

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

Five Recommendations from

ITALIAN ASSOCIATION OF DIETETICS AND CLINICAL NUTRITION – ONLUS

FOUNDATION ITALIAN ASSOCIATION OF DIETETICS AND CLINICAL NUTRITION (ADI)

1	Don't follow "elimination" or fasting diets. These are specific nutritional approaches for some pathologies and only physicians can recommend them.
	Elimination diets (ones that exclude carbohydrates, gluten, fats, lactose, animal proteins, etc.) or selective dietary approaches, such as those based on presumed food intolerances (not diagnosed by scientifically validated methods) or blood groups, or Paleolithic diets or intermittent/continuous fasting, can harm health (also through the use of processed foods) and cause serious nutritional deficiencies, without helping to solve the problem of obesity, encouraging eating disorders. Before dealing with such specific regimens, it's advisable to contact your doctor or a specialist in this area to certify their validity and the real need.
2	Avoid contacting professionals who are not experts in the diagnosis and treatment of eating disorders, only specialized or competent health care teams belonging to different disciplines can take care of these serious pathologies in a multidisciplinary way.
	Eating disorders are serious diseases that significantly affect the mental and physical health of those affected, also altering the social and relational sphere. Treatment must include more competent figures and care settings appropriate to the severity of the case. Nutritional rehabilitation is an integral part of the treatment of these diseases. Eating disorders treated early and adequately, with the involvement of family members and / or partners, can be cured.
3	Do not encourage the extensive and indiscriminate use of vitamin and mineral supplements as preventive elements for cancer and cardiovascular disease.
	There are strong and recent scientific evidences that don't document a real protective effect on cancer risk from the use of vitaminic and mineral supplements. The exceptions are calcium-based supplements which appear to have a protective role on colorectal cancers and beta-carotene supplements which, on the contrary, may increase the risk of developing lung cancer in smokers. Furthermore, no advantage has been documented with high-dose antioxidants during cancer treatments, in the absence of a documented deficiency. Supplementation with vitamin and mineral supplements does not produce benefits in the prevention of cardiovascular disease and all-cause mortality in the general population. It's recommended to communicate the supplements' intake to doctors during visits: it can alter the results of laboratory tests even significantly.
4	Obese people of any age are not to be blamed. The stigma of obesity worsens the condition of those who are affected.
	Weight stigma can have a negative impact on physical, psychological and social health of obese patients often belonging to fragile categories. This promotes discrimination regarding accessibility, appropriateness and quality of the offered care. To counter this phenomenon, it is necessary to raise the awareness between health professionals and institutions so that who is suffering from obesity is accepted and treated with the same dignity and respect of all the other pathologies.
5	Do not follow Occidental style diets with high environmental impact. Only healthy diets such as the Mediterranean diet can guarantee the physical health of individuals and of the planet.
	Food has an impact on environmental resources, in terms of consumption of water, soil, energy, as well as gas production, acidification and eutrophication. The "Occidental diets" (full of refined foods, animal fats, sugars and low in fiber) are those that involve the greatest environmental burden, as well as those that favor the onset of metabolic, cardiovascular and oncological diseases. Conversely, "healthy diets" (mainly plant-based - whole grains, legumes, vegetables, fruit - with good fish content, moderate amounts of meat - preferring white to red ones - and with vegetable fats) have the advantage of being protective for the health of individuals and more respectful of the resources used for the production of food to be consumed.

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

<p>ADI Association following the opinion of the National Board of Directors, has identified an operational process aimed at identifying which of the incorrect practices associated with nutrition, or which are not associated with any benefit in terms of health for the individual and may even expose him to greater risk, are to be considered more significant. The process was divided into the following stages: 1) it was decided to create a group of representative figures of the Association: a coordinator + 7 other specialists in nutrition;</p> <p>2) starting from the previous recommendations of 2014, the experts re-evaluated the contents and the relevance of the same. Each expert was then asked to confirm or change the recommendations with any new proposals. The 5 recommendations identified by the majority of the group of experts were again shared and discussed, specifying the reasons for the choice and the bibliographic sources for each;</p> <p>3) Each member of the group contributed to the final drafting of the recommendations and to the bibliographic research based on his predominant areas of clinical competence and scientific interest.</p>

Sources

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4	<ol style="list-style-type: none"> 1. "Lo stigma clinico nell'obesità" Italian Health Policy Brief anno X Speciale 2020 2. Joint international consensus statement for ending stigma of obesity Francesco Rubino et al <i>Nat Med</i> 2020 Apr;26(4):485-497. 3. Weight bias and obesity stigma: considerations for the WHO European Region 2017 www.euro.who.int
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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 A.D.I. Onlus - Italian Association of Dietetics and Clinical Nutrition aims to promote and support all initiatives in the scientific, cultural and educational field that may be of interest, by all perspective, of the Food Science. The Association is non-profit and pursues goals of social solidarity, in the field of social and sanitary assistance to assist disadvantaged people outside of the association.</p> <p>www.adiitalia.net</p>
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