Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

SOCIETA' SCIENTIFICA DI MEDICINA INTERNA
FADOI
FEDERAZIONE DELLE ASSOCIAZIONI DEI DIRIGENTI OSPEDALIERI INTERNISTI

Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Patients should talk about.

Five Recommendations from the Italian Federation of Associations of Hospital Internal Medicine (FADOI) – 2nd List

1	**Do not use benzodiazepines in elderly patients as a first choice for insomnia, agitation, delirium.**
	Anxiety, depression and insomnia are very frequent in the elderly population and often require pharmacological treatment. Benzodiazepines are still frequently prescribed in the elderly; however, they do have side effects, even severe ones, such as excessive sedation, dizziness, delirium and ideo-motor slowing, with an increased risk of falls and, therefore, fractures. Several studies show that long-term use of benzodiazepines may lead to addiction and increases the risk of dementia. Therefore, it seems appropriate to reduce and possibly avoid the use of benzodiazepines, particularly in the elderly with dementia. In case, their use should be limited to a short period of time (< 1 month), at the lowest possible doses and preferring molecules with a short half-life, gradually discontinuing their consumption.
2	**Do not delay palliative cares in the dying patients.**
	It is important that physicians give proper care to terminally ill patients; they require appropriate and early recognition of their needs (also through the use of standardized and validated tools) thus leading to correct management of symptoms (such as pain, dyspnea, agitation, respiratory secretions), the remodulation of pharmacological therapy, adequate communication and advance and shared planning of care, as well as attention to his/her multidimensional needs. Potentially futile procedures and therapies in this context may be: **antibiotic therapy** (not indicated in cases in which symptomatic improvement is not expected from its administration and inappropriate in situations in which the risks of adverse events exceed the expected benefits); **blood transfusions** (recommended only for Hb values < 7 g/dl and in the presence of severe symptoms, or < 8 g/dl in the presence of active bleeding or acute coronary syndrome; prophylactic platelet transfusions are not indicated if above 10,000/mm3 and in the absence of moderate-severe bleeding); **anticoagulant therapy** (indicated only if it can relieve symptoms such as dyspnoea, chest pain and tense edema of a limb and in any case to be suspended in the pre-agonistic phase); **Non-invasive ventilation** (useful only if it improves dyspnea and not indicated if it worsens the quality of the end of life or communication; the difficulty of suspending it once started must also be carefully considered).
3	**Do not routinely prescribe lipid lowering drugs in patients with a limited life expectancy.**
	The most recent international guidelines indicate lipid-lowering therapy in subjects over 70 years of age mainly for secondary prevention; it should be considered in primary prevention, albeit with a low level of evidence, only for patients with very high cardiovascular risk, with a view to individualizing the therapeutic choice in accordance with the performance status, comorbidities and expectations of the individual patient. In spite of that, a third of patients older than 75 years still assume lipid-lowering therapy. Moreover, in subjects older than 80 years the decision of physicians should be guided mainly by life expectancy, any terminal comorbidities (such as advanced dementia) and frailty. These factors predominantly affect adherence to therapy and expose patients to adverse events (myopathies, new onset diabetes, drug interactions). Given a limited life expectancy, i.e. less than 10 years, the start of statin therapy is not supported by scientific evidence and its continuation is questionable.
4	**Do not use non-steroid anti-inflammatory drugs (NSAID) in subjects with arterial hypertension, heart failure, renal insufficiency from any cause, including diabetes.**
	NSAIDs and 2 cyclooxygenase inhibitors (anti-COX-2) - although widely used even without a medical prescription - can cause important side effects including increased blood pressure, lower response to antihypertensive treatments, water retention and worsening of renal function in patients with hypertension, heart failure, renal failure from any etiology including diabetes. Furthermore, the use of NSAIDs has been associated with a significantly higher risk of coronary heart disease, stroke (in patients with or without heart disease or risk factors for heart disease), and heart failure. The risk increases as the taken doses increase. In patients with type 2 diabetes, NSAIDs have been associated with an increased risk of first hospitalization for heart failure, particularly in patients with advanced age, and elevated HbA1c levels. The most recent guidelines for the treatment of chronic pain in subjects affected by these pathologies, mostly if elderly, recommend limiting the use of NSAIDs as much as possible, preferring the use of paracetamol, tramadol and short-life opiates as an alternative.
5	**Do not perform PET/CT for cancer screening in healthy subjects.**
	The probability of diagnosing a malignant neoplasm with PET/CT in asymptomatic patients is less than 1%. Many of these cases are indolent neoplasms, which do not benefit from early therapy, or advanced stage tumors (for example tumors starting from the pancreas). The number of false positive tests and incidental findings (overdiagnosis - especially for the detection of head and neck tumors) is preponderant and this leads to the use of additional tests, biopsies and surgical procedures that are not useful for the prognosis and are often harmful, in addition to excessive costs for the healthcare system. On the other hand, in symptomatic patients with suspicion of malignant neoplasm, PET/CT appears to be a useful method for cancer staging and for post-treatment control. It is therefore necessary to apply these imaging methods only in well-defined contexts and within shared protocols.

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

By joining the Slow Medicine® program, FADOI was asked to contribute 10 recommendations. At the beginning of 2014, the FADOI National Board of Directors commissioned two of its members to develop a questionnaire containing a selection of recommendations already published by Choosing Wisely® (270 from 51 professional societies as of February 2014). In March 2014, a list of 32 recommendations was sent to 1,175 FADOI members from 6 different regions according to a presentation order that mirrored that of publication by Choosing Wisely®. Each member was asked to indicate the 5 recommendations considered most relevant to their medical practice. The response rate was 18.1% (213, for a total of 1,037 recommendations). This method was chosen to encourage dissemination and participation. The resulting "top ten" list reflects the qualified opinion of a large number of FADOI members: this sheet contains the last 5. All recommendations were reviewed in April 2024.

Sources

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Slow Medicine ETS, an Italian Third Sector organization 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

FADOI (Federazione delle Associazioni Dirigenti Ospedalieri Internisti) is a scientific society aimed at promoting Internal Medicine and its role inside the hospitals, augmenting the medical knowledge and improving its good practice among practicioners, and developing the "disease management" culture. It also promotes sharing of the different experiences in health organization among different regions of Italy, exchanging clinical experiences across the different departments within an hospital, and encourages continuity in medical assistance of the patients after discharge from the hospital. FADOI has established "ten points" for a sustainable and wise health care approach.

http://www.fadoi.org/