

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

Five Recommendations from the Italian Society for Preventive and Social Pediatrics (SIPPS)

Acute Pharyngitis in Children

1	<p>Don't prescribe blood exams in children with acute pharyngitis.</p>
	<p>Blood tests, including inflammatory markers, are not useful in differentiating bacterial from viral pharyngitis because they can also be increased in some viral infections. Antistreptolysin O titer and anti-DNAse antibodies are useful for the diagnosis of poststreptococcal complications, such as rheumatic fever and glomerulonephritis, both occurring some weeks after the acute streptococcal infection. They are not of help for the diagnosis at the time of an episode of acute pharyngitis</p>
2	<p>Don't administer antibiotics in children with acute pharyngitis unless microbiologic confirmation of streptococcal infection has been carried out.</p>
	<p>Most pharyngitis cases are of viral origin and do not require antibiotic therapy. It is not possible to distinguish bacterial from viral infection only on a clinical basis. Therefore, a rapid test or throat culture is necessary to select children with streptococcal infection. Microbiologic tests should be carried out only in children with suggestive symptoms, in accordance with the guideline recommendations, to avoid the treatment of healthy carriers. Do not repeat test at treatment completion.</p>
3	<p>If throat culture is performed, susceptibility tests on isolates should not be executed in children with acute pharyngitis.</p>
	<p>To date, streptococcal isolates are universally sensitive to penicillin and amoxicillin. Susceptibility tests increase costs without providing benefits in terms of choice of antibiotic therapy.</p>
4	<p>Don't shorten antibiotic course in children with acute pharyngitis and microbiologic confirmation of streptococcal infection.</p>
	<p>The recommended first choice antibiotic therapy is amoxicillin 50 mg/kg divided into 2-3 administrations for 10 days. Only a 10-day therapy is associated with effective reduction in the risk of rheumatic disease. Only in cases with poor compliance should intramuscular benzathine penicillin be recommended.</p>
5	<p>Don't administer steroids to children with acute pharyngitis.</p>
	<p>The administration of steroids to children with acute pharyngitis may mask signs or symptoms of other possible associated diseases and could lead to a delay in diagnosis of medical conditions that, although rare, can be severe, such as lymphomas or other malignancies.</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

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How this list was created

The president of the Italian panel for the management of pharyngotonsillitis in pediatric age asked to the working group to identify the 5 practices at major risk of inappropriateness. Each member of the task force identified 5 items, basing on the literature review. In a collegiate meeting the selected items were evaluated and submitted to a selection by vote, after comparison and elimination of the overlapping proposals. Once the consensus was reached on the final list of the 5 items, the recommendations were formulated.

Sources

1	<ol style="list-style-type: none"> 1. Chiappini E et al. Management of acute pharyngitis in children: summary of the Italian National Institute of Health guidelines. <i>Clin Ther.</i> 2012;34:1442-58. 2. Choby BA. Diagnosis and treatment of streptococcal pharyngitis. <i>Am Fam Physician.</i> 2009;79:383-90.
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5	<ol style="list-style-type: none"> 1. Sadowitz PD et al. Adverse effects of steroid therapy in children with pharyngitis with unsuspected malignancy. <i>Pediatr Emerg Care.</i> 2012. 28:807-9 2. Korb K, Scherer M, Chenot JF. Steroids as adjuvant therapy for acute pharyngitis in ambulatory patients: a systematic review. <i>Ann Fam Med.</i> 2010:58-63.

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 Preventive and Social Pediatrics (SIPPS) has its roots in the Foundation of Nipiology and has developed independently as a scientific society about 70 years ago, linking its history to that of the Italian Society of Pediatrics. Its main objective is to promote cultural and scientific progress by giving impetus to studies, interdisciplinary research and practical initiatives in the field of prevention and social medicine in relation to the pediatric age. www.sipps.it/