

# Undiagnosing



## What?

A strategy to review diagnostic labels and remove those that are unnecessary or no longer beneficial.

## Why?

Over-diagnosis can lead to over-intervention and over-prescribing, particularly among older adults.

## How?

**ERASE!**



# Evaluate

Ascertain the evidence for current diagnosis. Evaluate if the diagnosis is certain and if there are appropriate and practical assessments or investigations that are required for re-evaluation of the diagnosis.

# Resolved conditions

Consider if the condition has resolved. The condition may have ameliorated, been short term, or been associated with a temporary factor (e.g. a side effect of a medicine). Life style changes, non-pharmacological interventions or changes associated with ageing may have resulted in remission.

# Ageing normally

Consider whether the current diagnosis is relevant for the older person. Consider physiological changes related to normal ageing.

# Select targets

Adjust treatment targets for the individual. Critically review the treatment targets and diagnostic parameters for the older person. This may allow for individualised targets, or undiagnosis.

# Eliminate

Eliminate the diagnosis from the current list of medical problems. Withdraw medicines used to treat the condition. Taper the medicine if required.

## References

1. Page A & Etherton-Beer C. Undiagnosing to prevent overprescribing. *Maturitas* 2019; 123: 67-72.
2. Hosking SM, Etherton-Beer C, Page AT. Undiagnosing: Correcting the medical record to prevent over-intervention. *Case Reports in Women's Health* 2019; 23: e00133