Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

ITACARE-P
ITALIAN ALLIANCE FOR CARDIOVASCULAR REHABILITATION AND PREVENTION

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

Five Recommendations from ITACARE-P – Italian Alliance for Cardiovascular Rehabilitation and Prevention

1	Do not perform an ischemia induction test in the follow-up of chronic coronary syndromes in the stable and asymptomatic patient.
	In chronic coronary syndromes, with preserved left ventricular function, coronary revascularization aims to control symptoms and does not affect the prognosis. In stable and asymptomatic patients, ischemia research tests are not indicated and increase the risk of inappropriate invasive treatments; the first-line treatment is conservative, based on aggressive control of risk factors.
2	Do not prescribe Vitamin K Antagonists if the patient has no contraindication to the use of direct oral anticoagulants (DOACs).
	The different mechanism of direct oral anticoagulants (DOACs) compared to traditional oral anticoagulant therapy explains the better risk/benefit ratio of these drugs associated with a reduction of intracranial bleeding in different clinical settings (atrial fibrillation, venous thromboembolism, chronic ischemic heart disease and peripheral arterial disease) and in different types of patients, including frail ones (elderly, cancer, perioperative period) and with different comorbidities (renal failure, arterial hypertension, diabetes mellitus, heart failure).
3	Do not systematically request an ECG-Holter in patients with sporadic palpitation if structural heart disease has already been excluded.
	The 24-hour dynamic ECG according to Holter represents a simple and non-invasive but time consuming diagnostic tool. In clinical practice we often see inappropriate prescriptions. Palpitations are the most common indication (up to 20% of prescriptions). Holter ECG is indicated in the following groups of patients with unexplained palpitations: 1) when the clinical history, physical examination and 12-lead ECG suggest the possibility of an arrhythmia; 2) when a structural cardiac pathology or a channelopathy has been diagnosed, in case of familiarity of sudden death; 3) when the patient needs reassurance and an explanation of her symptoms; 4) when it is necessary to document the symptom-arrhythmia correlation.
4	Do not routinely check a carotid stenosis of less than 50% every year with Color Doppler Ultrasound.
	The so-called "low-grade" stenoses are largely represented (up to 90%) in observational series of "first examinations". In these, the progression of the stenosis has been calculated in around 7% of cases. The "uncritical" and "serial" prescription of a one-year follow-up by Color Doppler Ultrasound of a carotid stenosis of less than 50% does not bring clinical benefits in terms of stroke reduction while the effects of the overuse of the method are well known. Defining the timing of the Color Doppler Ultrasound follow-up of carotid stenoses of less than 50% requires individualized assessment of the global cardiovascular risk profile (including achievement of secondary prevention targets and degree of adherence to therapy) and additional plaque characterization (e.g. echogenicity, homogeneity, surface area, temporal progression of the stricture) as well as the clinical history.
5	Do not prescribe benzodiazepines and Serotonergic Antidepressants (SSRIs) after an acute cardiovascular event without planning for a follow-up review.
	Benzodiazepines (BDZ) are the most prescribed drugs in Western countries and up to 30% of patients prescribed it during hospitalization continue to take it at 12 months. BDZs are associated with a 5-fold increase in cognitive impairment, psychomotor impairment, and are associated with more accidents and falls, particularly in elderly patients. In addition, BDZs can cause short-term confusion and delirium in the latter, so they should be avoided. Finally, in the long term, the use of BDZs like Serotonergic Antidepressants (SSRIs) leads to tolerance and dependence. Anyone who prescribes these drugs in the acute phase must comply with a principle of caution by limiting their use to cases of real need, for definite periods of time, discouraging their chronic use and abuse.

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 5 recommandations were selected by voting in an online survey by the Members of Itacare-P out of a total of 8 practices in the field of Rehabilitation Cardiology proposed by the Scientific Committee of Itacare-P.

Sources

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Slow Medicine ETS, an Italian Third Sector organization 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

ITACARE-P (Italian Alliance for Cardiovascular Rehabilitation and Prevention) is a Third Sector Social Promotion Association pursuant to Legislative Decree N° 117 of 07/03/2017, incorporated on 09/27/2021, with registered office in Varese via Paolo Maspero 5, at Summeet srl.

Natural persons and third sector or non-profit organizations who share the aims of the same and who participate in the activities with their work, with their skills and knowledge can join the Association.

The Association's activities are aimed at: 1) promoting the development of scientific studies and research in the field of epidemiology, prevention and rehabilitation of cardiovascular diseases for the benefit of patients and the general population; 2) promote the dissemination of the same topics at the level of the scientific and non-scientific community, nationally and internationally; 3) promote the scientific, educational and cultural activities of its members; 4) promote the training and development of the skills of health professionals in the field of epidemiology, prevention and rehabilitation of cardiovascular diseases. The Association's organs are the Assembly and the Board of Directors with the respective President, with a term of office of three years. There is also a Scientific Committee for the supervised management of the projects. The Association has a website with a web app and social channels. Partnerships are active with other scientific societies in the sector. See: www.itacarep.it