Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Patients should talk about.

Five Recommendations from the Italian Federation of Primary Care Pediatricians (FIMP)

1	**Do not prescribe any drug (nebulized and/or by systemic route) for treatment of Bronchiolitis.**
	Bronchiolitis is the most common infection of the lower respiratory tract in children less than 1 year of age. It is caused by a virus, the most common is respiratory syncytial virus (RSV). Most of children affected by bronchiolitis usually heal spontaneously. Despite their common use, there is no evidence that bronchodilators and/or corticosteroids (nebulized or by oral route) are useful to slow the course of the disease or to avoid hospitalization, neither there are other effective medications to treat bronchiolitis.
2	**Do not diagnose Urinary Tract Infection based on urine cultures alone.**
	Urine culture has to be performed after having a urine sample checked for the presence of leucocytes and/or nitrites, with dipstick, or by microscopic urinalysis, and in some special cases, together with urinoculture. In the absence of a pathologic multistick test or urinalysis it is not possible to evaluate if the eventual positive urine culture is due to a real urinary tract infection, to contamination of the specimen, or to occasional bacteriuria. The clean-catch urine specimen is the most recommended methodology for urine collection (i.e collect a morning urine sample in a sterile container after having thrown away the first stream).
3	**Do not treat a fever systemically unless there are symptoms of discomfort. If you decide to treat it, use an appropriate dose avoiding combined/alternate use of paracetamol and ibuprofen.**
	Paracetamol and ibuprofen are the first-choice antipyretic drugs. Fever needs a pharmacological treatment only if and when it causes malaise and/or it is accompanied by pain. Antipyretic drugs must not be used with the only aim of decreasing the body temperature of the feverish child. The latter method leads to an inappropriate and excessive use of antipyretic medications. Furthermore, very often it leads to a combined/alternate use of paracetamol and ibuprofen that in most cases is not necessary for the child health and wellbeing, because of the risk of incurring in unpleasant and avoidable side effects. In order to assure their effectiveness, paracetamol and ibuprofen must be dosed appropriately. It is possible to substitute one drug with another whenever the former is not effective in managing discomfort/pain.
4	**Do not use oral corticosteroids for fever management.**
	Corticosteroids have a strong antipyretic and anti-inflammatory effect. However, their use must be reserved to conditions in which the severity of the anti-inflammatory response threatens the child's health. These drugs must not be used for treatment of a child with fever due to frequent upper-respiratory infections typical of pre-school age. Systemic corticosteroid medications act by exercising a strong immunosuppressive effect and it could cause opportunistic infections, and/or it could worsen viral infections. The decision of prescribing a corticosteroid therapy must consider potential risks, and it should strongly be avoided treating fever of unknown origin (FUO).
5	**Do not use topical nasal therapy through Nebulizers with drugs not specifically approved for this route of administration.**
	Very often topical therapies through micronized nasal shower or other nebulizers are prescribed in order to treat upper-respiratory tract infections (particularly otitis, rhinosinusitis, adenoid hypertrophy, rhinopharyngitis, etc.). In most cases the use of corticosteroid and antibiotic drugs is off-label, because indications or route of administration are other than that approved by the Italian Regulatory Agency of Drugs (AIFA). No official guidelines for the treatment of these infections recommend such therapeutic practice. There is some emerging evidence only for the use of hypertonic solution and hyaluronic acid. Therefore, topical nasal therapeutic practices with drugs not specifically approved must be avoided.

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

FIMP, the Italian Federation of Primary Care Pediatricians to which the most of Italian family pediatricians belongs, worked for a few years on the development of projects aimed at the Good Clinical Practices. In deep harmony with the Choosing Wisely Italy project, FIMP decided to become partner in Slow Medicine. An ad-hoc working group was created and it detected a list of practices likely to be inappropriate within the typical professional characteristics of primary health care. Therefore, it underwent an evaluation of these practices among the members, who were asked the level of agreement/disagreement regarding the recommendations linked to the proposed practices that risk to be inappropriate. The working group analyzed the result of the 1,046 back-responses of questionnaires and it identified the 5 practices most likely to be inappropriate on the basis of the heterogeneity level among the obtained judgment.

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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; www.slowmedicine.it

The Italian Federation of Primary Care Pediatricians (FIMP), with more than 5,300 members, is the most representative organization of Italian primary care pediatricians. In its Statute, FIMP fulfills the role both of category representation and of professional association that pursues cultural and scientific activities in order to increase the quality and competence of its members. As a scientific society, the FIMP is registered in the FISM (Italian Federation of Medical-Scientific Societies) and, as such, cooperates in study activities and in scientific projects in collaboration with the ISS (Italian Higher Institute of Health), the Ministry of Health and Ministry of Education. The FIMP Scientific Secretariat is organized by Thematic Areas and by Study Groups. All the activities connected to the Choosing Wisely Project are coordinated by the Good Clinical Practices Area.

www.fimp.pro/