

# Overdiagnosis and Overtreatment

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單位: 兒童加護病房

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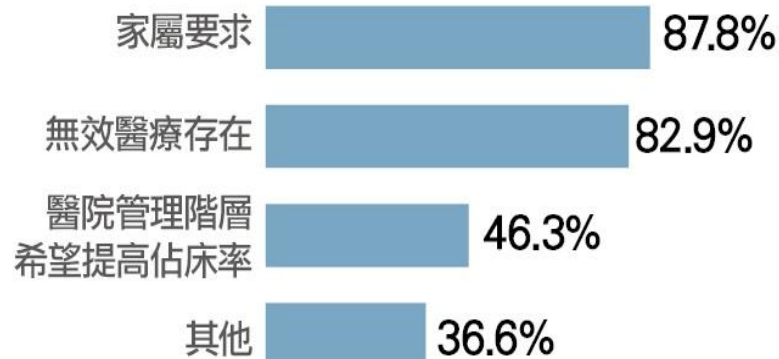


# 源起

目前醫療界存在「至少做一點」的，多半是基於「多做」

近九成醫師認為，「家屬要求」造成台灣醫療被過度使用

台灣醫療有某種程度上過度使用，你認為造成這種現象的原因是？



# 大綱

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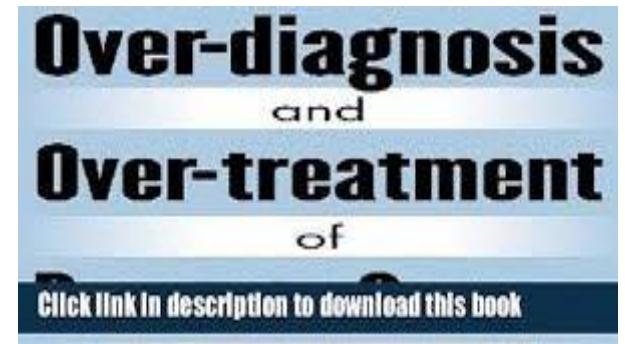


Overdiagnosis and overtreatment?

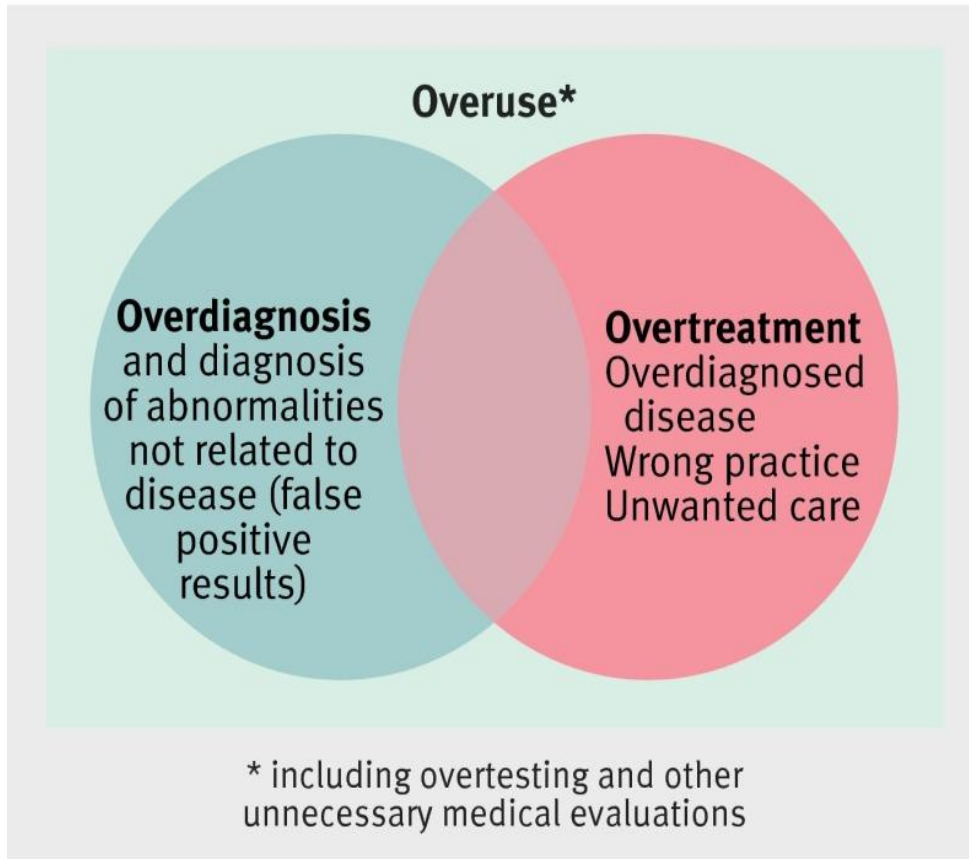
Choosing Wisely的緣起

Take home message

# Overdiagnosis and overtreatment



# Overdiagnosis and overtreatment



## Overdiagnosis...(What it is)

- 定義：
- 提早診斷出不會造成傷害的問題或因過度展延的疾病定義而形成診斷。
- not a false positive
- two major causes **overdetection** and **overdefinition of disease.**

Brodersen J, Schwartz LM, Heneghan C, et al. *BMJ Evidence-Based Medicine* 2018;23:1-3.  
Carter, et al., *Public Health Research & Practice* 2017; . 27(3):e2731722

# Overdetection

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- *Overdetection*

- identification of abnormalities that were never going to cause harm
- Increasing use of high-resolution diagnostic technologies

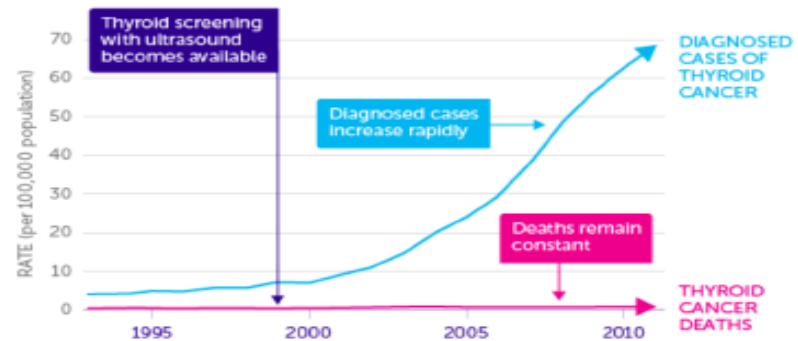


# Overdiagnosis的常見醫療問題



## 甲狀腺超音波 篩檢甲狀腺癌 有需要嗎?

### THYROID CANCER SCREENING IN SOUTH KOREA



Source: Incidence data from the Cancer Incidence Database, Korean Central Cancer Registry. Mortality data from the Cause of Death Database, Statistics Korea. All data age-adjusted to the South Korean standard population. Adapted from graph in Ahn et al. (Korea's thyroid-cancer "epidemic"—Screening and overdiagnosis. NEJM 2014; 371 (9)).

LET'S BEAT CANCER SOONER  
cruk.org



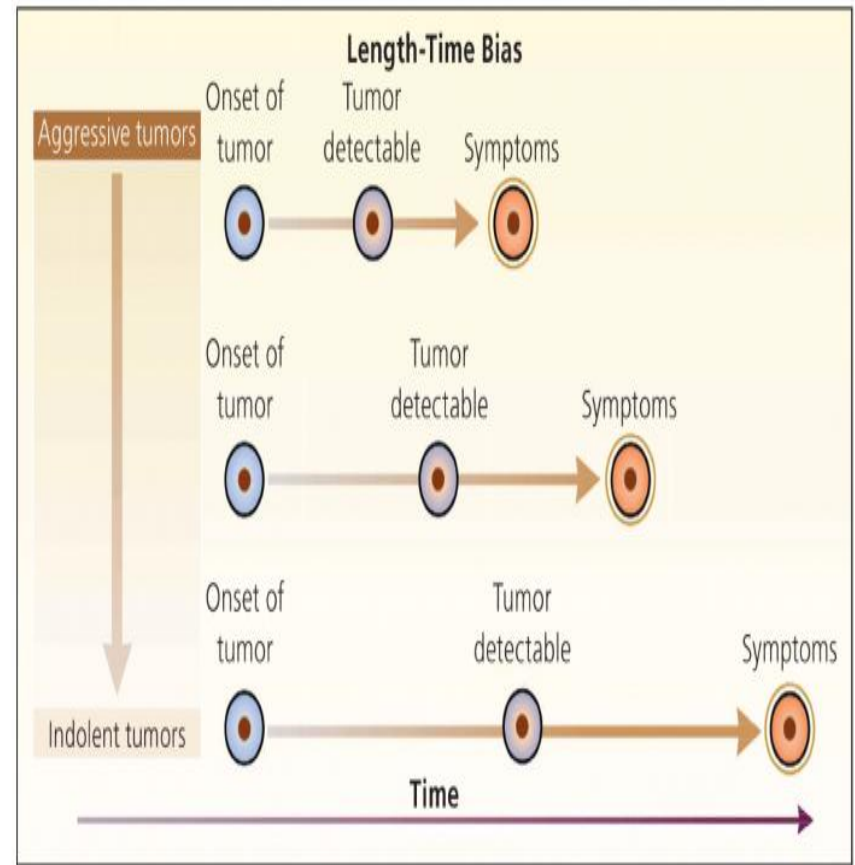
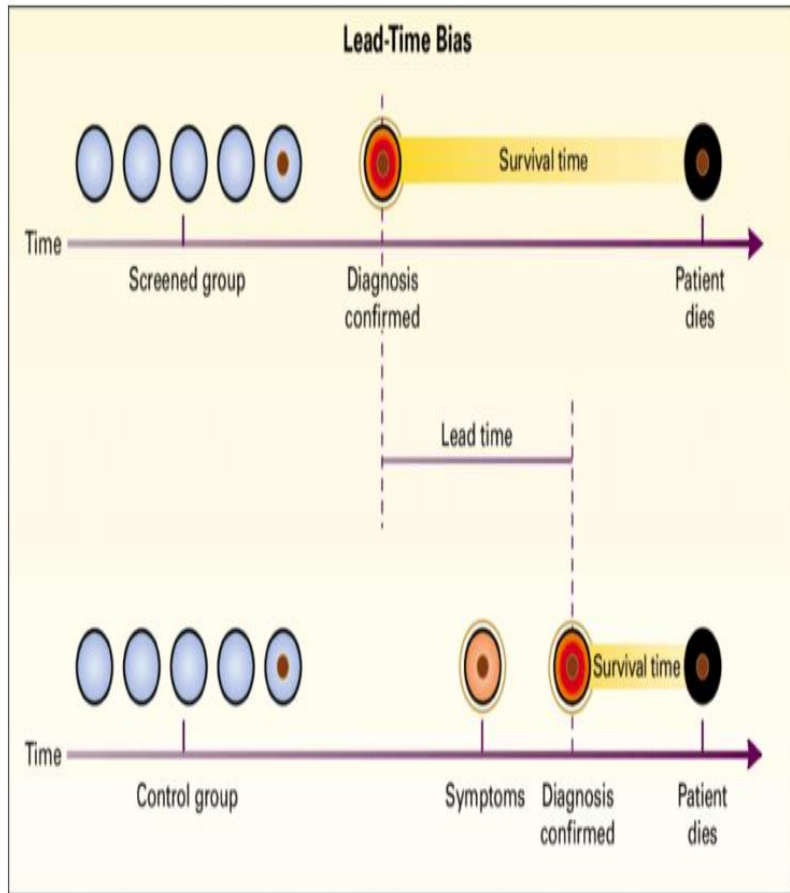
# Overtreatment的常見副作用



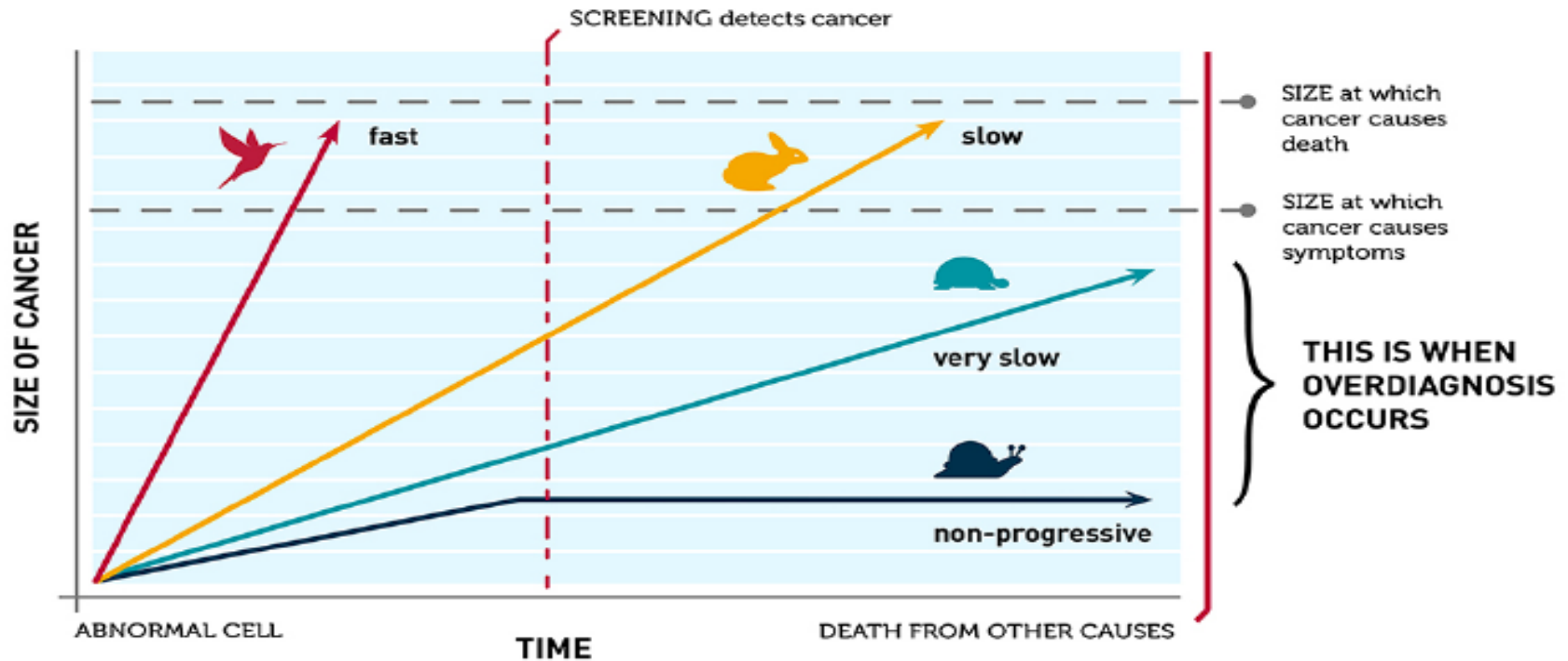
甲狀腺切除、聲音受損、永久的甲狀腺功能減退、終身服藥、忍受放射性碘治療帶來的副作用，還有長長的疤....



# Lead time bias vs. Length bias



# Overdiagnosis (non-progressive or slow-growing)



Adapted from a figure courtesy of  
H. Gilbert Welch, Dartmouth Medical School

prevention.cancer.gov

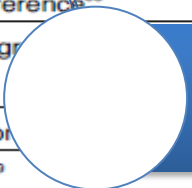
# Causes overuse of medical care

Table 1| Provider and patient factors identified as causing overuse of medical care

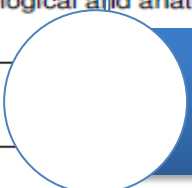
Intrinsic	Extrinsic
<p><b>Provider driven</b></p> <p>Belief more care is better</p> <p>Lack of knowledge of harm</p> <p>Discomfort with uncertainty</p> <p>Poor knowledge of patient preference<sup>53</sup></p> <p>Regret for errors of omission</p>	<p>Defensive medicine<sup>1,28</sup></p> <p>Variation in medical and surgical practice<sup>54, 55, 56</sup></p>
<p>Belief action better than inaction</p> <p>Use of therapeutics "off label"<sup>59</sup></p> <p>Over-reliance on pathophysiological and anatomical reasoning</p>	<p>Guidelines promoting overuse</p> <p>Medical culture<sup>55</sup></p>
<p>Desire for reassurance<sup>64</sup></p>	
<p><b>Patient driven</b></p> <p>Belief more care is better<sup>7, 46, 47</sup></p> <p>Lack of knowledge of harm</p> <p>Discomfort with uncertainty</p>	<p>Financial—third party payment shielding from costs<sup>1, 45</sup></p>
	<p>Medicalization of non-disease (eg, baldness)<sup>1, 48, 66</sup></p>



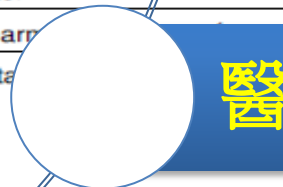
相信多做不會錯



缺乏對多做醫療的危險評估



不明確的症狀



醫療給付

# New definition and Prevalence

Table 1. Changes in Disease Definitions and Prevalence of a Condition

Condition	Population	Previous Definition	Old Definition Prevalence, %	New Definition	New Definition Prevalence, %
Osteoporosis	Community sample of US women aged >65 years <sup>7</sup>	Femoral neck BMD T-score of -2.5 or less	21	NOF 2008 guideline	72
Myocardial infarction	Patients presenting to hospital with a troponin level measure $\geq 30$ ng/L <sup>B</sup>	WHO criteria using MB fraction of creatine kinase	18	ESC/ACC 2000 criteria using troponin	29
Polycystic ovary syndrome	Sample of women aged 12-44 years in China <sup>9</sup>	NIH criteria	7	Rotterdam criteria	11
Prediabetes	Survey of adults aged >18 years in China <sup>10</sup>	Impaired fasting glucose	26	ADA 2010 criteria	50
	NHANES survey of adults $\geq 18$ years in the United States <sup>11</sup>	Impaired fasting glucose	26	ADA 2010 criteria	31

# Guidance for Modifying the Definition of Diseases

## A Checklist

Jenny Doust, MBBS, PhD; Per O. Vandvik, PhD; Amir Qaseem, MD, PhD; Reem A. Mustafa, MD, PhD; Andrea R. Horvath, MD, PhD; Allen Frances, MD; Lubna Al-Ansary, MBBS, MSc; Patrick Bossuyt, PhD; Robyn L. Ward, MBBS, PhD; Ina Kopp, MD; Laragh Gollogly, MD, MPH; Holger Schunemann, MD, PhD; Paul Glasziou, MBBS, PhD; for the Guidelines International Network (G-I-N) Preventing Overdiagnosis Working Group

Table 2. Checklist of Items to Consider When Modifying a Disease Definition

Checklist Item	
1. <b>Definition:</b> What are the differences between the new definition and the previous definition?	
2. <b>Number of people affected:</b> How will the new disease definition change the incidence and prevalence of the disease?	The number of people affected is important in understanding benefits, harms, and resources needed.
3. <b>Trigger:</b> What is the trigger for considering a new disease definition?	
4. <b>Prognostic ability:</b> How well does the new definition predict clinically important outcomes compared with the previous definition?	clinically meaningful outcomes.
5. <b>Disease definition precision and accuracy:</b> What is the repeatability, reproducibility, and accuracy (when estimation of a new disease definition)?	Disease definitions that are repeatable and reproducible improve the consistency of
6. <b>Benefit:</b> What is the incremental benefit for patients classified by the new definition vs the previous definition?	be used to determine treatment thresholds.
7. <b>Harm:</b> What is the incremental harm for patients classified by the new definition vs the previous definition?	Harms may also be outlined using methods such as GRADE. It is often more difficult
8. <b>Net benefit and harms:</b> What is the net benefit and harms for patients classified by the new definition vs the previous definition?	

**Definition**

**Number of people affected**

**Triggers**

**Prognostic ability**



# Choosing Wisely

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*An initiative of the ABIM Foundation*



# Choosing Wisely的緣起

明智選擇運動（Choosing wisely campaign）



2012年由美國內科醫學會（American Board of Internal Medicine, ABIM）



鼓勵醫病共同討論沒有必要執行的醫療行為

# Choosing Wisely

**Choosing Wisely** is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.





## 5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

- 1 Do I really need this test or procedure?** Medical tests help you and your doctor or other health provider decide how to treat a problem. And medical procedures help to actually treat it.
- 2 What are the risks?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
- 3 Are there simpler, safer options?** Sometimes all you need to do is make lifestyle changes, such as eating healthier food or exercising more.
- 4 What happens if I don't do anything?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
- 5 How much does it cost?** Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

# 國內的choosing wisely campaign

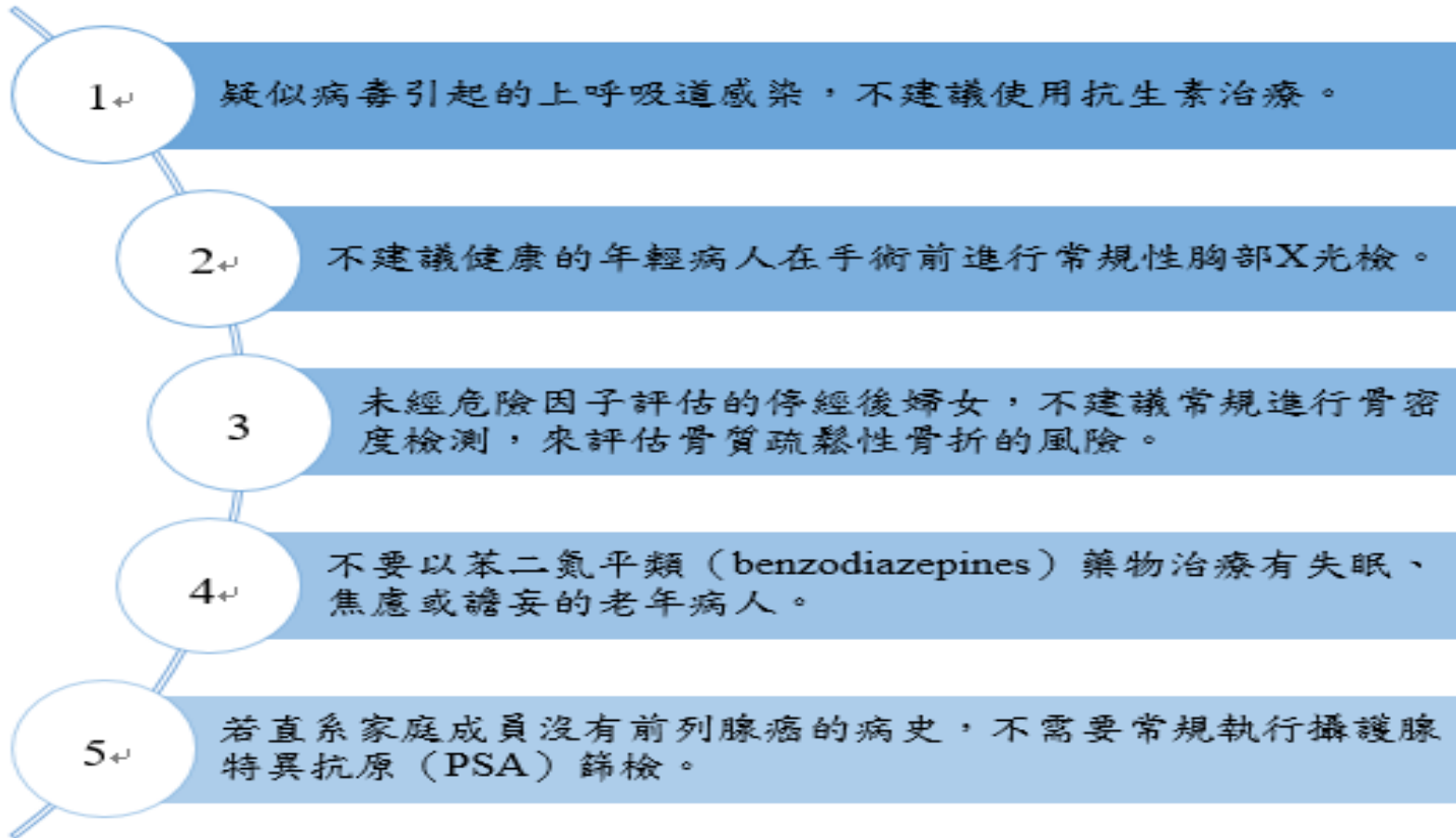


圖 1 國內前五項不建議執行醫療服務項目↵

從不同角度

看過度醫療(overuse)

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行為

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# 無效醫療(Ineffective care)

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從醫療觀點來看

口服抗生素治療一般感冒

術前常規shaving

無症狀的常規心電圖檢查

# 無效醫療(Ineffective care)

從醫療觀點來看

病人在加護病房只是短暫延後生命

醫療照顧耗費大量人力，對病人效益不大

# 無益醫療(Inefficient care)

醫療有效，但執行強度或頻率不恰當

重覆抽血診斷或檢驗

使用重症醫療照顧輕微疾病

常規使用後線抗生素

# 不想要醫療(Unwanted care)

醫療建議適當，但病人不想要

病人想要緩和治療，醫師建議進一步治療

高齡病人接受前列腺癌篩檢

自費使用高價藥物或疫苗

# Low-value care/overuse

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無效醫療  
(Ineffective  
care)

政府機關

不給付、  
限制(Limit)

無益醫療  
(Inefficient  
care)

醫療機構

減少重覆  
或複合處方  
(Lean)

不想要醫療  
(Unwanted  
care)

病人

醫病共享  
決策(Listen)



# Take home message

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THE

**TAKE-HOME MESSAGE**

# 如何判斷

## Over-diagnosis or Over-treatment

該疾病的盛行率

提早診斷疾病後，治療的好處與壞處

該疾病的嚴重程度

該項篩檢(screening)特異性、精準度如何？

確診後，是否有能力去處理疾病問題？

# Take home message



抗生素overuse問題

routine造成的overuse

擴大疾病定義，造成overdiagnosis

# Take home message

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Overdiagnosis造成過度恐慌及副作用

文化上差異，造成overuse medical care

推動精準醫療與SDM的重要

# 報告結束 謝謝聆聽

