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

Five Recommendations from the Italian Society of Clinical Pharmacy and Therapy (SIFACT)

1	**Do not use implantable loop recorders in asymptomatic patients at high risk of stroke as a screening tool for atrial fibrillation.**
	The clinical impact of diagnosing atrial fibrillation (AF) in asymptomatic individuals through screening programs remains not fully established, as current literature has not consistently demonstrated a reduction in thrombotic events. Furthermore, the patient populations most likely to benefit from screening, the optimal type of monitoring device, the best methods for conducting screening, and the effect of screening on stroke prevention have yet to be clearly defined. The role of implantable loop recorders should also be reconsidered in light of the rapid technological advancements and increasing performance of wearable devices.
2	**Do not use continuous glucose monitoring systems in patients with type 2 diabetes who are not treated with insulin.**
	Current evidence on continuous glucose monitoring (CGM) in type 2 diabetes is limited and of low quality. Available studies suggest only a modest improvement in HbA1c levels with CGM, without an increased risk of hypoglycemia. There is no robust evidence to support the superiority of CGM over capillary blood glucose monitoring for glycemic control in patients on basal-bolus insulin therapy. Moreover, some data indicate that CGM may negatively impact quality of life in certain patients. Based on the current evidence, CGM in patients with type 2 diabetes receiving multiple daily insulin injections should be considered only in the following situations: • recurrent or severe hypoglycemia; • impaired awareness of hypoglycemia; • a condition or disability (including learning disorders or cognitive impairment) that prevents self-monitoring of blood glucose using capillary testing; • requirement for at least eight self-monitoring's per day.
3	**Do not prefer intravenous antibiotic formulations over oral ones if, after 48 hours of therapy, the patient (both pediatric and adult) meets the criteria for IV-to-oral switch, namely: afebrile, able to take oral medication, showing clinical improvement, and not affected by deep bacterial infections at high risk. (Green recommendation)**
	Numerous scientific studies have shown, and several guidelines (NICE, WHO) recommend, that intravenous antibiotic therapy should be promptly switched to oral therapy once the IV-to-oral (IV-PO) switch criteria are met—or discontinued if no longer necessary. The criteria are as follows: **A** – Afebrile, **B** – Able to take oral medications, **C** – Clinically improving, **D** – Not affected by certain deep-seated or high-risk infections (e.g., osteomyelitis, endocarditis, meningitis, empyema, soft tissue infections, septic arthritis, sepsis, abscesses). Unnecessary continuation of intravenous therapy increases the risk of infection and adverse events, requires more healthcare resources, may prolong hospital stays, and has a greater environmental impact.
4	**Do not routinely switch from an intravenous formulation of an off-patent biologic drug to a subcutaneous formulation when a biosimilar intravenous formulation is available.**
	Biosimilars are approved by regulatory agencies after demonstrating comparable safety, efficacy, and immunogenicity to the reference (originator) product. They offer benefits such as reducing drug costs, improving treatment access, and fostering innovation. However, competition from biosimilars may be limited by development costs and regulatory barriers, potentially reducing future savings. By 2032, 110 biologic drugs will lose patent protection worldwide, with a total market value of approximately €30 billion. Among the 26 drugs losing patent protection in the next 10 years, nearly one in three (27%) does not yet have a biosimilar in development, representing a missed opportunity for savings of around €8 billion. A best-practice example comes from a prospective observational study on rituximab safety in hematology. The high proportion of patients treated with the IV biosimilar showed no scientific or clinical reason to prefer the originator drug or the patented subcutaneous formulation, which may be reserved for selected cases at the physician's discretion.
5	**Do not continue proton pump inhibitor (PPI) therapy chronically beyond the indications specified in the product label (e.g., 4–8 weeks for the treatment of gastroesophageal reflux disease); instead, reduce the dose (for example, from twice daily to once daily) or discontinue the PPI and use it on an as-needed basis.**
	Proton pump inhibitors (PPIs) should be used for the shortest duration possible, as long-term use (over 4–8 weeks) has been associated with increased risks of: deficiencies in essential nutrients such as calcium and vitamin B12, bone fractures, gastrointestinal infections (e.g., *Clostridioides difficile*), potential liver and kidney damage, and drug dependence. Evidence indicates that: • continuing at a higher dose does not reduce the risk of symptom recurrence; • only 1 in 10 patients who discontinue PPI therapy may experience a return of symptoms. Based on systematic reviews evaluated using the GRADE methodology, this is considered a strong recommendation.

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

The five SIFACT recommendations were discussed and identified by an ad hoc working group established within the Scientific Committee. Each recommendation was identified, assessed, and discussed both from a scientific perspective—following a rigorous literature review—and from the standpoint of application in clinical practice, also through ongoing dialogue with specialist clinicians and reference pharmacologists, analyzing both facilitating factors and barriers to implementation. The resulting document was presented to and shared with the Society's Scientific Committee and Executive Committee, which ratified the publication of the recommendations. These recommendations will replace those approved in 2015, also with the aim of providing clinical pharmacists with useful tools and references to improve appropriateness interventions in healthcare practice, for the benefit of patients and the sustainability of healthcare expenditure.

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

SIFACT (Società Italiana di Farmacia Clinica e Terapia. Italian Society of Clinical Pharmacy and Therapeutics) was founded in 2012 and since then is active at national level as a reference institution for the pharmacists of the NHS who work in the area of clinical pharmacy. The pharmacists of the NHS are professionals who have graduated in pharmacy and have completed a 4-year specialization course of Hospital Pharmacy. In the framework of clinical pharmacy, the perspective of clinical pharmacists is not represented by medicines, but by patients. Hence, the priorities of clinical pharmacists are not oriented towards the handling of medicines, but are specifically focused on the therapy of patients. Typically, this type of work is carried out in a multidisciplinary team that includes physicians, nurses, epidemiologists, and all other professionals working in the hospital. The aim of SIFACT is to pursue the optimisation of health care and to promote the constitutional right of citizens to public healthcare. Since its foundation, SIFACT recognises the principles of honesty, transparency, independence, passion, and courage.
www.sifact.it