On February 21, 2013, the American Geriatrics Society (AGS) released its list of “Five Things Physicians and Patients Should Question” as part of the American Board of Internal Medicine (ABIM) Foundation’s Choosing Wisely® campaign. The AGS list can be found on the Choosing Wisely webpage (http://www.choosingwisely.org) with accompanying rationales and references, a new “Ask the Expert” series for patients and caregivers, and a tip sheet for patients on communicating with their health care providers. An article will be published on the development of the AGS Choosing Wisely list of recommendations in an upcoming issue of the Journal of the American Geriatrics Society.

The AGS list of the five things that should be questioned by providers and patients is shown in the Table along with the rational to support inclusion of each item. Many of these recommendations have been noted in other care-related recommendations such as the newly released Beers Criteria (AGS, 2012) and the American Medical Directors Association (AMDA) Clinical Practice Guideline for Diabetes Management (AMDA, 2011). This list, however, is relevant to care across all settings and across the aging continuum. The list was created by a work group chaired by the Vice Chair of the Clinical Practice and Models of Care (CPMC) Committee, Paul Mulhausen, MD. AGS members were invited to submit feedback and recommendations as to what they thought should be included within the list via an electronic survey. The work group then narrowed the list down to the top 10 potential tests or procedures. The work group reviewed the evidence surrounding the list of 10 potential tests and procedures, and in discussion with expert advice, decided on the five items identified. Consensus on support for these five items was obtained from the AGS Executive Board and the Chairs and Vice Chairs of several of the relevant committees (CPMC, Ethics, Ethnogeriatrics, and Quality and Performance Measurement).

MORE ABOUT THE CHOOSING WISELY CAMPAIGN

The Choosing Wisely campaign was established by the ABIM to answer challenging care questions and help providers initiate these discussions and inform patients of the right questions to ask when faced with these care decisions. The ultimate goal is to ensure that patients and providers have the important conversations necessary to make certain the right care is delivered at the right time. Choosing Wisely focuses on encouraging physicians, patients, and other health care stakeholders to think and talk about medical tests and procedures that may be unnecessary, and in some instances, cause harm. To spark these conversations, leading specialty societies have created lists of “Things Physicians and Patients Should Question”—evidence-based recommendations that should be discussed to help make wise decisions about the most appropriate care based on a patient’s individual situation. To date, approximately 35 specialty societies have joined the campaign, and 17 of them have published lists relevant to their areas of specialty (e.g., geriatrics, pediatrics, rheumatology, cardiology). (A current listing of participating organizations is available at http://www.choosingwisely.org/partners.) The AMDA has also signed on to the campaign and will be releasing its list of items in the next few months. In addition, Consumer Reports has partnered with ABIM to establish and disseminate consumer resources.
to guide patients in these discussions (for the full listing visit http://www.choosingwisely.org/doctor-patient-lists).

**NURSES’ INVOLVEMENT IN THE CHOOSING WISELY CAMPAIGN**

Much to our disappointment, nurses have not been directly involved in this campaign, in the development of lists, as members of the work group, or in the dissemination process. That being said, the campaign is critically important to patient care in geriatrics and we now have an opportunity to help with the dissemination process. As leaders in geriatrics, we encourage you to be familiar with the Choosing Wisely resources and to share them in your facilities and clinical offices as well as with students. Moreover, as nurses, you may be asked by patients and families about these things and may be called on to help patients understand the pros and cons of treatment options. The resources may be particularly helpful for nurses working in long-term care settings during family meetings. Many of the recommendations espouse a “less is more” approach to the care of older adults with the use

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<tr>
<th>Intervention to Question</th>
<th>Rationale</th>
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<td>1. Feeding tubes: Do not recommend percutaneous feeding tubes in patients with advanced dementia; instead, offer oral-assisted feeding.</td>
<td>Careful hand-feeding for patients with end-stage dementia has been noted to be as effective as tube feeding with regard to impacting incidence of aspiration pneumonia, impact on function, patient comfort, or death. Moreover, tube feeding is associated with agitation, increased use of physical and chemical restraints, and worsening pressure ulcers.</td>
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<td>2. Antipsychotic medications: Do not use antipsychotic agents as first choice to treat behavioral and psychological symptoms of dementia.</td>
<td>There is little evidence for the benefit of use of antipsychotic agents on behavioral and psychological symptoms associated with dementia. Moreover, these medications can cause strokes and premature death. Approaches that identify and address the cause of the behavioral symptom (e.g., fear, pain/discomfort, hunger) should be considered and nonpharmacological measures attempted (e.g., exercise, massage, distraction) prior to drug interventions.</td>
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<td>3. Avoid using medications to achieve hemoglobin A1c &lt;7.5% in most adults 65 and older; moderate control is generally better.</td>
<td>There is no evidence that using medications to achieve tight glycemic control in older adults with type 2 diabetes is beneficial. Tight control has been consistently shown to produce higher rates of hypoglycemia in older adults. Given the long timeframe to achieve theorized microvascular benefits of tight control, glycemic targets should reflect patient goals, health status, and life expectancy. Reasonable glycemic targets would be 7% to 7.5% in healthy older adults with long life expectancy, 7.5% to 8% in those with moderate comorbidity and a life expectancy &lt;10 years, and 8% to 9% in those with multiple morbidities and shorter life expectancy.</td>
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<td>4. Do not use benzodiazepines or other sedative-hypnotic agents in older adults as first choice for insomnia, agitation, or delirium.</td>
<td>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-hypnotic agents. Use of benzodiazepines should be reserved for alcohol withdrawal symptoms/delirium tremens or severe generalized anxiety disorder unresponsive to other therapies.</td>
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<td>5. Do not use antimicrobial agents to treat bacteriuria in older adults unless specific urinary tract symptoms are present.</td>
<td>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. Screening for and treatment of asymptomatic bacteriuria is recommended before urologic procedures for which mucosal bleeding is anticipated.</td>
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of safer and less invasive alternative treatments. These lists can help families understand the team recommendations when questions are raised about management of such things as diabetes and the need for tight control of blood sugars, or for more difficult ethical issues, such as deciding whether to initiate tube feedings for residents with advanced dementia. The recommendations on the AGS list (e.g., avoiding the use of benzodiazepines as first choice for the treatment of delirium) and other Choosing Wisely items (e.g., imaging tests for lower back pain) directly address the important issues of practicing using the best evidence, considering patient and family preferences and values, and avoiding unnecessary health care costs. Both advanced practice nurses and nurses in bedside and other care roles are often frequently involved in these conversations and are consulted on a daily basis by patients and families when they or their loved ones are making these types of health care decisions. Nurses may be in more neutral and trusted positions and can share this information, help patients understand these recommendations, and assist patients in how to ask tough questions about the recommendations. Helping to disseminate the resources from the Choosing Wisely campaign to all health care disciplines will help ensure that older individuals receive the best possible care that we can provide, given our current knowledge and findings to date.

REFERENCES

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