Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

Collegio Reumatologi Italiani
CReI

Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Patients should talk about.

Five Recommendations from the College of Italian Rheumatologists (CReI)

1	**Do not request the dosage of anti- CCP antibodies (cyclic citrullinated peptide) simply based on the presence of arthralgia.**
	On the basis of the simple presence of arthralgia, advanced diagnostic investigations are not proposed that could easily be inappropriate, and that mainly have a prognostic significance for a correct rheumatological clinical evaluation as a function of early aggressive therapy. Therefore, the request of these anti-CCP antibodies should be carried out only in the case of rheumatological evaluation which induces the prescription.
2	**Do not request the dosage of ANCA (antibodies against the cytoplasm of neutrophils) only in the presence of a clinical suspicion of connectivitis, without adequate and documented evaluation or evident clinical suspect of a vasculitis.**
	As is well known, ANCAs are associated with a group of small vessel vasculites called ANCA-associated vasculitis, which include microscopic polyangiitis, granulomatosis with polyangiitis (M. of Wegener) and eosinophilic granulomatosis with polyangiitis (m. Churg-Strauss). Several studies have shown that the diagnostic usefulness of ANCA increases with the increase in the clinical suspicion of such diseases, being maximal, for example, in patients with multiple symptoms of m. of Wegener, where a 98% post-test probability was demonstrated, but very low in patients with only one symptom of m. of Wegener, with a post-test probability of only 7-16%. Associated ANCA vasculitates are very rare diseases and the research of ANCAs in the general population gives rise to a high percentage of false positives. Therefore adequate prescriptive behavior can only move from evidence of at least two clinical signs characterizing a vasculitis.
3	**Do not request the dosage of ENA (Extractable Nuclear Antigens) / ENA profile in patients with Raynaud's phenomenon before having performed a capillaroscopy.**
	Raynaud's phenomenon mainly affects women between 20 and 40 years of age. In a high percentage of cases ranging between 50% and 90%, this phenomenon is primitive; in such cases it is not necessary to make specific therapies, but only a symptomatic treatment and protection against cold and other triggering factors. In such cases the capillaroscopic finding is almost completely normal, in some cases it may sometimes be observed slight dilation of the loops with erythrocyte aggregation phenomena. Recent studies have shown that performing ENA indiscriminately to all patients with Raynaud's phenomenon may be inappropriate
4	**Do not request a standard radiograph for diagnostic purposes in the clinical suspicion of an early-stage arthritis.**
	In this phase of the pathological process, this examination, especially in the "very early" forms (within 12 weeks from the onset), does not provide significant information, often dealing with conditions in the pre-radiographic stage and for which early changes are only evident through methods imaging with high sensitivity and adequate specificity. One of the most modern and complete methods to be used in the early phase, also at low cost, (within 12 months from the onset) seems to be the ultrasound examination with power doppler, then assigning in a second instance to the specialized evaluation the choice of the imaging method considered most appropriate for that individual case. After the rheumatologist has defined the diagnosis, the radiography can be performed to have an assessment at baseline for subsequent evaluations about the radiographic evolution.
5	**Do not request the dosage of ANA (anti-nucleic autoantibody) and rheumatoid factor dosage to a child when there is the presence of arthralgia, without any clinical objectivity.**
	When a child has joint pain but does not meet the clinical criteria for the diagnosis of Juvenile Idiopathic Arthritis it is not very useful to require the determination of autoantibodies. These investigations are useful to better define the diagnosis, the prognosis and therefore to start an adequate and immediate therapy.

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

These recommendations are the result of a working group organized at the department of Rheumatology of the Papardo hospital of Messina, with the subsequent involvement of the rheumatology chair of the University of Palermo, the Sicilian rheumatologists specialists and the board of directors of the Italian College of Rheumatologists. The same president of the College has collaborated in the drafting of an editorial on the topic, which will be published in the Italian Journal of Clinical Rheumatology.

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 College of Rheumatologists (CReI) pursues the aim of protecting, enhancing and developing the specialized rheumatological structures within the National Health Service and carries out its non-profit activity. The specific purposes of the Association are:
a) to enhance the assistance to rheumatics patients in hospitals and in the area functionally connected to them, in the interest of the community and for the reduction of economic costs;
b) to protect the professional interests of its members;
c) to sensitize the health and political authorities, next to the National Association of Rheumatic Patients (ANMAR), the Italian League against Rheumatic Diseases (LIMaR) and the Italian Society of Rheumatology (SIR), comparing and collaborating with them.

For details: www.collegioreumatologi.it