Geriatrics EBM Presentation

Preventative Medicine: Screening

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Our Patients

75 yo F with PMH of essential hypertension controlled on lisinopril 10mg. No PSH. Never smoker. Denies alcohol. Healthy diet. ADLs and IADLs are completely independent. Participates in Zumba three times weekly. Presents to clinic for wellness exam.

75 yo F with PMH of COPD, HfrEf (EF 30%), uncontrolled HTN, T2DM with HbA1c of 11% and recently diagnosed Alzheimer's dementia. 50 pack year smoker. 7 alcoholic drinks per week. Performs ADLs independently, but relies on daughters for IADLs. She has been hospitalized 8 times in the last 6 months for CHF and COPD exacerbations. Presents with her daughter to clinic for decreasing cognitive function.

Should preventative medicine screenings differ for these patients?
Screening Considerations for Geriatrics

Chronic Conditions
Risk Factors
Screening Complications
Quality of Life
Patient Goals
Functional Status
Life Expectancy

RCT often do not include adults >75 yo

Evidence based medicine tool designed by USCF to help clinicians determine geriatric patients’ prognosis and mortality outcomes. (1)

There are so many screening recommendations. We will focus on 3 that I have seen frequently during the Geriatrics clerkship.
Clinical Question

In patients over age 65, does colorectal cancer screening decrease mortality due to colorectal cancer?

P: Patients over 65 years old
I: Colorectal Cancer Screening
C: No Screening
O: Decrease Mortality due to Colorectal Cancer
Colorectal Cancer Screening

USPTF Recommendations: (2)
- Age 50-75: Grade A - Routine Screening Recommended
- Age 76-85: Grade C - No Routine Screening, but consider offering to individual patients
- Age >85: Grade D – Do not screen

Time to benefit for colorectal cancer screening: survival meta-analysis of flexible sigmoidoscopy trials 2015 (3)
- Population: Age 50-74
- If you screen 5000 patients, you will prevent 1 death due to colorectal cancer after 4.3 years
- If you screen 1000 patients, you will prevent 1 death due to colorectal cancer after 9.4 years
- Considerations:
  - 1 in 1000 patients to undergo screening had serious complications
  - Patients >75 were not included in the study

Assessing the Impact of Screening Colonoscopy on Mortality in the Medicare Population 2011 (4)
- Population: Age 67-94
- Calculated “Pay Off Time” – Patient has to live 5 years to benefit from screening.
- Men age 67-69 with >2 comorbidities had 81 life years saved per 100,000
- Men age 75-79 without comorbidities had 459 life years saved per 100,000
- Conclusion: Screening should be based on more than age. Patients with less comorbidities benefitted more from colorectal cancer screening

TAKE HOME POINT: Consider Life Expectancy
TAKE HOME POINT: Consider Comorbidities
Clinical Question

In patients over age 65, does breast cancer screening decrease mortality due to breast cancer?

P: Patients over 65 years old
I: Breast Cancer Screening
C: No Screening
O: Decrease Mortality due to Breast Cancer
Breast Cancer Screening

USPTF Recommendations (5)
• Age 50-74: Grade A – Biennial Screening
• Age >74: Grade I – Insufficient Evidence

ACOG Recommendations (6)
• Age 40/50-74: Mammogram every 1-2 years
• Age >74: Screening based on shared decision making considering the patient’s health and longevity

American Cancer Society Recommendations (7)
• Starting at Age 40/45: Mammogram every 1-2 years as long as they are in good overall health with life expectancy of > 10 years

Weighing the Benefits and Burdens of Mammogram Screening in Women Age 80 Years or Older 2009 (8)
• Population: 2,011 women >80 years old
• No difference in stage or death due to breast cancer in patients screened vs not screened
• 12.5% experienced burdens from screening: additional testing, false negatives, anxiety
• 0.3% of unscreened women may have benefitted from screening

TAKE HOME POINT: Shared decision making, consider life expectancy and risks to screening
Clinical Question

In patients over age 65, does annual screening for falls decrease risk for future falls?

P: Patients over 65 years old
I: Annual Fall Screening
C: No Screening
O: Decrease Risk of Future Falls
Screening for Falls

American Geriatrics Society and British Geriatrics Society Recommend annual screening for fall risk in patients > 65 years old (9)

• Have you fallen more than once in the past year?
• Have you needed to medical attention for a fall?
• Do you feel unsteady when walking?

Intrinsic Factors(10):
◦ Cognitive and Sensory Deficits
◦ Gait, Strength & Balance

Extrinsic Factors(10):
◦ Medications
◦ Footwear
◦ Home Environment
◦ Assist Devices

Exercise to Prevent Falls in Older Adults: An Updated Systematic Review and Meta-Analysis (11)

• Population: > 19,000 participant average age >65 years and not living in a residential facility
• 21% reduction in fall rate in patients involved in an exercise program. Specifically exercise targeting balance was very effective.

TAKE HOME POINT: Ask your patients about falls. Encourage Exercise!!!!
Summary

Colorectal Cancer Screening

• Age >75:
  • Think screening for patients without lots of comorbidities and with life expectancy of at least 5 years with greater consideration if life expectancy is >10 years

Breast Cancer Screening

• Age >75:
  • Think screening for patients with life expectancy > 10 years

Screening for Falls

• Age > 65:
  • Screen Annually
  • Exercise!

TAKE HOME POINT:

TALK TO YOUR PATIENTS ABOUT RISK AND BENEFITS TO SCREENING AND MAKE PREVENTATIVE MEDICINE DECISIONS TOGETHER
References


