Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

AICPR
FORMERLY GICR-IACPR
Associazione Italiana di Cardiologia Clinica, Preventiva e Riabilitativa

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

Five Recommendations from the AICPR

Italian Association of Clinical, Preventive and Rehabilitative Cardiology

1	**Don't perform routine chest X-ray in patients entering rehabilitation programme after cardiac surgery**
	Patients always receive chest X-Ray before discharge from cardiac surgery. Further X-ray should be warranted only on clinical basis. Pleuric effusion monitoring should be performed by mean of thoracic echography
2	**Don't perform Computed Tomography for coronary calcium score in patients at high cardioascular risk**
	"Coronary calcium score" is not predictive of CV events in subjects already at high risk using traditional score systems
3	**Don't perfom Holter electrocardiographic monitoring in patients suffering from syncope, near syncope o dizziness, in whom a non arrhytmic origin has been documented**
	Holter monitoring is indicated if the likelyhood of arrhytmia causing a syncope is elevated. Monitoring devices should be choosen according to syncope frequency: Holter for daily symptoms, external loop recorder for weekly, and subcutaneous implantable device for monthly or less frequent events.
4	**Don't routinely prescribe proton pump inhibitors (PPI) for gastrointestinal bleeding profilaxis in patient with single drug antiplatelet therapy in absence of additional risk factors**
	Gastrointestinal (GI) bleeding risk is increased in presence of double antiplatelet treatment. Risk factors for GI bleeding are: previous GI bleeding, peptic ulcer, advanced age, NSAIDs or steroid drugs use, oral anticoagulant therapy. In absence of risk factors, PPI therapy is not warranted for single drug antiplatelet treatment.
5	**Avoid routine use of Infective endocarditis profilaxis in mild to moderate native valve disease**
	Despite of high frequency of bacteremia associated to dental procedures, the related risk for infective endocarditis (IE) is very low, both in general population and in cardiac patients. Extensive use of profilaxis is not supported by evidence. Profilaxis should be restricted to high risk patients (i.e. patients with worse prognosis associated to IE or at higher risk to develop an IE).

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

A task force of National board of Gruppo Italiano Cardiologia Riabilitativa, selected 5 clinical praxis at higher risk to be inappropriate, out of 11 screened by an online survey among members among those most diffuse with a negative impact on patients.

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

Italian Association of Clinical, Preventive and Rehabilitative Cardiology (AICPR) is a no-profit association, with more than 1000 members, operating in 210 public and accreditate hospitals and outpatient clinics.
Cardiologist, Nurse, Psicologist, Dietist and Therapist, operate all in a multidisciplinary team.
Preventive and Rehabilitation Cardiologist represent the cultural medium and the organization related tool to guarantee the continuum of care between the acute and chronic fase, and between specialist operating in hospital and general pratictioners.
http://www.iacpr.it/