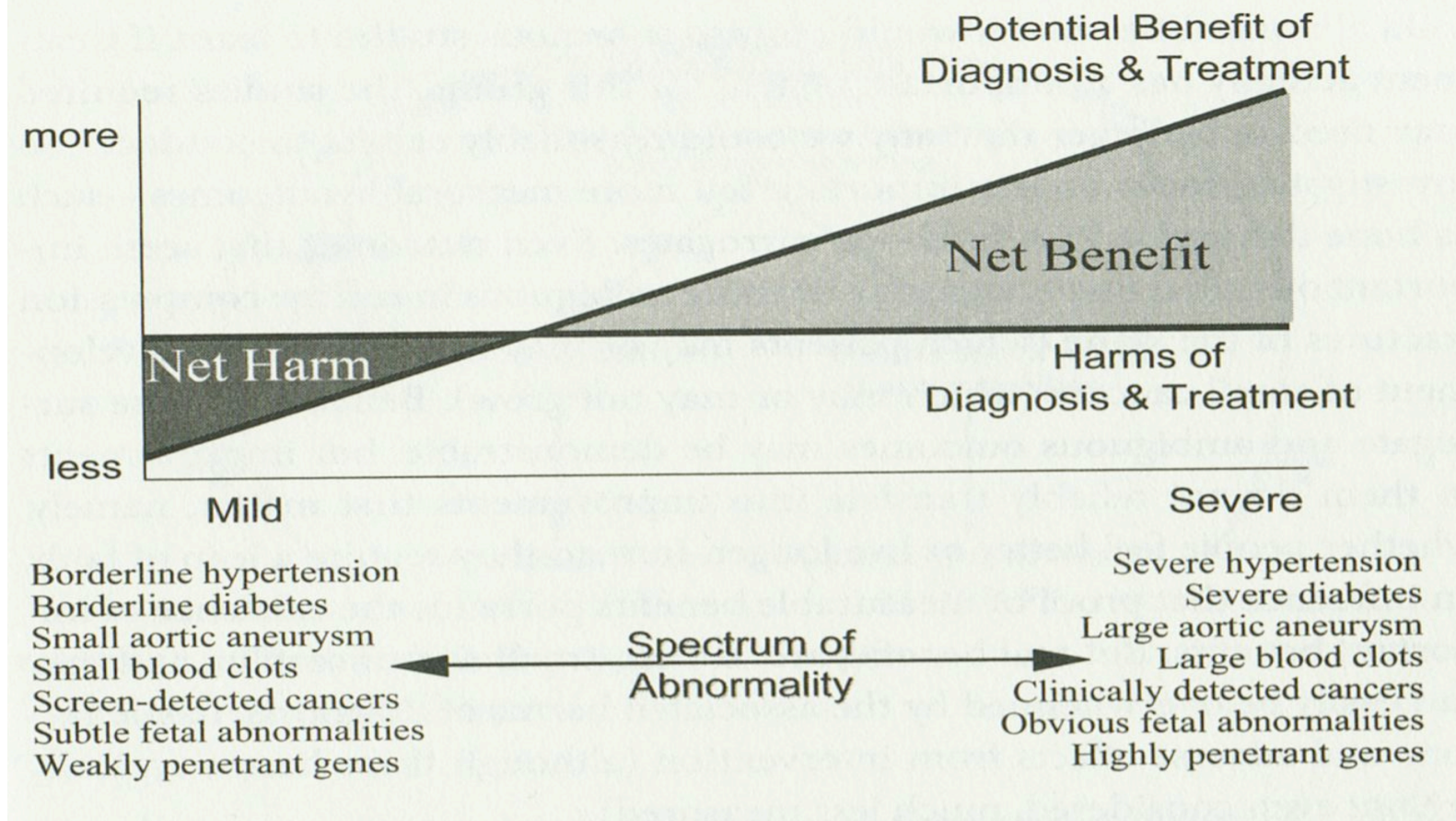
- Join the “Right Care Alliance”
 - <https://lowninstitute.org/home/vision-mission-history/>
- Know more about your doctor
 - <https://projects.propublica.org/vital-signs/>



Great Books

- ❑ *Overtreated*, Shannon Brownlee, Bloomsbury, 2007
- ❑ *The Truth About The Drug Companies*, Marcia Angell, MD, Random House, 2004
- ❑ *Overdosed America*, John Abramson, MD, Harper Collins, 2004
- ❑ *Worst Pills, Best Pills*, Sidney Wolfe, MD, Pocket Books, 2005
- ❑ *Overdiagnosed*, Gilbert Welch, MD, Beacon Press, 2011
- ❑ *Worried Sick*, Norton Hadler, MD, UNC, 2008
- ❑ *The Last Well Person*, Norton Hadler, MD, McQueen's, 2011

Is Medicine Worthless?



How do you want to gamble?



Asymmetry Principle

- “The amount of energy needed to refute bullshit is an order of magnitude bigger than to produce it.”