

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

Five Recommendations from the Italian Association of Hospital Gastroenterologists and Digestive Endoscopists (AIGO) - 2nd List

1	<p>Do not request surveillance investigations for patients with pancreatic cysts who are poor surgical candidates, irrespective of cysts nature and characteristics</p> <p>Pancreatic cystic lesions are an increasingly common finding, usually incidentally detected at abdominal investigations requested for other indications, due to the increased quality of imaging modalities. Patients with asymptomatic pancreatic cysts who are medically unfit for surgery, or unwilling to undergo surgery, should not undergo further investigations, irrespective of cyst size and characteristics, as these are not expected to change the clinical management.</p>
2	<p>Do not request esophagogastroduodenoscopy in patients with recent onset of upper gastrointestinal symptoms younger than 50 years, without alarm features</p> <p>Upper GI symptoms are very common, affecting 20 to 40% of the general population and the majority of them refers to dyspepsia. Guidelines suggest to perform EGD in dyspeptic patients aged over 45–60 years or in those presenting with alarm features, such as a family history of upper GI malignancy in a first-degree relative, unintended weight loss, GI bleeding or iron deficiency anemia, dysphagia, odynophagia, persistent vomiting, even if younger than 50 years of age.</p>
3	<p>Do not request surveillance colonoscopy for asymptomatic colonic diverticular disease without changes in symptoms</p> <p>The term merely identifies presence of diverticula in the colon, characterized by a favorable course and, generally, absence of symptoms. Colonoscopy is not indicated in patients with asymptomatic colonic diverticulosis and in patients with symptomatic uncomplicated diverticular disease. Colonoscopy is usually advisable after the first episode of AD in all patients (to exclude neoplasia); in the management of diverticular acute hemorrhage; to rule out other pathologies such as segmental colitis associated to diverticula.</p>
4	<p>Do not perform food intolerance tests except for those scientifically validated</p> <p>The only validated diagnostic test is lactose breath-test for lactose intolerance. Others test such as VEGA-test, Cytotoxic test, serum specific IgG4 determination, hair analysis, intestinal permeability, salivary IgA, “bioresonance” techniques, fecal microbial analysis and fecal short-chain fatty acids are unvalidated, expensive and can lead patients to inappropriate and potentially harmful diets, with no benefit on their symptoms. The results of such tests may be inconsistent and there is lack of evidence to support their use in clinical practice.</p>
5	<p>Do not prescribe proton pump inhibitors to patients with liver cirrhosis, outside of established indications</p> <p>In patients with chronic liver disease and portal hypertension, even though acid secretion is markedly reduced, PPI therapy is often used even in the absence of an acid-related disease, in order to prevent bleeding from hypertensive gastropathy. This approach is not evidence-based and therefore not justified. In acute variceal bleeding, PPIs should be stopped immediately after the procedure unless there is a strict indication to continue them. In cirrhotic patients PPI use could be associated with an increased risk of complications, including spontaneous bacterial peritonitis, hepatic encephalopathy, mortality, and infections (gastroenteritis, lower respiratory and urinary tract infections)</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.

How this list was created

AIGO established a working group, coordinated by components of the National Directory and composed of members of the Youth Commission; a survey was proposed to all the regular members of the society to solicit proposals. The working group then considered the most relevant arguments and elaborated the five recommendations, according to guidelines and best clinical practices.

Sources

1	<ol style="list-style-type: none"> 1. De Jong K, Nio CY, Hermans JJ, et al. High prevalence of pancreatic cysts detected by screening magnetic resonance imaging examinations. <i>Clin Gastroenterol Hepatol</i> 2010;8:806–11 2. European Study Group on Cystic Tumours of the Pancreas. European evidence-based guidelines on pancreatic cystic neoplasms. <i>Gut</i> 2018;67:789–804 3. Elta GH, Enestvedt BK, Sauer BG, et al. ACG Clinical Guideline: Diagnosis and Management of Pancreatic Cysts. <i>Am J Gastroenterol</i> 2018;113:464–479 4. Scheiman JM, Hwang JH, Moayyedi P. American gastroenterological association technical review on the diagnosis and management of asymptomatic neoplastic pancreatic cysts. <i>Gastroenterology</i> 2015;148:824–48 5. Sahara K, Ferrone CR, Brugge WR, et al. Effects of comorbidities on outcomes of patients with intraductal papillary mucinous neoplasms. <i>Clin Gastroenterol Hepatol</i> 2015;13:1816–23 6. Kawakubo K, Tada M, Isayama H, et al. Risk for mortality from causes other than pancreatic cancer in patients with intraductal papillary mucinous neoplasm of the pancreas. <i>Pancreas</i> 2013;42:687–91
2	<ol style="list-style-type: none"> 1. Ford AC, Marwaha A, Sood R, et al. Global prevalence of, and risk factors for, uninvestigated dyspepsia: a meta-analysis. <i>Gut</i> 2015;64:1049–57 2. Wauters L, Dickman R, Drug V, et al. United European Gastroenterology and European Society for Neurogastroenterology and Motility (ESNM) consensus on functional dyspepsia. <i>United European Gastroenterol J</i> 2021;9:307-331 3. Talley NJ, Vakil NB, Moayyedi P, et al. American gastroenterological association technical review on the evaluation of dyspepsia. <i>Gastroenterology</i> 2005;129:1756-80 4. Shaukat A, Wang A, Acosta RD, et al. The role of endoscopy in dyspepsia. <i>Gastrointestinal Endosc</i> 2015;82:227-32
3	<ol style="list-style-type: none"> 1. Tursi A, The role of colonoscopy in managing diverticular disease of the colon. <i>J Gastrointestin Liver Dis</i> 2015;24:85-93 2. Cuomo R, Barbara G, Pace F, et al. Italian Consensus conference for colonic diverticulosis and diverticular disease. <i>United European Gastroenterol J</i> 2014;2:413-422 3. Tursi A, Scarpignato C, Strate LL, et al. Colonic diverticular disease. <i>Nat Rev Dis Primers</i> 2020;26:20 Strate LL, Gralnek IM. Management of Patients with Acute Lower Gastrointestinal Bleeding. <i>Am J Gastroenterol</i> 2016;111:459-474 4. Schultz JK, Azhar N, Binda GA, et al. European Society of Coloproctology: guidelines for the management of diverticular disease of the colon. <i>Colorectal Dis</i> 2020;22:5-28
4	<ol style="list-style-type: none"> 1. Gargano D, Appanna R, Santonicola A, et al. Food Allergy and Intolerance: A Narrative Review on Nutritional Concerns. <i>Nutrients</i> 2021;13:1638 2. Boyce JA, Assa'ad A, Burks AW, et al. Guidelines for the Diagnosis and Management of Food Allergy in the United States: Summary of the NIAID-Sponsored Expert Panel Report. <i>J Allergy Clin Immunol</i> 2010;126:1105-1118 3. DeGeeter C, Guandalini S. Food Sensitivities: Fact Versus Fiction. <i>Gastroenterol Clin North Am</i> 2018;47:895-908 4. Tuck CJ, Biesiekierski JR, Schmid-Grendelmeier P, Pohl D. Food Intolerances. <i>Nutrients</i> 2019;11:1684
5	<ol style="list-style-type: none"> 1. Scarpignato C, Gatta L, Zullo A, et al. Italian Society of Pharmacology, the Italian Association of Hospital Gastroenterologists, and the Italian Federation of General Practitioners. Effective and safe proton pump inhibitor therapy in acid-related diseases - A position paper addressing benefits and potential harms of acid suppression. <i>BMC Med</i> 2016;14:179 . 2. De Franchis R, Bosch J, Garcia-Tsao G, et al. Baveno VII - Renewing consensus in portal hypertension. <i>J Hepatol</i> 2022;76:959-974 3. Wang J, Wu Y, Bi Q, et al. Adverse outcomes of proton pump inhibitors in chronic liver disease: a systematic review and meta-analysis. <i>Hepatol Int</i> 2020;14:385-398 4. Labenz C, Kostev K, Galle PR, et al. Proton pump inhibitor use is associated with a variety of infections in patients with liver cirrhosis. <i>Medicine</i> 2020;99:e23436

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, Zedig.

www.choosingwiselyitaly.org; www.slowmedicine.it

AIGO (Italian Association of Hospital Gastroenterologists and Digestive Endoscopists) was established in Rome in 1969; it was established in response to the high incidence, prevalence, and social impact of diseases on the digestive system; its goal is the continued development of Gastroenterology and Digestive Endoscopy; it proposes and supports both a network of hospitals and territory capable of providing answers regarding appropriateness and adequate distribution of resources. It is articulated in regional sections, committees and study groups. Its goal is to develop understanding of the pathologies and preventative techniques, as well as to promote progress in the field of prevention, curing and rehabilitation of gastrointestinal diseases. It strives to further education and empowerment for science, technology, and organization of Gastroenterology, also in collaboration with regulatory authorities. www.webaigo.it