
TOP 5 LIST IN FAMILY MEDICINE

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1. Don't do imaging for low back pain within the first six weeks unless red flags* are present.

- Imaging of the lumbar 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

* *Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected.*

Sources: *AHCPR and Cochrane*

2. Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms (which must include purulent nasal secretions AND maxillary pain or facial or dental tenderness to percussion) last for 7 or more days OR symptoms worsen after initial clinical improvement.

- Most maxillary 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 over 80% of outpatient visits for acute sinusitis
- Sinusitis accounts for 16 million office visits and \$5.8 Billion in annual healthcare costs

Source: *CDC, Cochrane and Annals of Internal Medicine*

3. Don't use DEXA screening for osteoporosis in women under age 65 or men under 70 with no risk factors.*

- Not cost effective in younger, low-risk patients, but cost effective in older patients

* *Risk factors include, but are not limited to: fractures after age 50, prolonged exposure to corticosteroids, diet deficient in calcium or vitamin D, cigarette smoking, alcoholism, thin and small build.*

Sources: *NOF, USPSTF, AACE, ACPM*

4. Don't order annual ECGs or any other cardiac screening for asymptomatic, low-risk patients.

- 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

Source: *USPSTF*

5. Don't perform Pap smears under the age of 21 or in women status post hysterectomy for benign disease.

- Most dysplasia in adolescents regresses spontaneously, therefore screening Pap smears done in this age group can lead to unnecessary anxiety, morbidity, and cost
- Paps have low yield in women after hysterectomy (for benign disease), and there is poor evidence for improved outcomes

Sources: *ACOG (for age), USPSTF (for hysterectomy)*

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Abbreviations: **ACOG** (American College of Obstetrics & Gynecology), **ACPM** (American College of Preventive Medicine), **AHCPR** (Agency for Health Care Research and Quality), **AACE** (American Association of Clinical Endocrinology), **CDC** (Center for Disease Control and Prevention), **DEXA** (Dual Energy X-ray Absorptiometry), **ECG** (electrocardiogram), **NOF** (National Osteoporosis Foundation), **USPSTF** (U.S. Preventive Services Task Force)

The Top 5 Lists in Primary Care: Meeting the Responsibility of Professionalism. *Arch Intern Med.* 2011;171(15):1385-1390

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