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.

There is strong evidence that use of sedative-hypnotics (both benzodiazepines and non-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.

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

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 hospitalized 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.
SUPPORTING EVIDENCE


To find out more or become involved:
Visit www.choosingwisely.org.au or follow twitter.com/ChooseWiselyAU or email choosingwisely@nps.org.au
HOW THIS LIST WAS MADE

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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About Choosing Wisely Australia
Choosing Wisely Australia® is enabling clinicians, consumers and healthcare stakeholders to start important conversations about tests, treatments and procedures where evidence shows they provide no benefit and in some cases, lead to harm. This initiative is being led by Australia’s medical colleges, societies and associations and is facilitated by NPS MedicineWise.

About the Australasian and New Zealand Society for Geriatric Medicine (ANZSGM)
The Australian and New Zealand Society for Geriatric Medicine is the professional society for geriatricians and other medical practitioners with an interest in the 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 the older people in Australia and New Zealand. Its major functions are around education, policy development and review, and political advocacy.

About NPS MedicineWise
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