Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

AMD ASSOCIAZIONE MEDICI DIABETOLOGI 1974 ANNO DI FONDAZIONE

NICE AMD need is core of effectiveness

Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Patients should talk about.

Five Recommendations from the Italian Association of Medical Diabetologists (AMD)

1

Don't use the 'sliding scale insulin therapy' for the treatment of hyperglycemia in hospitalized patients.

The practice of insulin therapy by sliding scale, that is, injecting insulin at set intervals (every 4-6 hours) only if the glycemia goes above a fixed threshold is still common in our country too, but it should be considered an inadequate and ineffective method. This approach, in fact, as well as not facing the problem of basic insulinization, does not prevent hyperglycemia either ,intervening only after it has been found and represents a risk of subsequent hypoglycemia. The insulin therapy on a sliding scale basis leads to therapeutic inertia and also the risks represented by a lack of therapeutic planning.

2

Don't prescribe routine glucose self-monitoring to Type 2 diabetes patients who are being treated with drugs that do not cause hypoglycemia.

In patients with type 2 diabetes being treated with drugs which do not cause hypoglycemia, once the glycemic objective has been reached and the results of self- monitoring become fairly predictable, daily monitoring of the glycemia does not add information for maintaining glycemic control, and sometimes can cause anxiety. There are many exceptions like, for example, use for educational purposes, acute illnesses that can recur,worsening of glycemic compensation, the use of hypoglycemizing drugs, when self- monitoring is often indispensable from time to time in order to achieve set goals.

3

Don't prescribe screenings for diabetes complications that are not in accordance with the national guidelines.

Diabetic retinopathy

In the absence of diabetic retinopathy, don't repeat the Fundus Oculi test following diagnosis (the first Fundus Oculi has diversified frequency for type 1 Diabetes and for type 2) more frequently than once every two years. If the retinopathy is progressive, the test must be carried out more frequently.

Diabetic Polyneuropathy

Don't carry out an electrophysiological test for the screening of diabetic polyneuropathy.

Peripheral arteriopathy

Don't carry out an ecocolodoppler test for the screening of peripheral arteriopathy

4

Don't treat diabetes patients indiscriminately with antiplatelet drugs.

Antiaggregant therapy with acetyl salicilic acid (75-160 mg/daily) is suitable for diabetic patients with previous cardiovascular or cerebrovascular events or with chronic obstructive arteriopathy, and in initial prevention, only in diabetic patients with high cardiovascular risk. Antiaggregant therapy with acetyl salicilic acid is not recommended in diabetics with low or moderate cardiovascular risk.

5

Don't perform routine measurement of C-peptide in diabetes patients.

It is not necessary to dose hematic C-peptide for the diagnosis of type 1 and type 2 diabetes . Measurement of the response by C-peptide to glucagon or to mixed meals can help in rare cases in which it is difficult to differentiate the diagnosis between the two types of diabetes. However, in this clinical situation, too, the response to the pharmacological therapy provides useful information, and it is not clinically necessary to identify C-peptide . In rare cases it can be useful to measure C-peptide concentration in order to better phenotype the patient with diabetes and it can be useful in type 1 diabetes for getting the full prognostic picture of complications. C-peptide identification is essential for evaluation of possible hypoglycemia which has been self- caused due to insulin taken for other than therapeutic purposes.

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

AMD has promoted NICE (Need is core of effectiveness) so that Italian diabetology works according to clinical models of appropriateness and sustainability. The Measured Diabetology project group is a task force whose role is to promote proposals of a technical nature and also aimed at organizing in a competent and transparent way, and founded on exact data in order to promote sustainable diabetology. In the first work phase, supporting the "Choosing Wisely" campaign and with the collaboration of Slow Medicine, we identified five inappropriate practices, following this step-by-step analysis:

1. Each member of the Measured Diabetology group, working with the group's in- and out-patient coordinators identified 4-5 practices;
2. 15 proposals for inappropriate practices were collected, two of which were excluded for being similar;
3. Every member gave each practice a points score from 1 to 15, according to the pondered choice method ,indicating also the degree of relevance and clinical applicability;
4. Each member used a customized format proposed by Slow Medicine;
5. Reports were discussed together;
6. 5 practices were selected which were given a high points score and these were proposed to the National Directive Council for approval and dissemination to the whole of the scientific community. .

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

The Italian Association of Medical Diabetologists – AMD founded in 1974, intends to make the most of the specific and unique role of the diabetologist and of the "tailored team", in accordance with a systemic and ethical perspective, towards continuous improvement of treatment of patients with metabolic illnesses and/or diabetes, through training, research, clinical control, professional independence, rapport with institutions, with other scientific communities, professional associations and patients.

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