Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

aigo
Associazione Italiana Gastroenterologi & Endoscopisti Digestivi Ospedalieri

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

Five Recommendations from the Italian Association of Hospital Gastroenterologists and Digestive Endoscopists (AIGO)

1	**Prescribe fecal occult blood test (FOBT) only for screening of colorectal cancer.**
	FOBT is a screening test that should only to be used for asymptomatic patients that are in the risky area outlined by the relevant national or regional programs. It's not a diagnostic test and as such should not be performed for patients that show signs and symptoms of possible colon disease: 26-35% of FOBT is performed inappropriately, increasing both the number of inappropriate colonoscopies and the risk of endoscopic complications.
2	**Don't perform surveillance colonoscopy for colon polyps after a valid exam, with intervals that vary from those indicated by the responsible gastroenterologist or after histologic evaluation of the polyp.**
	The need for a surveillance colonoscopy should be based on the results of the first endoscopic assessment and is indicated by evidence based guidelines, which evaluate the relative risk of developing new adenomas or carcinomas. The appropriate interval needs to be established by the gastroenterologist responsible for the procedure, taking into account previous findings, the quality of the colonoscopy, family history, and relevant clinical judgement.
3	**Don't repeat esofagogastroduodenoscopy (EGDS) for a patient that has been diagnosed with a gastroesophageal reflux disease, with or without hiatal hernia, in absence of new symptoms.**
	A diagnosis of gastroesophageal reflux disease is based on a combination of symptoms, feedback from antisecretory drugs, and diagnostic tests; EGDS allows for the diagnosis and eventual treatment of disease related complications; follow-up EGDS is only needed for endoscopically severe illness or Barrett's esophagus diagnostic confirmation or surveillance
4	**Once the diagnosis is established, don't prescribe systematic abdominal ultrasound checkup in asymptomatic patients with epathic angiomas < 30 mm in diameter.**
	Up to 5-20% of the population have epathic angiomas, furthermore only occasionally encountered in asymptomatic patients. Typical angiomas that are small in size can be entirely benign and don't require any further ecographic control.
5	**Don't prescribe proton pump inhibitors (PPI) during steroid therapy or for long periods with patients that exhibit dyspeptic symptoms.**
	There's no evidence supporting the systematic use of PPI on patients with functional dyspepsia or as prophylaxis during steroid therapy. The primary risk associated with suspending PPI during the course of acid-related disease is the return of symptoms. The therapeutic objective therefore needs to be controlling residual symptoms and bettering the patient's quality of life.

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

AIGO internally established a working group, coordinated by two components of the National Directory and composed of members of the Youth Commission, with the goal of giving strong guidelines against diagnostic and therapeutic inappropriateness. The email aigochoosingwisely@gmail.com was then established to solicit proposals from all the regular members of the society. The working group then curated and developed the most relevant themes and elaborated the proposals outlined in this document, sharing this with the National Directory and all the associates.

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

AIGO (Italian Association of Hospital Gastroenterologists and Digestive Endoscopists) was established in Rome in 1969; it was established in response to the high incidence, prevalence, and social impact of diseases on the digestive system; its goal is the continued development of Gastroenterology and Digestive Endoscopy; it proposes and supports both a network of hospitals and territory capable of providing answers regarding appropriateness and adequate distribution of resources. It is articulated in regional sections, committees and study groups. Its goal is to develop understanding of the pathologies and preventative techniques, as well as to promote progress in the field of prevention, curing and rehabilitation of gastrointestinal diseases. It strives to further education and empowerment for science, technology, and organization of Gastroenterology, also in collaboration with regulatory authorities. www.webaigo.it