

Study investigates older adults' views on cancer screening

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A study from the Regenstrief Institute and the Indiana University Center for Aging Research has found that many older adults are hesitant to halt cancer screenings even when the screenings may no longer be beneficial or may even be potentially harmful. The study is among the first to explore older adults' perceptions of recommendations to halt screenings for breast, prostate, colon and other cancers as they age.

"Older Adults and Forgoing [Cancer Screening](#): 'I think it would be strange'" was published Online First by *JAMA Internal Medicine*. "I think it would be strange" was an older adult's reaction when asked about a physician advising against a screening.

The researchers—led by Regenstrief Institute investigator Alexia Torke, M.D., an IU Center for Aging Research scientist and an assistant professor of medicine at the IU School of Medicine—report that many older adults feel a strong [moral obligation](#) to continue cancer screenings and that a physician's recommendation to stop screening might threaten trust in the doctor or motivate the patient to seek a [second opinion](#).

"In this era of attention to over-testing, there is a growing recognition in the [medical community](#) that some older adults are screened for cancer when it is not beneficial or even potentially harmful to that person," Dr. Torke said. "If physicians are going to successfully communicate with their older patients about forgoing screening they, as well as other care providers, need to understand how older adults view these screenings."

In open-ended interviews with older adults with a mean age of 76, the researchers found patients viewed screening as an automatic, recommended or obligatory action. According to Dr. Torke, this confirms the success of [public health campaigns](#) in communicating the health benefits of screening. The study findings, she says, highlight the need to develop specific messages for older adults that don't undermine the messages targeted to other groups.

However, [study participants](#) seemed to respond well to the idea that screening does not make sense if the burdens—such as pain, time requirements or stress—can be expected to outweigh the benefits. For example, the burdens of colonoscopy were repeatedly cited as reasons not to continue with this test as the patient aged.

Participants were skeptical about hearing government panel recommendations and statistics that show that older adults may not benefit from certain screening tests. Many expressed distrust of the government or felt statistics did not apply to them.

Study participants ranged in age from 63 to 90.

"Each patient is different, but when speaking with [older adults](#) or the caregivers of those who can no longer make decisions for themselves about reducing screenings, the discussion needs to clearly outline the balance of risks and benefits for the specific individual. This approach has the greatest chance of building trust and understanding," Dr. Torke said.

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