

Tests, treatments and procedures at risk of inappropriateness in Italy
that Physicians and Patients should talk about.

Five Recommendations from the Italian Society of Allergy, Asthma and Clinical Immunology (SIAAIC) - allergology

1	<p>Don't perform allergy tests for drugs (including anesthetics) and/or foods when there are not clinical history and symptoms suggestive of hypersensitivity reactions.</p> <p>In absence of clinical history of signs/symptoms of suspect hypersensitivity reaction (i.e.: urticaria or other typical muco-cutaneous manifestations, angioedema, hypotension, dyspnoea, simultaneous involvement of two or more organs/apparatus...) allergometric tests do not have any diagnostic value nor any predictive value for future allergic reactions.</p> <p>Any positive allergometric test, in absence of clinical history and/or signs/symptoms of suspect allergic reaction is just indicative of an immunological sensitization to the tested antigen, and it doesn't have any predictive value for future allergic reactions; on the other hand, any negative result is solely indicative of the current absence of sensitization, and it will not exclude any future allergic reaction.</p> <p>The harms related to this procedure are: 1) non adequate therapeutical behaviours (including dietetical ones) which are potentially harmful because they can preclude the use of drugs or the intake of foods towards the patient is not allergic; 2) possible neo-sensitization induced by the tests themselves.</p>
2	<p>Don't perform the so-called "food intolerance tests" (apart from those which are validated for suspect celiac disease or lactose enzymatic intolerance)</p> <p>Several methods are constantly proposed to diagnose the so-called "food intolerance"; these procedures includes VEGA-test, Cytotoxic test, serum specific IgG4 dosage, hair analysis and "bioresonance" techniques. None of these procedure has sufficient scientific demonstration of efficacy and repeatability in diagnosing any food-related complaint.</p> <p>The use of these procedures, giving unreliable results which are not clinically related to patients' complaints, can be harmful of inappropriate diets potentially dangerous for the health, without obtaining the resolution of patients' symptoms/complaints</p>
3	<p>Don't perform serological allergy tests (i.e.: total IgE, specific IgE, ISAC) as first-line tests or as "screening" assays.</p> <p>Cutaneous allergometric tests, if possible, should be preferred and considered as the first diagnostic level in case of patients with clinical history of suspect allergic reactions, as they are more rapid, less invasive and cheaper than serological tests. Exceptions from this recommendation are: situations in which it's impossible to perform cutaneous tests, such as hypo- or hyper- reactive skin status (i.e: chronic intake of anti-histamines or corticosteroids, or dermatographism); the unavailability of adequate allergen extracts.</p> <p>Total serum IgE assessment is scarcely useful as it is not indicative of a current allergic sensitization: allergic patients may have low or normal IgE levels, while patients with high levels of total IgE may be not atopic or allergic.</p> <p>Moreover, all allergometric tests should be interpreted by specialists in Allergy and Clinical Immunology, as an erroneous interpretation may lead an unexpert doctor to propose therapeutical behaviours potentially harmful for the patient.</p>
4	<p>Don't treat patients sensitized to allergens or aptens if there is not a clear correlation between exposure to that specific allergen/aptern and symptoms suggestive of allergic reaction. This recommendation is particularly strong for allergen immunotherapy and elimination diets.</p> <p>The finding of a positive allergometric test for an allergen whose exposure is not related to any typical allergic symptom is uniquely indicative of an immunological sensitization.</p> <p>Therefore, there is no indication to treat patients only sensitized to allergens or aptens whose exposure is not associated with typical allergic symptoms.</p> <p>Suggesting any treatment (including immunotherapy or diets) in patients with the above mentioned characteristics can expose the patient to the risk of useless and potentially harmful treatments, as they are generally not bare of adverse events. Specifically for elimination diets, suggesting them in an inappropriate way may expose the patient to nutritional deficits without obtaining the resolution of symptoms/complaints for which the patient performed the allergometric test.</p>
5	<p>Don't diagnose asthma without having performed lung function tests (including bronchodilating test and/or bronchial challenge).</p> <p>Asthma-like symptoms (dyspnoea, chest tightness, cough, wheezing) are not enough to put a correct diagnosis of asthma.</p> <p>The international guidelines stress the need to perform lung function assessment in order to identify the presence of airway hyperreactivity or reversible bronchial obstruction. More in details, those with asthma-like symptoms and normal spirometry should undergo to a bronchial provocation challenge, while those with a basal bronchial obstruction should undergo to a bronchodilator test.</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 a clinician.

How this list was created

The Italian Society of Allergy, Asthma and Clinical Immunology (SIAAIC), after formal adhesion to the project and to "Slow Medicine", nominated a working group of experts in Allergy and Clinical Immunology choosing among its members (both "seniores" and "juniors"). The working group members were invited to propose and share the allergological procedures with the highest risk of unappropriateness. Each procedure has been telematically (by email) discussed and finally described as in the present scheme. The current document has been approved by the Executive Committee of SIAAIC and officially presented within the context of IFIACI Congress 2014.

Sources

1	<ol style="list-style-type: none"> 1. Boyce JA, Assa'ad A, Burks AW, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. <i>J Allergy Clin Immunol</i>. 2010 Dec;126(6 Suppl):S1-58. 2. Nugent JS, Quinn JM, McGrath CM, Hmcir DE, Boleman WT, Freeman TM. Determination of the incidence of sensitization after penicillin skin testing. <i>Ann Allergy Asthma Immunol</i>. 2003 Apr;90(4):398-403. 3. Uter W, Hillen U, Geier J. Is incident sensitization to p-phenylenediamine related to particular exposure patterns? Results of a questionnaire study. <i>Contact Dermatitis</i>. 2007;56(5):266.
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4	<ol style="list-style-type: none"> 1. Boyce JA, Assa'ad A, Burks AW, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. <i>J Allergy Clin Immunol</i>. 2010 Dec;126(6 Suppl):S1-58. 2. Sicherer SH, Wood RA; American Academy of Pediatrics Section On Allergy And Immunology. Allergy testing in childhood: using allergen-specific IgE tests. <i>Pediatrics</i>. 2012;129(1):193-7. 3. Passalacqua G, Compalati E, Canonica GW. Sublingual Immunotherapy: Clinical Indications in the WAO-SLIT Position Paper. <i>World Allergy Organ J</i>. 2010;3(7):216-9. 4. NICE Diagnosis and assessment of food allergy in children and young people in primary care and community settings, 2011. http://guidance.nice.org.uk/CG116/Guidance. 5. Guidance on food allergy in children. Editorial. <i>The Lancet</i>. Vol 377: 691, February 26, 2011.
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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 Society of Allergy, Asthma and Clinical Immunology (SIAAIC) has more than 800 active members working in universities, hospitals or territorial health units. SIAAIC put an important attention to the development of Allergy and Clinical Immunology as a discipline, through integrated action of specialistic and post-specialistic update and teaching, and by promoting the knowledge of allergic/immunological diseases among the patients. Most of the SIAAIC activities are dedicated to the younger members which are now representing more than one third of the total members.

SIAAIC has strict relations with the major International Societies of the field, such as the European Academy of Allergy and Clinical Immunology (EAACI) and the World Allergy Organization (WAO).

<http://www.siaaic.org/>