

Five Things Physicians and Patients Should Question

1

Don't do imaging for low back pain within the first six weeks, 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, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2

Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.

Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and \$5.8 billion in annual health care costs.

3

Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.

DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

4

Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

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. Potential harms of this routine annual screening exceed the potential benefit.

5

Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.

Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

How This List Was Created

The American Academy of Family Physicians (AAFP) list is an endorsement of the five recommendations for Family Medicine previously proposed by the National Physicians Alliance (NPA) and published in the *Archives of Internal Medicine*, as part of its Less is More™ series. The goal was to identify items common in primary care practice, strongly supported by the evidence and literature, that would lead to significant health benefits, reduce risks and harm and reduce costs. A working group was assembled for each of the three primary care specialties; family medicine, pediatrics and internal medicine. The original list was developed using a modification of the nominal group process, with online voting. The literature was then searched to provide supporting evidence or refute the activities. The list was modified and a second round of field testing was conducted. The field testing with family physicians showed support for the final recommendations, the potential positive impact on quality and cost and the ease with which the recommendations could be implemented.

AAFP's disclosure and conflict of interest policy can be found at www.aafp.org.

6 More detail on the study and methodology can be found in the *Archives of Internal Medicine* article: [The "Top 5" Lists in Primary Care](#).

Sources

- 1 Agency for Health Care Research and Policy (AHCPR), Cochrane Reviews.
- 2 Center for Disease Control and Prevention (CDC), Cochrane, and Annals of Internal Medicine.
- 3 U.S. Preventive Services Task Force (USPSTF), American Association of Clinical Endocrinology (AACE), American College of Preventive Medicine (ACPM), National Osteoporosis Foundation (NOF).
- 4 U.S. Preventive Services Task Force (USPSTF).
- 5 U.S. Preventive Services Task Force (USPSTF) (for hysterectomy), American College of Obstetrics and Gynecology (ACOG) (for age).
- 6 "Top 5" Lists in Primary Care, Arch Intern Med. 2011;171(15):1385-1390. (c)2011 American Medical Association.

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About the American Academy of Family Physicians:

Founded in 1947, the American Academy of Family Physicians (AAFP) represents 100,300 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.



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Approximately one in four of all doctor's office visits are made to family physicians. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

For information about health care, health conditions, and wellness, please visit the AAFP's award-winning consumer website, familydoctor.org.

For more information or to see other lists of Five Things Physicians and Patients Should Question, visit www.choosingwisely.org.