

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

## Five Recommendations from the Italian Society of Pediatric Allergy and Immunology (SIAIP)

<b>1</b>	<p><b>Avoid contraindicating routinely vaccination in case of allergies.</b></p> <p>A history of allergies or mild allergic reactions are not contraindications to vaccination. Local and mild systemic reactions (redness of the injection site and/or fever) after vaccination reactions are common and do not contraindicate the administration of doses of vaccine in the future. Special precautions should be followed only in the case of persons who have presented serious systemic reactions with risk of life (severe dyspnea, stridor, cyanosis, mental status changes, hypotension). The presence of sensitization to egg protein is not a contraindication to vaccination against measles, mumps and rubella.</p>
<b>2</b>	<p><b>Avoid performing routine allergy testing in children with acute urticaria.</b></p> <p>The diagnosis of acute urticaria is basically clinical and infections (in particular viral infections) account the far most common cause during childhood. Testing patients for allergies is indicated only when there is a close temporal relationship between food ingestion and the appearance of urticarial eruption: laboratory investigations are not indicated in first instance, it is appropriate to limit allergologic tests to the skin test (SPT) by using commercial extracts or fresh food (prick by prick).</p>
<b>3</b>	<p><b>Avoid prescribing mucolytics in children with bronchial asthma.</b></p> <p>Inflammation, mucosal edema and mucus hypersecretion increase the narrowing of the bronchial lumen with the formation of mucus plugs that worsen bronchial obstruction in patients with asthma. Studies conducted on the effectiveness of mucolytics to treat asthma and its exacerbations have demonstrated their poor effectiveness and the possibility of dangerous side effects. The most important International guidelines (GINA, ATS, BTS) don't include mucolytics in the "management" of children with bronchial asthma. Mucolytics agents are also contraindicated under two years of age due to the risk of a substantial deterioration of respiratory function for a difficult bronchial drainage</p>
<b>4</b>	<p><b>Avoid prescribing routine immunological tests in children with recurrent respiratory infections.</b></p> <p>Immunological and genetic investigations are not need when the child is suffering from undifferentiated common viral infections affecting the upper airways and when there is no family history of primary lung diseases or hereditary immunodeficiencies. The decision to perform tests should be based not only on the number of infections, but especially on their severity, on the presence of unusual or opportunistic germs, on the protracted course and on the occurrence of infections beyond the age of primary socialization. Complete blood cell count and the dosage of immunoglobulins are considered first level tests, together with the sweat test in patients with recurrence of ear infections, bacterial sinusitis, bronchopneumonia or other invasive infections.</p>
<b>5</b>	<p><b>Avoid ruling out a food from the diet only for the positivity of skin prick tests and/or specific serum IgE.</b></p> <p>An accurate medical history is essential for the diagnosis of food allergy, in particular should be investigated a framework compliant with food allergy and a temporal relationship between the introduction of food and the appearance of symptoms. The presence of skin test (prick test) and/or positive serum specific IgE against foods indicates only a sensitization, condition that can be compatible with the intake of a food. For a correct diagnosis of food allergy an oral food challenge test must be provided (if the history and skin prick tests/specific serum IgE are not exhaustive for diagnosis).</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

The proposed recommendations are the result of a specific request to the Scientific Committees of SIAIP. It was required to each Committees to identify one or two critical topics within the specific scientific area of expertise, and formulate appropriate recommendations with a brief explanation and bibliographical notes. This phase was followed by the evaluation by the Steering Committee of SIAIP and the production of the final draft.

## 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](http://www.choosingwiselyitaly.org). [www.slowmedicine.it](http://www.slowmedicine.it)

**The Italian Society of Pediatric Allergology and Immunology – SIAIP** was founded in 1997 with the following purposes:

1. to disseminate a scientific culture in the field of Allergy and pediatric Immunology through a continuous education and updates of physicians and health professionals;
2. to promote studies and research on Allergy and Immunology also in collaboration with other Scientific Societies;
3. to spread the awareness of the clinical and social impact of allergic and immunological diseases in children in Italy;
4. to cooperate with the Ministry of Health, Regions, Local Health for health promotion in childhood;
5. to offer information to parents and to the general population about allergic and immune diseases, their prevention and treatment;
6. to develop guidelines and promote clinical trials and researches.

To date, the SIAIP consists of over 800 members and includes Regional Sections, 10 Scientific Committees and various study groups. In the SIAIP web site ( [www.siaip.it](http://www.siaip.it) ) it is possible to find the fully list of SIAIP activities.