Family Medicine

Thirteen Things Physicians and Patients Should Question

by
College of Family Physicians of Canada

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Choosing Wisely Canada™
In partnership with the Canadian Medical Association

1. **Don't do imaging for lower-back pain unless red flags are present.**
Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes.

2. **Don't use antibiotics for upper respiratory infections that are likely viral in origin, such as influenza-like illness, or self-limiting, such as sinus infections of less than seven days of duration.**
Bacterial infections of the respiratory tract, when they do occur, are generally a secondary problem caused by complications from viral infections such as influenza. While it is often difficult to distinguish bacterial from viral sinusitis, nearly all cases are viral. Though cases of bacterial sinusitis can benefit from antibiotics, evidence of such cases does not typically surface until after at least seven days of illness. Not only are antibiotics rarely indicated for upper respiratory illnesses, but some patients experience adverse effects from such medications.

3. **Don't order screening chest X-rays and ECGs for asymptomatic or low risk outpatients.**
There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Chest X-rays for asymptomatic patients with no specific indications for the imaging have a trivial diagnostic yield, but a significant number of false positive reports. Potential harms of such routine screening exceed the potential benefit.

4. **Don't screen women with Pap smears if under 21 years of age or over 69 years of age.**
- Don't do screening Pap smears annually in women with previously normal results
- Don't do Pap smears in women who have had a hysterectomy for non-malignant disease

The potential harm from screening women younger than 21 years of age outweighs the benefits and there is little evidence to suggest the necessity of conducting this test annually when previous test results were normal. Women who have had a full hysterectomy for benign disorders no longer require this screening. Screening should stop at age 70 if three previous test results were normal.

5. **Don't do annual screening blood tests unless directly indicated by the risk profile of the patient.**
There is little evidence to indicate there is value in routine blood tests in asymptomatic patients; instead, this practice is more likely to produce false positive results that may lead to additional unnecessary testing. The decision to perform screening tests, and the selection of which tests to perform, should be done with careful consideration of the patient's age, sex and any possible risk factors.

6. **Don't routinely measure Vitamin D in low risk adults.**
Because Canada is located above the 35° North latitude, the average Canadian's exposure to sunlight is insufficient to maintain adequate Vitamin D levels, especially during the winter. Therefore, measuring serum 25-hydroxyvitamin D levels is not necessary because routine supplementation with Vitamin D is appropriate for the general population. An exception is made for measuring Vitamin D levels in patients with significant renal or metabolic disease.

7 **Don't routinely do screening mammography for average risk women aged 40 – 49. Individual assessment of each woman's preferences and risk should guide the discussion and decision regarding mammography screening in this age group.**

If, after this careful assessment and discussion, a woman's breast cancer risk is not high, current evidence indicates that the benefit of screening mammography is small. Furthermore, for this age group there is a greater risk of false-positive screening results and consequently of undergoing unnecessary or harmful follow-up procedures. As always, clinicians need to be aware of changes in the balance of evidence on risk and benefit and support women in understanding this evidence. High quality materials to assist these discussions are available through the Canadian Task Force on Preventive Health Care.

8 **Don't do annual physical exams on asymptomatic adults with no significant risk factors.**

A periodic physical examination has tremendous benefits; it allows physicians to check on their healthy patients while they remain healthy. However, the benefits of this check-up being done on an annual basis are questionable since many chronic illnesses that benefit from early detection take longer than a year to develop. Preventive health checks should instead be done at time intervals recommended by guidelines, such as those noted by the Canadian Task Force on the Periodic Health Examination.

9 **Don't order DEXA (Dual-Energy X-ray Absorptiometry) screening for osteoporosis on low risk patients.**

While all patients aged 50 years and older should be evaluated for risk factors for osteoporosis using tools such as the osteoporosis self-assessment screening tool (OST), bone mineral density screening via DEXA is not warranted on women under 65 or men under 70 at low risk.

10 **Don't advise non-insulin requiring diabetics to routinely self-monitor blood sugars between office visits.**

While self-monitoring of blood glucose (SMBG) for patients with diabetes is recommended by certain groups to help monitor glycemic control, for most adults with type II diabetes who are not using insulin, many studies have shown that routine SMBG does little to control blood sugar over time.

11 **Don't order thyroid function tests in asymptomatic patients.**

The primary rationale for screening asymptomatic patients is that the resulting treatment results in improved health outcomes when compared with patients who are not screened. There is insufficient evidence available indicating that screening for thyroid diseases will have these results.

12 **Don't continue opioid analgesia beyond the immediate postoperative period or other episode of acute, severe pain.**

The immediate postoperative period or acute episodes of pain typically refers to a time period of three days or less, and rarely more than seven days. Prescribe the lowest effective dose and number of doses required to address the expected pain. This recommendation does not apply to individuals already on long term or chronic opioids or opioid agonist treatment.

13 **Don't initiate opioids long-term for chronic pain until there has been a trial of available non-pharmacological treatments and adequate trials of non-opioid medications.**

Depending on the pain mechanism and patient co-morbidities, this can includeacetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), serotonin and norepinephrine reuptake inhibitors (SNRIs), tricyclics and gabapentinoids. Other non-medication modalities for managing acute, subacute and chronic pain may include exercise, weight loss, cognitive-behavioural therapy, massage therapy, physical therapy and/or spinal manipulation therapy. An opioid trial should be guided by clear criteria for monitoring the success of an opioid trial and a plan for stopping opioids if criteria are not met.

How the list was created

Recommendations 1 - 5

The Canadian Medical Association's (CMA) Forum on General and Family Practice Issues (GP Forum) is a collective of leaders of the General Practice sections of the provincial and territorial medical associations. To establish its Choosing Wisely Canada Top 5 recommendations, each GP Forum member consulted with their respective GP Section members to contribute candidate list items. Items from the American Academy of Family Physicians' Choosing Wisely® list were among the candidates. All candidate list items were collated and a literature search was conducted to confirm evidence-based support for the items. GP Forum members discussed which of the thirteen items that resulted should be included. Agreement was found on eight of them. Family physician members of the CMA's e-Panel voted to select five of the eight items. These five items were then approved by the provincial and territorial GP Sections. The College of Family Physicians of Canada is a member observer of the GP Forum and was involved in this list creation process. The first four items on this list are adapted with permission from the Five Things Physicians and Patients Should Question, © 2012 American Academy of Family Physicians.

Recommendations 6 - 11

Items 6 - 11 were selected from ten candidate items that were originally proposed for items 1 - 5. GP Forum members discussed which of these items should be included and agreement was found on eight of them. As was done for the first wave, family physician members of the CMA's e-Panel voted to select five of the eight items; however, subsequent discussions by the GP Forum resulted in six items being chosen. Feedback on these six items was then obtained from the provincial/territorial GP Sections. The College of Family Physicians of Canada is a member observer of the GP Forum and was involved in this list creation process.

The GP Forum was dissolved as of August 2015.

Recommendations 12 - 13

In late 2016, Choosing Wisely Canada partners - the College of Family Physicians of Canada and the Canadian Medical Association - formed the Pan-Canadian Collaborative on Education for Improved Opioid Prescribing, with the goal to reduce harm from opioids, decrease the variability in prescribing practices, and improve pain management for patients. The Collaborative formally reached out to Choosing Wisely Canada (CWC) in early 2017, requesting its involvement, citing the important role played by CWC in convening professional societies representing different clinical specialties to tackle unnecessary care. As a result, the 'Opioid Wisely' was launched in March of 2018 and items 12 and 13 were added to the preexisting family medicine list of 11 things patients and clinicians should question.

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About the College of Family Physicians of Canada

The CFPC represents more than 30,000 members across the country. It is the professional organization responsible for establishing standards for the training, certification and lifelong education of family physicians. The College provides quality services and programs, supports family medicine teaching and research, and advocates on behalf of family physicians and the specialty of family medicine. The CFPC accredits postgraduate family medicine training in Canada's 17 medical schools.undergraduate and continuing medical education and encourages the development of research in oncologic surgery.

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About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

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