

# Geriatric Health Maintenance (when to stop testing)

Himanshu Sharma, MD  
United Family medicine residency  
program

# Disclosures

No financial disclosure

I do not speak American

# Goals

- To look at the evidence when to stop health care maintenance testing
- Become certain about the uncertainties of the evidence
- Will not discuss about start time of tests

# Challenges in Geriatric Age Group

- Lack of data
- Co morbid conditions
- More group decision making

Generally based upon life expectancy-

>10 yrs or 5-10 yrs, Moderate dementia

# Grades of USPSTF recs

- Grade A-strongly recommended
- Grade B-recommended
- Grade C-no recommendation for or against (fair evidence for)
- Grade D-recommended against
- Grade I-Insufficient evidence for or against

# Why is it important?

Harms of the test outweigh the benefits

Harms of tests are often immediate

Discomforts of the test

False positive tests causing complications

False reassurance from false neg test

# Prostate cancer screening

- PSA (prostate surface antigen)
  - What % age of PSA results are false Positive?
  - 35-40%, 55-60% or 75-80%

## PSA- cont

75-80%

- USPSTF recommends against screening in men  $>70$  years of age
- discuss pros and cons if life expectancy is  $>10$  years



# Case 1

- 70 years old lady, a known diabetic, comes for physical exam. She lives with her husband and has no symptoms and has normal paps before. Will you do a pap smear?

# Cervical cancer screening

Stop doing pap smears >65 if women had **adequate recent screening** regardless of sexual hx or new sexual partners

# What is adequate cervical cancer screening?

- 3 consecutive neg cytology or

- 2 consecutive neg hpv in last 10  
yrs

with most recent test within 5 years

# **Cervical cancer screening if not adequately screened**

- screen every 2 to 5 years ending at age 70

# Breast cancer screening

How long does it take to prevent one death from breast cancer for 1000 women screened?

- 5 years,
- 10 years
- 15 years

**Answer**

10 years

## **Sensitivity of mammography**

-increases

-decreases

-remains same

With increasing age?

## **Answer**

-increases, hence fewer false positive results



## Bottom line

Insufficient evidence per USPSTF to screen after 75 years

-ACS and AGS choosing wisely not to screen with <10 yrs of life expectancy

# Case 2

- Doc, I am 82. My wife said that I still need to continue my “rear end photography” from inside (colonoscopy). She read it that some people need to.

What's your thought?

# Colorectal cancer screening

- Screening studies have been restricted to patients younger than 80 years.
- USPSTF recommends against screening adults >85

Adults between age 76-85-decide based upon health, previous screening and life expectancy

# Colorectal cancer screening

- ACS - no screening if <10 years of life expectancy
- Early start and late stopping in people with high risk -familial polyposis, personal h/o ulcerative colitis, family h/o colon cancer in first degree relative) (start 10 years before the age cancer was diagnosed)

# Not to worry about

- HYPERPLASTIC POLYP

# Ovarian cancer

- USPSTF recommends against routine screening for ovarian cancer.

# Skin cancer

Insufficient evidence to recommend for or against skin survey for skin cancer by primary care provider

# When to stop Low dose CT for Lung cancer ?

- at age 80 or when pt has not smoked for 15 years or life expectancy has declined so that curative surgery can not be performed



# Cholesterol screen

- Age to stop is not established. Keep screening until life expectancy  $>5-7$  yrs

Lipids levels are less likely to increase after 65

- Lowering cholesterol decreases cardiovascular mortality but not all cause mortality.

# **Statin use**

What are the benefits of statins?

# Statins

-no all cause mortality  
reduction but significant  
reduction in heart attacks  
and strokes

-For primary prevention, there is insufficient evidence to recd for or against statin use for primary prevention

-start or cont statin in patients ages 75-84 with DM-2

# Statins

-continue statins life-long if being used for secondary prevention,

# Last but not the least

- Doctor, I don't need to come every year for that long annual physical.
- There is no evidence for that.
- Please leave me alone  
Ouch

- NO EVIDENCE FOR ANNUAL PHYSICAL!!!
- MOST PREVENTIVE SERVICES ARE PROVIDED AT OTHER VISITS.

# Life expectancy tools

## Lee-Schonberg index

- calculates probability of a patient living 5, 10 or 14 more years
- predicted median life expectancy

## Adjusted US life table data



# Summary

- Not enough data in elderly about exact time of stopping preventive medicine screens.
- Think about co morbid conditions, life expectancy before ordering tests