Unnecessary X-rays for children, five+ meds risky for those 65+, and better support for keeping people at work among new medical recommendations

New advice released today encourages reconsideration of common medical practices as part of the Choosing Wisely Australia campaign, addressing improving care at all stages of life. They caution that Australian children are having too many unnecessary diagnostic X-rays; focus on the significance of keeping people at work for improved health; and warn that Australians over 65 taking five or more medications could be at risk from medication-related harm.

These recommendations are among 25 published today by leading medical organisations* launching five new lists of practices to question, with the aim to reduce unnecessary or inappropriate medical care in Australia.

Dr Robyn Lindner, Client Relations Manager at NPS MedicineWise and spokesperson for Choosing Wisely Australia said that these latest recommendations are yet further evidence that the global effort to improve patient care is proving popular with Australia’s medical experts.

“To date we have released almost 160 recommendations through the Choosing Wisely Australia initiative,” she said.

“Operating in Australia for just over two years now, we have demonstrated strong early results, with recommendations being formally adopted by health services around the country. This supports Choosing Wisely Australia’s long-term aim to change behaviours in both health professionals and patients,” concluded Dr Lindner.

*Those releasing lists today are the:
- Royal Australasian College of Physicians, Paediatrics & Child Health Division (PCHD)
- Royal Australasian College of Physicians, Australasian Faculty of Occupational and Environmental Medicine (AFOEM)
- Australasian Paediatric Endocrine Group (APEG)
- Society of Obstetric Medicine of Australia and New Zealand (SOMANZ)
- Internal Medicine Society of Australia and New Zealand (IMSANZ).

AUSTRALIAN CHILDREN ARE HAVING TOO MANY X-RAYS
With three out of the five recommendations in the paediatrics list focussing on X-rays, Dr Sarah Dalton, RACP Paediatrics & Child Health Division President, stressed that more attention is needed to make sure these tests were used only when clinically necessary in children.

“Our list urges medical professionals to reconsider the need to routinely order X-rays for the diagnosis of bronchiolitis and asthma, as well as nonspecific abdominal pain, in children,” she said.

Based on clinical evidence gathered from a variety of sources, the recommendation reflects that chest x-rays have been found to significantly alter therapeutic management in as few as 1 in 100 children with typical bronchiolitis and that in over 95% of cases, an abdominal X-ray has little clinical significance in children presenting with non-specific abdominal pain.

“Whilst it is all too easy to slip back into our routines and order a test because it is ‘what we've always done’, I encourage my colleagues to pause for a second and ask is this X-ray really necessary?” Dr Dalton said.

“For any parents who might be concerned about the idea that ‘less can sometimes be more’, I would say to them we want to make sure we are only ordering a test when it is medically beneficial for your child. In the case of abdominal X-rays, we know they actually have more radiation than chest X-rays and in some cases have been shown to be unnecessary for diagnostic purposes. This is why we're calling attention to their use in children, and urging doctors to think twice before ordering their next one” said Dr Dalton.

GETTING BACK TO WORK IS VITAL FOR YOUR HEALTH
President of the Australasian Faculty of Occupational and Environmental Medicine, Associate Professor Peter Connaughton said the launch of today’s occupational health recommendations provides a chance to shine a spotlight on the important role work plays in our overall health and wellbeing.

“We are recommending doctors only certify a patient as being totally unfit for work when it is clinically necessary. Where appropriate we are encouraging willing patients to continue working in some capacity as part of their overall healthcare management,” he said.
According to Safe Work Australia, it is estimated that work-related injury and time off for illness costs the Australian economy around $61.8 billion a year in direct and indirect costs like loss of productivity.

"In addition to the financial imperative to act, as a treating physician, I see the emotional and physical impact not being able to work has on people’s lives," Associate Professor Connaughton said.

“We are concerned because people declared medically unfit for work often experience a range of issues including: loss of self-esteem, feelings of isolation, depression and anxiety, as well as poorer physical health and slower recovery times from their injuries.

“This is why we are encouraging doctors, patients and employers to focus on capacity, not incapacity. We want to make sure a willing patient can be supported in gradually increasing their activities as part of return to work plan. In my practice, I have also found it useful to talk with an employer and patient together about what adjustments could be made in the workplace to best facilitate a speedy return to work,” he concluded.

ARE OLDER AUSTRALIANS OVER-MEDICATING?
President of the Internal Medicine Society of Australia and New Zealand, Dr Robert Pickles, urged older Australians regularly taking five or more medications, including over-the-counter purchases, to sit down and have a conversation with their doctor about how they could start ‘deprescribing’ and stop taking any unnecessary medications.

Dr Pickles said a variety of studies, sourced as part of the new recommendations, indicate the risk of medication-related harm, particularly in patients over 65, rises once the number of medications taken daily exceeds five. Risk of harm increases exponentially as the number reaches eight and over.

The medicines older Australians should consider avoiding include: Benzodiazepines, anti-psychotics, hypoglycaemic agents, antithrombotic agents, anti-hypertensives, and anti-anginal medicines.

“The average patient I see is over 65 and taking more than five medications a day, with many having started treatment and never stopped. An example, is proton pump inhibitors for reflux disease. We know most people do not need to use them for long periods of time yet never step down to cheaper and safer drugs, instead staying on them long after they are useful,” Dr Pickles concluded.

The concern around staying on multiple medicines long term is echoed by several other medical bodies including the Australian and New Zealand Society for Geriatric Medicine and the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists, who also drew attention to this issue in their Choosing Wisely Lists.

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About NPS MedicineWise

About Choosing Wisely
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. The campaign is being led by Australia’s medical colleges and societies and is facilitated by NPS MedicineWise. Visit http://www.choosingwisely.org.au.

About RACP EVOLVE
The lists from PCHD, AFOEM, APEG, SOMANZ, and IMSANZ are part of the Royal Australasian College of Physicians’ EVOLVE program, a physician-led initiative to ensure the highest quality patient care through the identification and reduction of low-value practices and interventions. To find out more go to www.evolve.edu.au.

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