

Tests, treatments and procedures at risk of inappropriateness in Italy that Physicians and Patients should talk about.

Five Recommendations from Associazione Culturale Pediatri (ACP)

1	<p>Avoid the habitual use of inhaled corticosteroids in upper respiratory tract infections in children.</p> <p>Cough is the most frequent symptom in children who access outpatient primary care settings. The use of aerosolized corticosteroids is widespread in our country for the treatment of cough in upper respiratory tract infections. There is no evidence of its effectiveness and this practice, if prolonged over time, is associated with side effects.</p>
2	<p>In absence of medical indications do not prescribe formula or liquids other than breast milk to newborns in the first weeks of life.</p> <p>The duration of breastfeeding, especially exclusive breastfeeding, correlates positively with the present and future health of both mother and child. Exclusive breastfeeding in the first weeks of life is a positive long-term predictor of breastfeeding. Offering formula or fluids other than breast milk in the absence of medical indications disturbs the lactation calibration mechanism between mother and child, interferes with adequate breast milk production, and reduces the duration of exclusive and total breastfeeding. There are very few real medical indications for adding formula, the other difficulties can be overcome with the aid of competent support to exclusive breastfeeding.</p>
3	<p>Do not prescribe antibiotics for viral acute respiratory tract diseases (ear infections, sinusitis, pharyngitis, bronchitis)</p> <p>Antibiotics are the most prescribed drugs in Italy, even in children, and the phenomenon of antibiotic resistance is a serious problem. The appropriate clinical management of upper respiratory tract infections provides for watchful waiting in most cases, on the basis of clinical, anamnestic and epidemiological criteria. The appropriate use of antibiotics is recommended only in cases with criteria of severity or that do not improve after watchful waiting. Avoiding the use of antibiotics in presumably viral infections, possibly also identified through the use of rapid tests - such as RAD in pharyngotonsillitis - and optimally treating bacterial infections (the first choice drug is unprotected amoxicillin) limits the emergence of resistant pathogens and the risk of adverse events from antibiotics.</p>
4	<p>Do not prescribe chest x-ray for diagnosis and follow-up of uncomplicated pneumonia in children</p> <p>Clinical diagnosis of pneumonia in children is possible, according to guidelines that limit the use of chest X-rays to well-defined particular conditions. More generally, in clinical practice, the execution of any diagnostic procedure (lab or instrumental evaluations) should always be motivated by the need to acquire essential information to guide the management of a problem. However, in daily clinical practice, it often happens that "control" investigations are carried out without a real practical need, with a waste of energy and time and possible risks for the patient. The accurate anamnestic, clinical and epidemiological evaluation and the clear and complete confrontation with the patient and parents are the basis both for a correct approach and optimal results by the selection of the most appropriate procedures. In some socio-health risk settings (eg immigrant children from areas with a high prevalence of tuberculosis) it is possible to consider, in selected cases, the execution of chest X-rays as part of specific examinations.</p>
5	<p>Do not prescribe drugs (Histamine receptor antagonists, proton pump inhibitors and prokinetics) in physiological gastroesophageal reflux (GER), which does not impair growth and is not associated with suspected signs or symptoms of GER disease. Inform and support parents.</p> <p>Physiological GER is a very frequent cause of regurgitation or vomiting in healthy children in the first year of life, resolves with growth and there is no significant evidence that it causes injury, even in the long term. In newborns and infants, the appearance of crying fits, restlessness, arching of the trunk, sometimes associated with even abundant regurgitation, can be physiological manifestations of an evolutionary phase. It is necessary to be able to differentiate the physiological GER from that associated with symptoms that deserve a diagnostic study. Parents need to be adequately informed about the significance of signs and symptoms and supported in the management of these physiological manifestations. Pump inhibitors and Histamine receptor antagonists are not effective in resolving GER and their use should be reserved exclusively for GER disease (GERD) which is very rare in pediatric age and mostly related to predisposing conditions. In the GER there are no indications for the use of prokinetic drugs. The use of drugs for GERD is not indicated as an empirical treatment for diagnostic purposes in newborns and infants.</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

How this list was created

First step for ACP in creating this list was to involve the pediatricians belonging to its organization (chair every regional referee), sending e mail to explain the history, the ratio and the aims of this project. Every pediatrician was asked to choose one or more tests, treatments or procedures in his every day practice, very commonly used, which appear not to be beneficial for many patients but rather to expose them to additional risks and which should be used more properly, through a shared decision making taking into account patient's needs and desires. Among all the recommendations, a working group selected the ones indicated by most pediatricians, with particular regard to ACP priorities.. All recommendations have been revised in April 2021

Sources

1	<ol style="list-style-type: none"> 1. La prescrizione di farmaci respiratori in pediatria. Rapporto Nazionale OsMed 2019 sull'uso dei farmaci in Italia. https://www.aifa.gov.it/web/guest/-/rapporto-osmed-2019. Sezione 5. 2. Effectiveness of Nebulized Beclomethasone in Preventing Viral Wheezing: An RCT. <i>Pediatrics</i>. 2014 Mar;133(3):e505-12. doi: 10.1542/peds.2013-2404. Epub 2014 Feb 17. 3. Anderson-James S, Marchant JM, Acworth JP, Turner C, Chang AB. <i>Cochrane Database Syst Rev</i>. 2013 Feb 28;2:CD008888. doi:1002/14651858.CD008888.pub2. Inhaled corticosteroids for subacute cough in children. 4. L'uso dei corticosteroidi inalatori in età evolutiva. Consensus intersocietaria 2019. https://www.sipps.it/wp/wp-content/uploads/2019/10/SIP055_CONSENSUSCORTICOSTEROIDI_231019.pdf
2	<ol style="list-style-type: none"> 1. Victora CG, Bahl R, Barros AJD et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. <i>Lancet</i> 2016;387:475-90 2. Vehling L, Chan D, McGavock J et al. Exclusive breastfeeding in hospital predicts longer breastfeeding duration in Canada: implications for health equity. <i>Birth</i> 2018;45:440-9 3. McCoy MB, Heggie P. In-hospital formula feeding and breastfeeding duration. <i>Pediatrics</i> 2020;146:e20192946 4. Kellams A, Harrel C, Omage S et al. ABM Clinical Protocol #3: supplementary feedings in the healthy term breastfed neonate. Revised 2017. <i>Breastfeed Med</i> 2017;12:188-98
3	<ol style="list-style-type: none"> 1. Dawson-Hahn EE, Mickan S, Onakpoya I et al. Short-course versus long-course oral antibiotic treatment for infections treated in outpatient settings: a review of systematic reviews. <i>Fam Pract</i> 2017;34:511-19. 2. European Centre for Disease Prevention and Control. Antimicrobial consumption in the EU/EEA – Annual Epidemiological Report 2019. Stockholm: ECDC; 2020 3. Fraser H, Gallacher D, Achana F et al. Rapid antigen detection and molecular tests for group A streptococcal infections for acute sore throat: systematic reviews and economic evaluation. <i>Health Technol Assess</i> 2020;24:1-232. 4. Hu Y, Walley J, Chou R et al. Interventions to reduce childhood antibiotic prescribing for upper respiratory infections: systematic review and meta-analysis. <i>J Epidemiol Community Health</i> 2016;70:1162-70. 5. Mas-Dalmau G, Villanueva López C, Gorrotxategi Gorrotxategi P et al. Delayed antibiotic prescription for children with respiratory infections: a randomised trial. <i>Pediatrics</i> 2021;147: e20201323. 6. Spurling GK, Del Mar CB, Dooley L et al. Delayed antibiotic prescriptions for respiratory infections. <i>Cochrane Database Syst Rev</i> 2017;9:CD004417. 7. Venekamp RP, Sanders SL, Glasziou PP et al. Antibiotics for acute otitis media in children. <i>Cochrane Database Syst Rev</i> 2015;2015:CD000219.
4	<ol style="list-style-type: none"> 1. Poutanen R, Virta T, Heikkilä P et al. National Current Care Guidelines for paediatric lower respiratory tract infections reduced the use of chest radiographs but local variations were observed. <i>Acta Paediatr</i> 2020;00:1–7. https://doi.org/10.1111/apa.15692 2. Sherwin S, Chan, Manish K, Kotecha, Cynthia K et al. ACR Appropriateness Criteria® Pneumonia in the Immunocompetent Child. <i>J Am Coll Radiol</i> 2020;17(5S):S215-S225. doi: 10.1016/j.jacr.2020.01.033. 3. Andronikou, S, Lambert E, Halton, J et al. Guidelines for the use of chest radiographs in community-acquired pneumonia in children and adolescents. <i>Pediatr Radiol</i> 2017;47:1405–11. https://doi.org/10.1007/s00247-017-3944-4
5	<ol style="list-style-type: none"> 1. Rosen R, Vandenplas Y, Singendonk M et al. Pediatric Gastroesophageal Reflux Clinical Practice Guidelines: Joint Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology Hepatology and Nutrition (ESPGHAN). <i>J Pediatr Gastroenterol Nutr</i> 2018;66:516-54. 2. Barfield E, Parker M. Management of Pediatric Gastroesophageal Reflux Disease. <i>JAMA Pediatrics</i> 2019;173:485-6. 3. Heitlinger L. Guidelines for Management of Pediatric Gastroesophageal Reflux. <i>JAMA Otolaryngology-Head & Neck Surgery</i> 2018;144:755-6.

Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign “**Doing more does not mean doing better- Choosing Wisely Italy**” in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

The Cultural Association of Pediatricians – ACP (Associazione Culturale Pediatri) - is a free association of 1,400 primary care pediatricians, hospital pediatricians and universities pediatricians, aimed at developing pediatric culture and promoting the health of all children. It has an Ethical Code of conduct. It carries out editorial, training and research activities, NON PROFIT association. It is involved in health education initiatives and support for International Cooperation programs. Its fundamental themes of interest are: the respect and promotion of the rights of children and adolescents their mental health, the reduction of inequalities, the promotion and enhancement of the skills of children and parents from the earliest stages of life, the correct use of human and economic resources in the health sector, the environment as a determinant of health.

For more complete information: www.acp.it