

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	<p>Don't use benzodiazepines in elderly patients as a first choice for insomnia, agitation, delirium.</p> <p>Elderly people assuming hypnotics (mainly benzodiazepines) experience car accidents and falls with femur fractures and consequent hospitalization, more often than others. Also the hospitalized patients assuming benzodiazepines risk falls and their consequences, due to depressed alertness, motor deficits and cognitive impairment. The use of these drugs should be limited to alcohol withdrawal and anxious states. When requested, low dosage, short half-life and intermittent use should be preferred, and prolonged use should be submitted to frequent re-evaluation. In case of agitation and delirium, other drug should be preferred.</p>
2	<p>Don't delay palliative cares in the dying patients.</p> <p>The quality of care offered to the dying patients in hospital is far from being optimal, as organization and medical attitude, in the general wards, maintain therapeutic and diagnostic options typically addressed to acute diseases, disregarding the real needs of a patient. This causes an insufficient control of the key symptoms that characterize the end stage (pain, dyspnea, agitation, respiratory secretions, etc), with a negative impact on patients, care-givers and staff members themselves. The adoption of specifically conceived care-pathways improves symptom relief and dignifies the end-of-life, without accelerating death (on the contrary, prolonging life in selected patients).</p>
3	<p>Don't routinely prescribe lipid lowering drugs in patients with a limited life expectancy</p> <p>Up to one-third of the population aged between 75 and 85 years assumes lipid lowering drugs (mainly statins) for primary or secondary prevention purposes. However, the concept that high LDL-cholesterol and/or low HDL in elderly people are as important cardiovascular risk factors as in younger ages is controversial, being extrapolated; indeed, in the very old people, low LDL-cholesterol correlates with an increased mortality. Above 85 years, the risk/benefit ratio of statins is not obviously a favorable one because, while life expectancy decreases, the incidence of adverse effects (muscular damage, neuropathy, cognitive derangement, falls) becomes relatively greater. In the face of a limited life-expectancy (i.e., less than 10 years), starting a therapy with statins is not evidence based, maintaining it, is questionable.</p>
4	<p>Don't use non-steroid anti-inflammatory drugs (NSAID) in subjects with arterial hypertension, heart failure, renal insufficiency from any cause, including diabetes.</p> <p>NSAID are largely used for muscle, bone and joint pain, but are associated with important cardiovascular, renal and haematological adverse effects, mainly in elderly people. They may determine a blunted response to the antihypertensive drugs, water retention and worsening of the renal function in patients with high blood pressure, heart failure and chronic kidney disease from any cause, including diabetes. The most recent guidelines recommend to limit NSAID for the pain control in patients affected by such diseases, and to prefer paracetamol, tramadol and short-lived opioids as an alternative, as far as possible.</p>
5	<p>Don't perform PET/CT for cancer screening in healthy subjects.</p> <p>The probability to detect a tumor with such method in asymptomatic subjects is lower than 1%. In many cases, the diagnoses deal with indolent tumors (i.e., low grade lymphomas) which do not benefit from early therapy, or far advanced and untreatable (although silent) tumors (i.e., pancreatic cancer). False positive results predominate (mainly in the head-neck region), bringing about extra examinations and unnecessary (so harmful) biopsies and surgical procedures. Like all the other diagnostic methods, PET/TC must be used in front of clear questions and definite clinical settings.</p>

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.

How this list was created

After its adhesion to the Slow Medicine® program, the FADOI was asked to contribute with a list of ten recommendations. In early 2014, the National FADOI Council committed 2 of its component to elaborate a questionnaire containing a selection of the recommendations already published by Choosing Wisely® (270 from 56 north-american scientific societies, by February 2014), to be submitted to a critical number of FADOI members, in order to designate the “top ten” list. In march 2014, a list of 32 recommendations (those most relevant for the hospital practice) was sent to 1175 members (those affiliated to Piemonte, Veneto, Trentino AA, Friuli VG, Lazio, Campania), along with an explanatory letter, following the order of publication by Choosing Wisely®. Each member was asked to indicate the most relevant 5. The response rate was 18.1% (213, for a total number of 1037 indications) by the term of april 2014.

This method was chosen in order to favor disclosure and sharing. The final “top ten” reflects the qualified opinion of a large number of FADOI members.

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

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 practitioners, 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/>