

Choosing Wisely

„ ... když méně je více ... “

Seminář klinických farmaceutů
13.03.2024 Hradec Králové

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Když méně je více ...

OVERDIAGNOSIS + OVERTREATMENT

LOW-VALUE CARE

20-30% vynakládaných prostředků

Strach ze stížností a žalob ...

Bayesův teorém v medicíně

Thomas Bayes 1701-1761

$$P(D|A) \cdot P(A)$$

Čím vyšší je pravděpodobnost onemocnění před provedeným testem tím spíše můžeme věřit pozitivnímu nálezu.

Čím nižší je pravděpodobnost onemocnění před testem, tím spíše je test falešně pozitivní.

Senzitivita diagnostického testu je 100 %

Specificita testu je 95%

Prevalence onemocnění je 1 z 1000

Jaká je pravděpodobnost, že osoba s pozitivním testem má skutečně chorobu ?

95% byla průměrná odpověď cca 500 lékařů (JAMA 2021)

2% je SPRÁVNÁ odpověď

Bayesova věta

$$P(D/+) = P(+/D) \times P(D) / P(+)$$

$$P(D/+) = 1,00 \times 0,001 / 1,00 \times 0,001 + 0,999 \times 0,05$$

$$P(D/+) = 2\% \text{ pozitivní test + choroba}$$

Choosing Wisely

Choosing Wisely je aktivita, která prostřednictvím diskuze mezi zdravotníky a pacienty pomáhá vybírat péči, která:

1. Je podložena **důkazy**
2. **Neduplikuje** jiné již provedené testy nebo procedury
3. **Nepoškozuje**, nese menší rizika a zátěž
4. Je **opravdu nutná**
5. Je **individualizovaná**

Volně dle <https://www.choosingwisely.org/our-mission/>

 **Choosing Wisely**[®]

An initiative of the ABIM Foundation



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Australia

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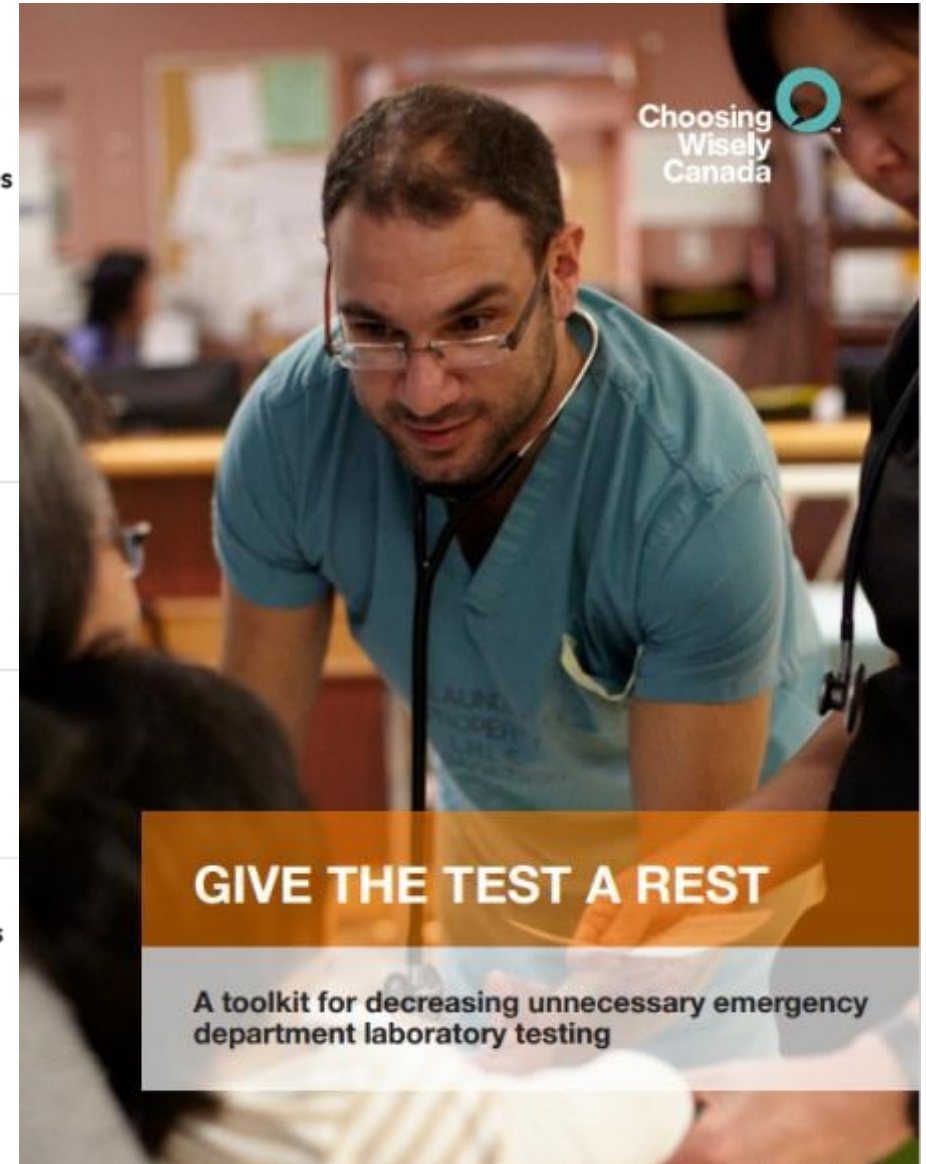


CHOOSING WISELY ITALY
Doing more does not mean doing better

2023: > 80 odborných společností, > 600 doporučení

Choosing Wisely

- 1** Don't order CT head scans in adults and children who have suffered minor head injuries (unless positive for a validated head injury clinical decision rule).
- 2** Don't prescribe antibiotics in adults with bronchitis/asthma and children with bronchiolitis.
- 3** Don't order lumbosacral (low back) spinal imaging in patients with non-traumatic low back pain who have no red flags/pathologic indicators.
- 4** Don't order neck radiographs in patients who have a negative examination using the Canadian C-spine rules.
- 5** Don't prescribe antibiotics after incision and drainage of uncomplicated skin abscesses unless extensive cellulitis exists.



<https://www.choosingwisely.org.au/resources/consumers-and-carers/5questions/CWC-Toolkit-GiveTheTestARest-V1.pdf> (choosingwiselycanada.org)

Recommendations

Resources for clinicians by
health specialty

Events

Latest events and other
happenings


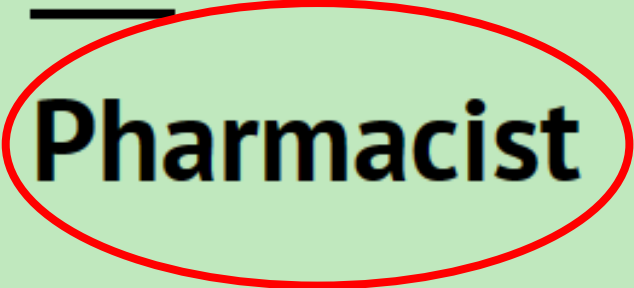


< All Recommendations

MENU

> Recommendations

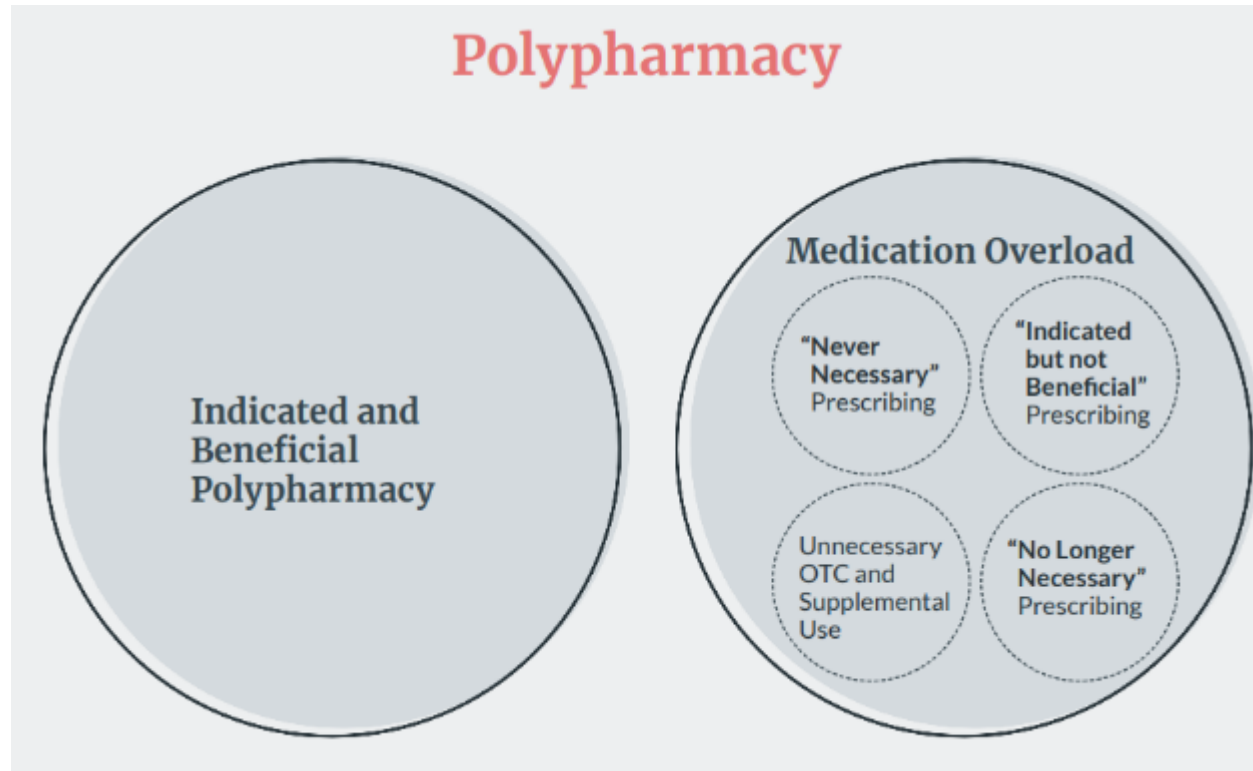
> Campaigns

Pharmacist

- 1** Don't use a medication to treat the side effects of another medication unless absolutely necessary. ✓
- 2** Don't recommend the use of non-prescription medications containing codeine for the management of acute or chronic pain. Counsel patients against their use and recommend safe alternatives. ✓
- 3** Don't start or renew drug therapy unless there is an appropriate indication and reasonable expectation of benefit in the individual patient. ✓
- 4** Don't renew long-term proton pump inhibitor (PPI) therapy for gastrointestinal symptoms without an attempt to taper and stop, or reduce the dose, at least once per year for most patients. ✓
- 5** Question the use of antipsychotics to treat insomnia in any age group. ✓
- 6** Don't prescribe or dispense benzodiazepines without building a discontinuation strategy into the patient's treatment plan (except for patients who have a valid indication for long-term use). ^

Polypragmazie



Lea Paterson/Science Photo Library



Polypragmazie

Terapeutická kaskáda

Setrvačnost

Overdiagnosis

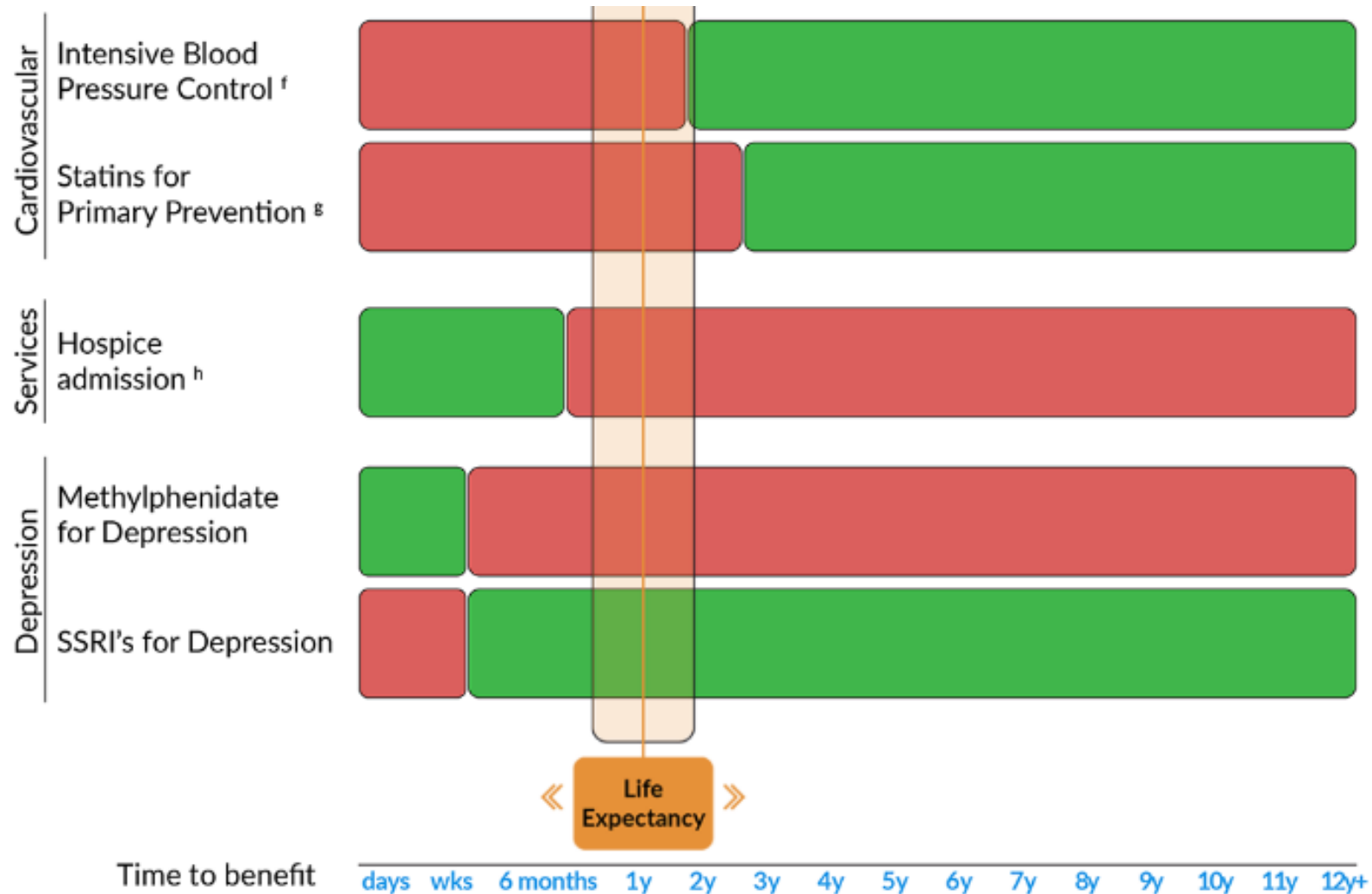
Terapeutická iluze

Guidelines u polymorbidních pacientů

Lea Paterson/Science Photo Library



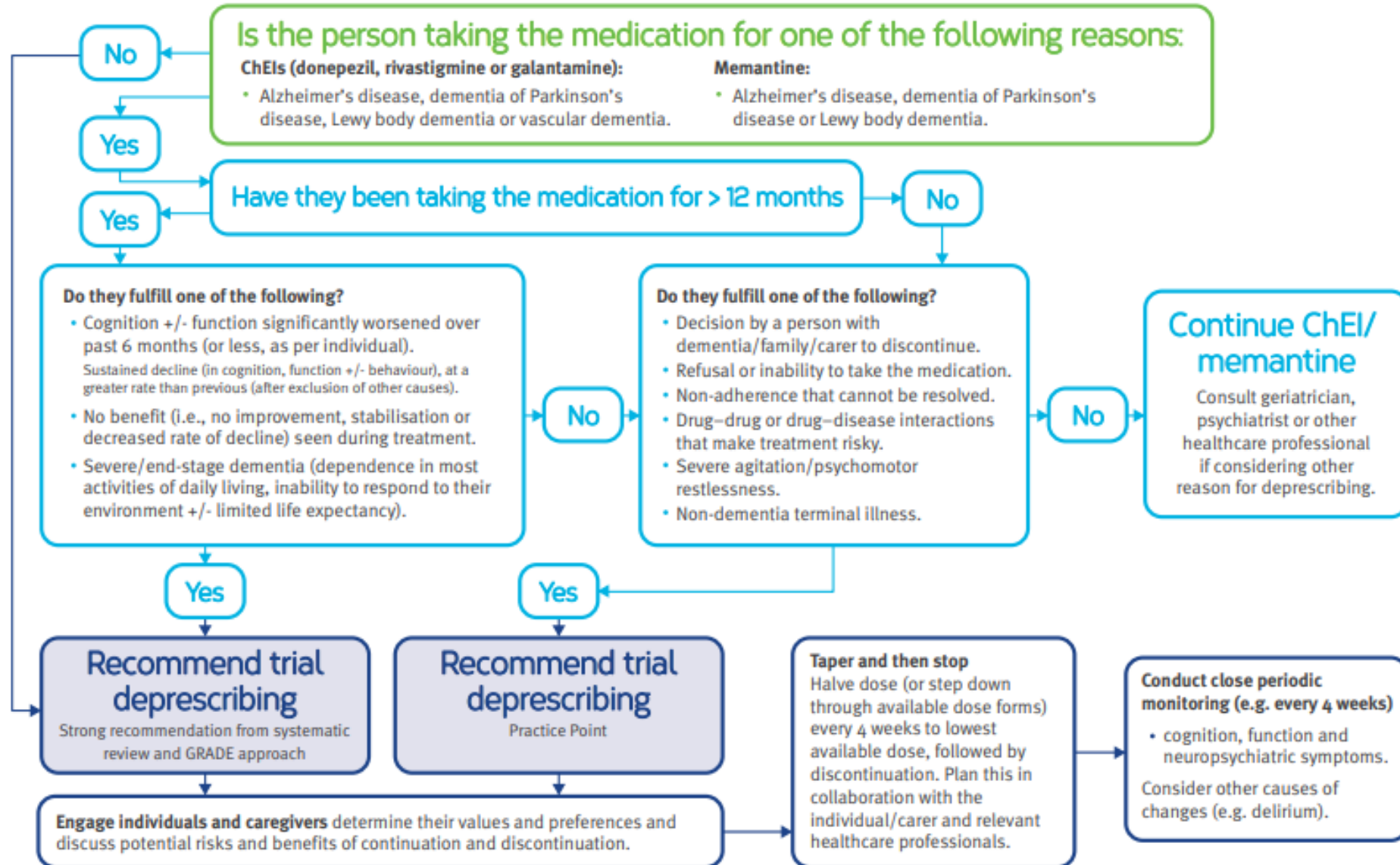
Přínos léčby - Time to Benefit



Deprescribing.org



<https://deprescribing.org/>



Tell your doctor if you notice these symptoms, even if they're mild

Your doctor can find out what's causing the symptoms. If it's your medicines, they can suggest ways to manage or decrease these side effects.

Always talk to your doctor or pharmacist before stopping or changing any of your medicines.

5 questions to ask your doctor or pharmacist about your medicines

1. Why am I taking this medicine?

Ask if you're taking any medicines that you no longer need. Sometimes a medicine should only be used for a short time, or your condition may have improved. Maybe you're now taking another medicine which is more effective, and the original medicine can be stopped. A medicines review can help find any medicines that are not needed or not working well for you.

2. What are the side effects?

Ask if the symptoms you're experiencing are related to your age, health conditions or medicines.

3. What can I do about side effects?

Ask how you can manage or decrease side effects from your medicines. Your doctor might suggest a change to one or more of your medicines. A doctor or pharmacist can review your medicines and work out the medicines that are not working well for you.

4. What happens if I don't do anything?

Ask if the side effects of your medicines might get worse — or better — if you do nothing and keep taking the medicine(s).

5. Are there other things I can do to manage my condition?

Ask if there are any other treatments or things you can try to keep you feeling well. Lifestyle changes, such as exercising more or eating healthily, can be good options.

V čem se ve farmakoterapii  NEJČASTĚJI odchylujeme od doporučení?

Terapie hypertenze
Terapie diuretiky
Antitrombotická terapie
Antiarytmika

Arteriální hypertenze

2023 ESH

$\geq 140/90$

Optimal: $< 120/80$

Normal: 120-129/80-84

High-Normal: 130-139/85-89

Arteriální hypertenze

Prescribing patterns:

- Start with dual combination therapy in most patients
- Uptitrate to maximum well tolerated doses and to triple therapy if needed
- **Once daily (preferred in the morning)**
- **Add further drugs if needed**
- **Preferred use of SPCs at any step**



T/TL **Diuretic^a**

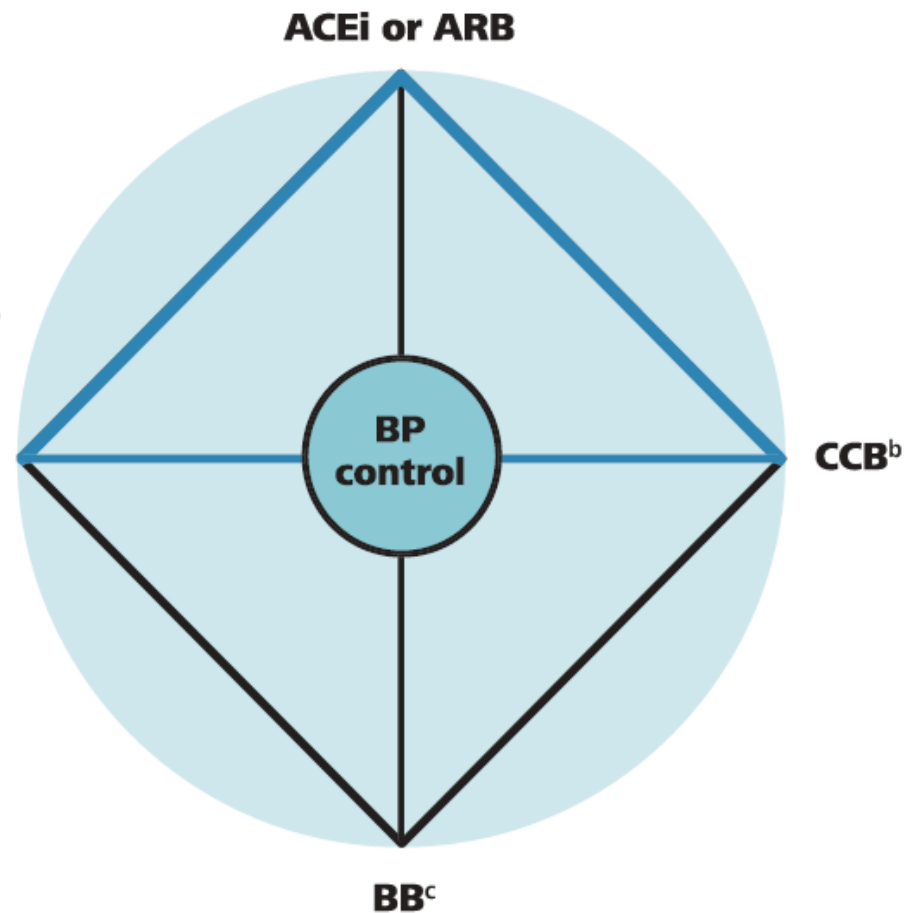
Additional drug classes

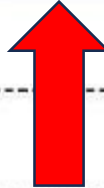
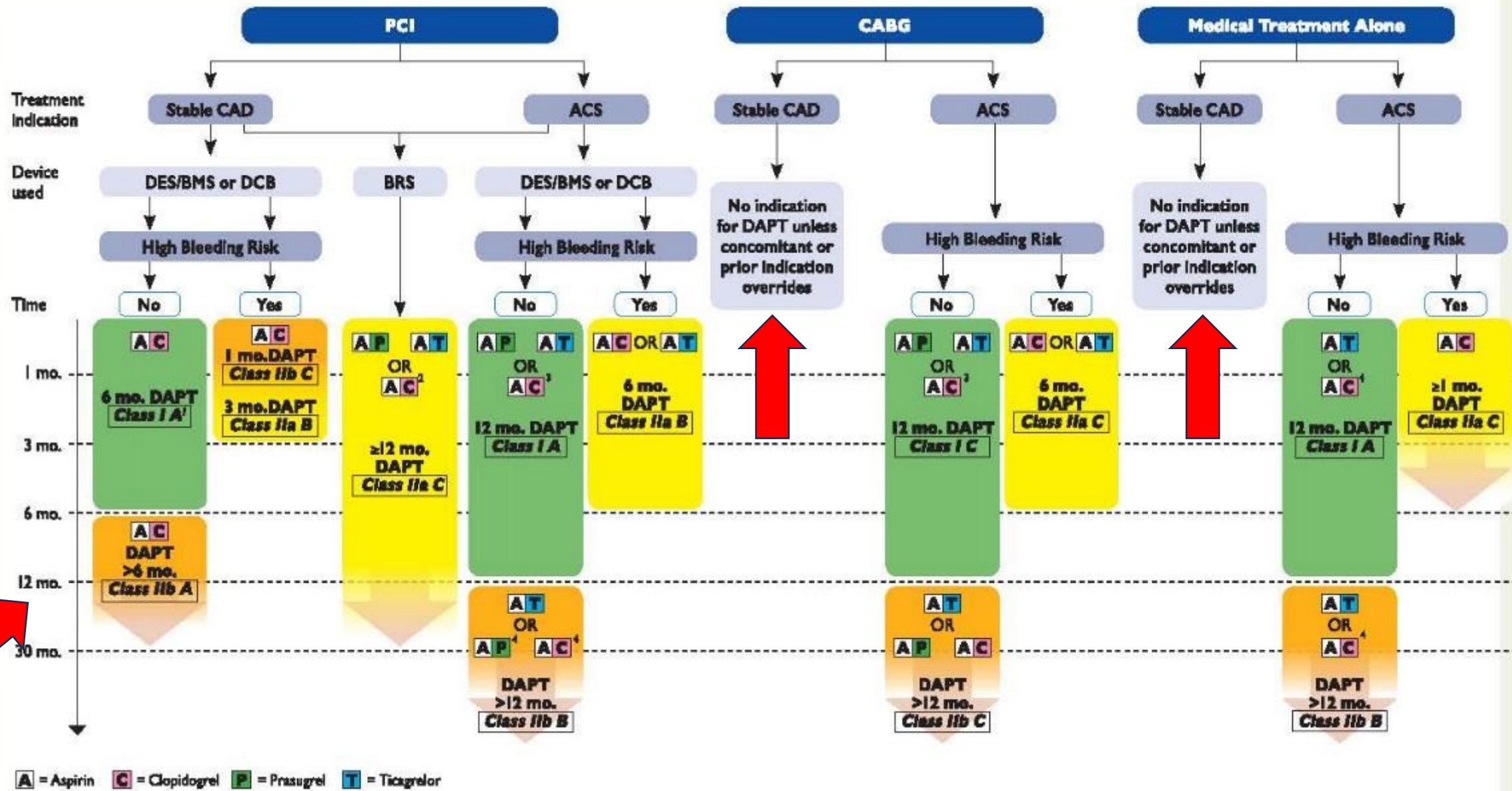
General antihypertensive therapy:

- Steroidal MRA
- Loop Diuretic
- Alpha-1 Blocker
- Centrally acting agent
- Vasodilator

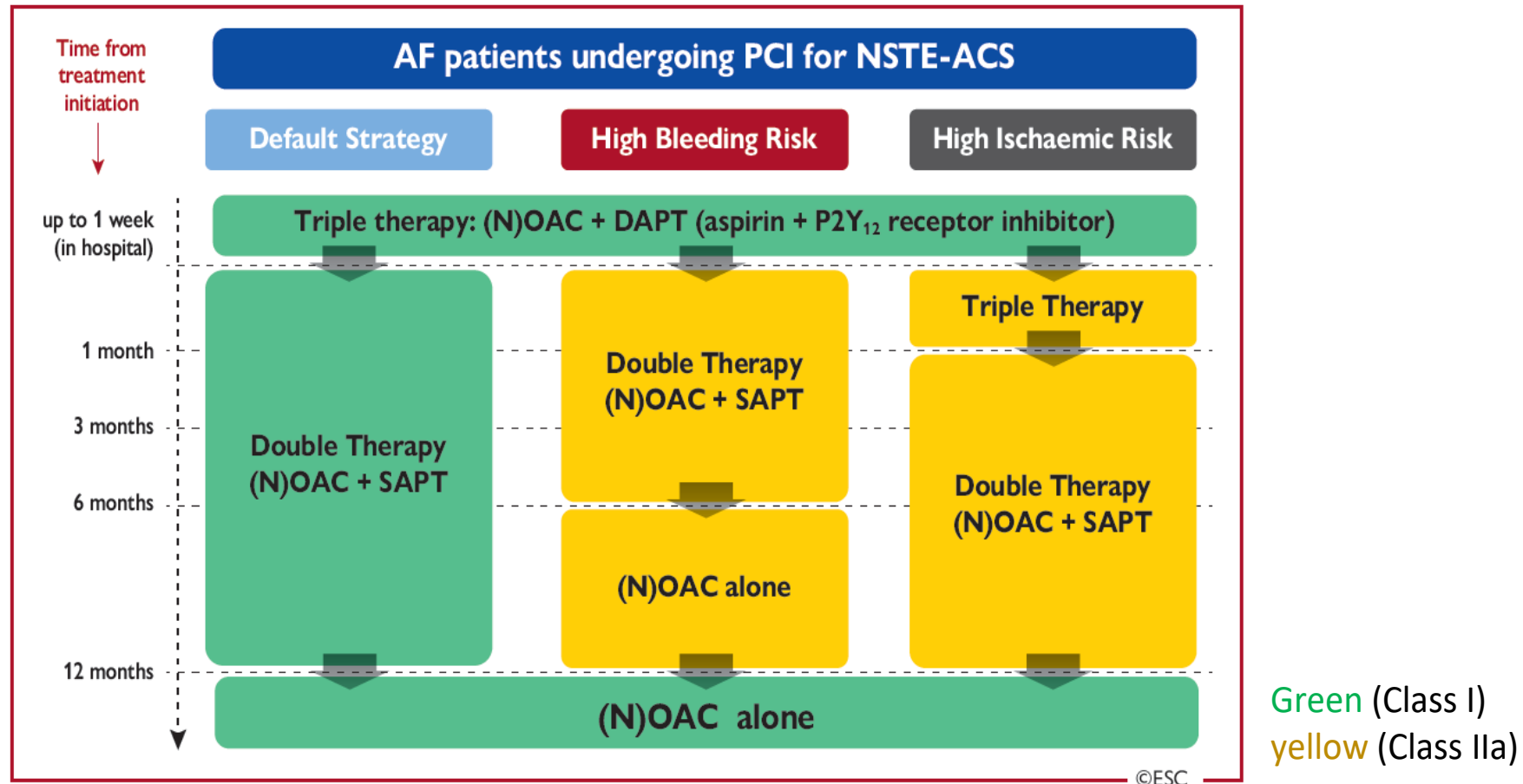
Special comorbidities:

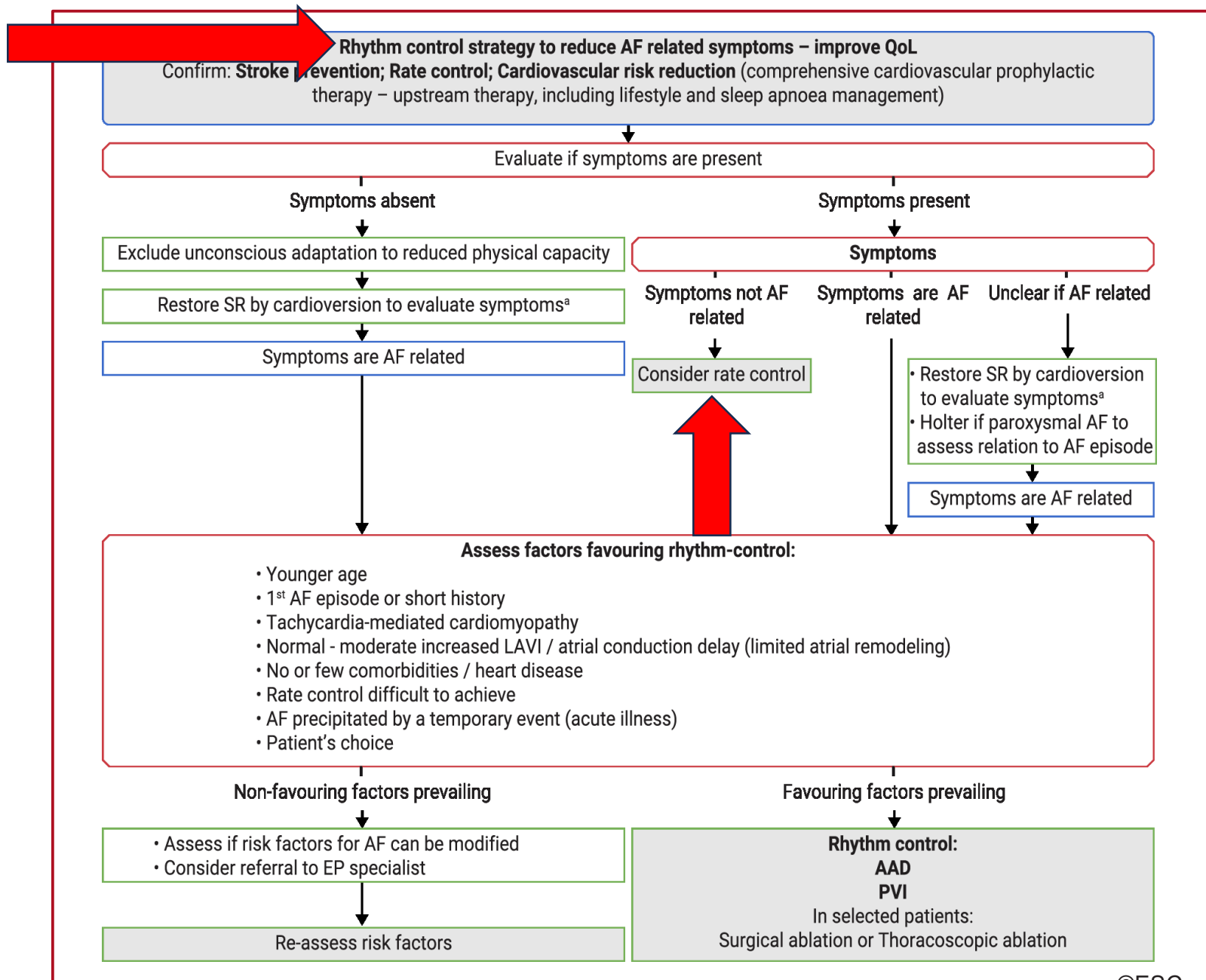
- ARNi
- SGLT2i
- Non-Steroidal MRA

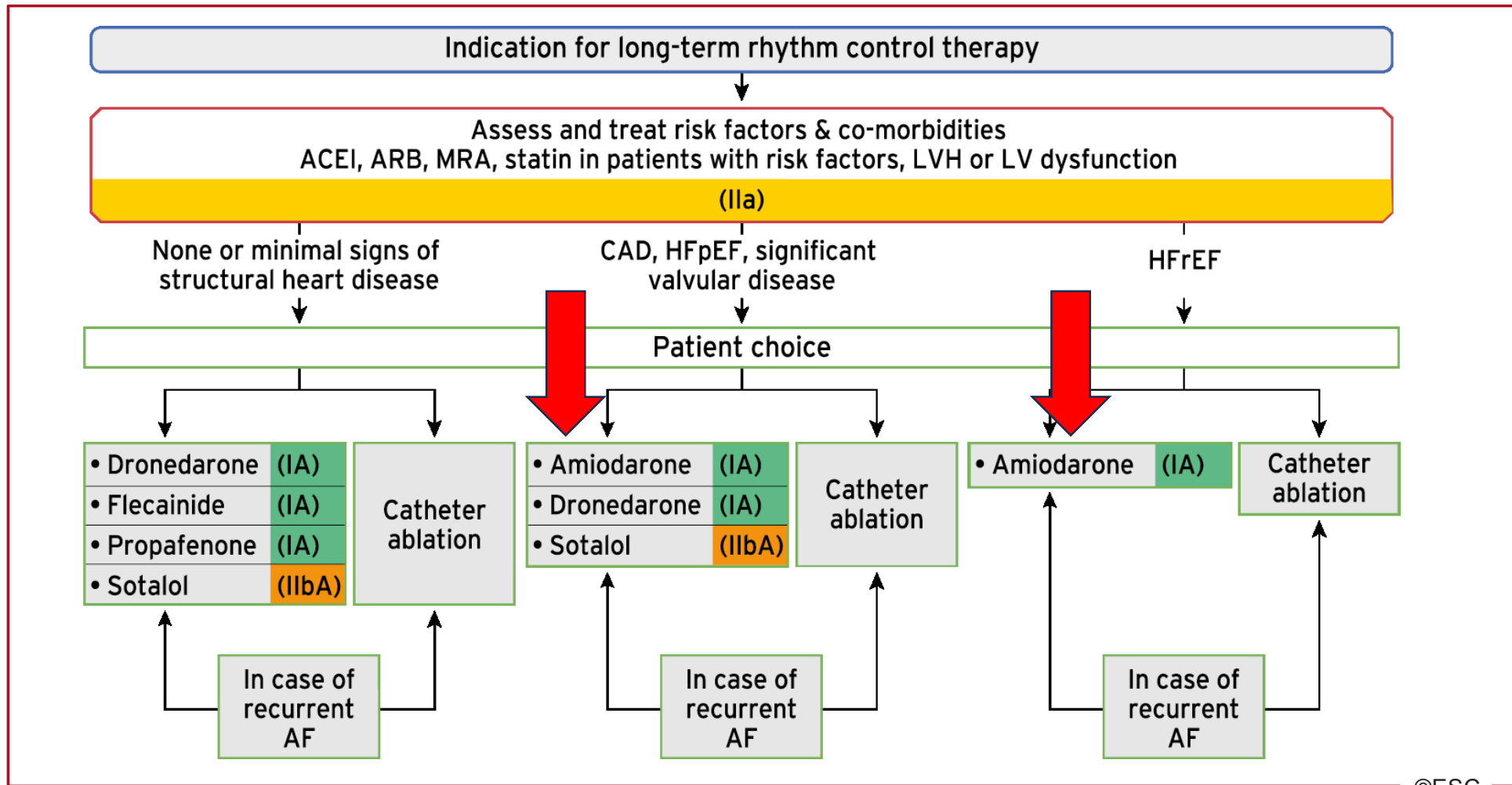




Kombinovaná antitrombotická terapie







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CHOOSING WISELY®: INHIBITORY PROTONOVÉ PUMPY

Jiří CYRANY

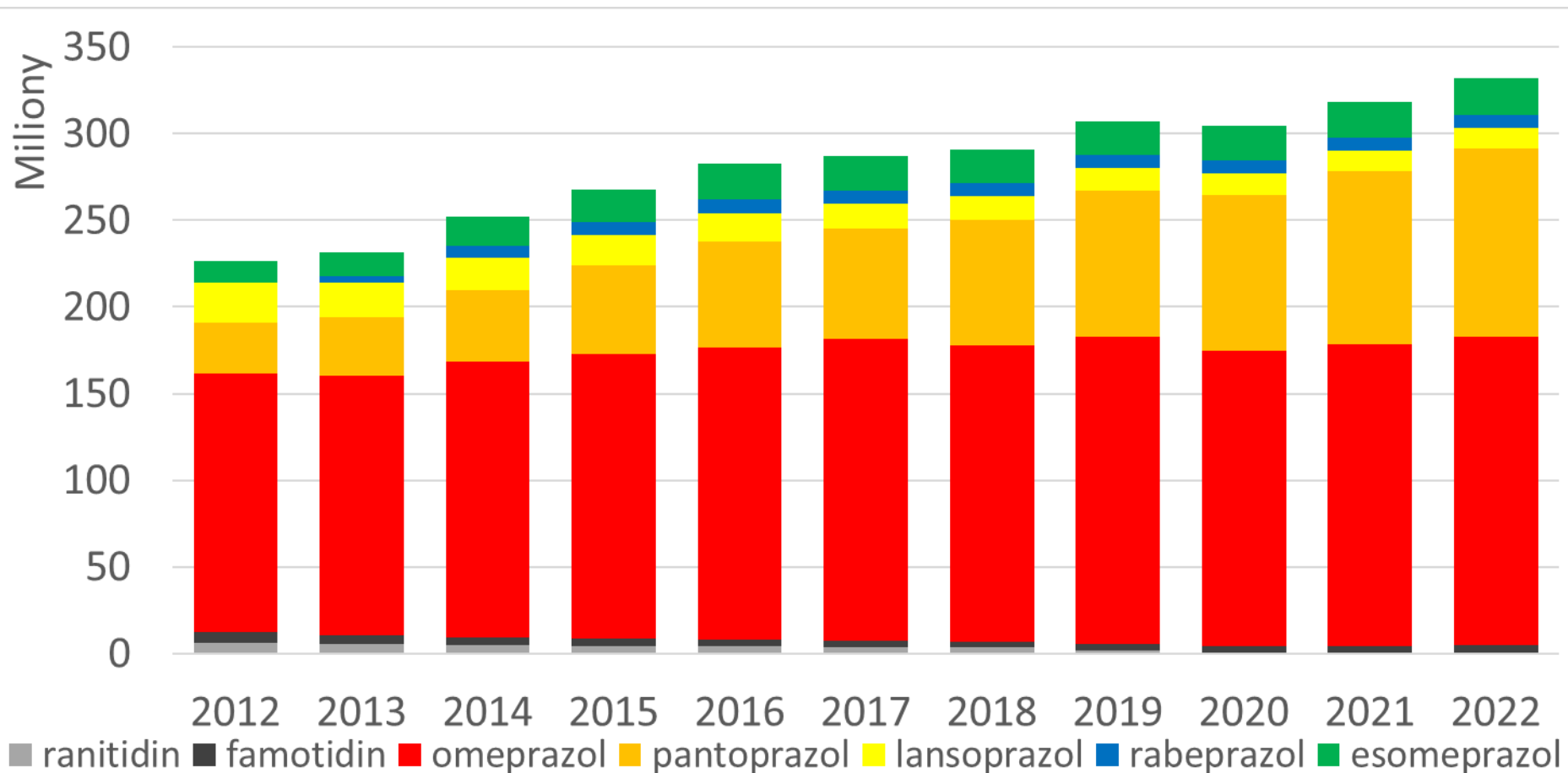
II. interní gastroenterologická klinika

Lékařská fakulta Univerzity Karlovy a Fakultní nemocnice Hradec Králové



www.fnhk.cz

Preskripce antisekrečních léků (DDD):



Celkem 2022:

327 359 803 DDD

při užívání denně:

896 876 osob

(> 8 % populace)

Nárůst:

za 10 let: 1,5

meziročně: > 4 %

[Česko](#)

[Svět](#)

[Ekonomika](#)

[Válka na Ukrajině](#)

[Kultura](#)

[Komentáře](#)

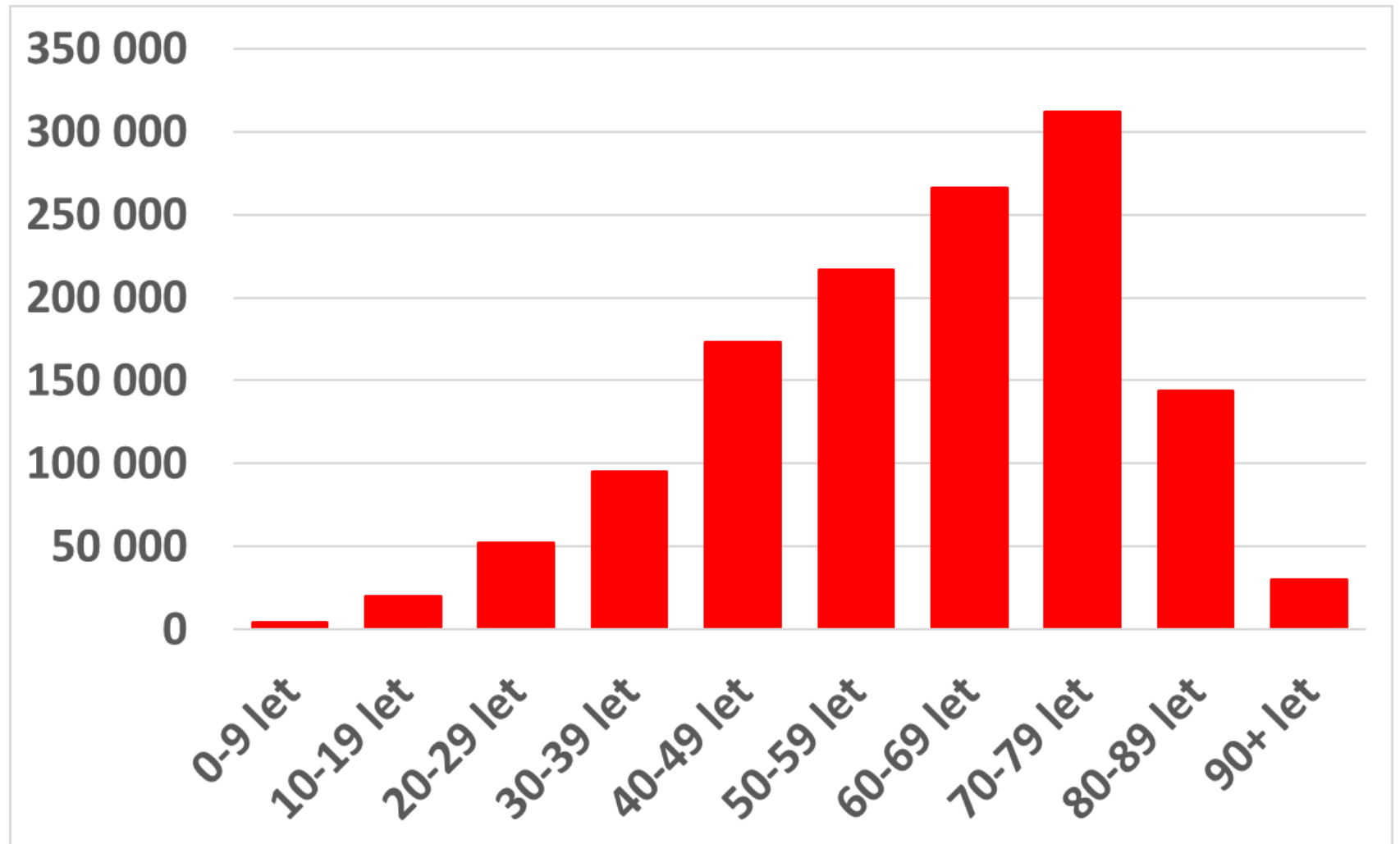
5. ledna 2024 16:33 [Zdravotnictví](#)

Mimo lékárny míří výrazně víc léků. Co si nově koupíte na benzince?

Počet osob léčených inhibitory protonové pumpy v roce 2022:

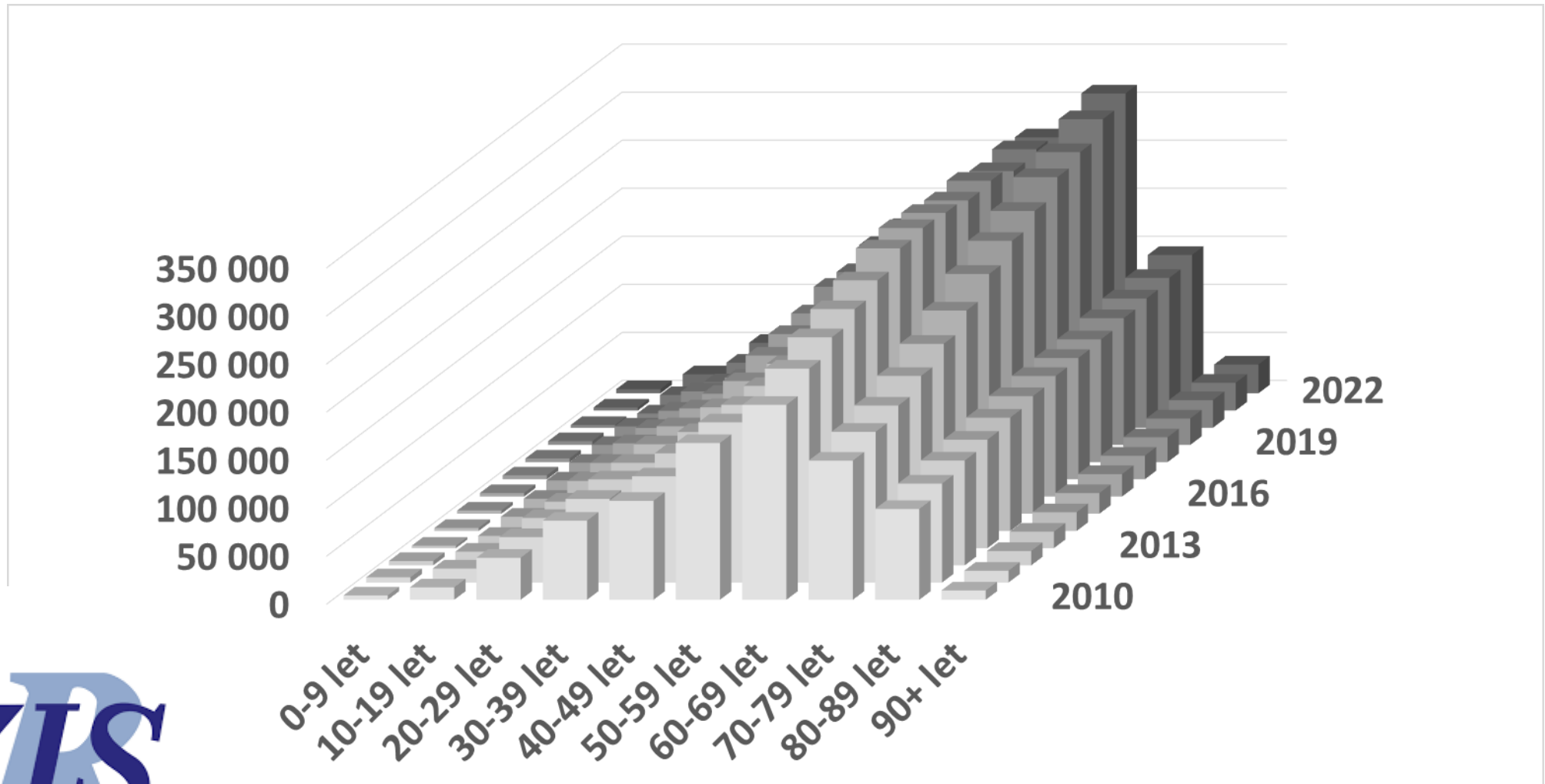
celkem:

1 314 263 osob



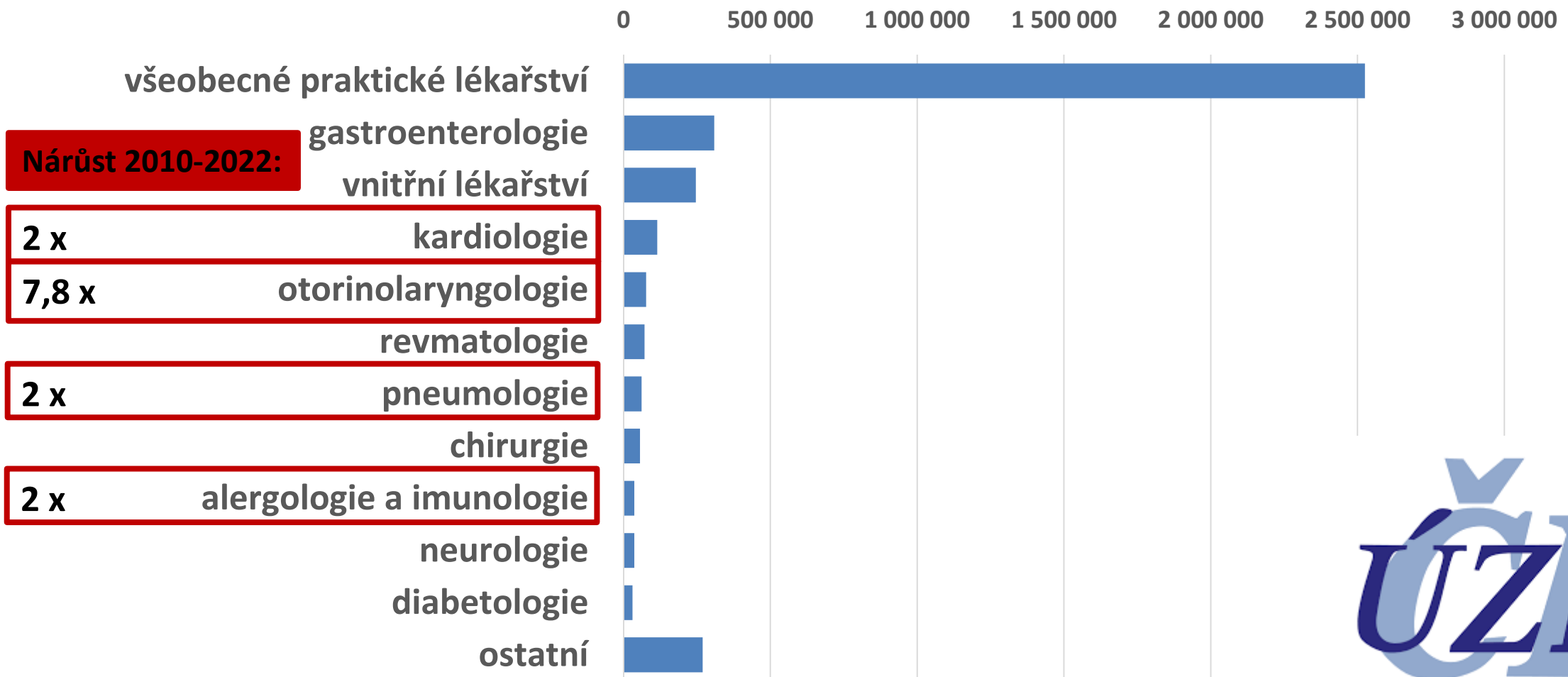
Vysoudil M. ÚZIS. Zdroj: Národní registr hrazených zdravotních služeb.

Počet osob léčených inhibitory protonové pumpy:



Vysoudil M. ÚZIS. Zdroj: Národní registr hrazených zdravotních služeb.

Počet balení inhibitorů protonové pumpy dle odbornosti (2022):



Proč pacient užívá inhibitor protonové pumpy?:

Jednoznačné indikace: - dlouhodobá terapie:

komplikace refluxní choroby jícnu (Barrettův jícen, těžká refluxní ezofagitida, stenóza); eozinofilní ezofagitida reagující na PPI, idiopatická plicní fibróza, gastroprotekce při vysokém riziku krvácení!

- dočasná terapie:

vředová choroba gastroduodena; eradikace H.pylori; gastroprotekce (JIP); refluxní choroba jícnu; dyspepsie

nejnižší účinná dávka acidosuprese (H₂ blokátory)

pokus o snížení/vysazení anuálně (praktický lékař)

rebound (vysazení/postupné snížení)

Gastroesophageal reflux:

An Australian study of 41,000 DVA patients initiated on a PPI for gastro-oesophageal reflux disease (GORD) found:

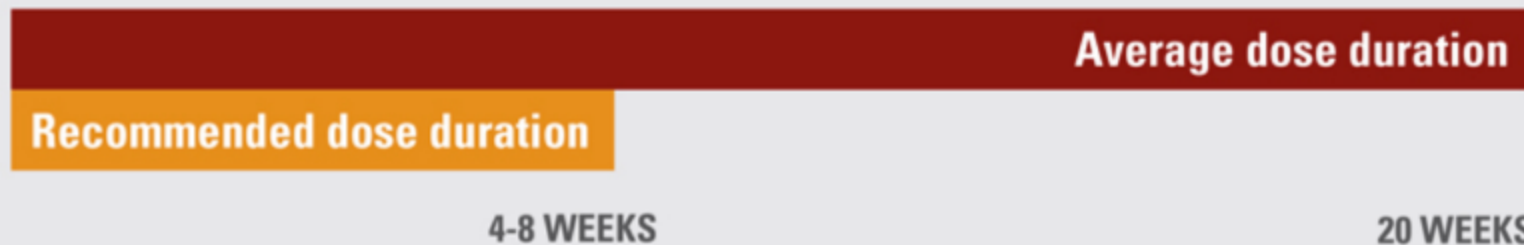
Two-thirds did not have their initial dose reduced or therapy stopped after eight weeks of treatment.



A third continued the initial dose for one year.¹³



The average duration of PPI treatment without reducing the dose was almost 20 weeks, much longer than the recommended 4-8 weeks.¹³⁻¹⁵



Prevence krváčení – inhibitory protonové pumpy:

Ambulantní nemocný:

Helicobacter pylori

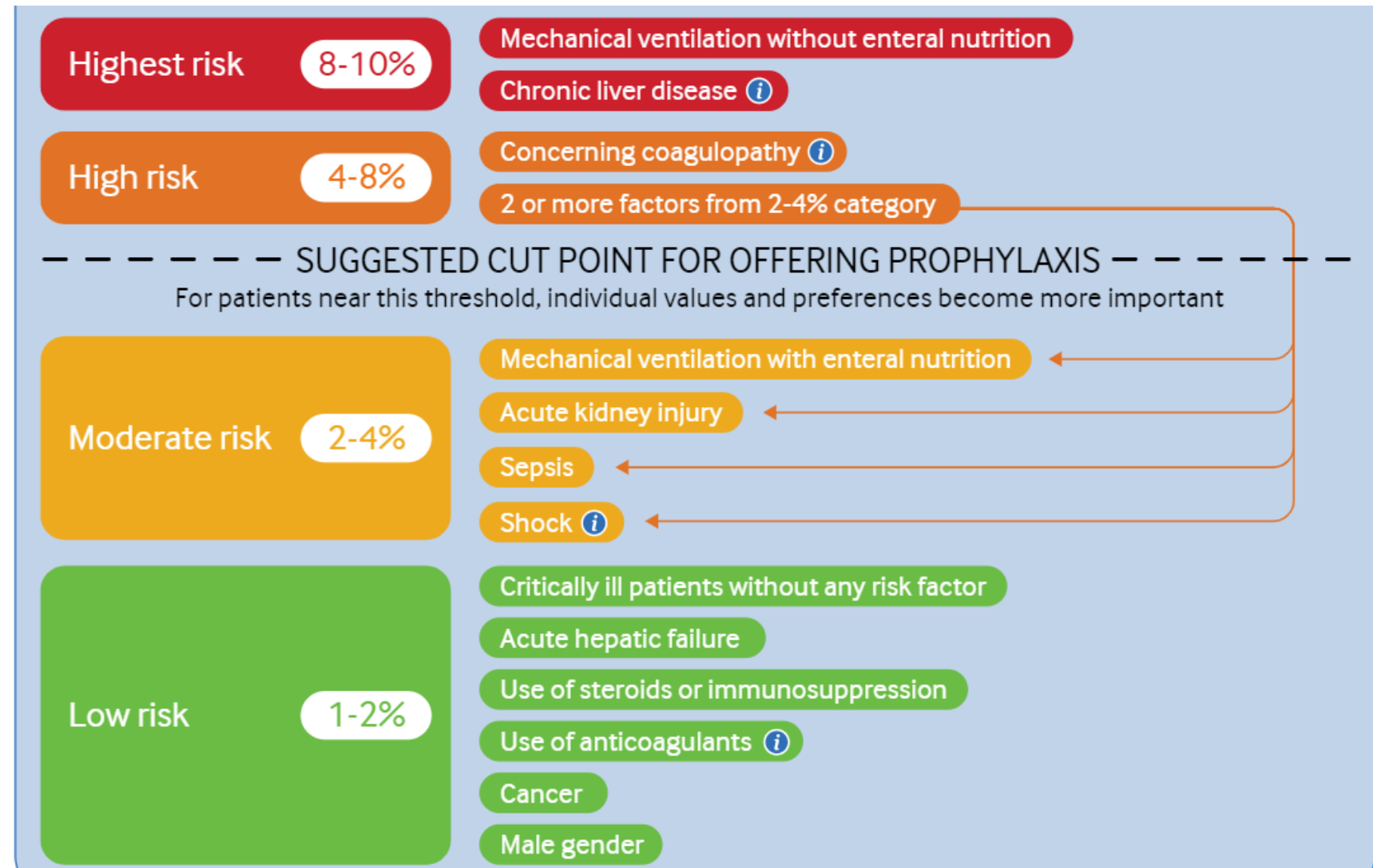
testing and eradication:

- high risk long term **ASA**
- starting long term **NSAID**
- *anticoagulation*

TUNA²	nejméně 2 faktory
T	thienopyridiny
U	ulcer history
N	NSAID
A	aspirin
A	antikoagulace
+ věk + komorbidita	

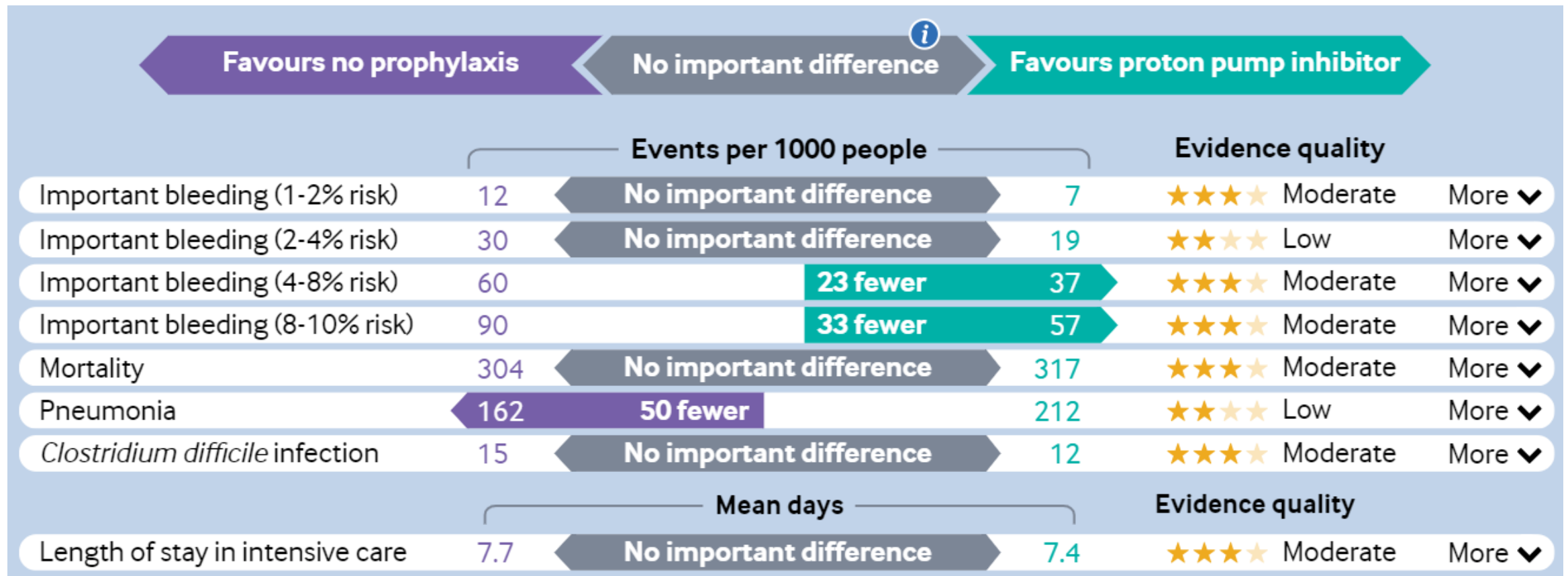
Prevence krváčení – inhibitory protonové pumpy:

Nemocný v intenzivní péči:



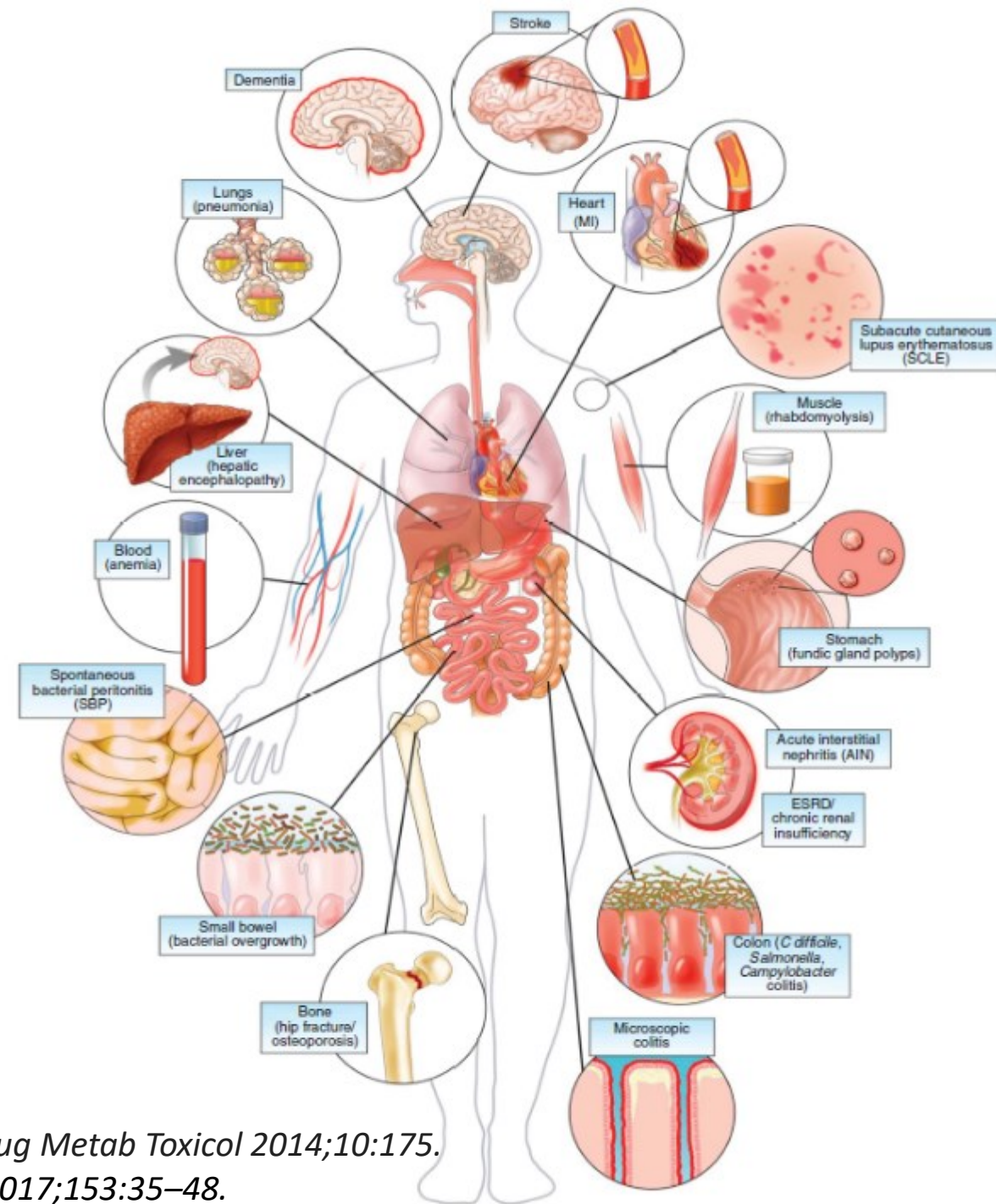
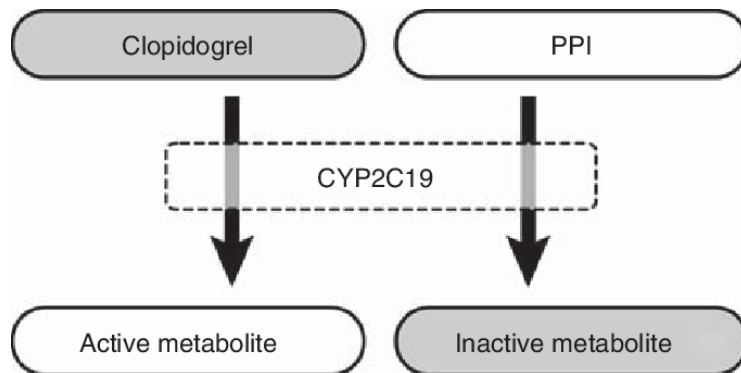
Prevence krvácení – IPP v intenzivní péči - výstupy:

Nemocný v intenzivní péči:



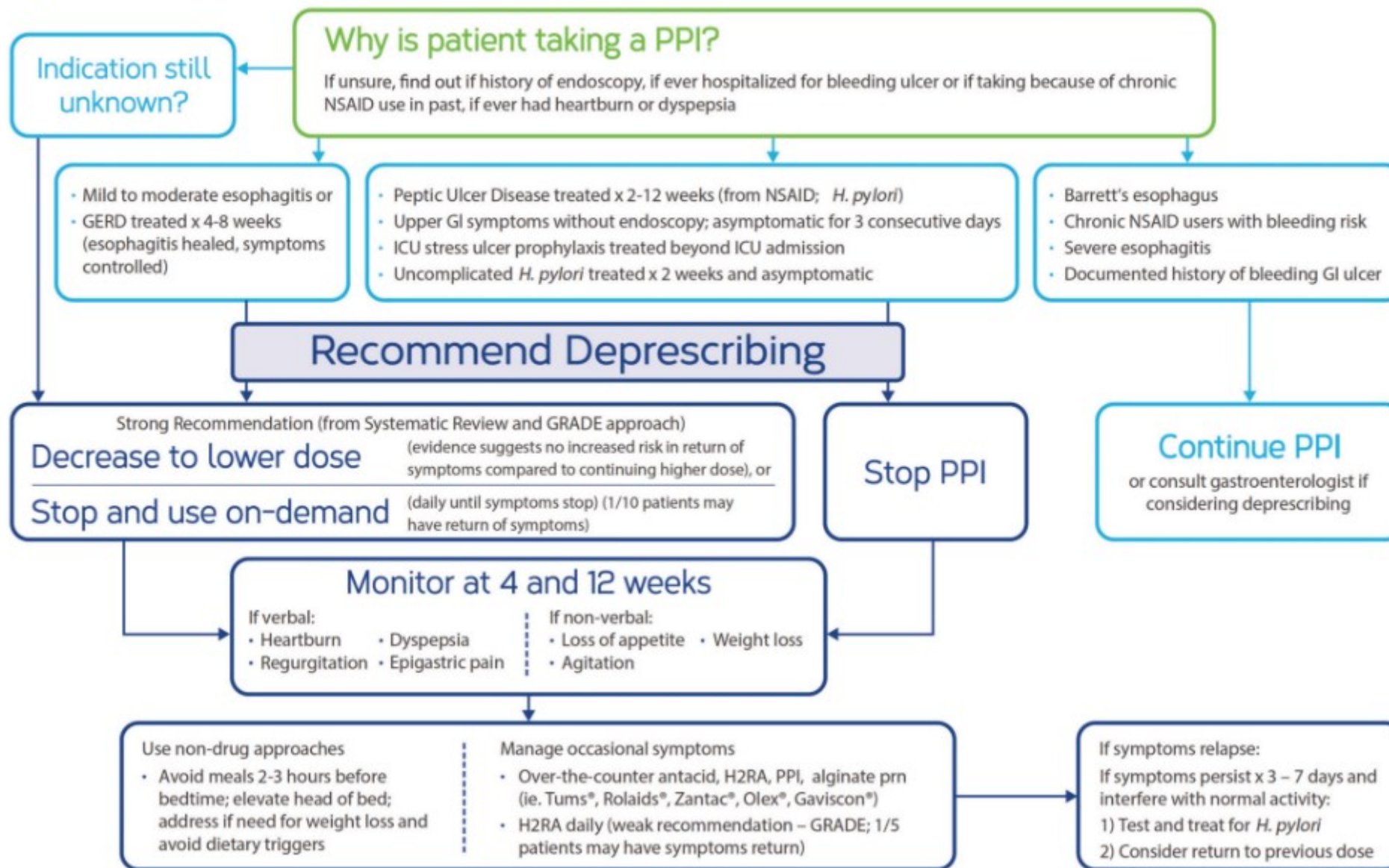
Nežádoucí účinky, interakce IPP:

Adverse event	Effect size (95% CI)
Enteral infection	OR 2.55 (1.53–4.26)
Community-acquired pneumonia	OR 1.49 (1.16–1.92)
Clostridium difficile-associated diarrhea	OR 1.26 (1.12–1.29)
Hip fracture	OR 1.26 (1.16–1.36)
Dementia	HR 1.44 (1.36–1.52)
Vitamin B12 deficiency	HR 1.83 (1.36–2.46)
Chronic renal failure	RR 1.36 (1.07–1.72)
Myocardial infarction	OR 1.16 (1.09–1.24)



Targovnik L. *Am J Gastroenterol* 2018;113:519–528. Scott SA. *Expert Opin Drug Metab Toxicol* 2014;10:175.

Vaezi M. *Complications of proton pump inhibitor therapy. Gastroenterology* 2017;153:35–48.





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VYBÍREJ MOUDŘE!

<https://www.cisweb.cz/choosing-wisely>