Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

ADI

FONDAZIONE ADI

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

Five Recommendations from

ITALIAN ASSOCIATION OF DIETETICS AND CLINICAL NUTRITION – ONLUS

FOUNDATION ITALIAN ASSOCIATION OF DIETETICS AND CLINICAL NUTRITION (ADI)

1	**Don't use so-called "food intolerance tests" as a tool for the dietary treatment of obesity or for diagnosing suspected food intolerances.**
	These procedures have been used in recent years to identify supposed food intolerance and to justify obesity. They are based on theoretical assumptions which have not found confirmation in the scientific evidence (IgG4-determination, hair analysis, cytotoxicity-test, "Vega" electrodermal-test). Among professionals who do not follow the so-called "alternative" therapies, there is therefore unanimous international approval of not using such investigations, also in reason of their high costs (300-500 Euro). Such procedures have also an high risk of malnutrition and reduced growth among children and adolescents as a consequence of the strong reduction of the food typology to assume and of the considerable apprehension they induce among people.
2	**Avoid treating obesity and eating disorders with pre-printed diets and in the absence of a multidimensional approach.**
	Due to their multifactorial etiology and their chronic carriage, obesity and eating disorders are complex pathologies. Therefore they must be treated simultaneously on several fronts: the cognitive-behavioral, psychological, nutritional, internal medicine and motor-rehabilitative. The continuous professional contact and the counselling (multidimensional approach) are then essential. The support of different specialists is desirable to approach comprehensively all biological, social, environmental and behavioral problems.
3	**Don't encourage an extensive and indiscriminate use of dietary supplements as preventive measures in cancer and cardiovascular disease.**
	Public opinion has been recently subjected to campaigns about the efficacy of dietary supplements in the prevention of cancer and cardiovascular diseases (folic acid, antioxidants, calcium and Vitamin D). Italy proves to be the first consumer of dietary supplements in Europe. The scientific evidence is not univocal and the assumption of food containing the active ingredients (vegetables in particular) has proved more effective as preventive measure than supplements containing them. It is therefore desirable a more cautious use of food supplements and only in order to provide for documented deficiencies, also considering their negative side effects in case of overdose.
4	**Avoid restrictive approaches not proven to be effective and not involving the family in overweight problems and obesity in children**
	Not evidence-based strategies for overweight and obesity control in the developmental age, as very low calorie diets, not balanced diets or dietary restrictions without changes in the lifestyle, an exasperated approach to the physical activity, a not sufficient participation of the family environment, superficiality in the evaluation of the psychological profile of the adolescent, are cause of frequent chronic problems. All these strategies are ineffective at long and medium term as they expose to the risk of developing an eating disorder (anorexia, bulimia), weight-cycling syndrome (yo-yo-syndrome, that is repeated weight fluctuations), nutritional deficits and slowing growth.
5	**Avoid Artificial Nutrition (AN) in clinical situations in which an evidence-based approach has not proven beneficial, i.e. in patients with advanced dementia or cancer at the terminal stage.**
	In patients with advanced dementia and extremely compromised clinical picture or in cancer patients with advanced disease, uncontrolled pain, life expectancy of less than 4-6 weeks, Artificial Nutrition has not proven a favorable benefit-risk balance. On the contrary, the efficacy of promoting a culture of prevention, screening and early diagnosis of the hospital and territorial malnutrition, has been demonstrated.

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

The ADI association, after consulting the President of the Association, has identified an operational program aimed at identifying the most significant malpractices associated with food, or which are not associated with any benefit in terms of health for the individual and may even expose to a greater risk. The program is organized in the following steps:

1) commitment of the evaluation to a group of representative figures of the Association: a coordinator + 5 more nutrition experts;

2) each expert has selected, using a dedicated format, the five above-mentioned practices, which he considered more relevant, specifying the reason of the choice and bibliographic sources of each practice;

3) essays have been mutually shared, and discussed;

4) among the identified practices, the 5 selected have received the greatest number of votes and therefore considered to be the most significant.

Sources

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5	1. AGS Position Statement – Feeding Tubes in Advanced Dementia (2013). 2. ESPEN Guidelines on Enteral Nutrition, Geriatrics, 2006, (25): 330-360.

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 A.D.I. Onlus - Italian Association of Dietetics and Clinical Nutrition aims to promote and support all initiatives in the scientific, cultural and educational field that may be of interest, by all perspective, of the Food Science. The Association is non-profit and pursues goals of social solidarity, in the field of social and sanitary assistance to assist disadvantaged people outside of the association.

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