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	**Avoid routine use of inhaled corticosteroids in upper respiratory tract illness in children.**
	Cough is the most common symptom in children attending primary care pediatricians. Inhaled corticosteroid therapy is a common practice in our country, as a first step therapy in upper respiratory tract illness and related cough, although no evidence of real benefit is proved. This practice, if used for long-term therapy, can cause adverse effects.
2	**Avoid formula supplement in the first days of life for healthy, full term, breast- fed newborns without proved medical contraindications.**
	Duration of breastfeeding is positively related to child's health (reduction of obesity, atopy, asthma, infections) and mother's health. Breastfeeding in new-born is a positive predictor for long term breastfeeding. Supplements with formula interfere with natural breastfeeding, disturbing mother-child feed-back, basis for an adequate milk production by mother herself.
3	**Don't prescribe antibiotics to treat respiratory infections probably due to viral agents in children (pharyngitis, sinusitis, bronchitis).**
	Antibiotics turn out to be the most commonly prescribed drugs in Italy and antibiotic-resistance is a progressively growing phenomenon. The proper clinical good practice for viral infection, according to International guidelines is to watch and wait, in rightly selected cases (following clinic-anamnestic-epidemiological criteria) and to use antibiotics just in selected circumstances. To avoid antibiotic-therapy in presumably viral infections and to prescribe the right dose and timing is of help in lowering side effects, including the growth of resistant pathogens.
4	**Don't prescribe Chest Radiography to confirm diagnosis and to follow up in a not complicated pneumonia in children.**
	The clinical diagnosis of pneumonia in children is almost always possible, according to existing guidelines which suggest the use of chest radiography in selected cases. In clinical practice, every diagnostic procedure (blood samples, imaging, etc.) should only be performed aiming to gain absolutely necessary information to solve a clinical problem. Nevertheless, in everyday's clinical practice, "routine" procedures are often used without any clinical question, wasting (so) time and energy, and adding possible risks for patients. An appropriate anamnestic, clinical and epidemiological evaluation and a clear and complete discussion with parents and children are the basis for a proper diagnosis and theraphy and allow best results, selecting the most appropriate procedures.
5	**Avoid using drugs (anti H2, procynetics, protonic pump inibitors-PPI) in physiological Gastro Esophageal Reflux (GER) not interfering with growth and not associated with clinical signs or symptoms of GER Disease. Don't prescribe drugs in "happy spitters".**
	Phisiological GER commonly causes regurgitation or vomiting in the first year of life, it improves and disappears with growth and there is no evidence that it is the cause of lesions, even in long term studies. PPI are not effective to solve GER and their safety is not proved in children. The use of anti acid, anti H2, PPI and pro cinetics is to be restricted to GER Disease (GERD), properly diagnosed, that is an extremely rare condition in pediatric population and mostly related to predisposing conditions. There is no prove of efficacy of the use of drugs to treat GERD as empiric therapy - with diagnostic aim – in spitting infants presenting crisis of crying, irritability and bending (which could be physiological and disappear in some weeks). Nevertheless, anti GERD drugs are very commonly prescribed in children under one year of life. Differentiate between GER and GERD is essential to reduce inappropriate therapy.

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.

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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.

Sources

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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

Associazione Culturale Pediatri - ACP is a free association composed by 1400 primary care, hospital and university pediatricians, with the aim of developing pediatric culture and promoting child health. It has an ethic code. The most important activities are: editing, research, implementing pediatric culture, no profit. It has in charge health education campaigns and supporting programs of international cooperation. The most important themes of interest are: respect and promotion of children rights and their mental health, reducing social impairment, promoting parents' and children skills, using in the best way the human and economic resources, considering environment as an important health determinant. For further information www.acp.it