Slow Medicine

Measured Respectful Equitable

CHOOSING WISELY ITALY

Doing more does not mean doing better

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 Cardiologists (ANMCO)

1	**Don't perform routine echocardiography as part of routine follow-up in patients with mild to moderate valvular heart disease or with left ventricular dysfunction, in the absence of new symptoms, signs or clinical events.**
	Due to the slow evolution of mild to moderate valvular disease and the clinical uselessness of reevaluating left ventricular function in clinically stable patients, an echocardiogram is not recommended unless there is a change in clinical status
2	**Don't perform exercise stress test as part of routine follow-up in asymptomatic patients after surgical or percutaneous revascularization.**
	Since there are no RCT showing events' reduction with tress test procedure after revascularization, stress test should only be performed to evaluate incomplete revascularizations or changes in clinical status.
3	**Don't perform 24 hour Holter monitoring in patients with effort chest pain who can perform exercise stress test, unless arrhythmias should be investigated.**
	Since during Holter monitoring the amount of stress could not be calibrated, sensitivity and specificity for detecting ischemia in patients with chest pain are low. In these conditions stress test is superior.
4	**Don't routinely perform stress cardiac imaging test during the initial evaluation of suspected ischemic heart disease.**
	Stress cardiac imaging test should be performed only when relevant risk factors are present: diabetes in patient older than 4 - years-old, peripheral arterial disease, greater than 20% Framingham risk, or in the presence of EKG modification affecting the interpretation of the stress test
5	**Don't perform exercise stress test as screening of ischemic heart disease in asymptomatic patients at low cardiovascular risk**
	In asymptomatic patients without risk factors, the likelihood of coronary heart disease is very low. The stress test increases risk of false positives and induces further diagnostic tests to rule out the doubts raised by the test.

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 working group defined 17 tests, treatments and procedures at high risk of inappropriateness in Italy. To choose the top 5, it was decided to exclude those already considered inappropriate in the international guidelines, those with high technical characteristics (e.g., coronary angioplasty for FFR> 0,80, CRT for QRS <0.12 sec), those occasionally prescribed in Italy, focusing on the grey areas of frequent performed procedures, though at low risk for 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

The National Hospital Cardiologists Association (ANMCO) is a 5,000 member non-profit medical association of Italian cardiologists working in the National Health Service. Founded in 1963 the ANMCO promotes good clinical practice, prevention and rehabilitation of cardiovascular diseases through organizational proposals, vocational education and training, promotes and conducts clinical studies, and leads the formulation and development of practical guidelines. From 2006 ANMCO is ISO 9001 certificated.