Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

AMGE
ASSOCIAZIONE MULTIDISCIPLINARE DI GERIATRIA

Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians and Patients should talk about.

Five Recommendations from Multidisciplinary Association of Geriatrics (AMGe)

1	**Don't prescribe a medication without conducting a drug regimen review (medication reconciliation)**
	The prevalence of polypharmacy in old age (commonly defined as the use of 5 or more drugs) is on the rise in high income countries. In Italy, the proportion of people 65 years of age and older prescribed five or more medications rose from 43% to 53% between 2000 and 2010. Risk of iatrogenic harm increases with the number of medications and approximately 10% of hospital admissions in the elderly are due to adverse drug reactions. Polypharmacy has been linked to a broad range of negative health outcomes, including lack of therapeutic adherence, increased risk of cognitive and functional impairment, worsening of falls. The Medication Reconciliation Process in elderly people, especially when a new drug is going to be started, is an essential tool for underprescribing and overprescribing evaluation, including potential drug interactions. A drug regimen review should deserve special attention in people with a limited remaining life expectancy.
2	**Don't place or leave in place urinary catheters for unacceptable indications**
	Urinary tract infection (UTI) has long been considered the most common healthcare-associated infection. They account for increased morbidity and mortality, excess length of hospital stay, increased cost and unnecessary antimicrobial use. Avoiding unnecessary urinary catheter use is the most important strategy in prevention of Catheter-associated Urinary Tract Infection (CAUTI) Appropriate indications for indwelling urinary catheter placement in medical patients include acute retention or outlet obstruction, continuous bladder irrigation for gross hematuria, need for accurate measurements of urinary output in critically ill patients, assisting in healing of deep sacral or perineal wounds in female patients with urinary incontinence and providing comfort at the end of life. Without critical illness use weights instead of urinary catheters to monitor diuresis. Incontinence, immobilization or dementia are not proper indications for urinary catheter use.
3	**Don't routinely prescribe lipid-lowering medications in people aged 80 years and over especially for primary prevention of cardiovascular disease; don't use statins in elderly patients with severe frailty**
	Given the limited high quality evidence and documented statin adverse effects (including myopathy, medication interactions and new onset diabetes) main cardiologic guidelines do not recommend statin therapy for primary prevention in people aged 80 years and over. The oldest ages (> 85 years) are probably not to be considered for cholesterol reduction in primary prevention, since substantial evidence indicates that higher total and non-HDL-C may be associated with a lower mortality. Treating for primary prevention geriatric population should be discouraged due to decreased life expectancy, increased co-morbidities, and increased risk of adverse reactions. Statins are probably not necessary for secondary prevention in patients who are severely frail
4	**Don't use antimicrobials to treat asymptomatic bacteriuria in older adults**
	The prevalence of asymptomatic bacteriuria tends to increase with age and is common in nursing home residents (up to 50% of subjects). Unnecessary antibiotic treatment for asymptomatic bacteriuria in older adults do not reduce the rates of complication and is associated with acquisition of drug-resistant pathogens, risk for subsequent urinary tract infections and Clostridium difficile infection. The diagnosis of urinary tract infection instead of asymptomatic bacteriuria requires clinical symptoms of infection, laboratory evidence of pyuria and bacteriuria and the absence of another infection or non-infectious process to which the patient's symptoms can be attributed. In older adults symptoms include fever, dysuria, suprapubic pain, gross hematuria and delirium. Treatment of asymptomatic bacteriuria is recommended only before urologic procedures for which mucosal bleeding is anticipated.
5	**Don't let older adults lie in bed all day during their hospital stay unless they're terminally ill or they've got a specific medical advice**
	For older patients, hospital admission is a significant risk factor for functional decline and loss of independence. It has been known for over 20 years that nearly 20% of older adults who were previously able to self-mobilize were no longer able to walk without assistance at discharge from medicine units. Many complications of bedrest occur and can be significantly deleterious, including loss of muscle mass, increased fall risk, atelectasis with subsequent pneumonia and respiratory failure, pressure ulcers, delirium, venous thrombo-embolism, prolonged hospital stay and increased risk of institutionalization. Several programs which increase mobility in inpatients- including Acute Care of the Elderly (ACE) units, Enhanced Recovery After Surgery (ERAS), Mobilization of Vulnerable Elders (MOVE) and the Hospital Elder Life Program (HELP)- have proved able of reducing Hospital-associated disability (HAD). Early mobilization (occurring in the first 24 hours) and importantly three times each day is the key-point that has come out of these programs. The introduction of an exercise program for acutely hospitalized elderly medical patients showed meaningful improvements not only at discharge but also after 1-year follow-up. Comprehensive geriatric assessment in hospitalized elderly patients can not be separated from increasing mobility with nursing and patient's family help.

Please note that these items are provided only for information and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.

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How this list was created

President of Multidisciplinary Association of Geriatrics (AMGe) invited members of Executive Committee to discuss tests and treatments commonly used in geriatric population that do not provide meaningful benefit for patients. A workgroup of member fellows representing a broad range of clinical expertise (geriatricians, internal medicine specialists, nurses and other members of healthcare staff) identified the list of recommendation relying on clinical experience and literature review. This list is going to be launched during 2019 AMGe National Meeting and thoroughly discussed in events organized by the regional AMGe sections

Sources

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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

AMGe is a Multidisciplinary Association of Geriatrics which involves and represents geriatrics professionals from all disciplines (physicians, nurses, pharmacists, social workers). AMGe is dedicated to interdisciplinary care of older adults in acute and community settings and strives to provide education and training of geriatrics professionals, cooperation between patients- healthcare professionals- institutional partners, research into the healthcare of older people, sharing of best practice with other Scientific Societies. AMGe main focus is on healthy and sick older people. It rejects all form of discrimination on the basis of age (ageism) and facilitates access to health care, rehabilitation and social care for older citizens

http://www.amge.it/