

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

Five Recommendations from the Italian College of General Practice and Primary Care (SIMG)

1	<p>Don't routinely prescribe imaging for low back pain without warning signs or symptoms (Red Flags)</p> <p>Low back pain is usually benign and self-limiting. The history and physical examination, inclusive of neurological assessment, can exclude serious clinical situations. Imaging in low back pain without Red Flags is in generally inappropriate (at least for the first 6 weeks), because it doesn't modify the therapeutic approach. Inappropriate imaging can also be dangerous both for patients (ionizing exposition) and community for the waste of money in unnecessary tests. Incidental findings can induce anxiety and promote a vicious circle of unnecessary tests.</p>
2	<p>Don't routinely prescribe antibiotics for acute upper airway infections. Assess the opportunity in patients at risk of lower respiratory tract infection or in case of clinical worsening after a few days</p> <p>Upper respiratory tract infections (including acute otitis media) are usually caused by viruses and recover spontaneously in a few days. The routine use of antibiotics raises the risk of bacterial resistance and side effects. Patients at risk of lower respiratory infection or complications and patients with worsening symptoms should be reassessed because they could benefit from antibiotic treatment. Persistent rhinitis and cough are not per se signs of bacterial infection.</p>
3	<p>Don't routinely prescribe Proton Pump Inhibitors (PPI) in patients without risk factors for ulcer disease. In gastroesophageal reflux disease prescribe the lowest dose that can control symptoms and educate the patient to desirable withdrawal periods.</p> <p>PPI are usually prescribed to avoid drug induced gastropathy. This procedure showed to be effective for NSAIDs, but not for steroids, anticoagulants, antineoplastic agents, antibiotics. PPI intake is related to an increased risk of intestinal and lung infections in the short time, and fracture after one year. PPI are symptomatic drugs for gastroesophageal reflux disease, taken when really necessary (with scheme "as needed ") at the lowest possible dose. In this case, the main therapy discontinuation risk is the intensification of symptoms, which may eventually require a cyclic intake. Some studies have suggested a possible utility of long- term therapy with PPIs in preventing neoplastic degeneration of Barrett's esophagus. These patients require special cautions.</p>
4	<p>Don't prescribe therapies with anti-inflammatory drugs (NSAIDs) without initial and periodical assessment in each patient of the actual clinical indications and of the side effects risk at that time.</p> <p>NSAIDs are used primarily in chronic therapies, as analgesic drugs and are burdened with significant side effects, especially at gastrointestinal, renal and cardiovascular level. The available studies suggest caution by the physicians both at the moment of initial prescription and in course of the treatment. Particular caution should be paid in case of prescription to patient, especially elderly, with concomitant therapy (eg. Antihypertensives, corticosteroids, anticoagulants).</p>
5	<p>Don't routinely prescribe benzodiazepines or Z -drugs in elderly patients in case of insomnia as first choice treatment. Physicians should always recommend intermittent use of these drugs. In case of chronic use, evaluate both the indications and the possible occurrence of side effects</p> <p>Several studies show an increased risk of falls and hip fracture in elderly patients taking benzodiazepines or Z-drugs (zolpidem, zopiclone, zaleplon). This risk also exists for safer protocols (i.e. short-term therapies with low-dose and short half-life drugs). The risk of falls can be increased initially by a reduced state of alertness upon awakening. Later may intervene accumulation with possible motor and cognitive impairments, also favoured by the elderly different pharmacokinetics.</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

General Practitioners belonging to the Turin local section of the **Italian College of General Practice and Primary Care (SIMG)** has set up a specific working group. The participating physicians (14), through an initial phase of individual research and subsequent plenary meetings, identified the five practices. All these have a similar Recommendation in the Choosing Wisely list, but only one is in the AAFP (American Academy of Family Physicians) list. At the moment the Authors are carrying out a research about the 5 Recommendations on the Health Search-SIMG database. The working group also decided to combine an in-depth document to the list. About the 5 practices has been performed a CME Course for general practitioners who has been spread in several Italian Regions.

Sources

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<p>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</p>	<p>The Italian College of General Practice and Primary Care (SIMG) is an autonomous and independent association founded to promote, enhance and support the professional role of general practitioners. SIMG is member of scientific Societies Federation (IMF). www.simg.it</p>
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