

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

Five Recommendations from SIPMeL Italian Society of Clinical Pathology and Laboratory Medicine- 2nd List

1	<p>Don't request amylase in addition to lipase if acute pancreatitis is suspected.</p>
	<p>The diagnosis of acute pancreatitis is based on persistent and severe abdominal pain, high blood lipase or amylase value, and characteristic imaging. Lipase is more sensitive and specific than amylase and remains high longer.</p>
2	<p>Don't request erythrocyte sedimentation rate to screen asymptomatic patients or as a general test to look for inflammatory states in patients with undiagnosed conditions.</p>
	<p>C-reactive protein (CRP) is more sensitive, specific and rapid in the acute phase of inflammation. CRP should be preferred to detect both the onset and resolution of a systemic inflammatory state.</p>
3	<p>Don't request blood ammonium measurement for diagnosis or management of hepatic encephalopathy (HE) in patients with chronic hepatopathy.</p>
	<p>High blood ammonium alone adds no information in the diagnosis, staging, and prognosis of hepatic encephalopathy (HE) in patients with chronic hepatopathy, and ammonium concentration rarely correlates with symptoms severity and outcomes.</p>
4	<p>Don't measure procalcitonin outside of evidence-based protocols defined by professional Societies or at the health organization/regional/national level.</p>
	<p>Procalcitonin (PCT) has been proposed to discriminate infections and in, particular, bacterial sepsis from viral and other causes and to reduce antibiotic prescribing. The heterogeneity of measurement methods, adopted cut-offs and recommended protocols have greatly divided the positions of governmental entities, professional Societies and professionals about the role of PCT in the laboratory.</p>
5	<p>Don't request uric acid as part of routine assessment of cardiovascular risk, obesity or diabetes.</p>
	<p>The association between uric acid and the risk of major cardiovascular events and/or cardiovascular mortality has long been studied, but the cost-effectiveness of pharmacological reduction of asymptomatic hyperuricemia of this strategy in preventing cardiovascular events is unproven.</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

An article by SIPMeL's EBLM Working Group (WG) accessible online to all the association members (Riv Ital Med Lab 2022;7:7-10) proposed five new "procedures at greatest risk of inappropriateness" that were presented in a joint session with Choosing Wisely Italy at the 7th SIPMeL National Congress. The final list was approved after discussion at the session. In July 2023, an article by the EBLM WG containing a critical evaluation of the available relevant literature and the rationale supporting the inclusion of the individual recommendations was sent, after approval by the National President of SIPMeL, to La Rivista italiana della Medicina di Laboratorio.

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

The Italian Society of Clinical Pathology and Laboratory Medicine (SIPMeL) is a national medical/scientific association of professionals working in clinical laboratories. Founded in 1986 under the name SIMeL (Italian Society of Laboratory Medicine), the society has about 1,000 members. As of Oct. 29, 2014, SIMeL changed its name to SIPMeL. The structure of the society is federal in nature, and includes three professional components: physicians, graduate scientific specialists (DSLBS) and biomedical laboratory technicians (STLBS). It is the responsibility of the Society to develop and disseminate the professional operating standards on which laboratory "good practice" depends. Training activities recognize educational credits to participants, in accordance with the Continuing Medical Education Program of the Ministry of Health. Scientific research and training activities are promoted and maintained by 22 study groups. <https://www.sipmel.it/it/>