Management Issues in Caring for Older Women

*Family Medicine Annual Review 2017*

Edgar Pierluissi, MD
Professor of Medicine
Division of Geriatrics, UCSF

112/8/2017
Objectives

• Cancer Screening and Older Women: Breast Cancer
• Osteoporosis and Fall Prevention
• Caregiving
Choosing Wisely:
American Geriatrics Society

Don’t recommend screening for breast, colorectal, prostate or lung cancer without considering life expectancy and the risks of testing, overdiagnosis and overtreatment.

Cancer screening is associated with short-term risks, including complications from testing, overdiagnosis and treatment of tumors that would not have led to symptoms. For prostate cancer, 1055 older men would need to be screened and 37 would need to be treated to avoid 1 death in 11 years. For breast and colorectal cancer, 1000 older adults would need to be screened to prevent 1 death in 10 years. For lung cancer, much of the evidence for benefit from low dose CT screening for smokers is from healthier, younger patients under age 65. Further, although screening 1,000 persons would avoid four lung cancer deaths in six years, 273 persons would have an abnormal result requiring 36 to get an invasive procedure with eight persons suffering complications.
Breast Cancer Screening and Older Women

- Breast cancer:
  - most common cancer
  - 2nd leading cause of cancer death

- Risk increases with age
What are the benefits of screening with mammography?

• Reduced mortality
  – 15% for women in their 40s
  – 32% women in their 60s

# USPSTF Recommendations on Mammography (update 2016)

<table>
<thead>
<tr>
<th>Age</th>
<th>Mammography Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>None or Biennial</td>
</tr>
<tr>
<td>50-74</td>
<td>Biennial</td>
</tr>
<tr>
<td>75+</td>
<td>Insufficient evidence for or against</td>
</tr>
</tbody>
</table>
# USPSTF vs ACS Recommendations on Mammography

<table>
<thead>
<tr>
<th>Age</th>
<th>Mammography Intervals USPSTF</th>
<th>Mammography Intervals ACS</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>None or Biennial</td>
<td>45-49 Annual</td>
</tr>
<tr>
<td>50-74</td>
<td>Biennial</td>
<td>50-54 Annual 55-74 Biennial</td>
</tr>
<tr>
<td>75+</td>
<td>Insufficient evidence for or against</td>
<td>Biennial if good health and life expectancy &gt;10 years</td>
</tr>
</tbody>
</table>
What are the harms of screening mammography?

• Harms are more likely to occur in older women
  – Other health conditions make harms more likely and recovery more challenging if they occur, e.g. wound infections, the harms of over-treatment.

BMJ 2009;339:b2587
What are the harms of screening mammography?

• **Over-diagnosis**— diagnosis when there would have never been symptoms. Means all patients will get is harm
  – Includes up to 30% of invasive breast cancers and many DCIS diagnoses

• **False positives**— no cancer there at all
  – Additional tests, biopsies
  – Treatments: surgery, radiation exposure
  – Emotional burden, anxiety

BMJ 2009;339:b2587
Discussions with your older patients

“In general, there are increasing harms and decreasing benefits with increasing age.

More acceptable to frame the discussion this way with older patients than citing national guideline recommendations about stopping screening.

For women with longer life expectancy and over 75:
Can continue to discuss with them risks and benefits of screening.
How do they wish to make the decision, what are their values?
Women can continue to decide if they feel it is worth it and consistent with their values.

When life expectancy is <10 years or she has poor health, frame issue around doing things that have more benefit, e.g. other preventative health measures (e.g. fall prevention, etc.), and over-diagnosis becomes a bigger risk.
Use Decision Aids

- Elicit values.
- “Individualize”, i.e. prognosis.
- Discuss life-expectancy, benefits, harms.
- Use decision-aid tools, lay websites.

Estimates of Benefits and Harms of Annual Mammography Screening Over 10 Years of 10,000 50-Year-Old Women

- 3568 will have normal mammogram results for all 10 years
- 6130 will have at least 1 false-positive result during the 10 years

- 302 will be diagnosed as having breast cancer
- 173 will survive breast cancer regardless of screening
  - 10 deaths averted
  - 57 overdiagnoses
  - 62 deaths despite screening
- 940 will have an unnecessary biopsy

JAMA. Dec 2014;312(23):2585.
Osteoporosis

Normal Bone  Osteoporotic Bone
Osteoporosis

-Low bone mass and microarchitectural deterioration of bone tissue
-Results in enhanced bone fragility and an increase in fracture risk.

WHO, 1993
### WHO Bone Density Criteria

<table>
<thead>
<tr>
<th>Diagnostic criteria*</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>T is above or equal to -1</td>
<td>Normal</td>
</tr>
<tr>
<td>T is between -1 and -2.5</td>
<td>Osteopenia (low bone mass)</td>
</tr>
<tr>
<td>T is -2.5 or lower</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>T is -2.5 or lower + fragility fracture</td>
<td>Severe, established osteoporosis</td>
</tr>
</tbody>
</table>

* Measured in "T-scores;" the T-score indicates the number of standard deviations above or below the average peak bone mass in young adults.

Per SD decrease in BMD, risk of fracture increases 2-3 times.

http://www.nof.org
Osteoporosis Screening

Biggest risk factors:
• Age
• Female and postmenopausal
• White or Asian

Other risk factors
- Family history of fracture (hip)
- Low body weight (<127#)
- Smoker
- 3/more drinks a day
- Drugs (steroids, AIs)
- Comorbidities (RA, celiac disease)
Universal recommendations and prevention: NOF Recommendations

• Daily calcium intake 1000 mg/day *men 50–70; 1200 mg/day women 51+, men 71+*)
• Vitamin D intake 800–1000 IU/day and supplements PRN (*men and women 50+*)
• Regular weight bearing exercise
• Fall risk assessment and prevention
• Tobacco cessation
• Minimize alcohol use
BMD Testing: NOF Recommendations

• Women 65+
  – In any postmenopausal women with risk factors

• Men 70+
  – Men 50-69 with risk factors

• Fracture history as an adult

• Repeat every 1-2 years
Poor Detection and Compliance

• About 1/3 are detected and treated
• Detection: In women 60-64 with a risk factor and women 65+ 7 year incidence of screening 43-59%
• 50-60% persistence with treatment after 1 year
  – Cumbersome to take (fasting, upright for 30 min)
  – Upset stomach and heartburn can occur

Clowes, JCEM, Volume 89, Issue 3, 1 March 2004, Pages 1117–1123
ACP Guideline Update 2017

Treatment of Low Bone Density or Osteoporosis to Prevent Fractures in Men and Women: A Clinical Practice Guideline Update From the American College of Physicians

Who do you treat?

• Anyone with hip or spine fracture -> this is diagnostic of osteoporosis
• T-score (any site) < -2.5
• Consider: low BMD (osteopenic) FRAX 10 year hip fracture risk >3% or osteoporosis-related fracture risk >20% (not explicitly stated in the guideline, not clear that treatment prevents fracture)
Therapies

Treatment for 5 years. Reduces the risk of hip and vertebral fracture in women.

- Bisphosphonates: decr fracture risk 30-50%
  - Post op hip fx: IV zolendronic acid decr mortality and fractures
  - Weekly dosing more tolerated

- Calcitonin- not great evidence

- Raloxifene- evidence for preventing vertebral fracture only

- Denosumab- SQ dose q 6mo, ok with kidney disease
The other side of treatment: FALLS

• 1/3 of adults over 65 fall each year
  -> 10% have a major injury (fracture, TBI)
  -> deaths from falls are increasing
  -> ~80% of fxs in older women are from a fall

• In patients with hip fracture, 1/5 will die in a year and 1/4 will go from home to institution
Falls Screening Approaches

- Age >65
- Have you fallen in the last year? Yes/no
- Gait difficulty?
  - Timed Up and Go Test (>10 sec = fall risk)
- Mobility Device? Yes/no
Falls Interventions

Things you can't change
- Previous falls
- Age
- Gender
- BMI
- ADL Disabilities

Things you probably can change
- Medications
- Pain
- Dizziness or orthostasis

Things you might be able to change
- Balance
- Strength
- Vision
- Gait Impairment
- Depression
- Urinary incontinence
- Cognitive impairment
Falls: Interventions

• Effective Interventions:
  – Exercise: multicomponent intervention, Tai Chi
  – Home hazard assessment
  – Medication reduction
  – Treatment for sinus node hypersensitivity
  – First cataract surgery
  – +/- vitamin D

National Academies of Medicine, 2016
Care of the Aging Patient: From Evidence to Action

Caregiver Burden
A Clinical Review

Ronald D. Adelman, MD; Lyubov L. Tmanova, DVM, MLIS, MS; Diana Delgado, MLS; Sarah Dion, BA; Mark S. Lachs, MD, MPH

JAMA  March 12, 2014  Volume 311, Number 10
• Women provide the most caregiving in U.S.
  – Older women lack financial & social resources.
  – Consequences of caregiving: depression, caregiver burden, social isolation, poverty
• 2/3 of unpaid caregiving is for an adult >50
  – Most untrained
  – Surpasses paid caregiving
• 32% report HIGH burden (based on time spent & care needs), 19% report medium burden
• Older women are at high risk of caregiver burden because of often caring for spouses: cohabitation, lack of choice, lack of respite, comorbidities, no training.

  – High CG burden:
    • mortality (incr by 63%)
    • depression (RF and outcome)
    • weight loss
    • poor self-care
    • sleep deprivation
Caregivers = The Invisible Patient

How do you ask your patients (or your patients’ caregivers) about their role as a caregiver?
Caregivers = The Invisible Patient

I know that many family caregivers find the role to be very stressful. How are you coping with these responsibilities? How would you describe your quality of life these days? How often do you get out?

Many caregivers don’t want to burden others. Are there times when you really need help but don’t ask for fear of being a burden? Who gives you support? How helpful is this support?
Cont’d…

We work with a social worker who is an expert in assisting caregivers. May I refer you to this individual? Caregiving is a very hard job and the best way to do it well is to take advantage of some of the resources available for help. Are you using any of these? May I help you with a referral?

If anything should happen to you, is there someone to take care of [name patient here]?
https://caregiver.org/

- https://caregiver.org/caregivers-count-too-toolkit
Zarit CG Stress Inventory

*Read to Caregiver:* The following is a list of statements which reflect how people sometimes feel when taking care of another person. After each statement, indicate how often you feel that way: never, rarely, sometimes, quite frequently, or nearly always. There are no right or wrong answers.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Quite Frequently</th>
<th>Nearly Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you feel that your relative asks for more help than he/she needs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you feel that because of the time you spend with your relative that you don’t have enough time for yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you feel embarrassed over your relative’s behavior?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you feel angry when you are around your relative?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are you afraid of what the future holds for your relative?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you feel your relative is dependent upon you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you feel strained when you are around your relative?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you feel your health has suffered because of your involvement with your relative?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Addressing Caregiver Burden

• Assess and target:
  – Coping skills and resources
  – Self-efficacy in the role
  – Detect and treat depression
  – Resources, psychosocial supports
Thank you

• Questions?