HOW THIS LIST WAS CREATED

- The American Geriatrics Society (AGS) established a work group chaired by the Vice Chair of Clinical Practice and Models of Care Committee (CPMC).
- Work group members were drawn from that committee, as well as the Ethics, Ethnogeriatrics and Quality and Performance Measurement (QPMC) committees.
- AGS members were invited to submit feedback and recommendations as to what they thought should be included.
- The list was reviewed then refined, with the help of expert advice, then approved by the AGS Executive Committee and the Chairs of CPMC, Ethics, and QPMC.

THE FIVE “THINGS”

Don’t recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.


THE FIVE “THINGS”

Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.


THE FIVE “THINGS”

Avoid using medications to achieve hemoglobin A1c <7.5% in most adults age 65 and older; moderate control is generally better.


THE FIVE “THINGS”

Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

THE FIVE “THINGS”

Don’t use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.


A CLOSER LOOK

G-TUBES

Don’t recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.

- Careful hand-feeding for patients with severe dementia is at least as good as tube-feeding for the outcomes of death, aspiration-pneumonia, functional status and patient comfort.
- Food is the preferred nutrient.
- Tube-feeding is associated with agitation, increased use of physical and chemical restraints and worsening pressure ulcers.

ANTIPSYCHOTICS

Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.

- People with dementia often exhibit aggression, resistance to care and other challenging or disruptive behaviors.
- In such instances, antipsychotic medicines are often prescribed, but they provide limited benefit and can cause serious harm.
- Use of these drugs should be limited to cases where nonpharmacologic measures have failed and patients pose an imminent threat to themselves or others.
- Identifying and addressing causes of behavior change can make drug treatment unnecessary.

AVOID TIGHT BLOOD SUGAR CONTROL

Avoid using medications to achieve hemoglobin A1c <7.5% in most adults age 65 and older; moderate control is generally better.

- There is no evidence that using medications to achieve tight glycemic control in older adults with type 2 diabetes is beneficial.
- There is evidence to show that tight glycemic control can harm people and increase mortality.

WHAT DATA TELLS ABOUT A1C?

Five long-term studies showed NO improvement in total mortality.

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BEERS 2012

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<th>Organ System or Therapeutic Category or Drug</th>
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<td>Acute, sliding scale</td>
<td>Higher risk of hypoglycemia without improvement in hyperglycemia management regardless of care setting.</td>
<td>Avoid</td>
</tr>
<tr>
<td>Chlorpropamide</td>
<td>Prolonged half-life causing prolonged hypoglycemia, causes SIADH.</td>
<td>Avoid</td>
</tr>
</tbody>
</table>

*new on updated Beers


Sulfonylureas (long duration)
- **Chlorpropamide**: prolonged half-life causing prolonged hypoglycemia; causes SIADH.
- **Glyburide**: greater risk of prolonged hypoglycemia in older adults.

Avoid chlorpropamide glyburide*

LONG-TERM BENZO USE DOES WHAT?

- People who begin taking anti-anxiety medications such as Xanax, Ativan or Valium after the age of 65 have a 50 percent greater chance of developing dementia within 15 years than people who have never taken this class of drugs.


BENZO’S AND “SLEEPERS”

Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

- Large scale studies consistently show that the risk of motor vehicle accidents, falls and hip fractures leading to hospitalization and death can more than double in older adults taking benzodiazepines and other sedative-hypnotics.
- Older patients, their caregivers and their providers should recognize these potential harms when considering treatment strategies for insomnia, agitation or delirium.
- Use of benzodiazepines should be reserved for alcohol withdrawal symptoms, delirium tremens or severe generalized anxiety disorder unresponsive to other therapies.

THE “UTI EPIDEMIC”

Don’t use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

- Cohort studies have found no adverse outcomes for older men or women associated with asymptomatic bacteriuria.
- Antimicrobial treatment studies for asymptomatic bacteriuria in older adults demonstrate no benefits and show increased adverse antimicrobial effects.
- Consensus criteria has been developed to characterize the specific clinical symptoms that, when associated with bacteriuria, define urinary tract infection.


THANK YOU!