



Brussels – 4° EFIM Day
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- Update -

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Countries Participating



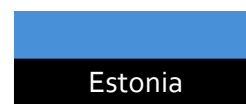
Belgium



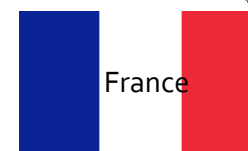
Cyprus



Czech Republic



Estonia



France



Germany



Greece



Iceland



Israel



Italy



Latvia



Netherlands



Norway



Poland



Portugal



Romania



Russian Federation



Serbia



Slovakia



Spain



Sweden



Switzerland



Turkey



UK



Macedonia, FYR

Project proposal

1. Descriptive research

2. (Applied research)

3. Educational

- Clinical cases
- “Less is More” Courses

1. Descriptive research phase

1. Perform a CW campaign in each country participating to the Project
2. This will produce a Top-5 list for each country
3. All the products (publications even in the local language and/or the lists) will be published in an EFIM dedicated webpage
4. A systematic revision will be performed, individuating and discussing similarities and differences in recommendations' selection
5. The manuscript will be submitted to an international journal



1. SWISS SOCIETY OF INTERNAL MEDICINE

Rank	Recommendation	Frequency Score (32-96) ^b	Agreement Score (0-10) ^c
1	Do not obtain imaging studies in patients with nonspecific low back pain	94	9.56
2	Do not prescribe antibiotics for uncomplicated URIs	92	9.40
3	Do not perform the PSA test to screen for prostate cancer without a discussion of the risks and benefits	90	9.59
4	Do not perform laboratory testing in patients with a clinical diagnosis of an uncomplicated URI	87	9.03
5	Do not continue pharmacological treatment of GERD with long-term acid suppression therapy without titrating to the lowest effective dose	82	9.50
JAMA Int Med 2015			



2. Italian Federation of Associations of Hospital Internist

- 1 *Do not prescribe acid suppressive therapy to hospitalized patients, unless there is a high risk of bleeding*
it should be reserved to intensive-care patients
- 2 *Do not prescribe transfusion of red blood cells for arbitrary Hb levels, in the absence of symptoms of heart ischemia, heart failure, stroke*
in stable patients, accept Hb levels of 7-8 g/dL
- 3 *Do not use benzodiazepines in elderly patients, as a first choice for insomnia, agitation, delirium*
high risk of accidents, falls, fractures; keep BZD for alcohol withdrawal and anxiety
- 4 *Do not treat bacteriuria in elderly patients without urinary symptoms*
screening for and treatment of asymptomatic bacteriuria are recommended only when procedures with possible mucosal bleeding are anticipated
- 5 *Do not use NSAID in subjects with arterial hypertension, heart failure, renal insufficiency from any cause, including diabetes*
prefer safer drugs such as paracetamol, tramadol, short term narcotic analgesics



3. Italian Society of Internal Medicine

Ranking	Procedure	Score
1	Avoid prescribing bed rest unless an acceptable indication exists. Promote early mobilization	9.02
2	Do not perform D-dimer test without a definite indication	8.65
3	Do not prescribe long term intravenous antibiotic therapy in the absence of symptoms	8.56
4	Do not prescribe indefinitely proton pump inhibitors in the absence of specific indications	8.48
5	Do not place, or leave in place, peripherally inserted central catheters for patient or provider convenience	8.44



4. Belgian Society of Internal Medicine

1. Don't place, or leave in place, urinary catheters for incontinence, convenience or monitoring of output for non-critically ill patients
2. Don't transfuse red blood cell for arbitrary hemoglobin or hematocrit thresholds in the absence of symptoms, active coronary disease, heart failure or stroke
3. Don't let older adults lie in bed during their hospital stay unless an acceptable indication exists. Promote early mobilization
4. Do not prescribe indefinitely proton pump inhibitors in the absence of specific indications
5. In patients with chronic disease, reduce the number of concomitant medications to the necessary minimum



5. Turkish Society of Internal Medicine

1. Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.+++++40
2. Don't use unnecessary invasive devices such as urinary catheters.+++++34
3. Don't perform routine general health checks for asymptomatic adults.+++++29
4. Don't perform unnecessary transfusions.+++++24
5. Don't prescribe drugs without a drug overview.+++++22



6. French Society of Internal Medicine

1. Do not prescribe long-term treatment with PPI without regular reevaluation of the indication
2. Do not administer preventive treatments (e.g. for dyslipidemia, hypertension...) in elderly people with dementia
3. Do not administer hypnotic medications as first-line treatment for insomnia
4. Do not treat with an anticoagulant for more than three months a patient with a first venous thromboembolism (VTE) occurring in the setting of a major transient risk factor
5. Do not screen for Lyme disease without an exposure history or related clinical examination findings



7. Israeli Society of Internal Medicine

1. Take out peripheral IV line if the patient is not treated by IV drugs/fluids.
2. Do not measure INR in NOACS treated patients.
3. Avoid urinary catheter insertion to measure urinary volume.
4. Consider not to use hemodialysis in patients with senile dementia.
5. Do not use carotid Doppler in the work up of patients with syncope.
6. Consider not do a full anemia work up in hospitalized patients with acute illness.



8. Russian Society of Internal Medicine

Ranking	Procedure	Score
1	Avoid coronary angiography to assess risk in asymptomatic patients with no evidence of ischemia or other abnormalities on adequate non-invasive testing.	4.32
2	Avoid routine administration of antibiotics in patients with asymptomatic leukocytosis or fever in the absence of other signs of infection and/or inserted central or peripheral catheters.	4.29
3	Avoid coronary angiography for risk assessment in patients with stable ischemic heart disease who are unwilling to undergo revascularization or who are not candidates for revascularization based on comorbidities or individual preferences.	4.23
4	Do not perform routinely repetitive complete blood or urine tests in hospitalized patients in case of absence of abnormalities in initial ones and absence of new symptoms.	4.22
5	Do not test for myoglobin or CK-MB in the diagnosis of acute myocardial infarction if troponin I or T is available.	4.15



9. Romanian Society of Internal Medicine

Nr	Average mark	Recommendation
15	9.423	Stop medicines when no further benefit will be achieved or the potential harms outweigh the potential benefits for the individual patient.
7	9.405	Don't use antibiotics in patients with recent C. difficile without convincing evidence of need. Antibiotics pose a high risk of C. difficile recurrence.
20	9.183	Don't regularly prescribe bed rest and inactivity following injury and/or illness unless there is scientific evidence that harm will result from activity. Promote early mobilization.
8	9.139	Don't initiate an antibiotic without an identified indication and a predetermined length of treatment or review date.
22	9.096	Don't prescribe opioids for treatment of chronic or acute pain for workers who perform safety-sensitive jobs such as operating motor vehicles, forklifts, cranes or other heavy equipment.
1	9.091	Transfuse red cells for anemia only if the hemoglobin concentration is less than 70 g/dL or if the patient is hemodynamically unstable or has significant cardiovascular or respiratory comorbidity. Don't transfuse more units of blood than absolutely necessary.



10. Spanish Society of Internal Medicine

Spanish Society of Internal Medicine

1. There are no indications to screen or treat asymptomatic bacteriuria, even in patients with bladder catheterization, except in pregnancy and urological surgical procedures.
2. Do not use acetylsalicylic acid as primary prevention in individuals who have no cardiovascular disease.
3. Do not use benzodiazepines to treat insomnia, agitation or delirium in the elderly.
4. The determination of natriuretic peptide levels is not indicated for the therapeutic decision-making process in chronic heart failure.
5. In the majority of cases in which high blood pressure readings are detected, there is no indication to initiate antihypertensive treatment immediately.



11. Macedonian Society of Internal Medicine, Macedonia FYR

- Don't use serologic test for diagnosis of *Helicobacter pylori* infection, use *Helicobacter pylori* stool Ag test or urea breath test, especially after a course of eradication therapy.
- Don't diagnose or manage Asthma without spirometry
- Don't transfuse blood in hemodynamic stable patient with Hgb over 7 g/dl, in absence of active bleeding, acute coronary disease, heart failure or stroke
- Don't routinely repeat the TPO-Ab test for follow up of the patients with diagnosed Hashimoto thyroiditis
- Avoid nonsteroidal anti-inflammatory drugs (NSAIDs) in patients with hypertension, heart failure, CKD and diabetes mellitus (including COX-2 inhibitors)



Estonia

Poland

Ongoing

Portugal

Slovak

Educational

1st “Less is More” course,
ECIM 2018, Wiesbaden (tentative program)

Chairs: *Giorgio Costantino (Italy), Frauke Weidanz (UK), USA*

1. Tales from the bedside – Giorgio Costantino (Italy)
2. To guideline or not to guideline – Hugo Catalano (Argentina)
3. Choosing words wisely – Frauke Weidanz (UK)
4. The tube – Antonio Brucato (Italy)

Educational

Website