Healthcare Maintenance for Older Adults

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Goals and Objectives

Goal:

- Discuss basic aspects of healthcare maintenance for older adults in primary care

Objectives:

- Review USPSTF recommendations for older adults
- Update on Immunization recommendations
- Discuss current thoughts on ASA and Statins
- Appreciate complexities of and techniques for Shared Decision Making in Cancer Screening
- Demonstrate basic understanding of what the Medicare AWV is and isn't

Outline

1. USPSTF Guidelines
2. CDC Immunizations and PNA update
3. ASA and statin update
4. Cancer screening and shared decision making
5. Medicare AWV

Poll

What percentage of patients have abnormal findings on LDCT for lung cancer screening

1. 6%
2. 12%
3. 27%
4. 38%

Answer: 38% on initial screen.

- With 94% being “false alarms.” 10-20% of cancers diagnosed felt to be overdiagnosis.[1]
- On baseline scans, Incidental (non-pulmonary) findings 41-94%, further investigation of incidental findings 9-15% of patients[2]

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USPSTF Guidelines [6]

- Provide appropriate screenings and prevent harm
- Review of Nomenclature

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

USPSTF - Cancer Part 1

Recommendation on:	Who:	Grade
Colon Ca Screening	Adults 50-75* Adults 76-85	A (Being updated) C (Being updated)
Breast Ca Screening with Biennial Mammogram	Women 50-74 Women 75 and older	B I
Lung Ca Screening with Low Dose CT - Stop if quit >15 yrs, life expectancy, no longer would want treatment, age criterion	Adults 55-80 (private insurance) or 55-77 (Medicare) with 30 pack year hx and currently smoke or quit within last 15 years**	B (Being updated)
Bladder Ca Screening	Adults	I
Pancreatic Ca Screening Thyroid Ca Screening Ovarian Ca Screening Testicular Ca Screening	Adults	D

* New draft suggests starting at 45 yrs of age. Grade B. Not yet approved.
** New draft suggests starting at 50 yrs of age and 20 pack year hx. Grade B. Not yet approved.

USPSTF - Cancer Part 2

Recommendation on:	Who:	Grade
Cervical Ca Screening	Women 21-65 Women older than 65 with adequate screening*	A D
Prostate Ca Screening with PSA	Men 55-69 Men 70 and older	C D

* “3 consecutive negative cytology results or 2 consecutive negative cotesting results within 10 years before stopping screening, with the most recent test occurring within 5 years. The guidelines further state that routine screening should continue for at least 20 years after spontaneous regression or appropriate management of a precancerous lesion, even if this extends screening past age 65 years. Once screening has stopped, it should not resume in women older than 65 years, even if they report having a new sexual partner.”

USPSTF - Cardiovascular

Recommendation on:	Who:	Grade
AAA US Screening	Men Aged 65-75 ever smoked Men Aged 65-75 never smoked Women never smoked Women 65-75 ever smoked	B C D I
Primary Prevention with Statin	Adults 40-75 w/ 1 or more risk factor and >10% ASCVD risk Adults 40-75 w/ 1 or more risk factor and 7.5-10% ASCVD risk Adults 76 and older w/ no CVD	B (Being updated) C (Being updated) I (Being updated)
Aspirin for Primary Prevention of CVD and Colon Cancer	Adults 60-69 and >10% risk Adults 70 and older	C (Being updated) I (Being updated)
Carotid Artery Stenosis Screening	Asymptomatic Adults	D (Being updated)

USPSTF - Infectious Disease

Recommendation on:	**Who:**	**Grade**
Hep C Screening Hep B Screening	Adults 18-79 Anyone at high risk	B B
HIV Screening if at increased risk Syphilis if at increased risk Gonorrhea/Chlamydia if at increased risk Women Men	Older Adults	A A B I

USPSTF - Misc

Recommendation on:	Who:	Grade
Osteoporosis Screening with DEXA	Women 65 and older Men	B I
Cognitive Impairment Screening	Older Adults	I
Unhealthy Alcohol Use Screening	Adults 18 and older	B
Screening for abuse and neglect	Older Adults	I
Fall Prevention with Exercise Multifactorial Interventions Vitamin D supplementation to prevent falls	Adults 65 and older at increased risk of falls	B C D
Thyroid Screening	Nonpregnant Asymptomatic Adults	I
Vitamin D Screening	Adults	I

Poll

What is the 1 year mortality rate of older adults after hip fracture?

1. 2-5%
2. 4-11%
3. 13-19%
4. 22-30%

Answer: 22-30%[4]

How long of until Bisphosphonate has an impact?[5]

- <6 months has little effect
- >1 year to get more optimal benefit

Helpful Medicare Lab link

Quest Diagnostics Medicare Coverage Guide

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CDC Immunizations [7]

Immunization	Frequency	Notes
Influenza	Annually	
PPSV23	1 dose age 65 and older	If received prior to 65 yrs old, repeat x1 at least 5 years after prior
PCV13	See next slides	
Td or TDAP	Every 10 years	
Shingrix (preferred) or Zostavax (being phased out)	Age 50 and older Age 60 and older	2 doses 2-6 months apart

CDC - PCV13 [8] To Give or Not To Give

Adults 65 years or older without an immunocompromising condition, CSF* leak, or cochlear implant

For those who have not received any pneumococcal vaccines, or those with unknown vaccination history

If patient and provider decide PCV13 is **not** to be given:

- Administer 1 dose of PPSV23.

If patient and provider decide PCV13 is to be given:

PCV13 (at ≥ 65 years) → At least 1 year apart → **PPSV23** (at ≥ 65 years)

- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 **at least 1 year** later.

For those who have previously received 1 dose of PPSV23 at ≥ 65 years and no doses of PCV13

If patient and provider decide PCV13 is **not** to be given:

- Series complete. No additional doses indicated.

If patient and provider decide PCV13 is to be given:

PPSV23 (at ≥ 65 years) → At least 1 year apart → **PCV13** (at ≥ 65 years)

- Administer 1 dose of PCV13 **at least 1 year** after the dose of PPSV23 for all adults, regardless of medical conditions.

CDC - PCV13 [8]

Medical indication	Underlying medical condition	PCV13 at ≥ 65 years
		Recommended
None	None of the below	Based on shared clinical decision-making
Immunocompetent persons	Alcoholism	Based on shared clinical decision-making
	Chronic heart disease†	
	Chronic liver disease	
	Chronic lung disease§	
	Cigarette smoking	
	Diabetes mellitus	
	Cochlear implants	✓ If no previous PCV13 vaccination
	CSF leaks	
Persons with functional or anatomic asplenia	Congenital or acquired asplenia	✓ If no previous PCV13 vaccination
	Sickle cell disease/other hemoglobinopathies	
Immunocompromised persons	Chronic renal failure	✓ If no previous PCV13 vaccination
	Congenital or acquired immunodeficiencies¶	
	Generalized malignancy	
	HIV infection	
	Hodgkin disease	
	Iatrogenic immunosuppression‡	
	Leukemia	
	Lymphoma	
	Multiple myeloma	
	Nephrotic syndrome	
	Solid organ transplant	

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What is the 10 yr MI/CVA ASCVD calculator risk of:

74 yr old caucasian woman with BP 110/70, Tot Chol 130, HDL 60,

No HTN/DM/Smoking Hx

1. 4.3%
2. 7.9%
3. 10.4%
4. 15.1%

Answer:
10.4%[3]

ASCVD calculator[9]

- ASCVD risk calculator for 40-75 years old.
- “For adults >75 years of age, the clinician and patient should engage in a discussion about the possible benefits of preventive therapies appropriate to the age group in the context of comorbidities and life expectancy.”

ACC/AHA ASA 2019 Guidelines [9]

Recommendations for Aspirin Use

Referenced studies that support recommendations are summarized in Online Data Supplements 17 and 18.

COR	LOE	Recommendations
IIb	A	1. Low-dose aspirin (75-100 mg orally daily) might be considered for the primary prevention of ASCVD among select adults 40 to 70 years of age who are at higher ASCVD risk but not at increased bleeding risk.[S4.6-1–S4.6-8]
III: Harm	B-R	2. Low-dose aspirin (75-100 mg orally daily) should not be administered on a routine basis for the primary prevention of ASCVD among adults >70 years of age.[S4.6-9]
III: Harm	C-LD	3. Low-dose aspirin (75-100 mg orally daily) should not be administered for the primary prevention of ASCVD among adults of any age who are at increased risk of bleeding.[S4.6-10]

ASA cont'd [9]

- ASA no longer based on ASCVD risk
- "However, one caveat is that, although routine use is not recommended in these settings, there is also insufficient evidence to comment on whether there may be select circumstances in which physicians might discuss prophylactic aspirin with adults <40 years of age or >70 years of age in the context of other known ASCVD risk factors (eg, strong family history of premature MI, inability to achieve lipid or BP or glucose targets, or significant elevation in coronary artery calcium score). "

ASA cont'd [9] - Bleeding risk?

"A nonexhaustive list of conditions associated with increased bleeding risk includes: a history of previous gastrointestinal bleeding or peptic ulcer disease or bleeding at other sites, age >70 years, thrombocytopenia, coagulopathy, CKD, and concurrent use of other medications that increase bleeding risk, such as nonsteroidal anti-inflammatory drugs, steroids, direct oral anticoagulants, and warfarin"

Statins [10]

"The ACC/AHA 2018 cholesterol guidelines state that in adults older than 75 years with diabetes mellitus, it may be reasonable to initiate statin therapy after a clinician–patient discussion of potential benefits and risks for prevention of ASCVD events. However, in individuals >75 years free of ASCVD (and without diabetes or low-density lipoprotein cholesterol [LDL-C] ≥190 mg/dL), the currently applicable guidelines do not make a specific recommendation for statin use"

Statins - Future directions [10]

- Coming soon, if not already, to you
  - Coronary Artery Calcium Score (CAC score via CT scan)
- Hope for answers
  - PREVENTABLE (Pragmatic Evaluation of Events and Benefits of Lipid-Lowering in Older Adults) trial (National Heart, Lung, and Blood Institute grant U19AG065188). The PREVENTABLE trial is aiming to enroll 20,000 community-dwelling primary prevention patients age ≥75 and randomize individuals to atorvastatin 40 mg daily, or placebo. The primary outcomes include dementia and physical disability over 4 years.
  - Australian randomized, placebo-controlled trial called STAREE (A Clinical Trial of Statin Therapy for Reducing Events in the Elderly) are ongoing. The STAREE trial will assess the efficacy of atorvastatin 40 mg daily versus placebo in the improvement of overall survival or disability-free survival in 18,000 community-dwelling patients age ≥70 years.

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Cancer Screening - When to stop?

- Is 75 the magic number?
- 71 yr old with A1c 10.2% and 3 hospitalizations in last 12 months for CHF VS 76 yr old with no medical issues
- How to discuss with patients
- ePrognosis
- What about colon polyps?

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5. **Medicare AWV**

AWV - Annual Wellness Visit

- Medicare Page [11]
- Annual free preventative care visit
- NOT an annual physical exam
- NOT a chronic conditions visit
- Very prescribed, pre-established set of screenings and discussion topics
- Familiarize yourself with the components

Conclusions

- Be aware of evidence grades for various older adults screenings
- Don’t forget about osteoporosis screening
- Don’t necessarily routinely give PCV13
- Be aware of ASA and statin changing thoughts
- Don’t apply a universal rule for when to stop cancer screening. Discuss with your patients and consider their co-morbidities.
- Help educate patients around what an AWV is and isn’t and work on a standardized approach with your clinics

References

1 https://effectivehealthcare.ahrq.gov/decision-aids/lung-cancer-screening/clinician-summary.html

2 Mazzone et al. Screening for Lung Cancer. CHEST Guideline and Expert Panel Report. *Chest*. April 2018;153(4):954–985

3 http://www.cvriskcalculator.com/

4 Brauer CA, Coca-Perraillon M, Cutler DM, Rosen AB. Incidence and mortality of hip fractures in the United States. *JAMA.* 2009;302(14):1573-9.

5 McClung, M.R. Bisphosphonate therapy: how long is long enough?. *Osteoporosis Int* 26, 1455–1457 (2015). https://doi.org/10.1007/s00198-014-3019-4

6 https://www.uspreventiveservicestaskforce.org/uspstf/

7 https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

8 https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf

9 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2019;March 17

10 Statin Therapy in Older Adults for Primary Prevention of Atherosclerotic Cardiovascular Disease: The Balancing Act. 10/1/2020. American College of Cardiology.
https://www.acc.org/latest-in-cardiology/articles/2020/10/01/11/39/statin-therapy-in-older-adults-for-primary-prevention-of-atherosclerotic-cv-disease

11 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html